

Bulletin #1115

October 23, 2023

## NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective October 23, 2023.

**Included in this bulletin:**

- 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.

## Special Authorization Benefit Additions

Generic name (Brand name)	Strength	DIN	MFR	Plans	Cost Base
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Lorlatinib (Lorbrena)	25 mg tablet	02485966	PFI	(SA)	MLP
	100 mg tablet	02485974			

As monotherapy for the first-line treatment of adult patients with anaplastic lymphoma kinase (ALK)-positive locally advanced (not amenable to curative therapy) or metastatic non-small cell lung cancer.

#### Renewal Criteria

- Written confirmation that the patient is responding to treatment.

#### Clinical Note:

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

#### Claim Notes:

- Approval period: 1 year.
- No further ALK inhibitor will be reimbursed following disease progression on lorlatinib.
- Claims that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate transactions as outlined [here](#).

Selinexor (Xpovio)	20 mg tablet	02527677	FTI	(SA)	MLP
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In combination with bortezomib and dexamethasone for the treatment of patients with multiple myeloma who have received at least one prior therapy. If previously treated with a proteasome inhibitor then the patient must meet all of the following criteria:

- Achieved at least a partial response with any prior bortezomib and with the most recent proteasome inhibitor
- Therapy with bortezomib was not discontinued due to grade 3 or greater related toxicity
- A proteasome inhibitor treatment-free interval of at least 6 months

#### 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:

- Requests will be considered for patients with plasma cell leukemia and systemic light chain amyloidosis.
- Approval period: 1 year.
- Claims that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate transactions as outlined [here](#).

Somatrogon (Ngenla)	24 mg / 1.2 mL prefilled pen 60 mg / 1.2 mL prefilled pen	02521679 02521687	PFI	(SA)	MLP
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For the treatment of isolated growth hormone deficiency or growth hormone deficiency as part of multiple pituitary hormone deficiency in pre-pubertal children who are at least 3 years of age.

Discontinuation Criteria:

- Height velocity is less than 2 cm per year and bone age is more than 16 years in boys and 14 years in girls; or
- Closure of the epiphyseal growth plates.

Clinical Notes:

1. Patient height and weight must be provided with all requests.
2. Confirmation there is no evidence of epiphyseal growth plate closure and a copy of the bone age report must be provided with all requests.
3. Bone age assessments may be based on the Greulich Pyle Atlas, Tanner-Whitehouse, or other appropriate methods of assessment.

Claim Notes:

- Must be prescribed by, or in consultation with, an endocrinologist.
- Approvals will be for a maximum of 0.66 mg/kg weekly.
- Approval period: 1 year.

Ripretinib (Qinlock)	50 mg tablet	02500833	MDP	(SA)	MLP
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For the treatment of adult patients with advanced gastrointestinal stromal tumors who experience disease progression on, or intolerance to, imatinib, sunitinib, and regorafenib.

Renewal Criteria:

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

Clinical Notes:

1. Patients must have a good performance status and no active central nervous system metastases.
2. Treatment should be discontinued upon disease progression or unacceptable toxicity.

Claim Notes:

- Approval period: 6 months.
- Claims that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate transactions as outlined [here](#).

## Changes to Existing Special Authorization Benefits

Generic name (Brand name)	Strength	DIN	MFR	Plans	Cost Base
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### New Dosage Form

Niraparib (Zejula)	100 mg tablet	02530031	GSK	(SA)	MLP
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- As monotherapy maintenance treatment for adult patients with newly diagnosed epithelial ovarian, fallopian tube, or primary peritoneal cancer who meet all of the following criteria:
  - Complete or partial radiologic response after at least 4 cycles of first-line platinum-based chemotherapy
  - Last cycle of platinum-based chemotherapy was completed within the previous 12 weeks
  - High-grade serous or endometrioid tumors classified as Stage III or IV according to the International Federation of Gynecology and Obstetrics (FIGO) criteria

#### Renewal Criteria:

- Written confirmation that the patient has responded to treatment and there is no evidence of disease progression.
- Requests for treatment beyond 3 years will not be considered.

