Bulletin #1131

April 22, 2024

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective April 22, 2024.

Included in this bulletin:

- Special Authorization Benefit Additions
- Changes to Existing Special Authorization Benefits
- Drugs Reviewed and Not Listed
- Update on Quantities for Claim Submissions

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
Etanercept (Rymti)	50 mg/mL autoinjector 50 mg/mL prefilled syringe	02530309 02530295	LUP	(SA)	MLP

Ankylosing Spondylitis

- For the treatment of patients with moderate to severe ankylosing spondylitis (e.g., Bath AS Disease Activity Index (BASDAI) score greater than or equal to 4 on 10-point scale) who:
  - have axial symptoms and who have failed to respond to the sequential use of at least 2 NSAIDs at the optimum dose for a minimum period of 2 weeks each or in whom NSAIDs are contraindicated, or
  - have peripheral symptoms and who have failed to respond, or have contraindications to, the sequential use of at least 2 NSAIDs at the optimum dose for a minimum period of 2 weeks each and have had an inadequate response to an optimal dose or maximal tolerated dose of a DMARD.
- Requests for renewal must include information demonstrating the beneficial effects of the treatment, specifically:
  - a decrease of at least 2 points on the BASDAI scale, compared with the pre-treatment score, or
  - patient and expert opinion of an adequate clinical response as indicated by a significant functional improvement (measured by outcomes such as HAQ or "ability to return to work").

Clinical Note:

- Patients with recurrent uveitis (2 or more episodes within 12 months) as a complication to axial disease do not require a trial of NSAIDs.

Claim Notes:

- Must be prescribed by a rheumatologist or internist.
- Combined use of more than one biologic drug will not be reimbursed.
- All new requests for coverage of etanercept will be approved for the biosimilar versions only.
- Approvals will be for a maximum of 50 mg per week.
- Initial approval period: 6 months.
- Renewal approval period: Long term.

Plaque Psoriasis

For the treatment of patients with chronic moderate to severe plaque psoriasis who meet all of the following criteria:

- Psoriasis Area Severity Index (PASI) greater than 10 and Dermatology Life Quality Index (DLQI) greater than 10, or major involvement of visible areas, scalp, genitals or nails
- Refractory, intolerant or unable to access phototherapy
- Refractory, intolerant or have contraindications to methotrexate (oral or parenteral) at a dose of greater than or equal to 20 mg weekly (greater than or equal to 15 mg if patient is greater than or equal to 65 years of age) for a minimum of 12 weeks

Clinical Notes:

1. For patients who do not demonstrate a clinical response to oral methotrexate, or who experience gastrointestinal intolerance, a trial of parenteral methotrexate must be considered.

2. Refractory is defined as lack of effect at the recommended doses and for duration of treatments specified above.
3. Intolerant is defined as demonstrating serious adverse effects to treatments. The nature of intolerance(s) must be clearly documented.

Claim Notes:
- Must be prescribed by a dermatologist.
- Combined use of more than one biologic drug will not be reimbursed.
- All new requests for coverage of etanercept will be approved for the biosimilar versions only.
- Approvals will be for a maximum of 50 mg twice weekly for 12 weeks, then once weekly thereafter.
- Initial approval period: 16 weeks.
- Renewal approval period: Long term. Confirmation of response is required.

Polyarticular Juvenile Idiopathic Arthritis
For the treatment of children (age 4-17) with moderately to severely active polyarticular juvenile idiopathic arthritis who have had inadequate response to one or more disease modifying antirheumatic drugs (DMARDs).

Claim Notes:
- Must be prescribed by, or in consultation with, a rheumatologist, who is familiar with the use of biologic DMARDs in children.
- Combined use of more than one biologic drug will not be reimbursed.
- All new requests for coverage of etanercept will be approved for the biosimilar version only.
- Approvals will be for a maximum of 0.8 mg/kg, up to 50 mg per week.
- Initial approval period: 6 months.
- Renewal approval period: Long term. Confirmation of response is required.

Psoriatic Arthritis
- For the treatment of patients with predominantly axial psoriatic arthritis who are refractory, intolerant or have contraindications to the sequential use of at least two NSAIDs at maximal tolerated dose for a minimum of two weeks each.
- For the treatment of patients with predominantly peripheral psoriatic arthritis who are refractory, intolerant or have contraindications to:
  - the sequential use of at least two NSAIDs at maximal tolerated dose for a minimum of two weeks each; and
  - methotrexate (oral or parenteral) at a dose of greater than or equal to 20 mg weekly (greater than or equal to 15 mg if patient is greater than or equal to 65 years of age) for a minimum of 8 weeks; and
  - leflunomide for a minimum of 10 weeks or sulfasalazine for a minimum of 3 months.

