

# PRICE COMPARISON OF COMMONLY PRESCRIBED MEDICATIONS IN MANITOBA (2021)



# PRICE COMPARISON OF COMMONLY PRESCRIBED MEDICATIONS IN MANITOBA

Welcome to the 6<sup>th</sup> Edition of our medication pricing guide. The “Price Comparison of Commonly Prescribed Medications in Manitoba 2021” was released virtually at the MEDS conference on January 30<sup>th</sup>, 2021.

Covid-19 may have turned the world upside down but life goes on and medication prices remain an ever changing phenomenon. This can make it difficult for prescribers to get a handle on the cost of medications. A survey of this issue suggested that 80% of physicians felt unaware of the actual cost of the medications they prescribe.<sup>1</sup> A systematic review concluded that physicians consistently overestimate costs of inexpensive medications and underestimate costs of expensive medications.<sup>2</sup> Price may not be the most important factor in selecting a prescription medication but patient-borne costs are an important barrier to optimal outpatient medication use and adherence.<sup>3,4</sup> Formulary cover-age and prescriber selection directly influence out-of-pocket costs for patients.

The Alberta College of Family Physicians began producing an annual pricing document for commonly prescribed medications starting in 2011. We have followed in their footsteps to create a pricing guide that reflects the Manitoba formulary and costing system. Alberta has moved away from an annual guide to a continuously updated document that reflects formulary changes as they are made. Always willing to recognize (and copy) a good idea when we see one, we have decided to take a similar approach with the Manitoba guide. Beginning in 2021, we will create multiple updated editions of the pricing guide throughout the year and post the updated version online. Our plan is to make these updates after each Pharmacare Bulletin. Each update will indicate the version number and date of update. We hope this will be a useful approach and ensure that all prescribers always have access to the latest pricing information.

At the start of 2021 some prices to note include:

- You play an ACE (inhibitor)... when you prescribe Ramipril which is priced much lower than other ACE-inhibitors
- Use your ABC when prescribing Calcium Channel Blockers... Amlodipine is less costly than other calcium channel blockers
- There is a broad range of prices for drugs for “over-active bladder” (see page 23)
- LABA/LAMA combination may be a good choice for COPD patients but choose carefully... they vary in price by almost 50% (see page 11)
- Price may be the last thing you think about when selecting an antidepressant but you don't want the price tag to decrease compliance. The drugs (SSRIs, SNRIs etc.) have a 20 fold range in prices (see page 14)
- Need a PPI? Consider the lowest cost rabeprazole. BUT do you really need a PPI?

It is hoped that this document will enhance the understanding of medication pricing and coverage so that clinically effective medications that are also afford-able and cost-effective are preferentially selected<sup>3,5</sup>

**Methods:** The prices represent only the medication cost to the nearest dollar for a 90-day supply, unless otherwise indicated. The cost per unit/tablet has also been provided. Coverage under the Manitoba Pharmacare program (PC) and the Non-Insured Health Benefits (NIHB) has also been listed. These prices do not indicate the full amount paid by patients. In Manitoba, dispensing fees are not regulated and may vary between pharmacies. This makes it impossible to calculate the final total price for a given prescription; however, the ranking of relative prices in a particular drug class is unlikely to be altered. For drugs listed on the Manitoba Drug Interchangeability Formulary, the lowest formulary price was used to calculate the cost for a given drug. For all other medications, whole-sale prices were used as the source of pricing, including OTC products where retail mark-up will vary. The prices listed in this guide were current as of January 2021 (including Pharmacare Bulletin #110 – January 21, 2021) and may be subject to change.

We hope you continue to find this document of use in your practice and encourage you to forward your suggestions so we can continue to make the document better. Suggestions can be made at the MEDS website ([www.medsconference.org](http://www.medsconference.org)) or by sending an email directly to Shawn Bugden at [Shawn.Bugden@mun.ca](mailto:Shawn.Bugden@mun.ca) or Jamie Falk at [Jamie.Falk@umanitoba.ca](mailto:Jamie.Falk@umanitoba.ca)

Contributors: Jamie Falk B.Sc. (Pharm), Pharm D. Kevin Friesen B.Sc. (Pharm), M.Sc. Shawn Bugden B.Sc.(Pharm), M.Sc., Pharm D.

## References:

1. Reichert S, Simon T, Halm EA. Physicians' attitudes about prescribing and knowledge of the costs of common medications. *Arch Intern Med* 2000;160:2799-2803.
2. Allan GM, Lexchin J, Wiebe N. Physician awareness of drug cost: A systematic review. *PLoS Medicine* 2007;4:e283.
3. Tang KL, Ghali WA, Manns BJ. Addressing cost-related barriers to prescription drug use in Canada. *CMAJ* 2014;186:276-280.
4. Cogdill B, Nappi JM. Assessment of prescribers' knowledge of the cost of medications. *The Annals of Pharmacotherapy* 2012;46:200-207.
5. Patel MS, Volpp KG. Leveraging insights from behavioural economics to increase the value of health-care service provision. *J Gen Intern Med* 2012;27:1544-1547.

# TABLE OF CONTENTS

<u>Therapeutic Class</u>	<u>Drug Class</u>	<u>Page #</u>
<b>CARDIOVASCULAR AGENTS</b>		5
	Lipid Lowering Agents	5
	b-Blockers	5
	Calcium Channel Blockers	5
	Angiotensin Converting Enzyme Inhibitors (ACEIs)	6
	Combination ACEI + Diuretic	6
	Angiotensin II Receptor Blockers (ARBs)	6
	Combination ARB + Diuretic	6
	Diuretics	7
	Antiplatelet Agents	7
	Anticoagulants	7
<b>HYPOGLYCEMIC AGENTS</b>		8
	Biguanides	8
	Sulfonylureas	8
	Meglitinides	8
	Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	8
	Glucagon-like Peptide-1 (GLP-1) Agonists	8
	Sodium-Glucose Co-transporter 2 (SGLT-2) Inhibitors	8
	Insulin	9
<b>RESPIRATORY AGENTS</b>		10
	Short-acting $\beta_2$ -Agonists	10
	Long-acting $\beta_2$ -Agonists	10
	Short-acting Anticholinergics	10
	Long-acting Anticholinergics	10
	Inhaled Corticosteroids	11
	Short-acting $\beta_2$ -Agonists + Anticholinergics	11
	Long-acting $\beta_2$ -Agonists + Anticholinergics	11
	Long-acting $\beta_2$ -Agonists + Corticosteroids	11
	Long-acting $\beta_2$ Agonist + Long-acting Anticholinergics + Corticosteroid	11
	Phosphodiesterase-4 Enzyme Inhibitor	12
	Leukotriene Receptor Antagonists	12
	Nasal Corticosteroids	12
<b>SMOKING CESSATION</b>		13
	Smoking Cessation Agents	13
	Nicotine Replacement Therapy	13
<b>PSYCHIATRY</b>		14
	Antidepressants	14
	Antipsychotics	15
	Benzodiazepines	15
	Other Sedative Agents	15
	Acetylcholinesterase Inhibitors	15

