BULLETIN # 146

Manitoba Drug Benefits and Manitoba Drug Interchangeability Formulary Amendments

The following amendments will take effect on May 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 May 1, 2026

Bulletin 146 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

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Drugs Provided at No Cost - Part 1 Updates

DIN	TRADE NAME	GENERIC	STRENGTH	FORM	MFR*
02549158	**ACH-Progesterone**	progesterone	100 mg	Capsule	ACH

Drugs Provided at No Cost - Part 2 Updates

02547465	**Apretude**	cabotegravir	30 mg	Tablet	VII
02547473	**Apretude**	cabotegravir	200 mg/mL	Injection	VII

For use as pre-exposure prophylaxis (PrEP) of human immunodeficiency virus type 1 (HIV-1) in combination with safer sex practices to reduce the risk of sexually acquired HIV-1 infection in adults that are HIV-negative and at high risk for infection, if provided in the context of a sexual health program by a prescriber experienced in the treatment and prevention of HIV-1 infection.

Inclusion Criteria:

1. Men Who Have Sex with Men (MSM), Trans Women and Gender Diverse People
   - Condomless anal sex within the last 6 months and any of:
     - o Infectious syphilis or bacterial STI (gonorrhea or chlamydia) in the past 12 months
     - o nPEP (non-occupational HIV post-exposure prophylaxis) more than once
     - o Ongoing sexual relationship with HIV-positive partner(s) with substantial risk of transmissible HIV (e.g. viral load >40 copies/mL) or HIV status unknown but from a higher risk population, e.g. MSM, persons who inject drugs (PWID)
     - o HIRI-MSM risk score ≥ 11

2. Heterosexual People
   - Recommended for the HIV-negative person with ongoing exposure to HIV-positive partner(s) involving condomless vaginal or anal sex, where the HIV-positive partner(s) has a substantial risk of having transmissible HIV (i.e. not on or not adherent to antiretroviral treatment)
   - Consider PrEP for the HIV-negative person in similar situations where the HIV-positive partner(s) has a lower, but non-negligible risk of transmissible HIV:
     - o viral load detectable (>40 copies/mL) or
     - o viral load usually undetectable (2 sequential measurements of HIV viral load ≤ 40 copies/ml as the result on at least 2 occasions separated in time by 4 to 6 months) but concomitant STI present at time of exposure or
     - o HIV status unknown, but from a high-prevalence population - MSM, PWID, countries with high HIV prevalence

3. People Who Inject Drugs (PWID)
   - PrEP may be considered when there is ongoing or anticipation of ongoing sharing of injection drug use paraphernalia (needles, syringes, spoons, foil, cotton filters etc.) with a person with a non-negligible risk of HIV infection:
     - o Detectable viral load or
     - o HIV status unknown but from a high-prevalence population - MSM, PWID, countries with a high HIV prevalence.

Exclusion Criteria

Not indicated for those in a monogamous relationship with a single partner with no or negligible risk of having transmissible HIV (e.g. HIV negative, HIV positive but virus suppressed with viral load ≤ 40 copies/mL, or HIV status unknown but risk profile similar to the general population).

Drugs Provided at No Cost - Exception Drug Status Updates

02510367 02510375	**Auro-Canagliflozin**	canagliflozin	100 mg 300 mg	Tablet	AUP
02543486 02543494	**Jamp Canagliflozin**	canagliflozin	100 mg 300 mg	Tablet	JPC

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.

02545837 02545845 02545853	**PRZ-Sitagliptin**	sitagliptin	25 mg 50 mg 100 mg	Tablet	PRZ

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.

Part 1 Additions

DIN	TRADE NAME	GENERIC	STRENGTH	FORM	MFR*
02545462 02545470 02545489	**Atorvastatin**	atorvastatin	10 mg 20 mg 40 mg	Tablet	TEV
02445999 02446006 02446014 02446022	**Diltiazem CD**	diltiazem hydrochloride	120 mg 180 mg 240 mg 300 mg	Controlled Delivery Capsule	SIP
02370085	**Jamp-Citalopram**	citalopram	10 mg	Tablet	JPC
02385767	**Lansoprazole**	lansoprazole	15 mg	Delayed Release Capsule	SIP
02496674	**Mirtazapine**	mirtazapine	30 mg	Tablet	SIP

* Abbreviation of Manufacturers' Name

Exception Drug Status Additions

02543079	**Epidiolex**	cannabidiol	100 mg/mL	Oral Solution	JPI

Lennox-Gastaut Syndrome (LGS)
For adjunctive treatment of seizures associated with Lennox-Gastaut syndrome (LGS) in patients 2 years of age or older who meet all of the following criteria:

- Have failed treatment with at least 2 anti-seizure medications; AND
- Are currently taking 1 or more anti-seizure medication(s) at a stable dose for at least 4 weeks; AND
- Have experienced at least 2 drop seizures per week in the past 28-day period; AND
- Are under the care of a specialist with experience in the diagnosis and management of LGS.

