BULLETIN # 133

Manitoba Drug Benefits and Manitoba Drug Interchangeability Formulary Amendments

The following amendments will take effect on August 27, 2024 and November 27, 2024

The amended Manitoba Drug Benefits Formulary and Manitoba Drug Interchangeability Formulary will be available on the Manitoba Health website http://www.gov.mb.ca/health/mdbif on the effective date of August 27, 2024

Bulletin 133 is currently available for download:
https://www.gov.mb.ca/health/mdbif/docs/bulletins/bulletin133.pdf

Please also refer to the psv/excel files* found on the Manitoba Health website under "Notices" here:
https://www.gov.mb.ca/health/pharmacare/healthprofessionals.html

***The psv/excel files contain the following information: DIN, PRODUCT NAME, UNIT PRICE (List Price + Allowable Markup) & LOWEST GENERIC PRICE (List Price + Allowable Markup).**
Information on allowable markup can be found here:
https://www.gov.mb.ca/health/pharmacare/profdocs/csp_pdrc.pdf

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The following changes will take effect on August 27, 2024

Part 1 Additions

DIN	TRADE NAME	GENERIC	STRENGTH	FORM	MFR*
02541289 02541297 02541300 02541319	**Apo-Candesartan Tablets**	candesartan cilexetil	4 mg 8 mg 16 mg 32 mg	Tablet	APX
02466392	**Auro-Nitrofurantoin BID**	nitrofurantoin	100 mg	Capsule	AUP
02544660 02544679	**Baclofen**	baclofen	10 mg 20 mg	Tablet	SIP
02528940	**Jamp Doxycycline Capsules**	doxycycline	100 mg	Capsule	JPC
02541351 02541378	**Jamp Ondansetron ODF**	ondansetron	4 mg 8 mg	Oral Disintegrating Film	JPC
02516292 02516306 02516314	**Jamp Rivaroxaban**	rivaroxaban	10 mg 15 mg 20 mg	Tablet	JPC
02534916	**M-Methotrexate**	methotrexate	2.5 mg	Tablet	MNP
02541963	**M-Pregabalin**	pregabalin	300 mg	Capsule	MNP
02491311 02491338 02491346 02491354 02491362	**Methotrexate Subcutaneous**	methotrexate	15 mg/0.3 mL 17.5 mg/0.35 mL 20 mg/0.4 mL 22.5mg/0.45mL 25 mg/0.5mL	Injection	ACH
02541238	**Mint-Carbamazepine**	carbamazepine	200 mg	Tablet	MPH
02538628 02538636	**Mint-Famotidine**	famotidine	20 mg 40 mg	Tablet	MPH
02536846	**Mint-Mexiletine**	mexiletine hydrochloride	100 mg	Capsule	MPH
02538334 02538342	**NRA-Dapagliflozin**	dapagliflozin	5 mg 10 mg	Tablet	NRA
02520486	**NRA-Letrozole**	letrozole	2.5 mg	Tablet	NRA
02536439 02536447	**NRA-Metformin**	metformin hydrochloride	500 mg 850 mg	Tablet	NRA
02534924 02534932 02534940	**NRA-Mirtazapine**	mirtazapine	15 mg 30 mg 45 mg	Tablet	NRA
02479192	**NRA-Pregabalin**	pregabalin	300 mg	Capsule	NRA

02536595 02536609 02536625 02536633	**NRA-Rosuvastatin Tablets**	rosuvastatin	5 mg 10 mg 20 mg 40 mg	Tablet	NRA
02465752 02529610	**Octasa**	mesalazine	800 mg 1600 mg	Delayed Release Tablet	PPI
80108882	**PRZ K8**	potassium chloride	600 mg	Extended Release Tablet	PRZ
80107649	**PRZ K20**	potassium chloride	1500 mg	Extended Release Tablet	PRZ
02495864	**Sandoz Amoxicillin**	amoxicillin	250 mg/5 mL	Oral Suspension	SDZ
02528096	**Taro-Fusidic Acid**	fusidic acid	2%	Cream	TAR
02533340 02533359 02533367 02533375 02533383 02533391	**Taro-Lisdexamfetamine Chewable Tablets**	lisdexamfetamine dimesylate	10 mg 20 mg 30 mg 40 mg 50 mg 60 mg	Chewable Tablet	TAR
02533103	**Tobramycin Injection USP**	tobramycin	40 mg/mL	Solution	JPC
02498057	**Uceris**	budesonide	2 mg/ACT	Foam	BHC

* Abbreviation of Manufacturers' Name

Part 2 Additions

PIN	Product	Approved Quantity per Benefit Year	MFR
00905535	**Medtronic Guardian 4 Sensor**	65 sensors	MDT
00905540	**Medtronic Guardian 4 Transmitter Kit**	1 kit	MDT

For patients with type 1 or type 2 diabetes currently on both basal and bolus insulin or using an insulin pump.

02531801	**Jamp Ticagrelor**	ticagrelor	90 mg	Tablet	JPC

For the treatment of patients with:

a) Failure on optimal clopidogrel and ASA therapy as defined by definite stent thrombosis, or recurrent STEMI, NSTEMI or UA after prior revascularization via percutaneous coronary intervention (PCI); or
b) STEMI and undergoing revascularization via PCI; or
c) NSTEMI, UA or high risk angiographic anatomy and undergoing revascularization via PCI.

Treatment must be initiated in-hospital and prescribed by a specialist with experience in managing acute coronary syndrome (ACS).

02489384	**NRA-Rizatriptan ODT**	rizatriptan	10 mg	Orally Disintegrating Tablet	NRA

For treatment of ACUTE migraine attacks in patients where standard therapy has failed - to a maximum of 144 tablets per benefit year.

02489392	**NRA-Zolmitriptan**	zolmitriptan	2.5 mg	Tablet	NRA

For treatment of ACUTE migraine attacks in patients where standard therapy has failed - to a maximum of 144 tablets per benefit year.

02546035 02546043	**Sumatriptan**	sumatriptan	50 mg 100 mg	Tablet	SIP

For treatment of ACUTE migraine attacks in patients where standard therapy has failed - to a maximum of 144 tablets per benefit year.