# TABLE OF CONTENTS

<u>Therapeutic Class</u>	<u>Drug Class</u>	<u>Page #</u>
<b>CONTRACEPTIVES</b>		16
	1st Generation Progestins	16
	2nd Generation Progestins	16
	3rd Generation Progestins	16
	Anti-androgenic Progestins	16
	Transdermal & Vaginal Contraceptives	16
	Intrauterine Devices (IUDs)	16
<b>HORMONE REPLACEMENT THERAPY</b>		17
	Oral Agents	17
	Transdermal Agents	17
	Vaginal Agents	17
<b>ANALGESICS</b>		18
	Nonsteroidal Anti-inflammatory Drugs (NSAIDs)	18
	COX-2 Inhibitors	18
	Combination Analgesics	18
	Neuropathic and Chronic Pain Agents	18
	Topical NSAIDs	18
<b>MIGRAINES and GOUT</b>		19
	Antimigraine Agents	19
	Gout	19
<b>ANTIMICROBIALS</b>		20
<b>OSTEOPOROSIS</b>		21
<b>UROLOGY</b>		22
	Erectile Dysfunction	22
	Benign Prostatic Hyperplasia (BPH)	22
	Overactive Bladder	23
<b>GASTROINTESTINAL AGENTS</b>		24
	Proton Pump Inhibitors (PPIs)	24
	Histamine H <sub>2</sub> -Receptor Antagonists (H <sub>2</sub> RAs)	24
	Antiemetics	24
	Laxatives	24
	Antidiarrheals	24
	Helicobacter Pylori Eradication	24
<b>IRON PREPARATIONS</b>		25

# CARDIOVASCULAR AGENTS

Generic Name	Brand Name	Strength	Usual Dosing	90 Day Cost	Per Unit Cost	Coverage	
						Pharmacare	NIHB
<b>Lipid Lowering Agents</b>							
Atorvastatin	Lipitor	10mg	Daily	\$16	\$0.18	Y	Y
Atorvastatin	Lipitor	20mg	Daily	\$21	\$0.23	Y	Y
Atorvastatin	Lipitor	40mg, 80mg	Daily	\$22	\$0.25	Y	Y
Ezetimibe	Ezetrol	10mg	Daily	\$17	\$0.19	Y	Y
Pravastatin	Pravachol	20mg	Daily	\$33	\$0.36	Y	Y
Rosuvastatin	Crestor	10mg	Daily	\$13	\$0.14	Y	Y
Rosuvastatin	Crestor	20mg	Daily	\$16	\$0.18	Y	Y
Rosuvastatin	Crestor	40mg	Daily	\$19	\$0.21	Y	Y
Simvastatin	Zocor	20mg, 40mg	Daily	\$24	\$0.26	Y	Y
<b>β-Blockers</b>							
Atenolol	Tenormin	50mg	Daily	\$10	\$0.12	Y	Y
Atenolol	Tenormin	100mg	Daily	\$17	\$0.19	Y	Y
Bisoprolol	Monocor	5mg	Daily	\$7	\$0.08	Y	Y
Bisoprolol	Monocor	10mg	Daily	\$10	\$0.11	Y	Y
Carvedilol	Coreg	3.125mg, 6.25mg, 12.5mg, 25mg	BID	\$46	\$0.26	Y	Y
Metoprolol	Lopresor	25mg	BID	\$12	\$0.07	Y	Y
Metoprolol	Lopresor	50mg	BID	\$12	\$0.07	Y	Y
Metoprolol	Lopresor	100mg	BID	\$26	\$0.15	Y	Y
Metoprolol SR	Lopresor SR	100mg	Daily	\$19	\$0.21	Y	Y
Metoprolol SR	Lopresor SR	200mg	Daily	\$35	\$0.39	Y	Y
<b>Calcium Channel Blockers (mainly vascular effects)</b>							
Amlodipine	Norvasc	5mg	Daily	\$13	\$0.14	Y	Y
Amlodipine	Norvasc	10mg	Daily	\$19	\$0.21	Y	Y
Nifedipine	Adalat XL	30mg	Daily	\$58	\$0.65	Y	Y
Nifedipine	Adalat XL	60mg	Daily	\$89	\$0.98	Y	Y
<b>Calcium Channel Blockers (mainly cardiac effects)</b>							
Diltiazem CD	Cardizem CD	120mg	Daily	\$38	\$0.43	Y	Y
Diltiazem CD	Cardizem CD	180mg	Daily	\$51	\$0.57	Y	Y
Diltiazem CD	Cardizem CD	240mg	Daily	\$68	\$0.75	Y	Y
Diltiazem ER	Tiazac ER	120mg	Daily	\$22	\$0.25	Y	Y
Diltiazem ER	Tiazac ER	180mg	Daily	\$30	\$0.33	Y	Y
Diltiazem ER	Tiazac ER	240mg	Daily	\$40	\$0.44	Y	Y
Verapamil	Isoptin	80mg	TID	\$78	\$0.29	Y	Y
Verapamil	Isoptin	120mg	TID	\$121	\$0.45	Y	Y
Verapamil	Isoptin SR	120mg	Daily	\$65	\$0.72	Y	Y
Verapamil	Isoptin SR	240mg	Daily	\$54	\$0.60	Y	Y

**LEGEND:**

NIHB = Non-Insured Health Benefits; EDS = Exception Drug Status, prior approval required; PA= Prior approval required; Part 2 = Covered for certain indications (prior approval not required); SR = Sustained release; CD = Controlled delivery.; XL = Extended release; ER = Extended release

# CARDIOVASCULAR AGENTS

Generic Name	Brand Name	Strength	Usual Dosing	90 Day Cost	Per Unit Cost	Coverage	
						Pharmacare	NIHB
<b>Angiotensin Converting Enzyme Inhibitors (ACEIs)</b>							
Cilazapril	Inhibace	5mg	Daily	\$47	\$0.52	Y	Y
Enalapril	Vasotec	10mg	Daily	\$31	\$0.34	Y	Y
Fosinopril	Monopril	20mg	Daily	\$50	\$0.55	Y	Y
Lisinopril	Zestril	20mg	Daily	\$66	\$0.74	Y	Y
Perindopril	Coversyl	4mg	Daily	\$19	\$0.21	Y	Y
Perindopril	Coversyl	8mg	Daily	\$27	\$0.30	Y	Y
Ramipril	Altace	2.5mg, 5mg	Daily	\$8	\$0.09	Y	Y
Ramipril	Altace	10mg	Daily	\$10	\$0.11	Y	Y
<b>Combination ACEI + Diuretic</b>							
Enalapril/ Hydrochlorothiazide	Vaseretic	10mg/25mg	Daily	\$102	\$1.13	Y	Y
Lisinopril/ Hydrochlorothiazide	Prinzipide	20mg/12.5mg, 20mg/25mg	Daily	\$66	\$0.74	Y	Y
Perindopril/Indapamide	Coversyl Plus	4mg/1.25mg	Daily	\$48	\$0.54	Y	Y
Perindopril/Indapamide	Coversyl Plus HD	8mg/2.5mg	Daily	\$54	\$0.60	Y	Y
<b>Angiotensin II Receptor Blockers (ARBs)</b>							
Candesartan	Atacand	8mg, 16mg, 32mg	Daily	\$22	\$0.24	Y	Y
Irbesartan	Avapro	75mg, 150mg, 300mg	Daily	\$22	\$0.24	Y	Y
Losartan	Cozaar	25, 50, 100mg	Daily	\$30	\$0.33	Y	Y
Telmisartan	Micardis	40mg, 80mg	Daily	\$20	\$0.23	Y	Y
Valsartan	Diovan	80mg, 160mg	Daily	\$20	\$0.23	Y	Y
<b>Combination ARB + Diuretic</b>							
Candesartan/ Hydrochlorothiazide	Atacand Plus	16 mg/12.5 mg	Daily	\$20	\$0.23	Y	Y
Irbesartan/ Hydrochlorothiazide	Avalide	300 mg/25 mg	Daily	\$21	\$0.23	Y	Y
Irbesartan/ Hydrochlorothiazide	Avalide	150/12.5, 300/12.5	Daily	\$22	\$0.24	Y	Y
Losartan/ Hydrochlorothiazide	Hyzaar	50/12.5, 100 mg/25 mg	Daily	\$30	\$0.33	Y	Y
Losartan/ Hydrochlorothiazide	Hyzaar	100 mg/12.5 mg	Daily	\$29	\$0.32	Y	Y
Telmisartan/ Hydrochlorothiazide	Micardis Plus	80/12.5, 80 mg/25 mg	Daily	\$20	\$0.22	Y	Y

#### LEGEND:

NIHB = Non-Insured Health Benefits; EDS = Exception Drug Status, prior approval required; PA= Prior approval required;  
Part 2 = Covered for certain indications (prior approval not required).