Initial approval duration: 6 months

Renewal criteria:
- The patient must continue to be under the care of a physician with experience in the diagnosis and management of LGS; AND
- The physician can provide proof of a beneficial clinical effect.

Cannabidiol will not be reimbursed for individuals concurrently using cannabis products (recreational or medicinal) or other cannabinoid-based medications.

Tuberous Sclerosis Complex (TSC)
For adjunctive treatment of seizures associated with tuberous sclerosis complex (TSC) in patients 2 years of age or older who meet all of the following criteria:

- Are currently taking 1 or more anti-seizure medication(s) at a stable dose for at least 4 weeks; AND
- Have inadequately controlled seizures despite previous or current treatment with at least 2 anti-seizure medications; AND
- Have experienced at least 8 seizures in the past 28-day period; AND
- Are under the care of a specialist with experience in the diagnosis and management of TSC.

Initial approval duration: 6 months

Renewal criteria:
- The patient must continue to be under the care of a specialist with experience in the diagnosis and management of TSC; AND
- The physician can provide proof of a beneficial clinical effect.

Cannabidiol will not be reimbursed for individuals concurrently using mammalian target of rapamycin (mTOR) inhibitors, cannabis products (recreational or medicinal) or other cannabinoid-based medications.

Dravet Syndrome (DS)
For adjunctive treatment of seizures associated with Dravet syndrome (DS) in patients 2 years of age or older who meet all of the following criteria:

- Have at least 4 convulsive seizures per month; AND
- Have inadequate seizure control despite the use of 2 or more anti-seizure medications; AND
- Are under the care of a specialist with experience in the diagnosis and management of DS.

Initial approval duration: 6 months

Renewal criteria:
- The patient must continue to be under the care of a physician with experience in the diagnosis and management of DS; AND
- The physician can provide proof of a beneficial clinical effect.

Cannabidiol will not be reimbursed for individuals concurrently using cannabis products (recreational or medicinal) or other cannabinoid-based medications.

02551284 02551292	**Winrevair**	sotatercept	45 mg/vial 60 mg/vial	Injection	MFX
02551306 02551314	**Winrevair**	sotatercept	45 mg/vial 60 mg/vial	Injection Kit	MFX

In combination with standard pulmonary arterial hypertension (PAH) therapy, for the treatment of adults with World Health Organization (WHO) Group 1 PAH and Functional Class (FC) II or III only if the following conditions are met:

Initiation Criteria:
- Sotatercept should be reimbursed only in patients with confirmed WHO group 1 PAH based on guidelines-approved diagnostic procedure including right heart catheterization.
- Sotatercept must only be reimbursed as add-on therapy in patients who are currently treated with an optimal background therapy* for PAH for at least 3 months.
- Sotatercept must be used in patients who are not at low risk.

*Optimal background therapy is defined as:
- Treatment with a combination of at least 2 other PAH-specific agents such as an endothelin receptor antagonist (ERA), a phosphodiesterase type 5 inhibitor (PDE5i), a prostacyclin analogue or a prostacyclin receptor agonist administered at optimal doses according to clinical guidelines.

Initial approval duration: 12 months

Renewal Criteria:

- For renewal after initial authorization, clinicians must provide proof of beneficial clinical effect, defined as stability or improvement in the patient's risk status when requesting continuation of reimbursement.

Renewal duration: 12 months

Discontinuation Criteria:

- Patient has undergone lung and/or heart transplantation. Patients who go into listing for lung and/or heart transplants can continue being reimbursed until the procedure takes place, based on the professional judgement of the attending physician.

Prescribing Condition:

- Sotatercept should be prescribed by clinicians with expertise in managing PAH.