02423898 02480786	**Xeljanz** *(updated criteria)*	tofacitinib	5 mg 10 mg	Tablet	PFI
02530007 02530015	**Auro-Tofacitinib** *(updated criteria)*	tofacitinib	5 mg 10 mg	Tablet	AUP
02522896	**Jamp Tofacitinib** *(updated criteria)*	tofacitinib	5 mg	Tablet	JPC
02522799	**pms-Tofacitinib** *(updated criteria)*	tofacitinib	5 mg	Tablet	PMS
02511304 02511312	**Taro-Tofacitinib** *(updated criteria)*	tofacitinib	5 mg 10 mg	Tablet	TAR

For the treatment of patients 18 years of age or older with moderate to severe active ulcerative colitis who have had inadequate response, intolerance or contraindications to conventional therapy including 5-aminosalicylate compounds AND corticosteroids

NOTE: Coverage will be provided only if prescribed by a specialist in gastroenterology.

Combined use with other biologic drugs or Janus kinase (JAK) inhibitors will not be reimbursed.

Exception Drug Status Additions

02370050 02370069	**Benlysta**	belimumab	120 mg/5 mL 400 mg/20 mL	Injection	GSK
02470489	**Benlysta**	belimumab	200 mg/mL	Auto-Injector	GSK

For the treatment of active lupus nephritis (LN) in adult patients who meet all of the following criteria:

• Diagnosed with International Society of Nephrology/Renal Pathology Society class III (with or without class V), class IV (with or without class V), or class V (i.e., pure class V) LN;
• Have started standard induction therapy within the previous 60 days;
• Have not previously failed both cyclophosphamide and mycophenolate induction therapies;
• Have not had an estimated glomerular filtration rate (eGFR) that is less than 30 mL/min/1.73 m^2

Initial approval: 12 months

Renewal criteria:

Renewal requests must provide proof of beneficial clinical effect, including all of the following:

• Reduction in glucocorticoids to less than or equal to 7.5 mg/day of prednisone or its equivalent after 12 months of therapy (oral corticosteroid dose that remains higher than 7.5 mg/day of prednisone or its equivalent, but has decreased by at least 50% from baseline could be considered as having achieved the oral corticosteroid dose reduction); AND
• An eGFR that is greater than or equal to 60 mL/min/1.73 m^2, or that is no more than 20% below the value before the renal flare (pre-flare value); AND
• Improvement in proteinuria defined as either:
    • Proteinuria no greater than 0.7 g/24 hours after 12 months of therapy if baseline proteinuria is less than 3.5 g/24 hours; OR
    • Proteinuria no greater than 0.7 g/24 hours after 18 to 24 months of therapy if baseline proteinuria is in the nephrotic range (i.e., greater than 3.5 g/24 hours); AND
• Have not had an eGFR decrease to less than 30 mL/min/1.73 m^2; AND
• Have not had the addition of other immunosuppressant agents (other than as part of the induction and maintenance regimens), corticosteroid use outside of the limits, anti–tumour necrosis factor therapy (such as adalimumab, etanercept, infliximab) or other biologics (such as rituximab, abatacept).

Subsequent renewal requests will be considered if the initial response in the first 12 months of therapy has been maintained.

Renewal approval: 12 months

Request for coverage must be made by a specialist in rheumatology or nephrology with experience in the management of lupus nephritis.

02521202 02521210	**Imatinib**	imatinib	100 mg 400 mg	Tablet	SIP

See Bulletin #49 for full criteria:
https://www.gov.mb.ca/health/mdbif/docs/bulletins/bulletin49.pdf

02543036 02543044	**Jamteki** *(biosimilar)*	ustekinumab	45 mg/0.5 mL 90 mg/1 mL	Injection	JPC

Psoriatic Arthritis
For treatment of patients over 18 years of age who have active psoriatic arthritis who have failed treatment with at least 3 DMARD therapies, one of which is methotrexate and/or leflunomide unless intolerance or contraindications to these agents is documented. One combination therapy of DMARDs must also be tried. Initial application information should include information on disease activity such as the number of tender joints, swollen joints, erythrocyte sedimentation rate and C-reactive protein value.

Request for coverage must be made by a specialist in rheumatology.

Psoriasis
For treatment of adult patients with severe plaque psoriasis presently with one or more of the following:
• Psoriasis Area and the Severity Index (PASI) ≥ 10
• Body Surface Area (BSA) > 10%
• Significant involvement of the face, hands, feet or genital region
• Dermatology Life Quality Index (DLQI) > 10 AND
• Failure to respond to, contraindications to, intolerant of or unable to access methotrexate, cyclosporine and/or phototherapy.

Coverage will be approved initially for a maximum of 3 months. For continued coverage the physician must confirm the patient's response to treatment and demonstration of treatment clinical benefits:
• ≥ 50% reduction in the PASI score with ≥ 5 point improvement in the DLQI
• ≥ 75 % reduction in the PASI score
• ≥ 50% reduction in the BSA with significant improvement of the face, hands, feet or genital region.

Request for coverage must be made by a specialist in dermatology.

Jamteki will be a preferred ustekinumab option for all ustekinumab-naïve patients prescribed an ustekinumab product for Psoriasis. Preferred means the first ustekinumab product to be considered for reimbursement for ustekinumab-naive patients. Patients will not be permitted to switch from Jamteki to another ustekinumab product or vice versa, if:
• Previously trialed and deemed unresponsive to ustekinumab.

02545411	**Jubbonti** *(biosimilar)*	denosumab	60 mg/mL	Injection	SDZ

To increase bone mass in men or postmenopausal women with osteoporosis who are at a high risk for fracture or who have failed or are intolerant to other available osteoporosis therapy, where the following clinical criteria are met:
• High fracture risk defined as either:
  • moderate 10-year fracture risk (10% to 20%) as defined by either the Canadian Association of Radiologists and Osteoporosis Canada (CAROC) tool or the World Health Organization's Fracture Risk Assessment (FRAX) tool with a prior fragility fracture;

OR

  • high 10-year fracture risk (≥ 20%) as defined by either the Canadian Association of Radiologists and Osteoporosis Canada (CAROC) tool or the World Health Organization's Fracture Risk Assessment (FRAX) tool.

AND

• Contraindication to oral bisphosphonates.

Notes:
• Bisphosphonate failure will be defined as a fragility fracture and/or evidence of a decline in bone mineral density below pre-treatment baseline levels, despite adherence for one year.
• Contraindication to oral bisphosphonates will be considered. Contraindications include renal impairment, hypersensitivity, and abnormalities of the esophagus (e.g. esophageal stricture or achalasia).

02531917 02531925	**Kerendia**	finerenone	10 mg 20 mg	Tablet	BAY

For use as an adjunct to standard of care[1] therapy to reduce the risk of end-stage kidney disease and a sustained decrease in estimated glomerular filtration rate (eGFR), cardiovascular death, nonfatal myocardial infarction, and hospitalization for heart failure, in adult patients with BOTH chronic kidney disease AND type 2 diabetes who meet all of the following criteria:

• eGFR level greater than or equal to 25 mL/min/1.73 m^2 ; AND
• Urine albumin-creatinine ratio (UACR) greater than or equal to 30 mg/g (or 3 mg/ mmol); AND
• Patient does not have New York Heart Association (NYHA) class II to IV heart failure; AND
• Patient is not using finerenone in combination with another mineralocorticoid receptor antagonist.