# CARDIOVASCULAR AGENTS

Generic Name	Brand Name	Strength	Usual Dosing	90 Day Cost	Per Unit Cost	Coverage	
						Pharmacare	NIHB
<b>Diuretics</b>							
<b>Chlorthalidone</b>	Hygroton	50mg	1/4 Daily	\$3	\$0.14	Y	Y
<b>Furosemide</b>	Lasix	20mg	Daily	\$2	\$0.02	Y	Y
<b>Furosemide</b>	Lasix	40mg	Daily	\$3	\$0.03	Y	Y
<b>Hydrochlorothiazide</b>	Hydrodiuril	12.5mg	Daily	\$3	\$0.03	Y	Y
<b>Hydrochlorothiazide</b>	Hydrodiuril	25mg	Daily	\$1	\$0.02	Y	Y
<b>Indapamide</b>	Lozide	1.25mg	Daily	\$7	\$0.08	Y	Y
<b>Indapamide</b>	Lozide	2.5mg	Daily	\$11	\$0.12	Y	Y
<b>Spironolactone</b>	Aldactone	25mg	Daily	\$8	\$0.09	Y	Y
<b>Spironolactone</b>	Aldactone	100mg	Daily	\$18	\$0.20	Y	Y
<b>Antiplatelet Agents</b>							
<b>ASA-EC</b>	Aspirin	81mg	Daily	\$5	\$0.06	N	Y
<b>ASA-EC</b>	Aspirin	325mg	Daily	\$3	\$0.03	N	Y
<b>Clopidogrel</b>	Plavix	75mg	Daily	\$25	\$0.28	Y	Y
<b>Ticagrelor</b>	Brilinta	90mg	BID	\$292	\$1.62	Y- Part 2	Y <sup>1</sup>
<b>Anticoagulants</b>							
<b>Apixaban</b>	Eliquis	2.5mg, 5mg	BID	\$309	\$1.72	Y-EDS	Y-PA <sup>2</sup>
<b>Dabigatran</b>	Pradaxa	110mg, 150mg	BID	\$237	\$1.32	Y-EDS	Y-PA <sup>2</sup>
<b>Edoxaban</b>	Lixiana	30mg, 60mg	Daily	\$268	\$2.98	Y-EDS	Y-PA <sup>2</sup>
<b>Rivaroxaban</b>	Xarelto	15mg, 20mg	Daily	\$268	\$2.98	Y-EDS	Y-PA <sup>2</sup>
<b>Warfarin</b>	Coumadin	5mg <sup>dose variable</sup>	Daily	\$14	\$0.16	Y	Y

<sup>1</sup> NIHB coverage limited to 12 months. Continued coverage beyond one year upon receipt of rationale for continuation of therapy from the prescriber.

<sup>2</sup> For patients with non-valvular atrial fibrillation (AF) for the prevention of stroke and systemic embolism AND in whom: (a) Anticoagulation is inadequate following a reasonable trial on warfarin; OR (b) Anticoagulation with warfarin is contraindicated or not possible due to inability to regularly monitor via International Normalized Ratio (INR) testing (i.e. no access to INR testing services at a laboratory, clinic, pharmacy, and at home)

Legend: NIHB = Non-Insured Health Benefits; EDS = Exception Drug Status, prior approval required; PA= Prior approval required; Part 2 = Covered for certain indications (prior approval not required); EC= Enteric coated.

# HYPOLYCEMIC AGENTS

Generic Name	Brand Name	Strength	Usual Dosing	90 Day Cost	Per Unit Cost	Coverage	
						Pharmacare	NIHB
<b>Biguanides</b>							
Metformin	Glucophage	500mg	ii BID	\$9	\$0.03	Y	Y
Metformin	Glucophage	850mg	BID	\$6	\$0.04	Y	Y
Metformin SR	Glumetza	1000mg	Daily	\$96	\$1.07	N	N
<b>Sulfonylureas</b>							
Gliclazide MR	Diamicron MR	30mg	Daily	\$9	\$0.10	Y	Y
Gliclazide MR	Diamicron MR	60mg	Daily	\$6	\$0.07	Y	Y
Gliclazide	Diamicron	80mg	BID	\$53	\$0.29	Y	Y
Glyburide	Diabeta	5mg	BID	\$13	\$0.07	Y	Y
<b>Meglitinides</b>							
Repaglinide	Gluconorm	1mg	TID	\$24	\$0.09	Y-EDS	Y
<b>Dipeptidyl Peptidase-4 (DPP-4) Inhibitors</b>							
Alogliptin	Nesina	25mg	Daily	\$208	\$2.31	N	N
Linagliptin	Trajenta	5mg	Daily	\$222	\$2.47	Y-EDS	Y <sup>1</sup>
Saxagliptin	Onglyza	5mg	Daily	\$274	\$3.04	Y-EDS	Y <sup>1</sup>
Sitagliptin	Januvia	100mg	Daily	\$296	\$3.29	Y-EDS	Y-PA <sup>2</sup>
<b>Glucagon-like Peptide-1 (GLP-1) Agonist</b>							
Dulaglutide	Trulicity	0.75, 1.5mg	Weekly	\$642	\$214.00	N	N
Exenatide	Byetta	5mg, 10mg	BID	\$453	\$150.86	N	N
Liraglutide	Victoza	1.2 mg	Daily	\$589	\$196.24	N	N
Liraglutide	Victoza	1.8mg	Daily	\$883	\$294.36	N	N
Lixisenatide	Adlyxine	20mcg	Daily	\$359	\$119.66	N	Y
Semaglutide	Ozempic	0.5mg	Weekly	\$626	\$208.70	Y-EDS	Y <sup>3</sup>
Semaglutide	Ozempic	1mg	Weekly	\$626	\$208.70	Y-EDS	Y <sup>3</sup>
<b>Sodium-Glucose Co-transporter 2 (SGLT-2) Inhibitors</b>							
Canagliflozin	Invokana	100mg, 300mg	Daily	\$266	\$2.95	Y-EDS	Y-PA <sup>2</sup>
Dapagliflozin	Forxiga	5mg, 10mg	Daily	\$253	\$2.75	Y-EDS	Y <sup>1</sup>
Empagliflozin	Jardiance	10mg, 25mg	Daily	\$253	\$2.81	Y-EDS	Y <sup>4</sup>

<sup>1</sup> Open benefit. For the treatment of patients with type 2 diabetes mellitus who did not achieve glycemic control or who demonstrated intolerance to an adequate trial of metformin and a sulfonylurea.

<sup>2</sup> Limited use benefit. For the treatment of patients with type 2 diabetes mellitus who did not achieve glycemic control or who demonstrated intolerance to an adequate trial of metformin and a sulfonylurea.

<sup>3</sup> Open benefit. For the treatment of type 2 diabetes in combination with metformin alone, when diet and exercise plus maximal tolerated dose of metformin do not achieve adequate glycemic control.

<sup>4</sup> Open benefit: for patients who did not achieve glycemic control with an adequate trial of metformin and a sulfonylurea; or to reduce the incidence of cardiovascular death in patients with established cardiovascular disease who did not achieve adequate glycemic control despite an appropriate trial of metformin

#### LEGEND:

NIHB = Non-Insured Health Benefits; EDS = Exception Drug Status, prior approval required; PA= Prior approval required;  
Part 2 = Covered for certain indications (prior approval not required); MR = Modified release.

