
BULLETIN # 148

Manitoba Drug Benefits and Manitoba Drug Interchangeability Formulary Amendments

The following amendments will take effect on July 1, 2026

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 July 1, 2026

Bulletin 148 is currently available for download:

<https://www.gov.mb.ca/health/mdbif/bulletins.html>

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_pdrp.pdf

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Drugs Provided at No Cost - Part 1 Updates

DIN	TRADE NAME	GENERIC	STRENGTH	FORM	MFR*
02553481	Elfy	norethindrone acetate/ethinyl estradiol	1 mg/10 mcg /10 mcg	Tablet	APX

Drugs Provided at No Cost - Exception Drug Status Updates

02556782	pms-Dolutegravir	dolutegravir	50 mg	Tablet	PMS
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For the treatment of HIV in both treatment-naïve and treatment-experienced adults and children 12 years of age and older weighing at least 40kg, in combination with other antiretrovirals.

Part 1 Additions

DIN	TRADE NAME	GENERIC	STRENGTH	FORM	MFR*
02564963 02564971	Apo-Mirabegron	mirabegron	25 mg 50 mg	Extended Release Tablet	APX
02557789 02557797 02557800 02557819	Jamp Phenobarbital	phenobarbital	15 mg 30 mg 60 mg 100 mg	Tablet	JPC
02554488 02554496 02554518	Lisinopril Tablets	lisinopril	5 mg 10 mg 20 mg	Tablet	SIP
02561905	NRA-Domperidone	domperidone	10 mg	Tablet	NRA
02535416	Teva-Budesonide	budesonide	0.25 mg/mL	Suspension for Inhalation	TEV
02562367	ZDS-Mesalamine Suppositories	mesalazine	1000 mg	Suppository	ZDS
02559897 02559900	ZDS-Varenicline	varenicline	0.5 mg 1 mg	Tablet	ZDS

* Abbreviation of Manufacturers' Name

Part 2 Additions

02535637	NRA-Finasteride	finasteride	5 mg	Tablet	NRA
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For the treatment of symptomatic benign prostatic hyperplasia.

Exception Drug Status Additions

02458136	Alecensaro (new indication)	alectinib	150 mg	Capsule	HLR
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For adjuvant treatment of adult patients with stage IB (tumours ≥ 4 cm) to stage IIIA (according to American Joint Committee on Cancer [AJCC] Cancer Staging Manual, seventh edition) ALK-positive non-small cell lung cancer (NSCLC) who have undergone tumour resection, continued until disease recurrence or unacceptable toxicity or completion of 2 years of therapy, whichever comes first.

02537745	Imcivree	setmelanotide	10 mg/mL	Solution	RYP
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For weight management in adult and pediatric patients (6 years of age and older) with obesity associated with clinically or genetically confirmed Bardet-Biedl syndrome (BBS).

- The patient must be under the care of an endocrinologist, pediatric endocrinologist and/or specialist in weight management or obesity.

Initial Approval: 6 months

Initial Renewal Criteria:

- The patient must remain under the care of an endocrinologist, pediatric endocrinologist and/or specialist in weight management or obesity;

AND

- For patients 12 years of age and older: have a 5% or greater reduction in body mass index (BMI) or total body weight; OR
- For patients 6 to 11 years of age: have a reduction of 0.20 or greater in BMI Z score.

Initial Renewal Approval: 12 months

Subsequent Renewal Criteria:

- The patient must remain under the care of an endocrinologist, pediatric endocrinologist and/or specialist in weight management or obesity; AND
- The patient must maintain the response to setmelanotide achieved at the initial renewal.

Subsequent Renewal Approval: 12 months

Note:

- The patient's total body weight, as well as BMI or BMI Z score must be provided at baseline and with each renewal request.