#### Clinical Notes:

- Patients must have a good performance status and no active or uncontrolled metastases to the central nervous system.
- Treatment should continue until unacceptable toxicity, disease progression, or completion of 3 years of therapy, whichever occurs first.

#### Claim Notes:

- Requests for niraparib in combination with bevacizumab will not be considered.
- Approval period: 1 year.
- Claims that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate transactions as outlined [here](#).

- As monotherapy maintenance treatment for adult patients with recurrent, platinum-sensitive, epithelial ovarian, fallopian tube, or primary peritoneal cancer with high grade serous or endometrioid histology who meet all of the following criteria:
  - Completed at least 2 prior lines of platinum-based chemotherapy
  - Received at least 4 cycles of the most recent platinum-based chemotherapy and in complete or partial radiologic response
  - Last cycle of platinum-based chemotherapy was completed within the previous 12 weeks

#### Renewal Criteria:

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

#### Clinical notes:

- Platinum-sensitive disease is defined as disease progression occurring at least 6 months after completion of platinum-based chemotherapy.

2. Patients should have good performance status and no active or uncontrolled metastases to the central nervous system.
3. Treatment should continue until unacceptable toxicity or disease progression.

Claim Notes:

- Requests for niraparib will not be considered for patients who experience disease progression on a PARP-inhibitor or who complete treatment with a PARP-inhibitor in a prior line of therapy.
- Approval period: 1 year.
- Claims that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate transactions as outlined [here](#).

**New Dosage Form**

Pegfilgrastim  
(Lapelga)

6 mg / 0.6 mL autoinjector	02529343	APX	(SA)	MLP
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For the prevention of febrile neutropenia in patients receiving myelosuppressive chemotherapy with curative intent who:

- are at high risk of febrile neutropenia due to chemotherapy regimen, co-morbidities or pre-existing severe neutropenia; or
- have had an episode of febrile neutropenia, neutropenic sepsis or profound neutropenia in a previous cycle of chemotherapy; or
- have had a dose reduction, or treatment delay greater than one week due to neutropenia.

Clinical Note:

- Patients with non-curative cancer receiving chemotherapy with palliative intent are not eligible for coverage of pegfilgrastim for prevention of febrile neutropenia.

**New Dosage Form and New Strength**

Adalimumab  
(Yuflyma)

40 mg / 0.4 mL prefilled syringe	02523760			
80 mg / 0.8 mL autoinjector	02535084	CTL	(SA)	MLP
80 mg / 0.8 mL prefilled syringe	02535076			

**Ankylosing Spondylitis**

For the treatment of patients with active ankylosing spondylitis who are refractory, intolerant or have contraindications to conventional therapy.

Claim Notes:

- Must be prescribed by a rheumatologist or internist.
- Combined use of more than one biologic drug will not be reimbursed.
- Approvals will be for a maximum of 40 mg every two weeks.
- Initial approval period: 6 months.
- Renewal approval period: Long term. Confirmation of response is required.

**Crohn's Disease**

For the treatment of patients with moderately to severely active Crohn's disease who are refractory, intolerant or have contraindications to conventional therapy.

Claim Notes:

- Must be prescribed by a gastroenterologist or physician with a specialty in gastroenterology.

- Combined use of more than one biologic drug will not be reimbursed.
- Approvals will be for a maximum of 160 mg followed by 80 mg two weeks later, then 40 mg every two weeks.
- Initial approval period: 12 weeks.
- Renewal approval period: Long term. Confirmation of response is required.

### **Hidradenitis Suppurativa**

For the treatment of patients with active moderate to severe hidradenitis suppurativa (HS) who are refractory, intolerant or have contraindications to conventional therapy.

#### Claim Notes:

- Must be prescribed by a dermatologist or physician with experience in the treatment of HS.
- Combined use of more than one biologic drug will not be reimbursed.
- Approvals will be for a maximum of 160 mg followed by 80 mg two weeks later, then 40 mg every week beginning four weeks after the initial dose.
- Initial approval period: 12 weeks.
- Renewal approval period: Long term. Confirmation of response is required.