# HYPOGLYCEMIC AGENTS

Generic Name	Brand Name	Strength	Cost per Unit of Insulin	Cost per 5 x 3 mL Cartridges	Coverage	
					Pharmacare	NIHB
<b>Insulin</b>						
<b>Regular-Acting</b>	Humulin R	100 units/mL	0.03	\$51	Y	Y
	Novolin ge Toronto	100 units/mL	0.03	\$49	Y	Y
<b>Pre-mixed Insulin</b>	Humulin 30/70	100 units/mL	0.03	\$51	Y	Y
	Novolin 30/70	100 units/mL	0.03	\$49	Y	Y
<b>Rapid-Acting</b>	Humalog (Lispro)	100 units/mL	0.04	\$63	Y	Y
	Apidra (Glulisine)	100 units/mL	0.04	\$55	Y	Y
	NovoRapid (Aspart)	100 units/mL	0.04	\$64	Y	Y
<b>Intermediate-Acting</b>	Novolin NPH	100 units/mL	0.03	\$50	Y	Y
	Humulin N	100 units/mL	0.03	\$51	Y	Y
<b>Long-Acting</b>	Lantus (Glargine)	100 units/mL	0.07	\$98	Y	Y
	Basaglar (Glargine)	100 units/mL	0.05	\$73	Y	Y
	Toujeo (Glargine)	300 units/mL	0.03	\$139	N	Y
	Levemir (Detemir)	100 units/mL	0.08	\$113	Y	Y
	Tresiba (Degludec)	100 units/mL	0.08	\$114	Y	Y

**LEGEND:**

NIHB = Non-Insured Health Benefits; EDS = Exception Drug Status, prior approval required; PA= Prior approval required;  
Part 2 = Covered for certain indications (prior approval not required).

# RESPIRATORY AGENTS

Generic Name	Brand Name (puffs per device)	Strength	Usual Dosing	Cost per Device	Coverage					
					Pharmacare	NIHB				
<b>β<sub>2</sub>-Agonists</b>										
<b>Short-acting β<sub>2</sub>-Agonists (SABA)</b>										
Salbutamol	Ventolin MDI (200)	100mcg	2 inh QID (prn)	\$6	Y	Y				
Salbutamol	Ventolin Diskus (60)	200mcg	1 inh QID (prn)	\$10	N	Y				
Terbutaline	Bricanyl Turbuhaler (100)	0.5mg	1 inh QID	\$9	Y	Y				
<b>Long-acting β<sub>2</sub>-Agonists (LABA)</b>										
Formoterol	Foradil Aerolizer (60)	12mcg	1 inh BID	\$55	Y	Y-PA				
Formoterol	Oxeze Turbuhaler (60)	6mcg, 12mcg	1-2 inh BID (strength dependant)	\$35-47	Y	Y-PA				
Indacaterol	Onbrez Breezhaler (30)	75mcg	1 cap daily (inhale twice)	\$49	Y	Y-PA				
Salmeterol	Serevent Diskus (60)	50mcg	1 inh BID	\$65	Y	Y-PA				
<b>Anticholinergics</b>										
<b>Short-acting Anticholinergics (SAMA or SAAC)</b>										
Ipratropium	Atrovent (200)	20mcg	2 inh QID	\$21	Y	Y				
<b>Long-acting Anticholinergics (LAMA or LAAC)</b>										
Aclidinium	Tudorza Genuair (60)	400mcg	1 inh BID	\$56	Y	Y				
Glycopyrronium	Seebri Breezhaler (30)	50mcg	1 cap daily	\$56	Y	Y				
Tiotropium	Spiriva (30)	18mcg	1 cap daily	\$57	Y	Y				
Tiotropium	Spiriva Respimat (60)	2.5mg	2 inh daily	\$57	Y	Y				
Umeclidinium	Incruse Ellipta (30)	62.5mcg	1 inh daily	\$53	Y	Y				

**LEGEND:**

NIHB = Non-Insured Health Benefits; EDS = Exception Drug Status, prior approval required; PA= Prior approval required;  
Part 2 = Covered for certain indications (prior approval not required); MDI = Metered dose inhaler; Inh= Inhalations

# RESPIRATORY AGENTS

Generic Name	Brand Name (puffs per device)	Strength	Usual Dosing	Cost per Device	Coverage	
Inhaled Corticosteroids						
<b>Beclomethasone</b>	Qvar (200)	50mcg, 100mcg	1-2 inh BID	\$38-75	Y	Y
<b>Budesonide</b>	Pulmicort (200)	100mcg, 200mcg, 400mcg	1 inh BID	\$35-103	Y	Y
<b>Ciclesonide</b>	Alvesco (120)	100mcg, 200mcg	1 inh daily	\$49-82	Y	Y
<b>Fluticasone Furoate</b>	Arnuity Ellipta (30)	100mcg, 200mcg	1-2 inh daily	\$42-84	Y	Y
<b>Fluticasone Propionate</b>	Flovent MDI (120)	50mcg, 125mcg, 250mcg	1-2 inh BID	\$27-95	Y	Y
<b>Fluticasone Propionate</b>	Flovent Diskus (60)	250mcg, 500mcg	1-2 inh BID	\$47-74	Y	Y
<b>Mometasone</b>	Asmanex Twisthaler (60)	200mcg, 400mcg	1-2 inh daily-BID	\$41-81	Y	Y
Combination Therapy						
Short-acting $\beta_2$ -Agonists and Anticholinergics (SABA/SAMA)						
<b>Salbutamol/Ipratropium</b>	Combivent Respimat (120)	100mcg/20mcg	1 inh QID	\$32	Y	Y
Long-acting $\beta_2$ -Agonists and Anticholinergics (LABA/LAMA)						
<b>Aclidinium/Formoterol</b>	Duaklir Genuair (60)	400/12mcg	1 inh BID	\$63	Y	Y
<b>Glycopyrronium/Indacaterol</b>	Ultibro Breezhaler (30)	50/110mcg	1 cap daily (inhale twice)	\$81	Y	Y
<b>Tiotropium/Olodaterol</b>	Inspiolo Respimat (60)	2.5/2.5mcg	2 inh daily	\$67	Y	Y
<b>Umeclidinium/Vilanterol</b>	Anoro Ellipta (30)	62.5/25mcg	1 inh daily	\$90	Y	Y
Long-acting $\beta_2$ -Agonists and Corticosteroids						
<b>Budesonide/Formoterol</b>	Symbicort (120)	100/6 mcg, 200/6mcg	1 inh BID	\$71-93	Y	Y-PA
<b>Fluticasone Furoate/ Vilanterol</b>	Breo Ellipta (30)	100/25mcg, 200/25mcg	1 inh daily	\$91-142	Y	Y-PA
<b>Fluticasone/Salmeterol</b>	Advair MDI (120)	125/25mcg, 250/25mcg	1-2 inh BID	\$110-156	Y	Y-PA
<b>Fluticasone/Salmeterol</b>	Advair Diskus (60)	100/50mcg, 250/50mcg, 500/50mcg	1 inh BID	\$53-76	Y	Y-PA
<b>Mometasone/Formoterol</b>	Zenhale MDI (120)	100/5mcg, 200/5mcg	2 inh BID	\$100-121	Y	Y-PA
Long-acting $\beta_2$ Agonist + LAMA + Corticosteroid (LABA/LAMA/ICS)						
<b>Fluticasone Furoate/ Umeclidinium/Vilanterol</b>	Trelegy Ellipta (30)	100/62.5/25mcg	1 inh daily	\$139	Y-EDS	Y-PA

**LEGEND:**

NIHB = Non-Insured Health Benefits; EDS = Exception Drug Status, prior approval required; PA= Prior approval required;  
Part 2 = Covered for certain indications (prior approval not required); MDI = Metered dose inhaler.