02527693	Orladeyo	berotralstat	150 mg	Capsule	BCI
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For routine prevention of attacks of hereditary angioedema (HAE) only if the following conditions are met:

Initiation criteria:

- The patient is at least 12 years of age.
- The diagnosis of HAE type I or II is made by a specialist physician who has experience in the diagnosis of HAE.
- The patient has experienced at least three HAE attacks within any four-week period before initiating berotralstat therapy that required the use of an acute injectable treatment.

Renewal criteria:

- An assessment of a response to treatment should be conducted three months after initiating treatment with berotralstat.
- A response to treatment is defined as a reduction in the number of HAE attacks for which acute injectable treatment was received within the initial three months of treatment with berotralstat compared to the rate of attacks observed before initiating treatment with berotralstat.
- Following the initial three-month assessment, patients should be assessed for continued response to berotralstat every six months.
- Continued response is defined as no increase in the number of HAE attacks for which acute injectable treatment was received compared with the number of attacks observed prior to initiating treatment with berotralstat.

Discontinuation criteria:

- Treatment with berotralstat should be discontinued in patients who either respond inadequately or exhibit a loss of response, defined as follows:
 - o Inadequate response: No reduction in the number of HAE attacks for which acute injectable treatment was received during the first three months of treatment with berotralstat.
 - o Loss of response: An increase in the observed number of HAE attacks for which acute injectable treatment was received before initiating treatment with berotralstat.

Prescribing conditions:

- The patient must be under the care of a specialist experienced in the diagnosis and management of patients with angioedema.
- Berotralstat should not be used in combination with other medications used for long-term prophylactic treatment of angioedema (e.g., C1-INH or lanadelumab).
- The dose of berotralstat should not be escalated to more than 150mg once daily in cases of inadequate response or loss of response.

For switching from existing long-term prophylactic treatment:

To determine which patients would be eligible for reimbursement of berotralstat, the current attack rate may be used for patients who are not receiving long-term prophylactic treatment and a historical attack rate may be used

for those who are already receiving long-term prophylactic treatment and intend to transition to berotrastat.

02456214 02456222	Tagrisso (new indication)	osimertinib	40 mg 80 mg	Tablet	AZC
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• For the treatment of patients with locally advanced, unresectable (stage III) nonsquamous non-small cell lung cancer (NSCLC) whose tumours have EGFR exon 19 deletions or exon 21 L858R substitution mutations (either alone or in combination with other EGFR mutations) and whose disease has not progressed during or following platinum-based chemoradiation therapy.

02544733 02544741	Truqap	capivasertib	160 mg 200 mg	Tablet	AZC
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In combination with fulvestrant for the treatment of adults with hormone receptor (HR) positive, human epidermal growth factor receptor 2 (HER2) negative locally advanced or metastatic breast cancer with one or more PIK3CA/AKT1/PTEN alterations following progression on at least one endocrine-based regimen in the metastatic setting or recurrence on or within 12 months of completing adjuvant therapy.

02543931	Uplizna	inebilizumab	100 mg/10 mL	Solution	AGA
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For the treatment of neuromyelitis optica spectrum disorder (NMOSD) in adult patients who meet ALL of the following criteria:

1. The patient is anti-aquaporin-4 immunoglobulin G (AQP4-IgG) seropositive; and
2. The patient has had at least one attack of NMOSD in the previous 12 months or at least two attacks in the previous 2 years; and
3. The patient has experienced relapse or intolerance following an adequate trial of other accessible preventive treatments for NMOSD¹; and
4. The patient has an Expanded Disability Status Scale (EDSS) score of 8 points or less; and
5. Inebilizumab is being prescribed by a neurologist with expertise in treating NMOSD.

¹Other accessible preventative treatments should include consideration of monoclonal antibodies including rituximab, and may include other immunosuppressants.

Initial approval duration: 12 months

Notes:

- Inebilizumab should not be initiated during a NMOSD relapse episode.
- Combined use with rituximab, satralizumab, eculizumab, or ravulizumab will not be reimbursed.

Renewal

- The patient must maintain an EDSS score of 8 points or less to be eligible for ongoing coverage of inebilizumab. The EDSS score must be measured every 12 months after the initial approval period.