[1]Standard of care is defined as maximally tolerated doses of an angiotensin- converting enzyme (ACE) inhibitor or angiotensin-receptor blocker (ARB) therapy in combination with a sodium-glucose cotransporter 2 (SGLT2) inhibitor, unless SGLT2 inhibitors are contraindicated or not tolerated.

Treatment with finerenone should be discontinued if:

• eGFR level is less than 15 mL/min/1.73 m^2; OR
• UACR has increased from baseline

Finerenone must be prescribed in consultation with a nephrologist, or by a prescriber with experience in the diagnosis and management of patients with CKD and T2D.

02530740	**Livtencity**	maribavir	200 mg	Tablet	TAK

For the treatment of adult patients with post-transplant cytomegalovirus (CMV) infection that is refractory[1] (with or without resistance) to one or more of the following antiviral drugs: valganciclovir, ganciclovir, foscarnet, or cidofovir.

Maribavir is to be discontinued if either of the following occurs:
• No change, or an increase, in CMV viral load after at least 2 weeks of maribavir treatment; OR
• Confirmed CMV genetic mutation associated with resistance to maribavir

Subsequent treatment with maribavir may be reimbursed for patients who have a recurrence of CMV viremia after a previous successful course of treatment with maribavir.

Maribavir must be prescribed by a clinician with experience and expertise in transplant medicine, transplant infectious disease, or infectious disease.

[1]Refractory is defined as a lack of change in CMV viral load, or increase in CMV viral load, after at least 2 weeks of appropriately dosed treatment.

02475200 02475219	**Lynparza** *(new indication)*	olaparib	100 mg 150 mg	Tablet	AZC

BRCA-mutated metastatic castration-resistant prostate cancer (mCRPC)
In combination therapy with abiraterone acetate and prednisone or prednisolone, for the first-line treatment of adult patients with deleterious or suspected deleterious germline and/or somatic BRCA-mutated metastatic castration-resistant prostate cancer (mCRPC) in whom chemotherapy is not clinically indicated only if the conditions are met:

Initiations:

1. Olaparib and abiraterone should be reimbursed in the first-line treatment of adults (18 years or older) with all of the following:

1.1. mCRPC positive for a germline and/or somatic BRCA1 or BRCA2 gene alteration

1.2. have not received prior treatment with an androgen receptor pathway inhibitor (ARPi) in the mCSPC or nmCRPC setting

1.3. have not received prior treatment with a poly-(ADP ribose) polymerase (PARP) inhibitor for mCRPC

1.4. have not received CYP-17 inhibitor (e.g., abiraterone) for mCRPC for a prolonged time period (refer to the implementation guidance*).

2. Patients should have good performance status.

02543613	**M-Dienogest**	dienogest	2 mg	Tablet	MNP

The management of pelvic pain associated with endometriosis in patients for whom one or more less costly hormonal options are either ineffective or cannot be used.

02536765	**Mint-Tizanidine**	tizanidine	4 mg	Tablet	MPH

Second line therapy for multiple sclerosis or spinal cord injury. Used as an adjunct or replacement where baclofen has failed or side effects are intolerable (e.g. hypotension, muscle weakness).

02492989	**Nucala** *(new indication)*	mepolizumab	100 mg/mL	Pre-filled Autoinjector	GSK
02492997	**Nucala** *(new indication)*	mepolizumab	100 mg/mL	Pre-filled Syringe	GSK

Chronic rhinosinusitis with nasal polyps (CRSwNP)

For add-on maintenance treatment with intranasal corticosteroids in adult patients with severe chronic rhinosinusitis with nasal polyps (CRSwNP) inadequately controlled by intranasal corticosteroids alone, only if the following criteria are met:

Initiation Criteria:

1. Patients must have ALL of the following:
- endoscopically or CT-documented bilateral nasal polyps
- have undergone at least 1 prior surgical intervention for nasal polyps or have a contraindication to surgery
- be tolerant and able to continue use of inhaled nasal corticosteroids but have refractory symptoms despite use of inhaled corticosteroids for 3 months at maximally tolerated doses.

2. A baseline Sino-nasal Outcome Test-22 (SNOT-22) or endoscopic nasal polyp score (NPS) must be provided with the initial request for coverage.

Initial approval: 1 year

Renewal Criteria:

1. Patients must exhibit a clinically meaningful response* on the SNOT-22 or endoscopic NPS relative to their baseline score.

*A clinically meaningful response on the SNOT-22 is a decrease in score from baseline of 8.9 points or greater. A clinically meaningful response for NPS is a decrease in score from baseline of 1 point or greater.

Renewal approval: 1 year

Request for coverage must be made by a physician with expertise in managing severe CRSwNP (for example, otolaryngologist, allergist, respirologist).

02495155	**Rinvoq** *(new indication)*	upadacitinib	15 mg	Tablet	ABV

Ankylosing Spondylitis

For the treatment of adults with active ankylosing spondylitis (AS) who have had an inadequate response to a biologic disease-modifying antirheumatic drug (bDMARD) or when use of those therapies is inadvisable[1], only if the following criteria are met:

Patients have previously failed to respond to an adequate trial of at least three different non-steroidal anti-inflammatory drugs (NSAIDS) and, in patients with peripheral joint involvement, have failed to respond to methotrexate or sulfasalazine.

Request for coverage must be made by a specialist in rheumatology.

Combined use with other biologic drugs or janus kinase (JAK) inhibitors will not be reimbursed.

[1] Scenarios of patients for whom use of bDMARDS are inadvisable include patients who were intolerant to, or who have contraindications to, bDMARDS for AS.

02495155 02520893 02539721	**Rinvoq** *(new strength/ new indications)*	upadacitinib	15 mg 30 mg 45 mg	Tablet	ABV

Crohn's Disease

For treatment of moderate to severely active Crohn's Disease in patients with inadequate response, intolerance or contraindications to an adequate course of corticosteroids AND an immunosuppressive agent.

Request for coverage must be made by a specialist in gastroenterology.

Combined use with other biologic drugs or janus kinase (JAK) inhibitors will not be reimbursed.

Ulcerative Colitis

For the treatment of patients 18 years of age or older with moderate to severe active ulcerative colitis who have had inadequate response, intolerance or contraindications to conventional therapy including 5-aminosalicylate compounds AND corticosteroids.