# RESPIRATORY AGENTS

Generic Name	Brand Name (puffs per device)	Strength	Usual Dosing	90 Day Cost	Coverage	
Phosphodiesterase-4 Enzyme Inhibitor (PDE-4 Inhibitor)						
Roflumilast	Daxas	500mcg	Daily	\$202	N	N
Leukotriene Receptor Antagonist						
Montelukast	Singulair	10mg	Daily	\$40	Y - Part 2	Y-PA
Nasal Corticosteroids					Cost per Bottle	
Beclomethasone	Beconase (200)	50mcg	1-2 sprays/nostril BID	\$13	Y	Y
Budesonide	Rhinocort (120)	64mcg	1-2 sprays/nostril daily	\$11	Y	Y
Fluticasone Propionate	Flonase (120)	50mcg	2 spray/nostril daily	\$21	Y	Y
Mometasone	Nasonex (140)	50mcg	2 sprays/nostril daily	\$11	Y	Y

**LEGEND:**

NIHB = Non-Insured Health Benefits; EDS = Exception Drug Status, prior approval required; PA= Prior approval required; Part 2 = Covered for certain indications (prior approval not required); MDI = Metered dose inhaler.

# SMOKING CESSATION

Generic Name	Brand Name	Strength	Usual Dosing	Treatment Course Cost	Per Unit Cost	Coverage	
						Pharmacare	NIHB
<b>Smoking Cessation (price based on 12 weeks of use at stated dose)</b>							
<b>Bupropion SR</b>	Zyban	150mg	BID	\$89	\$0.53	Y	Y <sup>1</sup>
<b>Varenicline</b>	Champix	0.5 OD x 3days, then 0.5 BID x 4 days, then 0.5 or 1mg BID x 11 weeks Total 165 tablets/12 weeks		\$160	\$0.97	Y	Y <sup>2</sup>
<b>Nicotine Replacement Therapy</b>							
<b>Nicotine Patch</b>	Habitrol, Nicoderm, generic	21,14,7 mg	Variable	\$180-\$280/10 weeks		N	Y <sup>3</sup>
<b>Nicotine Gum</b>	Nicorette, generic	2mg, 4mg	Max 20 pcs/day	\$22-\$36/ ~105pc		N	Y <sup>3</sup>
<b>Nicotine Lozenge</b>	Nicorette, Thrive, generic	1mg, 2mg, 4mg	Max 15 X 2mg pcs/ day	\$25-\$42/105pc		N	Y <sup>3</sup>
<b>Nicotine Inhaler</b>	Nicorette	4mg	Max 16/day	\$35.60/42ctg		N	Y <sup>3</sup>

<sup>1</sup> Yearly maximum 180 XL tablets/year<sup>2</sup> NIHB coverage limited to maximum 165 tablets/year<sup>3</sup> NIHB coverage limited to 945 gum pieces/year; 252 patches per year, 945 inhaler cartridges/year

#### LEGEND:

NIHB = Non-Insured Health Benefits; EDS = Exception Drug Status, prior approval required; PA= Prior approval required;  
Part 2 = Covered for certain indications (prior approval not required); SR = Sustained release.

# PSYCHIATRY

Generic Name	Brand Name	Strength	Usual Dosing	90 Day Cost	Per Unit Cost	Coverage						
						Pharmacare	NIHB					
<b>Antidepressants</b>												
<b>Selective Serotonin Reuptake Inhibitors (SSRIs)</b>												
Citalopram	Celexa	20mg, 40mg	Daily	\$13	\$0.14	Y	Y					
Escitalopram	Cipralex	10mg	Daily	\$29	\$0.33	Y	Y					
Fluoxetine	Prozac	20mg	Daily	\$31	\$0.35	Y	Y					
Fluvoxamine	Luvox	100mg	Daily	\$93	\$1.03	Y	Y					
Paroxetine	Paxil	20mg	Daily	\$31	\$0.34	Y	Y					
Sertraline	Zoloft	100mg	Daily	\$31	\$0.35	Y	Y					
<b>Serotonin and Norepinephrine Reuptake Inhibitors (SNRIs)</b>												
Desvenlafaxine	Pristiq	50mg, 100mg	Daily	\$259	\$2.88	N	N					
Duloxetine	Cymbalta	30mg	Daily	\$45	\$0.51	Y	Y					
Duloxetine	Cymbalta	60mg	Daily	\$92	\$1.03	Y	Y					
Venlafaxine	Effexor XR	75mg	Daily	\$17	\$0.19	Y	Y					
Venlafaxine	Effexor XR	150mg	Daily	\$18	\$0.20	Y	Y					
<b>Noradrenergic and Serotonergic Antidepressant</b>												
Mirtazapine	Remeron	30mg	HS	\$74	\$0.82	Y	Y					
Mirtazapine OD <sup>3</sup>	Remeron RD <sup>3</sup>	30mg	HS	\$56	\$0.62	Y	Y					
<b>Dopamine and Norepinephrine Reuptake Inhibitors</b>												
Bupropion SR	Wellbutrin SR	150mg	BID	\$95	\$0.53	Y	Y					
Bupropion XL	Wellbutrin XL	300mg	Daily	\$28	\$0.31	Y	Y					

**LEGEND:**

NIHB = Non-Insured Health Benefits; EDS = Exception Drug Status, prior approval required; PA= Prior approval required; Part 2 = Covered for certain indications (prior approval not required); SR= Sustained release; XR, XL= Extended release

RD = rapidly dissolving tablet

# PSYCHIATRY

Generic Name	Brand Name	Strength	Usual Dosing	90 Day Cost	Per Unit Cost	Coverage	
						Pharmacare	NIHB
<b>Antipsychotics</b>							
<b>Aripiprazole</b>	Abilify	10mg	Daily	\$102	\$1.13	Y	Y
<b>Olanzapine</b>	Zyprexa	5mg	Daily	\$33	\$0.37	Y	Y
<b>Olanzapine</b>	Zyprexa	10mg	Daily	\$67	\$0.74	Y	Y
<b>Quetiapine</b>	Seroquel	100mg	TID	\$37	\$0.14	Y	Y
<b>Quetiapine XR</b>	Seroquel XR	300mg	Daily	\$92	\$1.03	Y	Y
<b>Risperidone</b>	Risperdal	1mg	BID	\$45	\$0.25	Y	Y
<b>Benzodiazepines (cost for 90 tablets)</b>							
<b>Alprazolam</b>	Xanax	0.5mg	PRN <sup>1</sup>	\$7	\$0.08	Y	Y <sup>2</sup>
<b>Clonazepam</b>	Rivotril	0.5mg	PRN <sup>1</sup>	\$4	\$0.04	Y	Y <sup>2</sup>
<b>Lorazepam</b>	Ativan	1mg	PRN <sup>1</sup>	\$4	\$0.05	Y	Y <sup>2</sup>
<b>Oxazepam</b>	Serax	15mg	PRN <sup>1</sup>	\$5	\$0.06	Y	Y <sup>2</sup>
<b>Other Sedative Agents (cost for 90 tablets)</b>							
<b>Doxepin</b>	Silenor	3mg	Daily	\$61	\$0.68	N	N
<b>Trazodone</b>	Desyrel	50mg	Daily	\$21	\$0.23	Y	Y
<b>Zopiclone</b>	Imovane	5mg	PRN <sup>1</sup>	\$9	\$0.10	Y	N
<b>Zopiclone</b>	Imovane	7.5mg	PRN <sup>1</sup>	\$12	\$0.13	Y	N
<b>Acetylcholinesterase Inhibitors</b>							
<b>Donepezil</b>	Aricept	5mg, 10mg	Daily	\$43	\$0.48	Y	Y-PA
<b>Galantamine ER</b>	Reminyl ER	8mg, 16mg, 24mg	Daily	\$118	\$1.31	Y	Y-PA
<b>Rivastigmine</b>	Exelon	1.5mg, 3mg, 4.5mg, 6mg	BID	\$124	\$0.69	Y-EDS	Y-PA

<sup>1</sup> Cost calculated based on maximum 1 dose per day.

