AMENDMENT TO
BULLETIN # 136

Manitoba Drug Benefits and Manitoba Drug Interchangeability Formulary Amendments

The following amendments will take effect on December 10, 2024 and December 19, 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 December 19, 2024

Bulletin 136 is currently available for download:
https://www.gov.mb.ca/health/mdbif/docs/bulletins/bulletin136.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

Inside This Issue

The following changes will take effect on December 10, 2024

Exception Drug Status Additions

DIN	TRADE NAME	GENERIC	STRENGTH	FORM	MFR*
02517140	**Trikafta** *(updated criteria)*	elexacaftor/tezacaftor/ ivacaftor/ivacaftor	100mg/50mg/ 75mg & 150mg	Tablet-Kit	VEP
02526670	**Trikafta** *(updated criteria)*	elexacaftor/tezacaftor/ ivacaftor/ivacaftor	50 mg/25mg/ 37.5mg & 75mg	Tablet-Kit	VEP
02542277	**Trikafta** *(updated criteria)*	elexacaftor/tezacaftor/ ivacaftor/ivacaftor	100mg/50mg/ 75mg & 75mg	Granules	VEP
02542285	**Trikafta** *(updated criteria)*	elexacaftor/tezacaftor/ ivacaftor/ivacaftor	80mg/40mg/ 60mg & 59.5mg	Granules	VEP

For the treatment of cystic fibrosis (CF) in patients who have at least one eligible mutation[1] in the cystic fibrosis transmembrane conductance regulator (CFTR) gene that is responsive to elexacaftor/tezacaftor/ivacaftor.

Initiation criteria:

- Patient is 2 years of age or older; **AND**
- Confirmed diagnosis of cystic fibrosis (CF) with at least one eligible mutation[1] in the cystic fibrosis transmembrane conductance regulator (CFTR) gene that has been shown to be responsive to elexacaftor/tezacaftor/ivacaftor; **AND**
- Patient is optimized with best supportive care for their CF at the time of initiation; **AND**
- Patient has demonstrated adherence to their prescribed CF therapeutic regimen.

[1]Eligible mutations include F508del and other mutations listed below as per the November 2024 Canadian Drug Expert Committee (CDEC) recommendation:

3141del9	E588V	H139R	P574H	S341P
546insCTA	E822K	H199Y	Q98R	S364P
711+3A→G	F191V	H1054D	Q237E	S492F
2789+5G→A	F311del	H1085P	Q237H	S549N
3272-26A→G	F311L	H1085R	Q359R	S549R
3849+10kbC→T	F508C; S1251N	H1375P	Q1291R	S737F
A46D	F508del	I336K	R74Q	S912L
A120T	F575Y	I502T	R74W	S945L
A234D	F1016S	I601F	R74W;D1270N	S977F
A349V	F1052V	I618T	R74W;V201M	S1159F
A455E	F1074L	I980K	R74W;V201M; D1270N	S1159P
A554E	F1099L	I1269N	R117C	S1251N
A1006E	G27R	I1366N	R117G	S1255P
A1067T	G85E	L15P	R117H	T338I
D110E	G126D	L165S	R117L	T1036N
D110H	G178R	L206W	R117P	V201M
D192G	G194R	L346P	R258G	V232D
D443Y	G194V	L453S	R334L	V456A
D443Y;G576A; R668C	G314E	L967S	R334Q	V456F
D579G	G463V	L1077P	R347H	V1153E
D614G	G480C	L1324P	R347L	V1240G
D924N	G551D	L1335P	R347P	W361R
D979V	G551S	L1480P	R352Q	W1098C
D1152H	G622D	M265R	R352W	W1282R
D1270N	G628R	M952I	R933G	Y109N
E56K	G970D	M952T	R1066H	Y161D
E60K	G1061R	M1101K	R1070Q	Y161S
E92K	G1069R	N1303K	R1070W	Y563N
E116K	G1244E	P5L	R1283M	Y1032C
E193K	G1249R	P67L	R1283S	
E474K	G1349D	P205S	S13F	

For initial coverage, the following pre-treatment measurements MUST be provided:

1. Number of days treated with oral and/or IV antibiotics for pulmonary exacerbations in the previous 6 months **OR** number of pulmonary exacerbations requiring oral and/or IV antibiotics in the previous 6 months; **AND**
2. Weight, height, and body mass index (BMI) (BMI z score in children); **AND**

For patients 6 years of age and older:

3. Baseline spirometry measurements of FEV1 in litres and % predicted (within the last 3 months); **AND**
4. Number of CF-related hospitalizations in the previous 6 months; **AND**
5. Cystic Fibrosis Questionnaire Revised (CFQ-R) respiratory domain score.