Renewal duration: 12 months

02464241	Vemlidy	tenofovir alafenamide	25 mg	Tablet	GIL
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For the treatment of chronic hepatitis B in adults with compensated liver disease

New Interchangeable Categories

DOLUTEGRAVIR — 50 mg — Tablets					\$	\$ + 5%
02414945	Tivicay	VII			23.3569	24.5247
02556782	pms-Dolutegravir	PMS			17.6525	18.5351

MESALAZINE — 1000 mg — Suppositories					\$	\$ + 5%
02242146	Salofalk	ABV			2.3854	2.5047
02562367	ZDS-Mesalamine Suppositories	ZDS			1.9097	2.0052

MIRABEGRON — 25 mg — Tablets					\$	\$ + 5%
02402874	Myrbetriq	ASP		1.4600		1.5330
02564963	Apo-Mirabegron	APX		1.0950		1.1498

MIRABEGRON — 50 mg — Tablets					\$	\$ + 5%
02402882	Myrbetriq	ASP		1.4600		1.5330
02564971	Apo-Mirabegron	APX		1.0950		1.1498

NORETHINDRONE ACETATE/ETHINYL ESTRADIOL — 1 mg/10 mcg/10mcg — Tablets					\$	\$ + 5%
02417456	Lolo	ABV		0.6577		0.6906
02553481	Elfy	APX		0.5077		0.5331

New Interchangeable Products

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

BUDESONIDE — 0.25 mg/mL — Inhalation Suspension					\$	\$ + 5%
02535416	Teva-Budesonide	TEV		0.2395		**0.2515

DOMPERIDONE — 10 mg — Tablets					\$	\$ + 5%
02561905	NRA-Domperidone	NRA		0.0428		0.0449

FINASTERIDE — 5 mg — Tablets					\$	\$ + 5%
02535637	NRA-Finasteride	NRA		0.3506		0.3681

LISINOPRIL — 5 mg — Tablets					\$	\$ + 5%
02554488	Lisinopril Tablets	SIP		0.1347		0.1414

LISINOPRIL — 10 mg — Tablets					\$	\$ + 5%
02554496	Lisinopril Tablets	SIP		0.1619		0.1700

LISINOPRIL — 20 mg — Tablets					\$	\$ + 5%
02554518	Lisinopril Tablets	SIP		0.1945		0.2042

VARENICLINE — 0.5 mg — Tablets					\$	\$ + 5%
02559897	ZDS-Varenicline	ZDS		0.4618		0.4849

VARENICLINE — 1 mg — Tablets					\$	\$ + 5%
02559900	ZDS-Varenicline	ZDS		0.4618		0.4849

** 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%)
02394472	Auro-Lisinopril	lisinopril	5 mg	Tablet	0.1347	**0.1414
02394480	Auro-Lisinopril	lisinopril	10 mg	Tablet	0.1619	**0.1700
02394499	Auro-Lisinopril	lisinopril	20 mg	Tablet	0.1945	**0.2042
02494272	Taro-Budesonide	budesonide	0.25 mg/mL	Suspension for Inhalation	0.2395	**0.2515

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

Product Deletions

(as identified for discontinuation in Bulletin # 147)

The following products have been deleted.

02333864	Janumet	sitagliptin/metformin hydrochloride	50 mg/850 mg	Tablet
01940473	Paxil Tab 30mg	paroxetine	30 mg	Tablet
02322498	pms-Testosterone	testosterone	40 mg	Capsule

Discontinued Products

The following products will be deleted with the next Formulary amendments and will appear as "Product Deletions" on Bulletin # 149

02475197	Mint-Diclofenac	diclofenac sodium	0.1%	Ophthalmic Solution
02503751 02503778	Octreotide for Injectable Suspension	octreotide	10 mg/Vial 20 mg/Vial	Powder for Injection
02326043 02326051 02326078	Teva-Amitriptyline	amitriptyline hydrochloride	10 mg 25 mg 50 mg	Tablet