BULLETIN # 142

Manitoba Drug Benefits and Manitoba Drug Interchangeability Formulary Amendments

The following amendments will take effect on November 5, 2025

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 November 5, 2025

Bulletin 142 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_pdrc.pdf

Inside This Issue

The following changes will take effect on November 5, 2025

Drugs Provided at No Cost - Exception Drug Status Updates

02503840 02503859 02503867	**pms-Sitagliptin**	sitagliptin	25 mg 50 mg 100 mg	Tablet	PMS

For the treatment of patients with type 2 diabetes who have previously been treated with metformin and a sulfonylurea. Should be used in patients with diabetes who are not adequately controlled on or are intolerant to metformin and a sulfonylurea, and for whom insulin is not an option.

02540118 02540126 02540134	**Reddy-Sitagliptin and Metformin Hydrochloride**	sitagliptin/metformin hydrochloride	50/500 mg 50/850 mg 50/1000 mg	Tablet	DRL
02529157 02529165 02529173	**Sitagliptin-Metformin**	sitagliptin/metformin hydrochloride	50/500 mg 50/850 mg 50/1000 mg	Tablet	SIP
02520494 02520508 02520516	**Teva-Sitagliptin Malate/Metformin**	sitagliptin/metformin hydrochloride	50/500 mg 50/850 mg 50/1000 mg	Tablet	TEV

For type 2 diabetic patients who have been titrated to a stable combination, for a minimum of at least 3 months, of the separate components, Metformin and Linagliptin/Saxagliptin/Sitagliptin, and for whom insulin is not an option.

Part 1 Additions

DIN	TRADE NAME	GENERIC	STRENGTH	FORM	MFR*
02552574	**ALOG-Doxylamine/Pyridoxine**	doxylamine succinate/pyridoxine hydrochloride	10 mg/10 mg	Tablet	ALG
02546752	**Jamp Fluoxetine Solution**	fluoxetine	20 mg/5 mL	Oral Solution	JPC
02495503 02495511	**Jamp Nitrofurantoin**	nitrofurantoin	50 mg 100 mg	Capsule	JPC
02547430 02547449	**Jamp Quinapril/HCTZ**	quinapril/ hydrochlorothiazide	10 mg/12.5 mg 20 mg/25 mg	Tablet	JPC
02549271	**Jamp Zopiclone**	zopiclone	3.75 mg	Tablet	JPC
02392909 02392917	**Mar-Fluoxetine**	fluoxetine	10 mg 20 mg	Capsule	MAR

* Abbreviation of Manufacturers' Name

Part 2 Additions

PIN	Product	MFR	Approved Quantity
00905514	**FreeStyle Libre 3 Plus Sensor**	ABB	31 per benefit year

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

02546167	**Jamp Dutasteride Capsules**	dutasteride	0.5 mg	Capsule	JPC

For the treatment of symptomatic benign prostatic hyperplasia.

Exception Drug Status Additions

02554267	**Brukinsa** *(new format and strength)*	zanubrutinib	160 mg	Tablet	BSG

See Bulletins #124 and #131 for prescribing criteria:
https://www.gov.mb.ca/health/mdbif/docs/bulletins/bulletin124.pdf
https://www.gov.mb.ca/health/mdbif/docs/bulletins/bulletin131.pdf

02530139 02530147	**Koselugo**	selumetinib	10 mg 25 mg	Capsule	ALP

For the treatment of pediatric patients with neurofibromatosis type 1 (NF1), with symptomatic[1] , inoperable plexiform neurofibromas (PNs), who meet all of the following criteria:

• Patient is aged 2 to 18 years; AND
• The PN cannot be completely surgically removed without risk of substantial morbidity due to encasement of, or close proximity to, vital structures, or invasiveness, or high vascularity of the PN.
• Patient must be under the care of either a neurooncologist or a pediatrician with expertise in neurooncology.

Initial coverage request must include current baseline information on the patient's PN location(s) and size(s), PN-related pain, PN-related functional impairment, and description of overall NF1 disease activity.