This drug must be prescribed by a clinical specialist affiliated with a Canadian cystic fibrosis centre.

Patients will only be eligible for coverage of **ONE** cystic fibrosis CFTR modulator at a time.

Initial approval duration:
For 6 years of age and older: 7 months
For 2 to 5 years of age: 1 year

Renewal criteria:
At the time of the first renewal:

- Patient continues to demonstrate adherence to their prescribed cystic fibrosis therapeutic regimen; **AND**
- Patient has demonstrated at least ONE of the following after 6 months (or 1 year for patients 2 to 5 years of age) of treatment with Trikafta:
  - A decrease in the total number of days for which the patient received treatment with oral and/or IV antibiotics for pulmonary exacerbations compared with the 6 month period prior to initiating treatment **OR** a decrease in the total number of pulmonary exacerbations requiring oral and/or IV antibiotics compared with the 6 month period prior to initiating treatment; **OR**
  - No decline in BMI (BMI z score in children) compared with the baseline BMI assessment; **OR**
  - Improvement in FEV1 % predicted by 5% predicted or more, relative to baseline; **OR**
  - Decreased number of CF-related hospitalizations at 6 months compared with the 6 month period prior to initiating treatment; **OR**
  - Improvement by 4 points or more in the CFQ-R respiratory domain score compared with the baseline score.
  - Additionally, for patients 2 to 5 years of age, renewal will be considered if the physician can provide evidence of clinical benefit from treatment with elexacaftor/tezacaftor/ivacaftor.

Renewal duration: 1 year

Continuation criteria:
For subsequent renewals:

- Patient is continuing to benefit from therapy with Trikafta.

The physician must provide evidence of continuing benefit from treatment with Trikafta.

Renewal duration: 1 year

Non-eligibility/Discontinuation criteria:

- When intended for use in combination with other CFTR modulators; **OR**
- Patient has undergone lung transplantation.

For coverage, dosing will be approved as follows:

Patients ≥12 years of age: 2 tablets (each containing elexacaftor 100 mg, tezacaftor 50 mg and ivacaftor 75 mg) in the morning and 1 tablet (ivacaftor 150 mg) in the evening.
Patients 6 to <12 years of age weighing ≥ 30 kg: 2 tablets (each containing elexacaftor 100 mg, tezacaftor 50 mg and ivacaftor 75 mg) in the morning and 1 tablet (ivacaftor 150 mg) in the evening.
Patients 6 to <12 years of age weighing < 30 kg: 2 tablets (each containing elexacaftor 50 mg, tezacaftor 25 mg and ivacaftor 37.5 mg) in the morning and 1 tablet (ivacaftor 75 mg) in the evening.
Patients 2 to 5 years of age weighing ≥ 14 kg: 1 packet of granules (containing elexacaftor 100 mg, tezacaftor 50 mg and ivacaftor 75 mg) in the morning and 1 packet of granules (ivacaftor 75 mg) in the evening.
Patients 2 to 5 years of age weighing < 14 kg: 1 packet of granules (containing elexacaftor 80 mg, tezacaftor 40 mg and ivacaftor 60 mg) in the morning and 1 packet of granules (ivacaftor 59.5 mg) in the evening.

The following changes will take effect on December 19, 2024

Part 1 Additions

DIN	TRADE NAME	GENERIC	STRENGTH	FORM	MFR*
80025624	**M-K20 L.A.**	potassium chloride	1500 mg	Tablet	MNP

Part 2 Additions

02526824	**Vraylar**	cariprazine	6 mg	Capsule	ABV

For the treatment of schizophrenia.

New Interchangeable Product

The following product has been added to existing interchangeable drug categories:

Potassium Chloride – 1500 mg – Tablets				**$**	**$ + 5%**
	80025624	M-K20 L.A.	MNP	0.1161	0.1219