Note: Coverage will be provided only if prescribed by a specialist in gastroenterology.

Combined use with other biologic drugs or janus kinase (JAK) inhibitors will not be reimbursed.

02530295	**Rymti**	etanercept	50 mg/mL	Pre-filled Syringe	LPC
02530309	**Rymti**	etanercept	50 mg/mL	Pre-filled Auto-Injector	LPC

Rheumatoid Arthritis

For treatment of patients over 18 years of age who have moderate to severe active rheumatoid arthritis who have failed treatment with at least 3 DMARD therapies, one of which is methotrexate and/or leflunomide unless intolerance or contraindications to these agents is documented. One combination therapy of DMARD's must also be tried.

Initial application information should include information on disease activity such as the number of tender joints, swollen joints, erythrocyte sedimentation rate and C-reactive protein value.

Request for coverage must be made by a specialist in rheumatology.

Rymti will be a preferred etanercept option for all etanercept-naive patients prescribed an etanercept product for Rheumatoid Arthritis. Preferred means the first etanercept product to be considered for reimbursement for etanercept-naive patients.
Patients will not be permitted to switch from Rymti to another etanercept product or vice versa, if previously trialed and deemed unresponsive to etanercept.

Polyarticular Juvenile Idiopathic Arthritis
For the treatment of active polyarticular juvenile idiopathic arthritis (pJIA) in patients 4 years of age or older who are intolerant to or have inadequate response to one or more disease-modifying anti-rheumatic drugs (DMARDs).

Request for coverage must be made by a specialist in rheumatology.

Rymti will be a preferred etanercept option for all etanercept-naive patients weighing 63kg (138 pounds) or more who are prescribed an etanercept product for Polyarticular Juvenile Idiopathic Arthritis. Preferred means the first etanercept product to be considered for reimbursement for etanercept-naive patients.
Patients will not be permitted to switch from Rymti to another etanercept product or vice versa, if previously trialed and deemed unresponsive to etanercept.

Psoriatic Arthritis
For treatment of patients over 18 years of age who have active psoriatic arthritis who have failed treatment with at least 3 DMARD therapies, one of which is methotrexate and/or leflunomide unless intolerance or contraindications to these agents is documented. One combination therapy of DMARD's must also be tried.

Initial application information should include information on disease activity such as the number of tender joints, swollen joints, erythrocyte sedimentation rate and C-reactive protein value.

Request for coverage must be made by a specialist in rheumatology.

Rymti will be a preferred etanercept option for all etanercept-naive patients prescribed an etanercept product for Psoriatic Arthritis. Preferred means the first etanercept product to be considered for reimbursement for etanercept-naive patients.
Patients will not be permitted to switch from Rymti to another etanercept product or vice versa, if previously trialed and deemed unresponsive to etanercept.

Ankylosing Spondylitis
For the treatment of patients with active ankylosing spondylitis who have failed to respond to an adequate trial of at least three different nonsteroidal anti-inflammatory drugs (NSAIDs) and, in patients with peripheral joint involvement, have failed to respond to methotrexate or sulfasalazine.

Request for coverage must be made by a specialist in rheumatology.

Rymti will be a preferred etanercept option for all etanercept-naive patients prescribed an etanercept product for Ankylosing Spondylitis. Preferred means the first etanercept product to be considered for reimbursement for etanercept-naive patients.
Patients will not be permitted to switch from Rymti to another etanercept product or vice versa, if previously trialed and deemed unresponsive to etanercept.

Psoriasis
For the treatment of adult patients with severe plaque psoriasis presently with one or more of the following:
- Psoriasis Area and the Severity Index (PASI) ≥ 10
- Body Surface Area (BSA) >10%
- Significant involvement of the face, hands, feet or genital region
- Dermatology Life Quality Index (DLQI) > 10 AND
- Failure to respond to, contraindications to, intolerant of or unable to access methotrexate, cyclosporine and/or phototherapy.

Coverage will be approved initially for a maximum of 3 months. For continued coverage the physician must confirm the patient's response to treatment and demonstration of treatment clinical benefits:
- ≥ 50% reduction in the PASI score with ≥5 point improvement in the DLQI
- ≥ 75% reduction in the PASI score
- ≥ 50% reduction in the BSA with significant improvement of the face, hands, feet or genital region

Request for coverage must be made by a specialist in dermatology.

Rymti will be a preferred etanercept option for all etanercept-naive patients prescribed an etanercept product for Psoriasis. Preferred means the first etanercept product to be considered for reimbursement for etanercept-naive patients.
Patients will not be permitted to switch from Rymti to another etanercept product or vice versa, if previously trialed and deemed unresponsive to etanercept.

02533545 02533561 02533588 02533596 02533618	**Sandoz Riociguat**	riociguat	0.5 mg 1 mg 1.5 mg 2 mg 2.5 mg	Tablet	SDZ

For the treatment of inoperable chronic thromboembolic pulmonary hypertension (CTEPH, World Health Organization [WHO] Group 4) or persistent or recurrent CTEPH after surgical treatment in adult patients (>18 years of age) with WHO Functional Class (FC) II or III pulmonary hypertension (PH).

02532107	**Skyrizi** *(new strength/ new indication)*	risankizumab	60 mg/mL	Injection	ABV
02532093	**Skyrizi** *(new strength/ new indication)*	risankizumab	360 mg/2.4mL	Pre-filled Cartridge with On-Body Injector	ABV

For treatment of moderate to severely active Crohn's Disease in patients with inadequate response, intolerance or contraindications to an adequate course of corticosteroids AND an immunosuppressive agent.

Request for coverage must be made by a specialist in gastroenterology.

02537702	**Vyalev**	foscarbidopa/foslevodopa	12 mg/mL/240 mg/mL	Injection	ABV

For the treatment of patients with advanced levodopa-responsive Parkinson's disease who do not have satisfactory control of severe, debilitating motor fluctuations and hyperkinesia or dyskinesia despite optimized treatment with available combinations of Parkinson's medicinal products if all of the following criteria are met:

Initiation Criteria:
• The patient experiences severe disability associated with at least 25% of the waking day in the off state and/or ongoing, bothersome levodopa-induced dyskinesias, despite having tried frequent dosing of levodopa (at least five doses per day).[1]
• The patient has received an adequate trial of maximally tolerated doses of levodopa, with previously demonstrated clinical response.
• The patient has failed adequate trials of each of the following adjunctive medications, if not contraindicated and/or contrary to the clinical judgment of the prescriber: carbidopa, a catechol-o-methyltransferase (COMT) inhibitor, a dopamine agonist, a monoamine oxidase-B (MAO-B) inhibitor, and amantadine.
• The patient or caregiver are able to demonstrate correct understanding and use of the delivery system.
• The patient does not have severe psychosis or severe dementia.
• Vyalev is being prescribed by a neurologist who is a movement disorder subspecialist or who has expertise in managing advanced PD.