Initial approval: 18 months

Renewal criteria:
• Patient must demonstrate a response to treatment compared to baseline.

Renewal requests should include updated information on ALL of the following parameters, as determined through clinical assessment and/or standard imaging: reduction in PN-related pain, improved function in PN-affected anatomical areas, reduction in PN size, achievements in NF1 disease stabilization.

Renewal approval: 12 months

Discontinuation criteria:
• Patients will not be eligible for renewal of selumetinib coverage upon disease worsening or progression (e.g., worsening of motor function or pain, worsening quality of life, tumour growth, or worsening of symptoms etc.) as compared to baseline.

[1]A symptomatic PN is one that causes significant morbidity, such as (but not limited to): head or neck PN that compromises the airway or great vessels, paraspinal PN that causes myelopathy, brachial or lumbar plexus PN that causes nerve compression and loss of function, a PN that results in major deformity (e.g., orbital PN) or significant disfigurement, PN of the extremity that causes limb hypertrophy or loss of function, and painful PN.

02542137	**Orgovyx**	relugolix	120 mg	Tablet	SUM

For the treatment of adult patients with advanced prostate cancer.

02524627 02524635 02524643 02524651 02524678	**Sohonos**	palovarotene	1 mg 1.5 mg 2.5 mg 5 mg 10 mg	Capsule	IPL

To reduce the formation of heterotopic ossification (HO) in adults and children (aged 8 years and older for females and 10 years and older for males) with fibrodysplasia (myositis) ossificans progressiva (FOP), only if the following criteria are met:

• Patient must have a clinical diagnosis of fibrodysplasia (myositis) ossificans progressiva (FOP) and the R206H ACVR1 mutation as confirmed by genetic testing; AND
• Patient must not have complete ankylosis of the whole body; AND
• Patient must be under the care of a specialist with experience in the diagnosis and management of FOP.

Initial coverage request must include:
• A description of the patient's baseline assessments and individualized treatment goals for palovarotene treatment.
• Baseline assessments should address the following: ability to eat and feed, ability to perform other activities of daily living, pain, mobility, joint range of motion and pulmonary function.

Initial approval: 12 months

Renewal criteria:
• Patient must demonstrate continued benefit with palovarotene treatment.
• Patient must continue to be under the care of a specialist with experience in the diagnosis and management of FOP.

Renewal requests must include:
• A description of the patient's current response to palovarotene treatment and how this response meets the clinical treatment goals established at initiation.
• Current assessments should address the following: ability to eat and feed, ability to perform other activities of daily living, pain, mobility, joint range of motion, pulmonary function, current extent of ankylosis.
• A summary of the individual benefit/risk assessment for the patient and rationale for continuing treatment with palovarotene.

Note: Coverage will be discontinued if the disease has progressed such that the patient has complete ankylosis of the whole body.

Renewal approval: Up to 12 months

02550245 02550253	**Steqeyma** *(new indication)*	ustekinumab	45 mg/ 0.5mL 90 mg/ 1 mL	Injection	CHC
02550261	**Steqeyma IV** *(new indication)*	ustekinumab	5 mg/ mL	Intravenous Solution	CHC

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.

02544903	**Velsipity**	etrasimod	2 mg	Tablet	PFI

Ulcerative Colitis

For the treatment of patients over 18 years of age with moderate to severe 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.

Combined use with other advanced therapies for ulcerative colitis, such as biologic drugs, sphingosine

1-phosphate receptor modulators, or janus kinase (JAK) inhibitors, will not be reimbursed.