Clinical Notes:
1. For patients who do not demonstrate a clinical response to oral methotrexate, or who experience gastrointestinal intolerance, a trial of parenteral methotrexate must be considered.
2. Refractory is defined as lack of effect at the recommended doses and for duration of treatments specified above.
3. Intolerant is defined as demonstrating serious adverse effects to treatments. The nature of intolerance(s) must be clearly documented.

Claim Notes:
- Must be prescribed by a rheumatologist.
- Combined use with other biologic drugs or janus kinase inhibitors will not be reimbursed.

- All new requests for coverage of etanercept will be approved for the biosimilar versions only.
- Approvals will be for a maximum of 50 mg once a week.
- Initial approval period: 16 weeks.
- Renewal approval period: Long term. Confirmation of response is required.

Rheumatoid Arthritis
For the treatment of moderately to severely active rheumatoid arthritis, in combination with methotrexate or other disease modifying antirheumatic drugs (DMARDs), in adult patients who are refractory, intolerant or have contraindications to:
- methotrexate (oral or parenteral), alone or in combination with another DMARD, at a dose of greater than or equal to 20 mg weekly (greater than or equal to 15 mg if patient is greater than or equal to 65 years of age) for a minimum of 12 weeks; and
- methotrexate in combination with at least two other DMARDs, such as hydroxychloroquine and sulfasalazine, for a minimum of 12 weeks.

Clinical Notes:
1. For patients who do not demonstrate a clinical response to oral methotrexate, or who experience gastrointestinal intolerance, a trial of parenteral methotrexate must be considered.
2. Optimal treatment response to DMARDs may take up to 24 weeks, however coverage can be considered if no improvement is seen after 12 weeks of triple DMARD use.
3. For patients who have intolerances preventing the use of triple DMARD therapy, these must be described and dual therapy with DMARDs must be tried.
4. Refractory is defined as lack of effect at the recommended doses and for duration of treatments specified above.
5. Intolerant is defined as demonstrating serious adverse effects. The nature of intolerance(s) must be clearly documented.

Claim Notes:
- Must be prescribed by a rheumatologist.
- Combined use with other biologic drugs or janus kinase inhibitors will not be reimbursed.
- All new requests for coverage of etanercept will be approved for the biosimilar versions only.
- Approvals will be for a maximum of 50 mg per week.
- Initial approval period: 6 months.
- Renewal approval period: Long term. Confirmation of response is required.

Filgrastim (Nypozi)	300 mcg / 0.5 mL prefilled syringe 480 mcg / 0.8 mL prefilled syringe	02520990 02521008	TVX	(SA)	MLP

Chemotherapy Support
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 filgrastim for prevention of febrile neutropenia.

Non-Malignant Indications
- To increase neutrophil count and reduce the incidence and duration of infection in patients with congenital, idiopathic or cyclic neutropenia.
- For the prevention and treatment of neutropenia in patients with HIV infection.

Stem Cell Transplantation Support
- For mobilization of peripheral blood progenitor cells for the purpose of stem cell transplantation.
- To enhance engraftment following stem cell transplantation.

Claim Note:
- All requests for coverage of filgrastim will be approved for the biosimilar versions only.

Ozanimod (Zeposia)	0.92 mg capsule	02505991	BRI	(SA)	MLP
Ozanimod (Zeposia) initiation pack	0.23 mg, 0.46 mg capsule	02506009			

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 with other biologic drugs or janus kinase inhibitors will not be reimbursed.
- Approvals will be for a maximum of 0.92 mg daily.
- Initial approval period: 12 weeks.
- Renewal approval period: Long term. Confirmation of continued response is required.

Changes to Existing Special Authorization Benefits

Generic name (Brand name)	Strength	DIN	MFR	Plans	Cost Base
New Dosage Form					
Adalimumab (Idacio)	40 mg / 0.8 mL prefilled syringe	02502682	FKB	(SA)	MLP

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 with other biologic drugs or janus kinase inhibitors 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 with other biologic drugs or janus kinase inhibitors 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.

New Dosage Form and New Indication

Risankizumab (Skyrizi)	360 mg / 2.4 mL cartridge with on-body injector 600 mg / 10 mL vial	02532093 02532107	ABV	(SA)	MLP

For the treatment of adult 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 600 mg by intravenous infusion at weeks 0, 4, and 8, then 360 mg by subcutaneous injection at week 12 and every 8 weeks thereafter.
- Initial approval period: 12 weeks.
- Renewal approval period: 1 year. Confirmation of response is required.

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
Avalglucosidase alfa (Nexviazyme)	100 mg vial	02522365	SAV	For the treatment of late-onset Pompe disease.

Update on Quantities for Claim Submissions

Effective April 22, 2024, claims for filgrastim must be submitted using the number of syringes or vials in the quantity field. This change will apply to all claims for prescriptions dispensed on, or after, April 22, 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 available online to confirm the correct quantity for claim submissions for a specific product.