Initial approval: 1 year

Renewal Criteria:
• The patient continues to benefit from treatment. The patient should continue to demonstrate a significant reduction in the time spent in the off state and/or in ongoing, bothersome levodopa-induced dyskinesias, along with an improvement in the related disability.
• The patient's care continues to be managed by, or in consultation with, a neurologist who is a movement disorder subspecialist or who has expertise in managing advanced PD.

Renewal approval: 1 year

[1]Time in the off state, frequency of motor fluctuations, and severity of associated disability should be assessed by a neurologist who is a movement disorder subspecialist or who has expertise in managing advanced PD and be based on an adequate and reliable account from longitudinal specialist care, clinical interview of a patient and/or care partner, or motor symptom diary.

02542269	**Vyepti** *(new strength)*	eptinezumab	300 mg/3 ML	Solution	LUD

See Bulletin #129 for criteria: https://www.gov.mb.ca/health/mdbif/docs/bulletins/bulletin129.pdf

02544180	**Wezlana**	ustekinumab	45 mg/0.5 mL	Pre-filled Syringe	AGA
02544199	**Wezlana**	ustekinumab	90 mg/mL	Pre-filled Syringe	AGA
02544202	**Wezlana**	ustekinumab	45 mg/0.5 mL	Injection Single-use Vial	AGA

Crohn's Disease
For treatment of moderate to severely active Crohn's Disease in adult patients with inadequate response, intolerance or contraindications to an adequate course of corticosteroids AND an immunosuppressive agent.

Request for coverage must be made by a specialist in gastroenterology.

Fistulizing Crohn's Disease
For the treatment of Fistulizing Crohn's Disease in patients with actively draining perianal or enterocutaneous fistula who meet the following criteria:
• Presence of fistula that has persisted despite a course of antibiotic therapy (e.g.ciprofloxacin and/or metronidazole) AND
• Have had inadequate response, intolerance or contraindications to an immunosuppressive agent (e.g. azathioprine or 6 mercaptopurine).

Request for coverage must be made by a specialist in gastroenterology.

Ulcerative Colitis
For the treatment of patients over 18 years of age with moderate to severely active ulcerative colitis who have had inadequate response, intolerance or contraindications to conventional therapy including 5-aminosalicylate compounds AND corticosteroids.

Request for coverage must be made by a specialist in gastroenterology.

Psoriatic Arthritis
For treatment of patients over 18 years of age who have active psoriatic arthritis who have failed treatment with at least 3 DMARD therapies, one of which is methotrexate and/or leflunomide unless intolerance or contraindications to these agents is documented. One combination therapy of DMARDs must also be tried. Initial application information should include information on disease activity such as the number of tender joints, swollen joints, erythrocyte sedimentation rate and C-reactive protein value.

Request for coverage must be made by a specialist in rheumatology.

Psoriasis
For treatment of adult patients with severe plaque psoriasis presently with one or more of the following:

• Psoriasis Area and the Severity Index (PASI) ≥ 10
• Body Surface Area (BSA) > 10%
• Significant involvement of the face, hands, feet or genital region
• Dermatology Life Quality Index (DLQI) > 10 AND
• Failure to respond to, contraindications to, intolerant of or unable to access methotrexate, cyclosporine and/or phototherapy.

Coverage will be approved initially for a maximum of 3 months. For continued coverage the physician must confirm the patient's response to treatment and demonstration of treatment clinical benefits:

• ≥ 50% reduction in the PASI score with ≥ 5 point improvement in the DLQI
• ≥ 75 % reduction in the PASI score
• ≥ 50% reduction in the BSA with significant improvement of the face, hands, feet or genital region.

Request for coverage must be made by a specialist in dermatology.

Wezlana will be a preferred ustekinumab option for all ustekinumab-naïve patients prescribed an ustekinumab product for Psoriasis. Preferred means the first ustekinumab product to be considered for reimbursement for ustekinumab-naive patients. Patients will not be permitted to switch from Wezlana to another ustekinumab product or vice versa, if:

• Previously trialed and deemed unresponsive to ustekinumab.

02544210	**Wezlana I.V.**	ustekinumab	5 mg/mL	Intravenous Solution	AGA

Crohn's Disease
For treatment of moderate to severely active Crohn's Disease in adult patients with inadequate response, intolerance or contraindications to an adequate course of corticosteroids AND an immunosuppressive agent.

Request for coverage must be made by a specialist in gastroenterology.

Fistulizing Crohn's Disease
For the treatment of Fistulizing Crohn's Disease in patients with actively draining perianal or enterocutaneous fistula who meet the following criteria:

• Presence of fistula that has persisted despite a course of antibiotic therapy (e.g.ciprofloxacin and/or metronidazole) AND
• Have had inadequate response, intolerance or contraindications to an immunosuppressive agent (e.g. azathioprine or 6 mercaptopurine).

Request for coverage must be made by a specialist in gastroenterology.

Ulcerative Colitis
For the treatment of patients over 18 years of age with moderate to severely active ulcerative colitis who have had inadequate response, intolerance or contraindications to conventional therapy including 5-aminosalicylate compounds AND corticosteroids.

Request for coverage must be made by a specialist in gastroenterology.

02545764	**Wyost**	denosumab	120 mg/1.7 mL	Injection	SDZ

For the prevention of skeletal-related events (SREs) in patients with castrate-resistant prostate cancer with one or more documented bony metastases and good performance status (ECOG performance status score of 0, 1 or 2).

