
BULLETIN # 149

Manitoba Drug Benefits and Manitoba Drug Interchangeability Formulary Amendments

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

Bulletin 149 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_pdr.pdf

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Drugs Provided at No Cost - Part 1 Additions

02561328 02561336	Dapagliflozin	Dapagliflozin	5 mg 10 mg	Tablet	SAH
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Drugs Provided at No Cost - Exception Drug Status Additions

02564556 02564564	Apo-Canagliflozin	canagliflozin	100 mg 300 mg	Tablet	APX
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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.

02534983 02534991 02535009	M-Sitagliptin	sitagliptin	25 mg 50 mg 100 mg	Tablet	MNP
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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.

02561921 02561948	Waymade-Maraviroc	maraviroc	150 mg 300 mg	Tablet	WMP
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(a) For patients who have CCR5 tropic viruses, and
(b) who have documented resistance to at least one agent from each of the three major classes of antiretroviral agents (nucleoside reverse transcriptase inhibitors, non-nucleoside reverse transcriptase inhibitors, protease inhibitors).

Part 1 Additions

DIN	TRADE NAME	GENERIC	STRENGTH	FORM	MFR*
02535998 02536005	ACH-Fesoterodine	fesoterodine fumarate	4 mg 8 mg	Extended Release Tablet	ACH
02565404 02565412	AMB-Sotalol	sotalol hydrochloride	80 mg 160 mg	Tablet	AMB
02559250 02559269 02559277 02559285 02559293	Jamp Doxepin	doxepin	10 mg 25 mg 50 mg 75 mg 100 mg	Capsule	JPC
02553848	Latanoprost/Timolol	latanoprost/timolol	50 mcg/5mg/mL	Ophthalmic Solution	JPC
02557142	Mint-Chlorthalidone	chlorthalidone	50 mg	Tablet	MPH
02555867 02555875 02555883	Mytolac	lanreotide	60 mg/Syringe 90 mg/Syringe 120 mg/Syringe	Injection	ADV
02487519 02487527	Sandoz Apixaban Tablet	apixaban	2.5 mg 5 mg	Tablet	SDZ
INSULIN PUMP SUPPLIES					
00908307	Omnipod 5	reservoir/cartridge	-	-	ILC

* Abbreviation of Manufacturers' Name

Exception Drug Status Additions

02568020 02568012	Apo-Semaglutide Injection	semaglutide	0.68 mg/mL 1.34 mg/mL	Injection	APX
02567806 02567814	Semaglutide Injection	semaglutide	1.34 mg/mL 1.34 mg/mL	Injection	DRL

For the treatment of type 2 diabetes in combination with metformin and a sulfonylurea, when diet and exercise plus dual therapy with metformin and a sulfonylurea do not achieve adequate glycemic control.

02493217 02493225 02493233	Balversa	erdafitinib	3 mg 4 mg 5 mg	Tablet	JAN
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For the treatment of adult patients with locally advanced unresectable or metastatic urothelial carcinoma (UC), harbouring susceptible fibroblast growth (FGFR)3 genetic alterations, who have disease progression during or following at least one line of prior therapy including within 12 months of neoadjuvant or adjuvant therapy. BALVERSA® should not be used for the treatment of patients who are eligible for and have not received prior programmed death receptor-1 (PD-1) or programmed death-ligand 1(PD-L1) inhibitor therapy. Treatment with BALVERSA® should be initiated following confirmation of a susceptible FGFR genetic alteration using a "validated test"

02438070	Cosentyx (new indication)	secukinumab	150 mg/mL	Injection	NVT
02547724	Cosentyx (new indication)	secukinumab	150 mg/mL	Pre-Filled Syringe	NVT
02529653	Cosentyx (new din)	secukinumab	150 mg/mL	Pre-Filled Syringe	NVT
02529661	Cosentyx (new din)	secukinumab	150 mg/mL	Pre-Filled Pen (UnoReady Pen)	NVT

Hidradenitis Suppurativa (HS)

For the treatment of adult patients with active moderate to severe hidradenitis suppurativa who have not responded to conventional therapy (including systemic antibiotics) and who meet all of the following:

- A total abscess and nodule count of 3 or greater
- Lesions in at least two distinct anatomic areas, one of which must be Hurley Stage II or III
- An inadequate response to a 90-day trial of oral antibiotics
- Prescribed by a practitioner with expertise in the management of patients with HS

Note: Treatment with secukinumab should be discontinued if there is no improvement after 16 weeks of treatment.

See Bulletin #89 and #98 for other prescribing criteria:

<https://www.gov.mb.ca/health/mdbif/docs/bulletins/bulletin89.pdf>

<https://www.gov.mb.ca/health/mdbif/docs/bulletins/bulletin98.pdf>

02496348	Nubeqa (new indication)	darolutamide	300 mg	Tablet	BAY
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Darolutamide plus androgen deprivation therapy (ADT) for the treatment of patients with:

- Metastatic castration-sensitive* prostate cancer (mCSPC) AND
- Good performance status

*Patients must be castration-sensitive (no prior ADT for mCSPC or within 6 months of beginning ADT)

Treatment should be continued until unacceptable toxicity or disease progression.