02553317	**Wezlana** *(new format)*	ustekinumab	45 mg/ 0.5 mL	Pre-filled Pen	AGA
02553309	**Wezlana** *(new format)*	ustekinumab	90 mg/ 1 mL	Pre-filled Pen	AGA

See Bulletins #133 and #141 for prescribing criteria:
https://www.gov.mb.ca/health/mdbif/docs/bulletins/bulletin133.pdf
https://www.gov.mb.ca/health/mdbif/docs/bulletins/bulletin141.pdf

02538652 02538660 02538725 02538733 02538741 02538768	**Xcopri**	cenobamate	12.5 mg 25 mg 50 mg 100 mg 150 mg 200 mg	Tablet	EDO

For use as an adjunctive therapy in patients in the management of refractory partial-onset seizures (POS) in adult patients with epilepsy who are not satisfactorily controlled with conventional therapy and who meet all of the following criteria:

a) are under the care of a physician experienced in the treatment of epilepsy,
b) are currently receiving two or more antiepileptic drugs, and
c) in whom all other antiepileptic drugs are ineffective or not appropriate

New Interchangeable Categories

NITROFURANTOIN — 50 mg — Capsules			**$**	**$ + 5%**
02495503	Jamp Nitrofurantoin	JPC	0.2927	0.3073
02231015	Teva-Nitrofurantoin	TEV	0.2927	0.3073

NITROFURANTOIN — 100 mg — Capsules			**$**	**$ + 5%**
02495511	Jamp Nitrofurantoin	JPC	0.5499	0.5774
02231016	Teva-Nitrofurantoin	TEV	0.5499	0.5774

ZOPICLONE — 3.75 mg — Tablets			**$**	**$ + 5%**
02458543	pms-Zopiclone	PMS	0.0625	0.0656
02549271	Jamp Zopiclone	JPC	0.0625	0.0656

New Interchangeable Products

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

DOXYLAMINE SUCCINATE/PYRIDOXINE HYDROCHLORIDE — 10 mg/10 mg — Tablets			**$**	**$ + 5%**
02552574	ALOG-Doxylamine/Pyridoxine	ALG	0.3201	0.3361

DUTASTERIDE — 0.5 mg — Capsules			**$**	**$ + 5%**
02546167	Jamp Dutasteride Capsules	JPC	0.2565	0.2693

FLUOXETINE — 10 mg — Capsules			**$**	**$ + 5%**
02392909	MAR-Fluoxetine	MAR	0.3404	0.3574

FLUOXETINE — 20 mg — Capsules			**$**	**$ + 5%**
02392917	MAR-Fluoxetine	MAR	0.3311	0.3477

FLUOXETINE — 20 mg/5 mL — Oral Solution			**$**	**$ + 5%**
02546752	Jamp Fluoxetine Solution	JPC	0.2158	0.2266

QUINAPRIL/HYDROCHLOROTHIAZIDE — 10 mg/12.5 mg — Tablets			**$**	**$ + 5%**
02547430	Jamp Quinapril/HCTZ	JPC	0.2393	0.2513

QUINAPRIL/HYDROCHLOROTHIAZIDE — 20 mg/25 mg — Tablets			**$**	**$ + 5%**
02547449	Jamp Quinapril/HCTZ	JPC	0.2301	0.2416

SITAGLIPTIN/METFORMIN HYDROCHLORIDE — 50/500 mg — Tablets			**$**	**$ + 5%**
02540118	Reddy-Sitagliptin and Metformin Hydrochloride	RDL	0.4446	0.4668

SITAGLIPTIN/METFORMIN HYDROCHLORIDE — 50/850 mg — Tablets			**$**	**$ + 5%**
02540126	Reddy-Sitagliptin and Metformin Hydrochloride	RDL	0.4446	0.4668

SITAGLIPTIN/METFORMIN HYDROCHLORIDE— 50/1000 mg — Tablets			**$**	**$ + 5%**
02540134	Reddy-Sitagliptin and Metformin Hydrochloride	RDL	0.4446	0.4668

Interchangeable Product Price Changes

The following changes in prices have occurred:

					($)	**($ + 5%)**
02413248	Apo-Doxylamine/B6	doxylamine succinate/pyridoxine hydrochloride	10 mg /10 mg	Tablet	0.3201	0.3361
02231328	Apo-Fluoxetine	fluoxetine	20 mg/5 mL	Oral Solution	0.2158	0.2266
02408767	Apo-Quinapril/HCTZ	quinapril/ hydrochlorothiazide	10 mg/12.5 mg	Tablet	0.2393	0.2513
02408783	Apo-Quinapril/HCTZ	quinapril/ hydrochlorothiazide	20 mg/25 mg	Tablet	0.2301	0.2416
02473291	Auro-Quinapril HCTZ	quinapril/ hydrochlorothiazide	10 mg/12.5 mg	Tablet	0.2393	0.2513
02473321	Auro-Quinapril HCTZ	quinapril/ hydrochlorothiazide	20 mg/25 mg	Tablet	0.2301	0.2416
02459361	Odan-Fluoxetine	fluoxetine	20 mg/5 mL	Oral Solution	0.2158	0.2266
02406187	pms-Doxylamine-Pyridoxine	doxylamine succinate/pyridoxine hydrochloride	10 mg /10 mg	Tablet	0.3201	0.3361
02231015	Teva-Nitrofurantoin	nitrofurantoin	50 mg	Capsule	0.2927	0.3073

02231016	Teva-Nitrofurantoin	nitrofurantoin	100 mg	Capsule	0.5499	0.5774

Product Deletions

(as identified for discontinuation in Bulletin # 141)

The following products have been deleted.

02281112	Altace	ramipril	15 mg	Capsule
02499223	Auro-Indomethacin	indomethacin	50 mg	Capsule
02237923	Avapro	irbesartan	75 mg	Tablet
02239924	Gluconorm	repaglinide	0.5 mg	Tablet
02239925	Gluconorm	repaglinide	1 mg	Tablet
00272655	Isotamine	isoniazid	300 mg	Tablet
00265500	Isotamine	isoniazid	10 mg/mL	Syrup
02350777	Naproxen	naproxen	500 mg	Tablet
02409038	Nat-Citalopram	citalopram	40 mg	Tablet
00897310	Retin-A	tretinoin	0.025%	Topical Cream
00870013	Retin-A	tretinoin	0.01%	Topical Gel
00657204	Stieva-A	tretinoin	0.01%	Topical Cream
02162512	Synalar	fluocinolone acetonide	0.025%	Topical Ointment
00283991	Tebrazid	pyrazinamide	500 mg	Tablet
01966219	Theolair	theophylline	80mg/15 mL	Oral Liquid
00177016	Valisone-G	betamethasone/gentamicin	1 mg/1 mg	Topical Cream
02237825	Wellbutrin SR	bupropion hydrochloride	150 mg	Extended Release Tablet

Discontinued Products

The following products will be deleted with the next Formulary amendments and will appear as "Product Deletions" on Bulletin # 143

02238829	Clavulin 875	amoxicillin/ clavulanic acid	875/125 mg	Tablet
02489570	Latanoprost Ophthalmic Solution	latanoprost	50 mcg/mL	Ophthalmic Solution
02131048	Lioresal Intrathecal 0.05mg/mL	baclofen	0.05 mg/mL	Solution
02409011	NAT-Citalopram	citalopram	20 mg	Tablet

02399091	Nutropin AQ Nuspin 5	somatropin	5 mg/2 mL	Injection
02230244	pms-Amoxicillin	amoxicillin	500 mg	Capsule
02320851	pms-Omeprazole	omperazole	20 mg	Capsule
02393050	Prezista	darunavir	800 mg	Tablet
02262827	Strattera	atomoxetine	25 mg	Capsule
02481383	Tegsedi	inotersen	284 mg/1.5 mL	Injection
01977601	Testosterone Cypionate Injection	testosterone cypionate	100 mg/mL	Injection
00906786	Ultra-Fine Insulin Syringes U-100 12.7MM 29G 0.3ML	-	-	Syringe
00906727	Ultra-Fine Insulin Syringes U-100 12.7MM 29G 0.5ML	-	-	Syringe
00906816	Ultra-Fine Insulin Syringes U-100 12.7MM 29G 1ML	-	-	Syringe