Bulletin # 1022

March 19, 2020

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective March 19, 2020.

Included in this bulletin:

- Special Authorization Benefit Additions
- Changes to Existing Special Authorization Benefits

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

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

Special Authorization Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Alteplase (Cathflo®)	2 mg vial	02245859	HLR	(SA)	MLP
	For the treatment of central venous catheter occlusion in home hemodialysis patients.				
Dolutegravir and lamivudine (Dovato®)	50 mg / 300 mg tablet	02491753	VIV	(SA)	MLP
	For the treatment of HIV-1 infection in patients 12 years of age or older and weighing at least 40kg, who meet the following criteria: • HIV-1 treatment-naïve • Viral load less than or equal to 500,000 copies/mL Claim Note: • Prescriptions written for beneficiaries of Plan U by infectious disease specialists and medical microbiologists who are licensed by the College of Physicians and Surgeons of New Brunswick, do not require special authorization.				
Isavuconazole (Cresemba™)	100 mg capsule 200 mg vial	02483971 02483998	AVI	(SA)	MLP
	• For the treatment of adult patients with invasive aspergillosis who have a contraindication, intolerance or have failed to respond to oral voriconazole and caspofungin. • For the treatment of adult patients with invasive mucormycosis. Claim Notes: • Must be prescribed by an infectious disease specialist or medical microbiologist. • Initial requests will be approved for a maximum of 3 months. • Claims that exceed the maximum claim amount of $9,999.99 must be divided and submitted as separate transactions as outlined here.				
Risankizumab (Skyrizi®)	75 mg / 0.83 mL prefilled syringe	02487454	ABV	(SA)	MLP
	For the treatment of patients with chronic moderate to severe plaque psoriasis who meet all of the following criteria: • Psoriasis Area Severity Index (PASI) > 10 and Dermatology Life Quality Index (DLQI) > 10, or major involvement of visible areas, scalp, genitals, or nails • Refractory, intolerant or unable to access phototherapy • Refractory, intolerant or have contraindications to one of the following: – Methotrexate (oral or parenteral) at a dose of ≥ 20 mg weekly (≥ 15 mg if patient is ≥ 65 years of age) for a minimum of 12 weeks – Cyclosporine for a minimum of 6 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 DMARD will not be reimbursed.
- Approvals will be for a maximum of 150 mg at weeks 0 and 4, then every 12 weeks thereafter.
- Initial approval period: 16 weeks.
- Renewal approval period: 1 year. Confirmation of continued response is required.

Changes to Existing Special Authorization Benefits

Product	Strength	DIN	MFR	Plans	Cost Base
New Indication					
Osimertinib (Tagrisso®)	40 mg tablet 80 mg tablet	02456214 02456222	AZE	(SA)	MLP

1. For the first-line treatment of patients with locally advanced (not amenable to curative intent therapy) or metastatic non-small cell lung cancer (NSCLC) whose tumors have epidermal growth factor receptor (EGFR) exon 19 deletions or exon 21 (L858R) substitution mutations.
2. For the treatment of patients with locally advanced (not amenable to curative therapy) or metastatic EGFR T790M mutation-positive NSCLC who have progressed on EGFR tyrosine kinase inhibitor therapy.

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:

- Requests for first-line therapy will be considered for patients with de novo EGFR T790M mutation-positive NSCLC.
- Initial approval period: 1 year.
- Renewal approval period: 1 year.