02532107	Skyrizi (new indication)	risankizumab	60 mg/mL	Injection	ABV
02532093	Skyrizi (new indication)	risankizumab	360 mg/2.4 mL	Pre-filled Cartridge with On-Body Injector	ABV
02552507	Skyrizi (new DIN)	risankizumab	180 mg/1.2 mL	Pre-filled Cartridge with On-Body Injector	ABV

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.

02403390	Stivarga (new indication)	regorafenib	40 mg	Tablet	BAY
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For the treatment of patients with metastatic osteosarcoma who have received at least 1 prior line of therapy.

02407329	Xtandi (new indication)	enzalutamide	40 mg	Capsule	ASP
02562677	Apo-Enzalutamide (new indication)	enzalutamide	40 mg	Capsule	APX
02494736	Auro-Enzalutamide (new indication)	enzalutamide	40 mg	Capsule	AUP
02515229	Jamp Enzalutamide (new indication)	enzalutamide	40 mg	Capsule	JPC
02558424	Reddy-Enzalutamide (new indication)	enzalutamide	40 mg	Capsule	DRL

Non-metastatic castration-sensitive prostate cancer
• For the treatment of patients with non-metastatic castration-sensitive prostate cancer (nmCSPC) with biochemical recurrence (BCR) at high risk for metastasis after radical prostatectomy (RP) or radiation (RT).

New Interchangeable Categories

MARAVIROC — 150 mg — Tablets				\$	\$ + 5%
02299844	Celsentri	VII	22.0100	23.1105	
02561921	Waymade-Maraviroc	WMP	16.2156	17.0264	

MARAVIROC — 300 mg — Tablets				\$	\$ + 5%
02299852	Celsentri	VII	22.0100	23.1105	
02561948	Waymade-Maraviroc	WMP	16.2156	17.0264	

LANREOTIDE — 60 mg/Syringe — Injection				\$	\$ + 5%
02283395	Somatuline Autogel	IPL	1318.5638	1384.4920	
02555867	Mytolac	ADV	760.0056	798.0059	

LANREOTIDE — 90 mg/Syringe — Injection				\$	\$ + 5%
02283409	Somatuline Autogel	IPL	1758.8838	1846.8280	
02555875	Mytolac	ADV	1013.7962	1064.4860	

LANREOTIDE — 120 mg/Syringe — Injection					\$	\$ + 5%
	02283417	Somatuline Autogel	IPL		2201.6000	2311.6800
	02555883	Mytolac	ADV		1268.9722	1332.4208

SEMAGLUTIDE — 0.68 mg/mL — Injection					\$	\$ + 5%
	02540258	Ozempic	NOO		222.3159	233.4359
	02568020	Apo-Semaglutide Injection	APX		78.1410	82.0481

SEMAGLUTIDE — 1.34 mg/mL — Injection					\$	\$ + 5%
	02471469	Ozempic	NOO		222.3159	233.4359
	02471477	Ozempic	NOO		222.3159	233.4359
	02568012	Apo-Semaglutide Injection	APX		78.1410	82.0481
	02567806	Semaglutide Injection	DRL		78.1410	82.0481
	02567814	Semaglutide Injection	DRL		78.1410	82.0481

New Interchangeable Products

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

APIXABAN — 2.5 mg — Tablets					\$	\$ + 5%
	02487519	Sandoz Apixaban Tablet	SDZ		0.4084	0.4288

APIXABAN — 5 mg — Tablets					\$	\$ + 5%
	02487527	Sandoz Apixaban Tablet	SDZ		0.4084	0.4288

CANAGLIFLOZIN — 100 mg — Tablets					\$	\$ + 5%
	02564556	Apo-Canagliflozin	APX		**0.7228	**0.7589

CANAGLIFLOZIN — 300 mg — Tablets					\$	\$ + 5%
	02564564	Apo-Canagliflozin	APX		**0.7515	**0.7891

CHLORTHALIDONE — 50 mg — Tablets					\$	\$ + 5%
	02557142	Mint-Chlorthalidone	MPH		**0.0894	**0.0939

DAPAGLIFLOZIN — 5 mg — Tablets					\$	\$ + 5%
	02561328	Dapagliflozin	SAH		0.6825	0.7166

DAPAGLIFLOZIN — 10 mg — Tablets					\$	\$ + 5%
	02561336	Dapagliflozin	SAH		0.6825	0.7166

DOXEPIN — 10 mg — Capsules					\$	\$ + 5%
	02559250	Jamp Doxepin	JPC		**0.1019	**0.1070

DOXEPIN — 25 mg — Capsules					\$	\$ + 5%
	02559269	Jamp Doxepin	JPC		**0.1250	**0.1313

DOXEPIN — 50 mg — Capsules					\$	\$ + 5%
	02559277	Jamp Doxepin	JPC		**0.2319	**0.2435

DOXEPIN — 75 mg — Capsules					\$	\$ + 5%
	02559285	Jamp Doxepin	JPC		**0.3342	**0.3509

