Bulletin #1059

August 19, 2021

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective August 19, 2021.

Included in this bulletin:

- Special Authorization Benefit Additions
- Drugs Reviewed and Not Listed

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

Special Authorization Benefits Additions

Generic name (Brand name)	Strength	DIN	MFR	Plans	Cost Base
Baricitinib (Olumiant)	2 mg tablet	02480018	LIL	(SA)	MLP

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 of more than one biologic drug will not be reimbursed.
- Approvals will be for a maximum of 2 mg daily.
- Initial Approval: 6 months.
- Renewal Approval: 1 year. Confirmation of response is required.

Darolutamide (Nubeqa)	300 mg film-coated tablet	02496348	BAY	(SA)	MLP

In combination with androgen deprivation therapy (ADT) for the treatment of patients with non-metastatic castration-resistant prostate cancer who have a 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 darolutamide.
3. Patients must have a good performance status.
4. Treatment should be discontinued upon radiographic disease progression or unacceptable toxicity.

Claim Notes:

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

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
Ozanimod (Zeposia)	0.23 mg, 0.46 mg capsule (initiation pack)	02506009	CEL	For the treatment of relapsing-remitting multiple sclerosis.
	0.92 mg capsule	02505991		
Ustekinumab (Stelara)	90 mg/mL prefilled syringe	02320681	JAN	For the treatment of ulcerative colitis.
	5 mg/mL solution for intravenous infusion	02459671		