New Interchangeable Categories

Fusidic Acid - 2% - Cream			**$**	**$ + 5%**
00586668	Fucidin Cream 2%	LEO	0.9801	1.0291
02528096	Taro-Fusidic Acid	TAR	0.7740	0.8127

Lisdexamfetamine Dimesylate - 10 mg - Chewable Tablet			**$**	**$ + 5%**
02490226	Vyvanse	TAK	2.2769	2.3907
02533340	Taro-Lisdexamfetamine	TAR	1.7077	1.7931

Lisdexamfetamine Dimesylate - 20 mg - Chewable Tablet			**$**	**$ + 5%**
02490234	Vyvanse	TAK	2.8322	2.9738
02533359	Taro-Lisdexamfetamine	TAR	2.1242	2.2304

Lisdexamfetamine Dimesylate - 30 mg - Chewable Tablet			**$**	**$ + 5%**
02490242	Vyvanse	TAK	3.3875	3.5569
02533367	Taro-Lisdexamfetamine	TAR	2.5406	2.6676

Lisdexamfetamine Dimesylate - 40 mg - Chewable Tablet			**$**	**$ + 5%**
02490250	Vyvanse	TAK	3.9429	4.1400
02533375	Taro-Lisdexamfetamine	TAR	2.9572	3.1051

Lisdexamfetamine Dimesylate - 50 mg - Chewable Tablet			$	$ + 5%
02490269	Vyvanse	TAK	4.4982	4.7231
02533383	Taro-Lisdexamfetamine	TAR	3.3737	3.5424

Lisdexamfetamine Dimesylate - 60 mg - Chewable Tablet			$	$ + 5%
02490277	Vyvanse	TAK	5.0535	5.3062
02533391	Taro-Lisdexamfetamine	TAR	3.7901	3.9796

Mexiletine Hydrochloride - 100 mg - Capsules			$	$ + 5%
02536846	Mint-Mexiletine	MPH	0.7346	0.7713
02230359	Teva-Mexiletine	TEV	0.7346	0.7713

Nitrofurantoin - 100 mg - Capsules			$	$ + 5%
02466392	Auro-Nitrofurantoin BID	AUP	0.3983	0.4182
02455676	pms-Nitrofurantoin BID	PMS	0.3983	0.4182

Potassium Chloride - 600 mg - Tablets			$	$ + 5%
80013005	Jamp K-8	JPC	0.0472	0.0496
80035346	M-K8 LA	MNP	0.0472	0.0496
80108882	PRZ K8	PRZ	0.0472	0.0496

Potassium Chloride - 1500 mg - Tablets			$	$ + 5%
80013007	Jamp K-20	JPC	0.1161	0.1219
80107649	PRZ K20	PRZ	0.1161	0.1219

Riociguat - 0.5 mg - Tablets			$	$ + 5%
02412764	Adempas	BAY	43.2200	45.3810
02533545	Sandoz Riociguat	SDZ	32.7900	34.4295

Riociguat - 1 mg - Tablets			$	$ + 5%
02412772	Adempas	BAY	43.4259	45.5972
02533561	Sandoz Riociguat	SDZ	32.7900	34.4295

Riociguat - 1.5 mg - Tablets			$	$ + 5%
02412799	Adempas	BAY	43.2200	45.3810
02533588	Sandoz Riociguat	SDZ	32.7900	34.4295

Riociguat - 2 mg - Tablets			$	$ + 5%
02412802	Adempas	BAY	43.2200	45.3810
02533596	Sandoz Riociguat	SDZ	32.7900	34.4295

Riociguat - 2.5 mg - Tablets			$	$ + 5%
02412810	Adempas	BAY	43.2200	45.3810
02533618	Sandoz Riociguat	SDZ	32.7900	34.4295

Tizanidine - 4mg - Tablets			$	$ + 5%
02259893	Apo-Tizanidine	APX	0.3931	0.4128
02536765	Mint-Tizanidine	MPH	0.3931	0.4128

New Interchangeable Products

The following products have been added to existing interchangeable drug categories:

Amoxicillin - 250 mg/5 mL - Oral Suspension			$	$ + 5%
02495864	Sandoz Amoxicillin	SDZ	0.0540	0.0567

Baclofen - 10 mg - Tablets				**$**	**$ + 5%**
	02544660	Baclofen	SIP	0.2199	**0.2309
Baclofen - 20 mg - Tablets				**$**	**$ + 5%**
	02544679	Baclofen	SIP	0.4281	**0.4495
Candesartan - 4 mg - Tablets				**$**	**$ + 5%**
	02541289	Apo-Candesartan Tablets	APX	0.1700	0.1785
Candesartan - 8 mg - Tablets				**$**	**$ + 5%**
	02541297	Apo-Candesartan Tablets	APX	0.2281	0.2395
Candesartan - 16 mg - Tablets				**$**	**$ + 5%**
	02541300	Apo-Candesartan Tablets	APX	0.2281	0.2395
Candesartan - 32 mg - Tablets				**$**	**$ + 5%**
	02541319	Apo-Candesartan Tablets	APX	0.2281	0.2395
Carbamazepine - 200 mg -Tablets				**$**	**$ + 5%**
	02541238	Mint-Carbamazepine	MPH	0.2217	**0.2328
Dapagliflozin - 5 mg - Tablets				**$**	**$ + 5%**
	02538334	NRA-Dapagliflozin	NRA	0.6825	0.7166
Dapagliflozin - 10 mg - Tablets				**$**	**$ + 5%**
	02538342	NRA-Dapagliflozin	NRA	0.6825	0.7166
Desvenlafaxine - 50 mg - Extended Release Tablets				**$**	**$ + 5%**
	02532158	Taro-Desvenlafaxine	TAR	2.3409	2.4579
Desvenlafaxine - 100 mg - Extended Release Tablets				**$**	**$ + 5%**
	02532166	Taro-Desvenlafaxine	TAR	2.3409	2.4579
Dienogest - 2 mg - Tablets				**$**	**$ + 5%**
	02543613	M-Dienogest	MNP	0.5115	**0.5371
Doxycycline - 100 mg - Capsules				**$**	**$ + 5%**
	02528940	Jamp Doxycycline Capsules	JPC	0.4651	**0.4884
Famotidine - 20 mg - Tablets				**$**	**$ + 5%**
	02538628	Mint-Famotidine	MPH	0.2830	0.2972
Famotidine - 40 mg - Tablets				**$**	**$ + 5%**
	02538636	Mint-Famotidine	MPH	0.5228	0.5489
Imatinib - 100 mg - Tablets				**$**	**$ + 5%**
	02521202	Imatinib	SIP	5.2079	5.4684
Imatinib - 400 mg - Tablets				**$**	**$ + 5%**
	02521210	Imatinib	SIP	20.8314	21.8729
Letrozole - 2.5 mg - Tablets				**$**	**$ + 5%**
	02520486	NRA-Letrozole	NRA	1.3780	1.4469
Metformin HCL - 500 mg - Tablets				**$**	**$ + 5%**
	02536439	NRA-Metformin	NRA	0.0247	0.0259

Metformin HCL - 850 mg - Tablets			**$**	**$ + 5%**
02536447	NRA-Metformin	NRA	0.0339	0.0356

Methotrexate - 2.5 mg - Tablets			**$**	**$ + 5%**
02534916	M-Methotrexate	MNP	0.2513	0.2639