<sup>2</sup> Limited use: Dose limit of 30 mg diazepam equivalents per day, calculated based on the total dose of all benzodiazepines a client is receiving from NIHB within a 100-day period (i.e. 3 000 diazepam equivalents over 100 days).

#### LEGEND:

NIHB = Non-Insured Health Benefits; EDS = Exception Drug Status, prior approval required; PA= Prior approval required;  
Part 2 = Covered for certain indications (prior approval not required); ER = Extended release.

# CONTRACECTIVES

Generic Name	Brand Name	Strength	Usual Dosing	84 Day Cost	Per Unit Cost	Coverage	
						Pharmacare	NIHB
<b>1<sup>st</sup> Generation Progestins</b>							
Ethinyl Estradiol/Norethindrone	Synphasic	(0.035mg/0.5mg, 0.035mg/1mg)	Daily	\$41	\$0.65	Y	Y
<b>2<sup>nd</sup> Generation Progestins</b>							
Ethinyl Estradiol/Levonorgestrel	Alesse	0.02mg/0.1mg	Daily	\$31	\$0.49	Y	Y
Ethinyl Estradiol/Levonorgestrel	Min-Ovral	0.03mg/0.15mg	Daily	\$34	\$0.53	Y	Y
Ethinyl Estradiol/Levonorgestrel	Triquilar <sup>1</sup>	(0.03mg/0.05mg, 0.04mg/0.075mg, 0.03mg/0.125mg)	Daily	\$50	\$0.79	Y	Y
<b>3<sup>rd</sup> Generation Progestins</b>							
Ethinyl Estradiol/Desogestrel	Marvelon	0.03mg/0.15mg	Daily	\$33	\$0.53	Y	Y
Ethinyl Estradiol/Norgestimate	Tricyclen Lo <sup>1</sup>	(0.025mg/0.180mg, 0.025mg/0.215mg, 0.025mg/0.250mg)	Daily	\$42	\$0.67	Y	Y
Ethinyl Estradiol/Norgestimate	Tri-Cira <sup>1</sup> , Tricyclen <sup>6</sup>	(0.035mg/0.180mg, 0.035mg/0.215mg, 0.035mg/0.250mg)	Daily	\$45	\$0.72	Y	Y
<b>Anti-Androgenic Progestins</b>							
Ethinyl Estradiol/Drospirenone	Yasmin	0.03mg/3mg	Daily	\$39	\$0.62	Y	Y
Ethinyl Estradiol/Drospirenone	Yaz	0.02mg/3mg	Daily	\$48	\$0.66	Y	Y
<b>Transdermal and Vaginal Contraceptives</b>							
Etonogestrel	Nuvaring	Vaginal ring	As dir	\$51/3 rings		N	Y
Norelgestromin	Evra	Patch	As dir	\$70		N	Y
<b>Intrauterine Devices (IUDs)</b>							
Copper IUD	numerous <sup>2</sup>	see note below	As dir	see note below		N	Y <sup>4</sup>
Levonorgestrel	Mirena, Kyleena, Jaydess	IUD	As dir	\$287 - \$346		Y	Y <sup>5</sup>

Note: 21 or 28 day pill packs have equivalent costs.

<sup>1</sup>Triphasic oral contraceptive

<sup>2</sup>Numerous products available. Duration of contraception provided variable. Cost range indicated as per device.

<sup>3</sup>Provides contraception for up to 5 years. Cost indicated as per device.

<sup>4</sup>NIHB coverage limited to one IUD every 12 months.

<sup>5</sup>NIHB coverage limited to one IUD every 2 years.

<sup>6</sup> Tri-Cyclen has been discontinued

## Copper IUD costs:

- Flexi-T IUD: \$110
- Liberte UT380 SHORT: \$66
- Liberte UT380 STANDARD: \$66
- Mona Lisa 10: \$78
- Mona Lisa 5: \$66
- Mona Lisa N: \$66

NIHB = Non-Insured Health Benefits; EDS = Exception Drug Status, prior approval required; PA= Prior approval required;

Part 2 = Covered for certain indications (prior approval not required).

# HORMONE REPLACEMENT THERAPY

Generic Name	Brand Name	Strength	Usual Dosing	90 Day Cost	Per Unit Cost	Coverage	
						Pharmacare	NIHB
<b>Oral</b>							
Conjugated Estrogen	Premarin	0.625mg	Daily	\$29	\$0.32	Y	Y
Estradiol-17b	Estrace	1mg	Daily	\$22	\$0.24	Y	Y
Medroxyprogesterone	Provera	5mg	Daily	\$15	\$0.16	Y	Y
Micronized progesterone	Prometrium	100mg	HS	\$136	\$1.51	Y-part 2	Y-PA
<b>Transdermal</b>							
Estradiol-17b Patch	Estradot (generic)	50mcg	twice weekly	\$69	\$2.66	Y-part 2	Y
	Oesclim	50mcg	twice weekly	\$84	\$3.22	Y-part 2	Y
	Climara	50mcg	weekly	\$77	\$5.91	Y-part 2	Y
Estradiol-17b Gel	Estrogel	0.06%	2.5g daily (1.5mg estradiol)	\$124	\$0.54	Y-part 2	Y
	Divigel	0.10%	0.25 mg, 0.5 mg, 1 mg daily	\$83	\$0.91	Y-part 2	Y
<b>Vaginal</b>							
Conjugated Estrogen	Premarin Vaginal Cream	0.625mg/g	Variable, based on indication	\$25/30g tube		Y	Y
Estradiol-17b tablet	Vagifem-10	10mcg	Twice weekly	\$115	\$4.44/tab	Y	Y
Estradiol-17b ring	Estring	2 mg	1 ring per 3 months	\$91/ring		Y	Y

#### LEGEND:

NIHB = Non-Insured Health Benefits; EDS = Exception Drug Status, prior approval required; PA= Prior approval required;  
Part 2 = Covered for certain indications (prior approval not required).

# ANALGESICS

Generic Name	Brand Name	Strength	Usual Dosing	90 Day Cost	Per Unit Cost	Coverage	
Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)							
Celecoxib	Celebrex	200mg	Daily	\$24	\$0.27	Y	Y
Diclofenac	Voltaren	50mg	BID	\$74	\$0.41	Y	Y
Diclofenac SR	Voltaren SR	75mg	Daily	\$54	\$0.60	Y	Y
Diclofenac/Misoprostol	Arthrotec	50mg/200mcg	BID	\$60	\$0.33	Y-part 2	Y
Naproxen	Naprosyn	500mg	BID	\$40	\$0.22	Y	Y
Combination Analgesics							
Tramadol/Acetaminophen	Tramacet	37.5mg/325mg	1-2 tablets q6h PRN	\$20	\$0.66	N	N
Neuropathic and Chronic Pain							
Amitriptyline	Elavil	25mg	HS	\$11	\$0.13	Y	Y
Amitriptyline	Elavil	50mg	HS	\$22	\$0.25	Y	Y
Desipramine	Norpramin	50mg	HS	\$68	\$0.75	Y	Y
Nortriptyline	Aventyl	25mg (X2)	HS	\$48	\$0.27	Y	Y
Gabapentin	Neurontin	300mg	TID	\$29	\$0.11	Y	Y <sup>2</sup>
Pregabalin	Lyrica	150mg	BID	\$78	\$0.44	Y	Y-PA
Topical NSAIDs							
Diclofenac sodium	Pennsaid	1.50%	TID-QID		\$71/60ml	N	Y-PA
Diclofenac	Voltaren Emulgel	1.16%	BID-QID		\$10/100g	N <sup>1</sup>	N
Diclofenac	Voltaren Emulgel	2.32%	BID-QID		\$13/100g	N <sup>1</sup>	N

<sup>1</sup>Only covered if concentration >5%<sup>2</sup>NIHB coverage limited to 4000mg/day (400g/100day period).