New Interchangeable Categories

CANAGLIFLOZIN — 100 mg — Tablets			$	$ + 5%
02425483	Invokana	JAN	2.8090	2.9495
02510367	Auro-Canagliflozin	AUP	1.4455	1.5178
02543486	Jamp Canagliflozin	JPC	1.4455	1.5178

CANAGLIFLOZIN — 300 mg — Tablets			$	$ + 5%
02425491	Invokana	JAN	2.9180	3.0639
02510375	Auro-Canagliflozin	AUP	1.5030	1.5782
02543494	Jamp Canagliflozin	JPC	1.5030	1.5782

New Interchangeable Products

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

ATORVASTATIN — 10 mg — Tablets			$	$ + 5%
02545462	Atorvastatin	TEV	0.1743	0.1831

ATORVASTATIN — 20 mg — Tablets			$	$ + 5%
02545470	Atorvastatin	TEV	0.2179	0.2288

ATORVASTATIN — 40 mg — Tablets			$	$ + 5%
02545489	Atorvastatin	TEV	0.2342	0.2459

CITALOPRAM — 10 mg — Tablets			$	$ + 5%
02370085	Jamp-Citalopram	JPC	0.0796	0.0836

DILTIAZEM HCl — 120 mg — Controlled Delivery Capsules			$	$ + 5%
02445999	Diltiazem CD	SIP	0.4061	0.4264

DILTIAZEM HCl — 180 mg — Controlled Delivery Capsules			$	$ + 5%
02446006	Diltiazem CD	SIP	0.5391	0.5661

DILTIAZEM HCl — 240 mg — Controlled Delivery Capsules			$	$ + 5%
02446014	Diltiazem CD	SIP	0.7151	0.7509

DILTIAZEM HCl — 300 mg — Controlled Delivery Capsules			$	$ + 5%
02446022	Diltiazem CD	SIP	0.8939	0.9386

LANSOPRAZOLE — 15 mg — Delayed Release Capsules			$	$ + 5%
02385767	Lansoprazole	SIP	0.5000	0.5250

MIRTAZAPINE — 30 mg — Tablets				**$**	**$ + 5%**
	02496674	Mirtazapine	SIP	0.4631	0.4863

PROGESTERONE — 100 mg — Capsules				**$**	**$ + 5%**
	02549158	ACH-Progesterone	ACH	0.3762	0.3950

SITAGLIPTIN — 25 mg — Tablets				**$**	**$ + 5%**
	02545837	PRZ-Sitagliptin	PRZ	0.8197	0.8607

SITAGLIPTIN — 50 mg — Tablets				**$**	**$ + 5%**
	02545845	PRZ-Sitagliptin	PRZ	0.8197	0.8607

SITAGLIPTIN — 100 mg — Tablets				**$**	**$ + 5%**
	02545853	PRZ-Sitagliptin	PRZ	0.8197	0.8607

Interchangeable Product Price Changes

The following changes in prices have occurred:

					($)	**($ + 5%)**
02236399	Anodan-HC 10mg Suppositories	hydrocortisone acetate/ zinc sulfate	10mg/10mg	Suppository	1.1592	1.2172
02217481	Apo-Lisinopril	lisinopril	5 mg	Tablet	0.1443	0.1515
02217503	Apo-Lisinopril	lisinopril	10 mg	Tablet	0.2372	0.2491
02217511	Apo-Lisinopril	lisinopril	20 mg	Tablet	0.2852	0.2995
02287420	Exjade	deferasirox	125 mg	Tablet for Suspension	11.5231	12.0993
02285118	Teva-Lisinopril (Type Z)	lisinopril	5 mg	Tablet	0.1443	0.1515
02285126	Teva-Lisinopril (Type Z)	lisinopril	10 mg	Tablet	0.2372	0.2491
02285134	Teva-Lisinopril (Type Z)	lisinopril	20 mg	Tablet	0.2852	0.2995

Product Deletions

(as identified for discontinuation in Bulletin # 145)

The following products have been deleted.

00023442	Dilantin-30 Suspension	phenytoin	30 mg/5 mL	Suspension
00023450	Dilantin-125 Suspension	phenytoin	125 mg/5 mL	Suspension
02481669	NRA-Ezetimibe	ezetimibe	10 mg	Tablet
02018985	Prozac Capsules 10mg	fluoxetine	10 mg	Capsule
02459779	Repatha	evolocumab	120 mg/mL	Solution

Discontinued Products

The following products will be deleted with the next Formulary amendments and will appear as "Product Deletions" on Bulletin # 147

02041448	Ativan	lorazepam	2 mg	Tablet
02459914	CCP-Citalopram	citalopram	20 mg	Tablet
00522724	Chlordiazepoxide	chlordiazepoxide hydrochloride	5 mg	Capsule
02301490	Cymbalta	duloxetine	60 mg	Capsule
02301482	Cymbalta	duloxetine	30 mg	Capsule
02241795	Procytox Tab 25mg	cyclophosphamide	25 mg	Tablet
02245688	Ratio-Topisalic	betamethasone/salicylic acid	0.5/20mg/g	Lotion
02415100	Taro-Zoledronic Acid	zoledronic acid	5mg/100mL	Solution