Methotrexate - 15 mg/0.3 mL - Injection			**$**	**$ + 5%**
02491311	Methotrexate Subcutaneous	ACH	16.3800	17.1990

Methotrexate - 17.5 mg/0.35 mL - Injection			**$**	**$ + 5%**
02491338	Methotrexate Subcutaneous	ACH	16.0000	16.8000

Methotrexate - 20 mg/0.4 mL - Injection			**$**	**$ + 5%**
02491346	Methotrexate Subcutaneous	ACH	17.5000	18.3750

Methotrexate - 22.5 mg/0.45 mL - Injection			**$**	**$ + 5%**
02491354	Methotrexate Subcutaneous	ACH	17.5000	18.3750

Methotrexate - 25 mg/0.5 mL - Injection			**$**	**$ + 5%**
02491362	Methotrexate Subcutaneous	ACH	19.5000	20.4750

Mirtazapine - 15 mg - Tablets			**$**	**$ + 5%**
02534924	NRA-Mirtazapine	NRA	0.2310	0.2426

Mirtazapine - 30 mg - Tablets			**$**	**$ + 5%**
02534932	NRA-Mirtazapine	NRA	0.4631	**0.4863

Mirtazapine - 45 mg - Tablets			**$**	**$ + 5%**
02534940	NRA-Mirtazapine	NRA	0.6930	0.7277

Ondansetron - 4 mg - Oral Disintegrating Film			**$**	**$ + 5%**
02541351	Jamp Ondansetron ODF	JPC	3.2723	3.4359

Ondansetron - 8 mg - Oral Disintegrating Film			**$**	**$ + 5%**
02541378	Jamp Ondansetron ODF	JPC	4.9930	5.2427

Pantoprazole - 20 mg - Tablets			**$**	**$ + 5%**
02536137	Pantoprazole	SAH	0.1803	0.1893

Pregabalin - 300 mg - Capsule			**$**	**$ + 5%**
02541963	M-Pregabalin	MNP	0.4145	0.4352
02479192	NRA-Pregabalin	NRA	0.4145	0.4352

Rivaroxaban - 10 mg - Tablets			**$**	**$ + 5%**
02516292	Jamp Rivaroxaban	JPC	0.7175	0.7534

Rivaroxaban - 15 mg - Tablets			**$**	**$ + 5%**
02516306	Jamp Rivaroxaban	JPC	0.7175	0.7534

Rivaroxaban - 20 mg - Tablets			**$**	**$ + 5%**
02516314	Jamp Rivaroxaban	JPC	0.7175	0.7534

Rosuvastatin - 5 mg - Tablets			**$**	**$ + 5%**
02536595	NRA-Rosuvastatin Tablets	NRA	0.1284	0.1348

Rosuvastatin - 10 mg - Tablets			**$**	**$ + 5%**
02536609	NRA-Rosuvastatin Tablets	NRA	0.1354	0.1422

Rosuvastatin - 20 mg - Tablets			**$**	**$ + 5%**
02536625	NRA-Rosuvastatin Tablets	NRA	0.1692	0.1777

Rosuvastatin - 40 mg - Tablets			**$**	**$ + 5%**
02536633	NRA-Rosuvastatin Tablets	NRA	0.1990	0.2090

Sumatriptan - 50 mg - Tablets			**$**	**$ + 5%**
02546035	Sumatriptan	SIP	2.7732	2.9120

Sumatriptan - 100 mg - Tablets			**$**	**$ + 5%**
02546043	Sumatriptan	SIP	3.0549	3.2078

Ticagrelor - 90 mg - Tablets			**$**	**$ + 5%**
02531801	Jamp Ticagrelor	JPC	0.3960	0.4158

Tobramycin - 40 mg/mL - Injection			**$**	**$ + 5%**
02533103	Tobramycin Injection USP	JPC	3.1500	3.3075

** The price has resulted in a change to the lowest price in the category.

Interchangeable Product Price Changes

The following changes in prices have occurred:					**($)**	**($ + 5%)**
02403137	Apo-Amitriptilyne	amitriptyline	10 mg	Tablet	0.0305	**0.0320
02403145	Apo-Amitriptilyne	amitriptyline	25 mg	Tablet	0.0580	**0.0609
02403153	Apo-Amitriptilyne	amitriptyline	50 mg	Tablet	0.1078	**0.1132
02403161	Apo-Amitriptilyne	amitriptyline	75 mg	Tablet	0.2544	**0.2671
02139332	Apo-Baclofen	baclofen	10 mg	Tablet	0.2199	**0.2309
02139391	Apo-Baclofen	baclofen	20 mg	Tablet	0.4281	**0.4495
00740713	Apo-Doxy	doxycycline	100 mg	Capsule	0.4651	**0.4884
02091194	Apo-Diclo SR	diclofenac sodium	100 mg	Slow Release Tablet	0.6502	**0.6827
02286629	Apo-Mirtazapine	mirtazapine	30 mg	Tablet	0.4631	**0.4863
02493055	Aspen-Dienogest	dienogest	2 mg	Tablet	0.5115	**0.5371
02411709	Auro-Mirtazapine	mirtazapine	30 mg	Tablet	0.4631	**0.4863
02287021	Baclofen	baclofen	10 mg	Tablet	0.2199	**0.2309
02287048	Baclofen	baclofen	20 mg	Tablet	0.4281	**0.4495
02455609	Cholestyramine-Odan Light	cholestyramine resin	4 G/Sachet	Oral Powder	0.2304	**0.2419
02351234	Doxycycline Capsules	doxycycline	100 mg	Capsule	0.4651	**0.4884
00335053	Elavil	amitriptyline	10 mg	Tablet	0.0305	**0.0320
00335061	Elavil	amitriptyline	25 mg	Tablet	0.0580	**0.0609