#### LEGEND:

NIHB = Non-Insured Health Benefits; EDS = Exception Drug Status, prior approval required; PA= Prior approval required;  
Part 2 = Covered for certain indications (prior approval not required); SR = Sustained release.

# MIGRAINE

Generic Name	Brand Name	Strength	Usual Dose	Cost per 6 tablets	Per Unit Cost	Coverage	
						Pharmacare	NIHB
<b>Antimigraine</b>							
<b>Naratriptan</b>	Amerge	2.5mg	PRN	\$39	\$6.45	Y-part 2 <sup>1</sup>	Y <sup>2</sup>
<b>Rizatriptan</b>	Maxalt	5mg	PRN	\$23	\$3.89	Y-part 2 <sup>1</sup>	Y <sup>2</sup>
<b>Rizatriptan</b>	Maxalt	10mg	PRN	\$23	\$3.89	Y-part 2 <sup>1</sup>	Y <sup>2</sup>
<b>Sumatriptan</b>	Imitrex	50mg	PRN	\$17	\$2.91	Y-part 2 <sup>1</sup>	Y <sup>2</sup>
<b>Sumatriptan</b>	Imitrex	100mg	PRN	\$19	\$3.21	Y-part 2 <sup>1</sup>	Y <sup>2</sup>
<b>Zolmitriptan</b>	Zomig	2.5mg	PRN	\$22	\$3.71	Y-part 2 <sup>1</sup>	Y <sup>2</sup>

<sup>1</sup> Pharmacare coverage limited to 144 tablets per benefit year.

# GOUT

Generic Name	Brand Name	Strength	Usual Dose	Cost per 6 tablets	Per Unit Cost	Coverage	
						Pharmacare	NIHB
<b>Gout</b>							
<b>Allopurinol</b>	Zyloprim	200mg	Daily	\$12	\$0.14	Y	Y
<b>Colchicine</b>	Colchicine	0.6mg	Daily	\$24	\$0.27	Y	Y

**LEGEND:**

NIHB = Non-Insured Health Benefits; EDS = Exception Drug Status, prior approval required; PA= Prior approval required;  
Part 2 = Covered for certain indications (prior approval not required).

# ANTIMICROBIALS

Generic Name	Brand Name	Strength/Usual Dosing	Treatment Cost	Per Unit Cost	Coverage	
					Pharmacare	NIHB
<b>Antimicrobials (cost as per duration indicated in dosing)</b>						
<b>Amoxicillin</b>	Amoxil	500mg TID x 7 days	\$3	\$0.14	Y	Y
<b>Amoxicillin/Clavulanate</b>	Clavulin	875mg/125mg TID x 7 days	\$24	\$1.17	Y-part 2	Y
<b>Azithromycin</b>	Zithromax	500mgx1, 250mg daily x 4 days	\$6	\$0.99	Y-part 2	Y
<b>Cephalexin</b>	Keflex	500mg QID x 7 days	\$5	\$0.18	Y	Y
<b>Ciprofloxacin</b>	Cipro	500mg BID x 3 days	\$3	\$0.53	Y-part 2	Y
<b>Clarithromycin</b>	Biaxin	500mg BID x 7 days	\$12	\$0.87	Y-part 2	Y
<b>Clindamycin</b>	Dalacin C	300mg QID x 7 days	\$14	\$0.51	Y	Y
<b>Doxycycline</b>	Doxycin	100mg BID x 7 days	\$9	\$0.62	Y	Y
<b>Levofloxacin</b>	Levaquin	500mg daily x 7 days	\$26	\$3.68	Y-part 2	Y (max 14 days)
<b>Moxifloxacin</b>	Avelox	400mg daily x 7 days	\$11	\$1.60	Y-part 2	Y (max 14 days)
<b>Nitrofurantoin</b>	Macrobid	100mg BID x 5 days	\$6	\$0.63	Y	Y
<b>Penicillin V K</b>	Pen VK	300mg QID x 7 days	\$6	\$0.21	Y	Y
<b>Sulfamethoxazole/Trimethoprim</b>	Septra	DS BID x 3 days	\$1	\$0.22	Y	Y
<b>Antivirals</b>						
<b>Acyclovir</b>	Zovirax	800mg 5x/day x7 days	\$105	\$3.00	Y	Y
<b>Famciclovir</b>	Famvir	500mg TID x7 days	\$30	\$1.41	Y	Y
<b>Oseltamivir</b>	Tamiflu	75mg BID x 5 days	\$11	\$1.09	Y-part 2	Y
<b>Valacyclovir</b>	Valtrex	1000mg (2 tabs) TID x7 days	\$27	\$0.65	Y	Y

Disclaimer: Dosing of many antibiotics variable depending on indication for use.

#### LEGEND:

NIHB = Non-Insured Health Benefits; EDS = Exception Drug Status, prior approval required; PA= Prior approval required;  
Part 2 = Covered for certain indications (prior approval not required).

# OSTEOPOROSIS

Generic Name	Brand Name	Strength	Usual Dosing	90 Day Cost	Per Unit Cost	Coverage	
						Pharmacare	NIHB
Calcium Carbonate	Calcium	1250mg (=500mg elemental Ca)	BID <sup>1</sup>	\$4	\$0.02	N	Y
Vitamin D	Vitamin D	1000 units	Daily <sup>1</sup>	\$3	\$0.03	N	Y <sup>2</sup>
<b>Bisphosphonates</b>				<b>1 Year Cost</b>			
Alendronate	Fosamax	70mg once weekly		\$115	\$2.21	Y-EDS	Y
Risedronate	Actonel	35mg once weekly		\$108	\$2.08	Y-EDS	Y
Zoledronic Acid	Aclasta	5mg IV once yearly		\$352	\$352.17	Y-EDS	Y-PA
<b>Bone-Modifying Agent (Monoclonal Antibody)</b>				<b>1 Year Cost</b>			
Denosumab	Prolia	60mg subcut every 6months		\$803	\$402	Y-EDS	Y-PA

<sup>1</sup> Per unit cost for OTC products not covered by Pharmacare/not listed on the Manitoba Drug Interchangeability Formulary will vary due to price differences that exist among brands/manufacturers and pack sizes of a given product

<sup>2</sup> Certain strengths/brands may not be covered.

#### LEGEND:

NIHB = Non-Insured Health Benefits; EDS = Exception Drug Status, prior approval required; PA= Prior approval required;  
Part 2 = Covered for certain indications (prior approval not required).

# UROLOGY

Generic Name	Brand Name	Strength	Usual Dosing	Cost per 4 Tablets	Per Unit Cost	Coverage	
						Pharmacare	NIHB
<b>Erectile Dysfunction</b>							
Sildenafil	Viagra	100mg	As directed	\$39	\$9.66	N	N
Tadalafil	Cialis	20mg	As directed	\$51	\$12.75	N	N
Vardenafil	Levitra	20mg	As directed	\$49	\$12.27	N	N

Generic Name	Brand Name	Strength	Usual Dosing	90 Day Cost	Per Unit Cost	Coverage	
						Pharmacare	NIHB
<b>Benign Prostatic Hyperplasia (BPH)</b>							
Dutasteride	Avodart	0.5mg	Daily	\$29	\$0.32	Y-part 2	Y
Finasteride	Proscar	5mg	Daily	\$39	\$0.43	Y-part 2	Y
Tamsulosin CR	Flomax CR	0.4mg	HS	\$14	\$0.16	Y	Y
Terazosin	Hytrin	1mg	HS	\$23	\$0.26	Y	Y

**LEGEND:**

NIHB = Non-Insured Health Benefits; EDS = Exception Drug Status, prior approval required; PA= Prior approval required;  
Part 2 = Covered for certain indications (prior approval not required); CR = Controlled release.

