Bulletin #1129

March 18, 2024

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective March 18, 2024.

Included in this bulletin:

- Regular Benefit Additions
- Special Authorization Benefit Additions
- Changes to Existing Special Authorization Benefits
- Update on Quantities for Claim Submissions

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

Regular Benefit Additions

Generic name (Brand name)	Strength	DIN	MFR	Plans	Cost Base
Budesonide (Uceris)	2 mg / actuation rectal foam	02498057	BSL	ACDEFGV	MLP
Mesalamine (Mezera)	500 mg delayed-release tablet	02524481	AVI	ACDEFGV	MLP
Special Authorization No Longer Required					
Galantamine (generic brands)	8 mg extended-release capsule 16 mg extended-release capsule 24 mg extended-release capsule	See NB Drug Plans Formulary or MAP List for Products		ACDEFV	MAP
Rivastigmine (Exelon and generic brands)	1.5 mg capsule 3 mg capsule 4.5 mg capsule 6 mg capsule	See NB Drug Plans Formulary or MAP List for Products		ACDEFV	MAP

Special Authorization Benefit Additions

Generic name (Brand name)	Strength	DIN	MFR	Plans	Cost Base
Atogepant (Qulipta)	10 mg tablet 30 mg tablet 60 mg tablet	02533979 02533987 02533995	ABV	(SA)	MLP

For the prevention of episodic migraine in adult patients who are refractory, intolerant or have contraindications to at least two classes of oral prophylactic migraine medications.

Renewal Criteria:

- A reduction of at least 50% in the average number of migraine days per month at the time of initial renewal compared with baseline.
- At subsequent renewals, the patient continues to maintain the reduction of at least 50% in average number of migraine days per month.

Clinical Notes:

1. The average number of headache and migraine days per month must be provided on initial and renewal requests.
2. According to the International Headache Society criteria, episodic migraine is defined as migraine headaches on at least 4 days per month and less than 15 headache days per month for more than 3 months.

Claim Notes:

- Combined use with other calcitonin gene-related peptide (CGRP) antagonists will not be reimbursed.

- Maximum dose reimbursed is 60 mg daily.
- Initial approval period: 6 months.
- Renewal approval period: 1 year.

Silodosin (generic brands)	4 mg capsule 8 mg capsule	See NB Drug Plans Formulary or MAP List for Products	(SA)	MAP

For the treatment of benign prostatic hyperplasia in male patients who have an intolerance or insufficient response to an adequate trial of tamsulosin and alfuzosin.

Claim Note:
- Approval period: Long term.

Changes to Existing Special Authorization Benefits

Generic name (Brand name)	Strength	DIN	MFR	Plans	Cost Base
New Strength and Revised Criteria					
Apalutamide (Erleada)	240 mg tablet	02540185	JAN	(SA)	MLP

Metastatic Castration-Sensitive Prostate Cancer
In combination with androgen deprivation therapy (ADT) for the treatment of patients with metastatic castration-sensitive prostate cancer (mCSPC) who have had no prior ADT, or are within 6 months of beginning ADT, in the metastatic setting.

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 risk factors for seizures.
2. Treatment should be discontinued upon disease progression or unacceptable toxicity.

Claim Notes:
- Requests will not be considered for patients who are within 1 year of completing adjuvant ADT in the non-metastatic setting.
- Patients who experience disease progression on darolutamide or enzalutamide are not eligible.
- Approval period: 1 year.

Non-Metastatic Castration-Resistant Prostate Cancer
In combination with androgen deprivation therapy (ADT) for the treatment of patients with castration-resistant prostate cancer (CRPC) who meet all of the following criteria:
- No detectable distant metastases by either CT, MRI or technetium-99m bone scan
- Prostate-specific antigen (PSA) doubling time of less than or equal to 10 months during continuous ADT (i.e., high risk of developing metastases)

Renewal Criteria:

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

Clinical Notes:

1. Castration-resistance must be demonstrated during continuous ADT and is defined as a minimum of three rises in PSA, measured at least one week apart, with the last PSA greater than 2 mcg/L.
2. Castrate levels of testosterone must be maintained throughout treatment with apalutamide.
3. Patients must have a good performance status and no risk factors for seizures.
4. Treatment should be discontinued upon radiographic disease progression or unacceptable toxicity.

Claim Notes:

- Requests for apalutamide will not be considered for patients who experience disease progression on enzalutamide or darolutamide.
- Approval period: 1 year.

Revised Criteria

Codeine (Codeine Contin)	50 mg controlled-release tablet	02230302	PFR	W (SA)	MLP
	100 mg controlled-release tablet	02163748			
	150 mg controlled-release tablet	02163780			
	200 mg controlled-release tablet	02163799			

For the treatment of cancer-related or chronic non-cancer pain in patients previously treated with an immediate-release codeine product.

Claim Notes:

- Approvals will be for a maximum of 200 mg twice daily.
- Approval period: 1 year.

Revised Criteria

Lenvatinib (Lenvima)	4 mg/dose compliance pack	02484056	EIS	(SA)	MLP
	8 mg/dose compliance pack	02468220			
	10 mg/dose compliance pack	02450321			
	12 mg/dose compliance pack	02484129			
	14 mg/dose compliance pack	02450313			
	20 mg/dose compliance pack	02450305			
	24 mg/dose compliance pack	02450291			

Differentiated Thyroid Cancer

For the treatment of patients with locally recurrent or metastatic, progressive, differentiated thyroid cancer (DTC) who meet all of the following criteria:

- Refractory or resistant to radioactive iodine therapy
- Radiological evidence of disease progression within the previous 13 months
- Previously untreated or have received one prior tyrosine kinase inhibitor (TKI) therapy

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

Claim Notes:

- Requests will not be considered for patients with anaplastic or medullary thyroid cancer.
- Approval period: 1 year.

Update on Quantities for Claim Submissions

Effective March 18, 2024, claims for etanercept (Brenzys / Erelzi) must be submitted using the number of autoinjectors or syringes in the quantity field. This change will apply to all claims for prescriptions dispensed on, or after, March 18, 2024. Any claims for prescriptions dispensed prior to this date must follow the previous quantity for claim submission requirement (i.e. mL).

Please refer to the Maximum Allowable Price (MAP) List and Manufacturers List Price (MLP) List at the Drug Price Lists and Pricing Policy to confirm the correct quantity for claim submissions for a specific product.