### **Plaque Psoriasis**

For the treatment of patients with moderate to severe plaque psoriasis who are refractory, intolerant or have contraindications to conventional therapy.

#### Claim Notes:

- Must be prescribed by a dermatologist.
- Combined use of more than one biologic drug will not be reimbursed.
- Approvals will be for a maximum of 80 mg followed by 40 mg in one week, then 40 mg every two weeks thereafter.
- Initial approval period: 16 weeks.
- Renewal approval period: Long term. Confirmation of response is required.

### **Polyarticular Juvenile Idiopathic Arthritis**

For the treatment of patients with moderately to severely active polyarticular juvenile idiopathic arthritis who are refractory, intolerant or have contraindications to conventional therapy.

#### Claim Notes:

- Must be prescribed by, or in consultation with, a rheumatologist.
- Combined use of more than one biologic drug will not be reimbursed.
- Approvals will be for a maximum of 40 mg every two weeks.
- Initial approval period: 6 months.
- Renewal approval period: Long term. Confirmation of response is required.

### **Psoriatic Arthritis**

For the treatment of patients with active psoriatic arthritis who are refractory, intolerant or have contraindications to conventional therapy.

#### Claim Notes:

- Must be prescribed by a rheumatologist.
- Combined use of more than one biologic drug will not be reimbursed.
- Approvals will be for a maximum of 40 mg every two weeks.
- Initial approval period: 16 weeks.
- Renewal approval period: Long term. Confirmation of response is required.

### Rheumatoid Arthritis

For the treatment of patients with moderately to severely active rheumatoid arthritis who are refractory, intolerant or have contraindications to conventional therapy.

#### Claim Notes:

- Must be prescribed by a rheumatologist.
- Combined use of more than one biologic drug will not be reimbursed.
- Approvals will be for a maximum of 40 mg every two weeks.
- Initial approval period: 6 months.
- Renewal approval period: Long term. Confirmation of response is required.

### Ulcerative Colitis

For the treatment of patients with moderately to severely active ulcerative colitis who are refractory, intolerant or have contraindications to conventional therapy.

#### Claim Notes:

- Must be prescribed by a gastroenterologist or physician with a specialty in gastroenterology.
- Combined use of more than one biologic drug will not be reimbursed.
- Approvals will be for a maximum of 160 mg followed by 80 mg two weeks later, then 40 mg every two weeks.
- Initial approval period: 8 weeks.
- Renewal approval period: Long term. Confirmation of response is required.

### Uveitis

For the treatment of patients with non-infectious uveitis who are refractory, intolerant or have contraindications to conventional therapy.

#### Claim Notes:

- Must be prescribed by, or in consultation with an ophthalmologist.
- Combined use of more than one biologic drug will not be reimbursed.
- Approvals will be for a maximum of 80 mg followed by 40 mg in one week, then 40 mg every two weeks thereafter.
- Initial approval period: 6 months.
- Renewal approval period: Long term. Confirmation of response is required.

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### New Indication

Pomalidomide  
(Pomalyst and generic  
brands)

1 mg capsule  
2 mg capsule  
3 mg capsule  
4 mg capsule

See NB Drug Plans Formulary  
or MAP List for Products

(SA)

MAP

For the treatment of relapsed or refractory multiple myeloma when used:

- in combination with dexamethasone, with or without cyclophosphamide, for patients who experience disease progression on lenalidomide and a proteasome inhibitor; or
- in combination with isatuximab and dexamethasone for patients who experience disease progression on lenalidomide and a proteasome inhibitor.

Renewal Criteria:

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

Clinical Notes:

1. Treatment should be discontinued upon disease progression or unacceptable toxicity.
2. Patients must have a good performance status.

Claim Note:

- Approval period: 1 year.

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## Drugs Reviewed and Not Listed

Requests for special authorization of the following products will not be considered.

Generic name (Brand name)	Strength	DIN	MFR	Indication
Ospemifene (Osphena)	60 mg tablet	02518112	DUI	For the treatment of moderate to severe dyspareunia and/or vaginal dryness.