Bulletin #1055

June 17, 2021

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective June 17, 2021.

Included in this bulletin:

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

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.

Regular Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Peginterferon Alfa-2A (Pegasys®)	180 mcg / 0.5 mL prefilled syringe	02248077	HLR	ADEFGV	MLP

Special Authorization Benefits Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Cyclosporine (Verkazia™)	0.1% topical ophthalmic emulsion	02484137	SNN	(SA)	MLP

For the treatment of pediatric patients between the age of 4 and 18 years of age with severe vernal keratoconjunctivitis (VKC) who meet the following criteria:

- Grade 3 (severe) or 4 (very severe) on the Bonini scale, or
- Grade 4 (marked) or 5 (severe) on the modified Oxford scale.

Discontinuation Criteria:

- Treatment should be discontinued if no improvement in signs and symptoms of VKC is observed, or
- Treatment should be discontinued if signs and symptoms of VKC have resolved.

Clinical Note:

- Documentation of the severity of signs and symptoms of VKC at treatment initiation and renewal must be provided.

Claim Notes:

- The patient must be under the care of a physician experienced in the diagnosis and treatment of VKC.
- Initial approval period: 6 months.
- Renewal approval period: 1 year.

Pegfilgrastim (Nyvepria™)	6 mg / 0.6 mL prefilled syringe	02506238	PFI	(SA)	MLP

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.

Changes to Existing Special Authorization Benefits

Product	Strength	DIN	MFR	Plans	Cost Base
Revised Criteria Ambrisentan (Volibris and generic brand)	5 mg tablet 10 mg tablet	See NB Drug Plans Formulary or MAP List for Products		(SA)	MAP

For the treatment of patients with Group 1 pulmonary arterial hypertension (PAH) with World Health Organization (WHO) functional class III or IV.

Clinical Note:

- The diagnosis of PAH should be confirmed by right heart catheterization.

Claim Notes:

- Must be prescribed by, or in consultation with, a physician experienced in the treatment of PAH.
- Combined use of more than one endothelin receptor antagonist will not be reimbursed.
- The maximum dose of ambrisentan that will be reimbursed is 10mg daily.
- Approval period: Long term.

Product	Strength	DIN	MFR	Plans	Cost Base
Revised Criteria Bosentan (Tracleer® and generic brands)	62.5 mg tablet 125 mg tablet	See NB Drug Plans Formulary or MAP List for Products		(SA)	MAP

For the treatment of patients with Group 1 pulmonary arterial hypertension (PAH) with World Health Organization (WHO) functional class II, III or IV.

Clinical Note:

- The diagnosis of PAH should be confirmed by right heart catheterization.

Claim Notes:

- Must be prescribed by, or in consultation with, a physician experienced in the treatment of PAH.
- Combined use of more than one endothelin receptor antagonist will not be reimbursed.
- The maximum dose of bosentan that will be reimbursed is 125mg twice daily.
- Approval period: Long term.

Product	Strength	DIN	MFR	Plans	Cost Base
Revised Criteria					
Epoprostenol (Caripul®)	0.5 mg vial	02397447	JAN		
	1.5 mg vial	02397455	JAN		
				(SA)	MLP
Epoprostenol (Flolan)	0.5 mg vial	02230845	GSK		
	1.5 mg vial	02230848	GSK		

For the treatment of patients with Group 1 pulmonary arterial hypertension (PAH) with World Health Organization (WHO) functional class III or IV.

Clinical Note:

- The diagnosis of PAH should be confirmed by right heart catheterization.

Claim Notes:

- Must be prescribed by, or in consultation with, a physician experienced in the treatment of PAH.
- Approval period: Long term.

Revised Criteria

Sildenafil (Revatio® and generic brands)

20 mg film-coated tablet	See NB Drug Plans Formulary or MAP List for Products	(SA)	MAP

For the treatment of patients with Group 1 pulmonary arterial hypertension (PAH) with World Health Organization (WHO) functional class II, III or IV.

Clinical Note:

- The diagnosis of PAH should be confirmed by right heart catheterization.

Claim Notes:

- Must be prescribed by, or in consultation with, a physician experienced in the treatment of PAH.
- The maximum dose of sildenafil that will be reimbursed is 20mg three times daily.
- Approval period: Long term.

Revised Criteria

Treprostinil (Remodulin®)

1 mg/mL multi-use vial	02246552	UTC	(SA)	MLP
2.5 mg/mL multi-use vial	02246553			
5 mg/mL multi-use vial	02246554			
10 mg/mL multi-use vial	02246555			

For the treatment of patients with Group 1 pulmonary arterial hypertension (PAH) with World Health Organization (WHO) functional class III or IV who have failed to respond to non-prostanoid therapies.

Clinical Note:

- The diagnosis of PAH should be confirmed by right heart catheterization.

Claim Notes:

- Must be prescribed by, or in consultation with, a physician experienced in the treatment of PAH.
- Approval period: Long term.

Benefit Status Changes

Product	Strength	DIN	MFR	Plans	Cost Base
Delisted					
Glimepiride (Sandoz Glimepiride)	1 mg tablet 2 mg tablet 4 mg tablet	See NB Drug Plans Formulary or MAP List for Products			MAP
	Effective June 17, 2021, Sandoz glimepiride 1mg, 2mg and 4mg tablets will be delisted as a benefit on the New Brunswick Drug Plans Formulary. Requests for special authorization will not be considered. Patients who had a claim paid between June 17, 2020 and June 17, 2021 will continue to have coverage. There are equally effective and less costly sulfonylureas currently listed as regular benefits.				
Special Authorization now required					
Mirtazapine ODT (Remeron RD® and generic brands)	15 mg orally disintegrating tablet 30 mg orally disintegrating tablet 45 mg orally disintegrating tablet	See NB Drug Plans Formular or MAP List for Products		(SA)	MAP
	For use in patients when regular mirtazapine tablets are not an option.				

Drugs Reviewed and Not Listed

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

Product	Strength	DIN	MFR	Indication
Certolizumab (Cimzia®)	200 mg/mL autoinjector 200 mg/mL prefilled syringe	02465574 02331675	UCB	For the treatment of plaque psoriasis.