00335088	Elavil	amitriptyline	50 mg	Tablet	0.1078	**0.1132
00754129	Elavil	amitriptyline	75 mg	Tablet	0.2544	**0.2671
02478595	Jamp-Cholestyramine	cholestyramine resin	4 G/Sachet	Oral Powder	0.2304	**0.2419
02498189	Jamp Dienogest	dienogest	2 mg	Tablet	0.5115	**0.5371
02537850	Lupin-Tiotropium	tiotropium	18 mcg	Powder for Inhalation	1.0057	**1.0560
02429861	Mar-Amitriptyline	amitriptyline	10 mg	Tablet	0.0305	**0.0320
02429888	Mar-Amitriptyline	amitriptyline	25 mg	Tablet	0.0580	**0.0609
02429896	Mar-Amitriptyline	amitriptyline	50 mg	Tablet	0.1078	**0.1132
02429918	Mar-Amitriptyline	amitriptyline	75 mg	Tablet	0.2544	**0.2671
02370689	Mirtazapine	mirtazapine	30 mg	Tablet	0.4631	**0.4863
02088398	Mylan-Baclofen	baclofen	10 mg	Tablet	0.2199	**0.2309
02088401	Mylan-Baclofen	baclofen	20 mg	Tablet	0.4281	**0.4495
02256118	Mylan-Mirtazapine	mirtazapine	30 mg	Tablet	0.4631	**0.4863
00654523	pms-Amitriptyline	amitriptyline	10 mg	Tablet	0.0305	**0.0320
00654515	pms-Amitriptyline	amitriptyline	25 mg	Tablet	0.0580	**0.0609
00654507	pms-Amitriptyline	amitriptyline	50 mg	Tablet	0.1078	**0.1132
02063735	pms-Baclofen	baclofen	10 mg	Tablet	0.2199	**0.2309
02063743	pms-Baclofen	baclofen	20 mg	Tablet	0.4281	**0.4495
02248762	pms-Mirtazapine	mirtazapine	30 mg	Tablet	0.4631	**0.4863
02261944	Sandoz Diclofenac SR	diclofenac sodium	100 mg	Slow Release Tablet	0.6502	**0.6827
02250608	Sandoz Mirtazapine	mirtazapine	30 mg	Tablet	0.4631	**0.4863
02246793	Spiriva	tiotropium	18 mcg	Powder for Inhalation	1.0057	**1.0560
02326043	Teva-Amitriptyline	amitriptyline	10 mg	Tablet	0.0305	**0.0320
02326051	Teva-Amitriptyline	amitriptyline	25 mg	Tablet	0.0580	**0.0609
02326078	Teva-Amitriptyline	amitriptyline	50 mg	Tablet	0.1078	**0.1132
00782718	Teva-Carbamazepine	carbamazepine	200 mg	Tablet	0.2217	**0.2328
00725250	Teva-Doxycycline	doxycycline	100 mg	Capsule	0.4651	**0.4884
02259354	Teva-Mirtazapine	mirtazapine	30 mg	Tablet	0.4631	**0.4863

** The price has resulted in a change to the lowest price in the category.

Product Deletions

(as identified for deletion in Bulletin # 132)

The following products have been deleted.

01947664 01947672 01947680 01947699	Accupril	quinapril	5 mg 10 mg 20 mg 40 mg	Tablet
02237367 02237368 02237369	Accuretic	quinapril/ hydrochlorothiazide	10 mg/12.5 mg 20 mg/12.5 mg 20 mg/25 mg	Tablet
02236859	Agrylin	anagrelide	0.5 mg	Capsule
02464284	Adlyxine	lixisenatide	20 mcg	Injection
00755877 00755885	Apo-Pindol	pindolol	5 mg 10 mg	Tablet
02398982	Diacomit	stiripentol	500 mg/ sachet	Powder for Suspension
02270102	Flomax CR	tamsulosin hydrochloride	0.4 mg	Tablet (extended-release)
02500280 02500299 02500302	Kynmobi	apomorphine hydrochloride	20 mg 25 mg 30 mg	Film
02497360	Mar-Oseltamivir	oseltamivir	45 mg	Capsule
02350785	Naproxen EC	naproxen	250 mg	Enteric Coated Tablet

Discontinued Products

The following products will be deleted with the next Formulary amendments and will appear as "Product Deletions" on Bulletin # 134

02527707	Albrioza	sodium phenylbuturate/ ursodoxicoltaurine	3/1g	Powder for Suspension
02365340 02365359 02365367 02399105	Apo-Candesartan	candesartan	4 mg 8 mg 16 mg 32 mg	Tablet
02298309	Champix Starter Pack	varenicline	0.5 mg and 1 mg	Kit
02291177 02291185	Champix	varenicline	0.5 mg 1 mg	Tablet
02350459	Glyburide	glyburide	2.5 mg	Tablet
00962200 00962400 00916003 00936503	Medisure BGTS	blood glucose test strips	N/A	Strip
02322250	Medroxyprogesterone Acetate	medroxyprogesterone acetate	150 mg/mL	Injection
02350769	Naproxen	naproxen	375 mg	Tablet
02369753 02324024	Prezista	darunavir	150 mg 600 mg	Tablet

02223252	Proctosedyl	dibucaine hydrochloride esculin framycetin sulfate hydrocortisone	0.5/1/1/0.5%	Rectal Ointment
00967200 00967400 00916008 00936508	Rapid Response BGTS	blood glucose test strips	N/A	Strip
02261944	Sandoz Diclofenac SR	Diclofenac sodium	100 mg	Slow Release Tablet
02297906 02297922	Sandoz Pioglitazone	pioglitazone	15 mg 45 mg	Tablet
02239170	Zanaflex	tizanidine	4 mg	Tablet

The following change will take effect on November 27, 2024

Interchangeable Generic Product Price Decreases

Unless otherwise communicated, prices of the following products will decrease on November 27, 2024 (3-months after listing).

					($)	($ + Allowable Markup)
02528096	Taro-Fusidic Acid	fusidic acid	2%	Cream	0.5676	**0.5960
02533340	Taro-Lisdexamfetamine	lisdexamfetamine	10 mg	Chewable Tablet	1.2523	**1.3149
02533359	Taro-Lisdexamfetamine	lisdexamfetamine	20 mg	Chewable Tablet	1.5577	**1.6356
02533367	Taro-Lisdexamfetamine	lisdexamfetamine	30 mg	Chewable Tablet	1.8631	**1.9563
02533375	Taro-Lisdexamfetamine	lisdexamfetamine	40 mg	Chewable Tablet	2.1686	**2.2770
02533383	Taro-Lisdexamfetamine	lisdexamfetamine	50 mg	Chewable Tablet	2.4740	**2.5977
02533391	Taro-Lisdexamfetamine	lisdexamfetamine	60 mg	Chewable Tablet	2.7794	**2.9184
02533545	Sandoz Riociguat	riociguat	0.5 mg	Tablet	24.0460	**25.2483
02533561	Sandoz Riociguat	riociguat	1 mg	Tablet	24.0460	**25.2483
02533588	Sandoz Riociguat	riociguat	1.5 mg	Tablet	24.0460	**25.2483
02533596	Sandoz Riociguat	riociguat	2 mg	Tablet	24.0460	**25.2483
02533618	Sandoz Riociguat	riociguat	2.5 mg	Tablet	24.0460	**25.2483

** The price has resulted in a change to the lowest price in the category.