DOXEPIN — 100 mg — Capsules					\$	\$ + 5%
	02559293	Jamp Doxepin	JPC		**0.4395	**0.4615

FESOTERODINE FUMARATE — 4 mg — Extended Release Tablet					\$	\$ + 5%
	02535998	ACH-Fesoterodine	ACH		**0.7500	**0.7875

FESOTERODINE FUMARATE — 8 mg — Extended Release Tablet					\$	\$ + 5%
	02536005	ACH-Fesoterodine	ACH		**0.7500	**0.7875

LATANOPROST/TIMOLOL — 50 mcg/5 mg/mL — Ophthalmic Solution					\$	\$ + 5%
	02553848	Latanoprost/Timolol	JPC		4.4268	4.6481

SITAGLIPTIN — 25 mg — Tablets					\$	\$ + 5%
	02534983	M-Sitagliptin	MNP		0.8197	0.8607

SITAGLIPTIN — 50 mg — Tablets					\$	\$ + 5%
	02534991	M-Sitagliptin	MNP		0.8197	0.8607

SITAGLIPTIN — 100 mg — Tablets					\$	\$ + 5%
	02535009	M-Sitagliptin	MNP		0.8197	0.8607

SOTALOL HCl — 80 mg — Tablets					\$	\$ + 5%
	02565404	AMB-Sotalol	AMB		**0.2198	**0.2308

SOTALOL HCl — 160 mg — Tablets					\$	\$ + 5%
	02565412	AMB-Sotalol	AMB		0.1623	0.1704

** 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%)
00360279	Apo-Chlorthalidone	chlorthalidone	50 mg	Tablet		**0.0894	**0.0939
02049996	Apo-Doxepin	doxepin	10 mg	Capsule		**0.1019	**0.1070
02050005	Apo-Doxepin	doxepin	25 mg	Capsule		**0.1250	**0.1313
02050013	Apo-Doxepin	doxepin	50 mg	Capsule		**0.2319	**0.2435
02050021	Apo-Doxepin	doxepin	75 mg	Capsule		**0.3342	**0.3509
02050048	Apo-Doxepin	doxepin	100 mg	Capsule		**0.4395	**0.4615
02210428	Apo-Sotalol	sotalol hydrochloride	80 mg	Tablet		**0.2198	**0.2308
02510367	Auro-Canagliflozin	canagliflozin	100 mg	Tablet		**0.7228	**0.7589
02510375	Auro-Canagliflozin	canagliflozin	300 mg	Tablet		**0.7515	**0.7891
02543486	Jamp Canagliflozin	canagliflozin	100 mg	Tablet		**0.7228	**0.7589
02543494	Jamp Canagliflozin	canagliflozin	300 mg	Tablet		**0.7515	**0.7891
02523817	Jamp Chlorthalidone	chlorthalidone	50 mg	Tablet		**0.0894	**0.0939
02368617	Jamp-Sotalol	sotalol hydrochloride	80 mg	Tablet		**0.2198	**0.2308
02559080	Mar-Doxepin	doxepin	10 mg	Capsule		**0.1019	**0.1070
02559099	Mar-Doxepin	doxepin	25 mg	Capsule		**0.1250	**0.1313
02559102	Mar-Doxepin	doxepin	50 mg	Capsule		**0.2319	**0.2435
02559110	Mar-Doxepin	doxepin	75 mg	Capsule		**0.3342	**0.3509
02559129	Mar-Doxepin	doxepin	100 mg	Capsule		**0.4395	**0.4615
02238326	pms-Sotalol	sotalol hydrochloride	80 mg	Tablet		**0.2198	**0.2308

02521768	Sandoz Fesoterodine Fumarate	fesoterodine fumarate	4 mg	Extended Release Tablet	**0.7500	**0.7875
02521776	Sandoz Fesoterodine Fumarate	fesoterodine fumarate	8 mg	Extended Release Tablet	**0.7500	**0.7875

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

Product Deletions
(as identified for discontinuation in Bulletin # 148)

The following products have been deleted.

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

Interchangeable Category Deletions

OCTREOTIDE — 10 mg — Powder for Injection
OCTREOTIDE — 20 mg — Powder for Injection

Discontinued Products

The following products will be deleted with the next Formulary amendments and will appear as "Product Deletions" on Bulletin # 150

02487608 02487616 02487632	AG-Olanzapine FC	olanzapine	2.5 mg 5 mg 10 mg	Tablet
01926691	Calcimar	calcitonin	200 U/mL	Injection
02458802	CCP-Ondansetron	ondansetron	8 mg	Tablet
02458810	CCP-Ondansetron	ondansetron	4 mg	Tablet
02503786	Octreotide For Injectable Suspension	octreotide	30 mg/Vial	Powder for Injection
00636622	Prozac Capsules 20mg	fluoxetine	20 mg	Capsule
02269023	Tarceva	erlotinib	150 mg	Tablet
02229639	Zofran	ondansetron	4 mg/5 mL	Oral Solution