Bulletin # 940

December 21, 2016

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective December 21, 2016.

Included in this bulletin:

- Regular Benefit Additions
- Special Authorization Benefit Additions
- Changes to Existing Special Authorization Benefits
- Drugs Reviewed and Not Listed

If you have any questions, please contact our office at 1-800-332-3691.

To unsubscribe from the NB Drug Plans Formulary emailed announcements, please send a message to info@nbdrugs-medicamentsnb.ca. The Updates are available on the NBPDP webpage: http://www.gnb.ca/0212/BenefitUpdates-e.asp.

Regular Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Hydrocortisone sodium succinate (Solu-Cortef®)	250mg Act-O-Vial® 500mg Act-O-Vial® 1g Act-O-Vial®	00030619 00030627 00030635	PFI	ADEFGVW	MLP
Methylprednisolone sodium succinate (Solu-Medrol®)	40mg Act-O-Vial® 500mg vial 1g Act-O-Vial® 1g vial	02367947 00030678 02367971 00036137	PFI	ADEFGVW	MLP
Special authorization no longer required					
Tretinoin (Vesanoid®)	10mg capsule	02145839	XPI	ADEFGVW	MLP

Special Authorization Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Deferiprone (Ferriprox™)	100mg/mL oral solution 1000mg tablet	02436523 02436558	APX	(SA)	MLP
	For the treatment of patients with transfusional iron overload due to thalassemia syndromes when current chelation therapy is inadequate. Claim Note: • Combined use of more than one iron chelating therapy will not be reimbursed.				
Fluconazole (Diflucan™)	50mg/5mL powder for oral suspension	02024152	PFI	(SA)	MLP
	For the treatment of patients who have: • oropharyngeal candidiasis which failed to respond to nystatin, or • systemic infections and oral fluconazole tablets are not an option.				
Idelalisib (Zydelig®)	100mg film-coated tablet 150mg film-coated tablet	02438798 02438801	GIL	(SA)	MLP
	For the treatment of patients with relapsed chronic lymphocytic leukemia (CLL), in combination with rituximab. Renewal criteria: • Written confirmation that the patient has responded to treatment and there is no evidence of disease progression.				

Clinical Note:

- Treatment should be discontinued upon disease progression or unacceptable toxicity.

Claim Notes:

- Idelalisib will not be reimbursed for patients whose disease has progressed on ibrutinib therapy in the relapsed setting.
- Initial approval: 6 months.
- Renewal approval: 12 months

Changes to Existing Special Authorization Benefits

Product	Strength	DIN	MFR	Plans	Cost Base
New Indication					
Lenalidomide (Revlimid®)	5mg capsule 10mg capsule 15mg capsule 20mg capsule 25mg capsule	02304899 02304902 02317699 02440601 02317710	CEL	(SA)	MLP

For the treatment of multiple myeloma, in combination with dexamethasone, in patients who are not candidates for autologous stem cell transplant and have:

- had no prior treatment, and
- an ECOG performance status of ≤ 2.

Renewal criteria:

- Written confirmation that the patient has responded to treatment and there is no evidence of disease progression.

Clinical Note:

- Treatment should be discontinued upon disease progression or unacceptable toxicity.

Claim Notes:

- Lenalidomide will not be reimbursed for patients who have had disease progression on prior lenalidomide therapy.
- Initial approval: 1 year
- Renewal approval: 1 year
- Claims that exceed the maximum claim amount of $9,999.99 must be divided and submitted as separate transactions as outlined here.

Revised Criteria Buprenorphine/naloxone (Suboxone® and generic brands)	2mg/0.5mg sublingual tablet 8mg/2mg sublingual tablet	See NB Drug Plans Formulary or MAP List for products		(SA)	MAP

For the treatment of patients with opioid use disorder.

Drugs Reviewed and Not Listed

The review of the following products found that they did not offer a significant therapeutic and/or cost advantage over existing therapies. Requests for special authorization will not be considered.

Product	Strength	Indication	DIN	MFR
Tesamorelin (Egrifta™)	1mg vial 2mg vial	For the treatment of excess visceral adipose tissue (VAT) in treatment-experienced adult HIV-infected patients with lipodystrophy.	02438712 02423677	THT