# OVERACTIVE BLADDER

Generic Name	Brand Name	Strength	Usual Dosing	90 Day Cost	Per Unit Cost	Coverage	
Anticholinergics							
<b>Fesoterodine</b>	Toviaz	4mg, 8mg	4-8mg Daily	\$142	\$1.58	Y	Y-PA
<b>Oxybutynin</b>	Ditropan	5mg	5mg BID <sup>1</sup> (up to TID)	\$47	\$0.26	Y	Y
<b>Oxybutynin XL</b>	Ditropan XL	5mg, 10mg	5-10mg Daily	\$288	\$3.20	Y	N <sup>2</sup>
<b>Solifenacin</b>	Vesicare	5mg, 10mg	5-10mg Daily	\$29	\$0.32	Y	Y
<b>Tolterodine IR</b>	Detrol	1mg, 2mg	1-2mg BID	\$46	\$0.26	Y	Y
<b>Tolterodine LA</b>	Detrol LA	2mg, 4mg	2-4mg Daily	\$46	\$0.52	Y	Y
<b>Trospium</b>	Trosec	20mg	20mg BID	\$115	\$0.64	Y-EDS	Y-PA
β <sub>3</sub> – Agonist							
<b>Mirabegron</b>	Myrbetriq	25mg, 50mg <sup>3</sup>	25-50mg Daily	\$138	\$1.53	Y	Y-PA

<sup>1</sup>Cost provided for BID dosing regimen.

<sup>2</sup>NIHB coverage may be granted, as reviewed on a case-by-case basis. NIHB Drug Exception Centre must be contacted directly.

<sup>3</sup>Per unit cost equivalent for 25mg and 50mg tablet strength. Tablet can not be split in half due to extended release (24hr) formulation.

## LEGEND:

NIHB = Non-Insured Health Benefits; EDS = Exception Drug Status, prior approval required; PA= Prior approval required;  
Part 2 = Covered for certain indications (prior approval not required); IR = Immediate release; LA = Long acting; XL = Extended release.

# GASTROINTESTINAL AGENTS

Generic Name	Brand Name	Strength	Usual Dosing	90 Day Cost	Per Unit Cost	Coverage	
						Pharmacare	NIHB
<b>Proton Pump Inhibitors (PPIs)</b>							
Esomeprazole	Nexium	40mg	Daily	\$52	\$0.58	Y	N
Lansoprazole	Prevacid	15mg, 30mg	Daily	\$47	\$0.53	Y	Y <sup>1</sup>
Omeprazole	Losec	20mg	Daily	\$22	\$0.24	Y	Y <sup>1</sup>
Pantoprazole	Pantoloc	40mg	Daily	\$19	\$0.21	Y	Y <sup>1</sup>
Rabeprazole	Pariet	20mg	Daily	\$13	\$0.14	Y	Y <sup>1</sup>
<b>Histamine-2 Receptor Antagonist (H<sub>2</sub>RAs)</b>							
Ranitidine		150mg	BID	\$23	\$0.13	Y	Y
<b>Antiemetics (cost for 30 tablets)</b>							
Dimenhydrinate	Gravol	50mg	PRN	1 <sup>2</sup>	\$0.03	N	Y
Doxylamine/Pyridoxine	Diclectin	10/10mg	PRN	\$20	\$0.67	Y	Y
Metoclopramide	Metonia/Maxeran	10mg	PRN	\$2	\$0.07	Y	Y
Ondansetron	Zofran	8mg	PRN	\$157	\$5.24	Y	Y
<b>Laxatives</b>							
Psyllium fiber	Metamucil	1 tsp	up to TID	\$15/72 doses <sup>2</sup>		N	Y
Lactulose	Lactulose	15ml	daily	\$15/1000 mL	0.01525/ml	Y-EDS	Y
PEG3350	Lax-a-day	17g	daily, as directed	\$12.31/10 doses		N	Y
<b>Antidiarrheal (cost for 30 tablets)</b>							
Loperamide	Imodium	2mg	As directed	7 <sup>2</sup>	\$0.26	Y-EDS	Y
<b>Helicobacter Pylori Eradication (cost for 7 day treatment course)</b>							
Amoxicillin	Amoxil	500mg	1000mg BID x7d	\$4	\$0.14	Y	Y
Clarithromycin	Biaxin	500mg	BID x7d	\$12	\$0.87	Y-part 2	Y
Lansoprazole	Prevacid	30mg	BID x7d	\$7	\$0.53	Y	Y
HP-PAC (7 days of above)			BID x7d	\$71		Y-EDS	Y

<sup>1</sup>NIHB coverage limited to 400 tablets/capsules every 180 days.

<sup>2</sup>Per unit cost for OTC products not covered by Pharmacare/not listed on the Manitoba Drug Interchangeability Formulary will vary due to price differences that exist among brands/manufacturers and pack sizes of a given product

#### LEGEND:

NIHB = Non-Insured Health Benefits; EDS = Exception Drug Status, prior approval required; PA= Prior approval required;  
Part 2 = Covered for certain indications (prior approval not required).

# IRON PREPARATIONS

Generic Name	Brand Name	Strength (mg elemental iron per tablet or 5mL)	90 Day Cost	90 Day Cost (100 mg elemental iron per day)	Per Unit Cost	Coverage	
						Pharmacare	NIHB
<b>Iron Tablets</b>		<b>1 tab/day</b>		<b>Per tab</b>			
<b>Ferrous sulfate</b>	Generic	300mg (60mg Fe <sup>2+</sup> )	\$1	\$3.78	\$0.02	N	Y
<b>Ferrous gluconate</b>	Generic	300mg (35mg Fe <sup>2+</sup> )	\$2	\$6.86	\$0.03	N	Y
<b>Ferrous fumarate</b>	Generic	300mg (100mg Fe <sup>2+</sup> )	\$7	\$6.96	\$0.08	N	Y
<b>Polysaccharide iron</b>	Feramax	150mg Fe <sup>2+</sup> (as polysaccharide-iron complex)	\$39	n/a	\$0.43	N	Y ≤ age 12
<b>Iron in liquid solution</b>		<b>5 mL/day</b>		<b>Per 5 mL</b>			
<b>Ferrous fumarate</b>	Generic	300mg/10mL (100mg Fe <sup>2+</sup> /10mL)	\$35	\$35.10	\$0.39		
<b>Ferrous sulfate</b>	Fer-in-Sol solution	150mg/5mL (30mg Fe <sup>2+</sup> /5mL)	\$18	\$60.48	\$0.20	N	Y
<b>Ferrous sulfate</b>	Fer-in-Sol Infant	75mg/1mL (15mg Fe <sup>2+</sup> /1mL)	\$19	n/a <sup>2</sup>	\$0.21	N	Y

<sup>1</sup> Per unit cost for OTC products not covered by Pharmacare/not listed on the Manitoba Drug Interchangeability Formulary will vary due to price differences that exist among brands/manufacturers and pack sizes of a given product.

<sup>2</sup> Not applicable. Fer-In-Sol drops are intended to provide doses smaller than 100mg elemental Fe<sup>2+</sup> per day. The daily dose for children and infants is based on weight, resulting in significant dose and cost variability.

#### LEGEND:

NIHB = Non-Insured Health Benefits; EDS = Exception Drug Status, prior approval required; PA= Prior approval required;  
Part 2 = Covered for certain indications (prior approval not required).