

Bulletin #1061

September 16, 2021

## NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective September 16, 2021.

**Included in this bulletin:**

- Special Authorization Benefit Additions
- Changes to Special Authorization Benefits
- Biosimilars Initiative Reminder

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
Gilteritinib (Xospata)	40 mg tablet	02495058	ASL	(SA)	MLP
<p>As monotherapy for the treatment of adult patients with relapsed or refractory FMS-like tyrosine kinase 3 (FLT3)-mutated acute myeloid leukemia who meet all of the following criteria:</p> <ul style="list-style-type: none"> <li>Confirmed positive for FLT3 mutation at the time of relapse or determination of refractory disease</li> <li>Presence of FLT3-ITD, FLT3-TKD/D835 or FLT3-TKD/I836 mutation</li> </ul> <p>Renewal Criteria:</p> <ul style="list-style-type: none"> <li>Written confirmation that the patient is responding to treatment.</li> </ul> <p><u>Clinical Notes:</u></p> <ol style="list-style-type: none"> <li>Patients must have a good performance status.</li> <li>Treatment should continue as long as clinical benefit is observed or until unacceptable toxicity occurs.</li> </ol> <p><u>Claim Notes:</u></p> <ul style="list-style-type: none"> <li>Initial approval period: 6 months.</li> <li>Renewal approval period: 6 months.</li> <li>Claims that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate transactions as outlined <a href="#">here</a>.</li> </ul>					

## Changes to Existing Special Authorization Benefits

Generic name (Brand name)	Strength	DIN	MFR	Plans	Cost Base
<b>New Dosage Form</b> Dupilumab (Dupixent)	300 mg /2 mL prefilled pen	02510049	SAV	(SA)	MLP
<p>For the treatment of moderate to severe atopic dermatitis in patients 12 years of age and older who meet all of the following criteria:</p> <ul style="list-style-type: none"> <li>Refractory or have contraindications to an adequate trial of topical prescription therapies</li> <li>Refractory, intolerant or have contraindications to an adequate trial of phototherapy (where available), methotrexate, and cyclosporine</li> <li>Baseline Physician Global Assessment score of 3 or greater and Eczema Area and Severity Score of 7.1 or greater</li> </ul> <p>Renewal criteria:</p> <ul style="list-style-type: none"> <li>Requests for renewal must provide proof of beneficial clinical effect defined as a 75% or greater improvement from baseline in the Eczema Area and Severity Index (EASI-75) score six months after treatment initiation.</li> </ul>					

- Proof of maintenance of EASI-75 response from baseline must be provided for subsequent authorizations.

Clinical Note:

- Not to be used in combination with phototherapy or immunosuppressant drugs (e.g., methotrexate, cyclosporine).

Claim Notes:

- Must be prescribed by a dermatologist.
- Approvals will be for a maximum of 600 mg at week 0, then 300 mg every two weeks thereafter.
- Initial approval period: 6 months.
- Renewal approval period: 1 year.

**Revised Criteria**

Duloxetine (Cymbalta and generics)	30 mg capsule 60 mg capsule	See NB Drug Plans Formulary or MAP List for Products	(SA)	MAP
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**Chronic Pain**

For the treatment of patients with chronic pain.

Claim Note:

- The maximum dose reimbursed is 60 mg daily.

## Biosimilars Initiative Reminder

The Biosimilars Initiative, announced in the [NB Drug Plans Formulary Update - Bulletin #1050](#), involves switching patients who use certain originator biologics to a biosimilar brand to maintain their coverage under the New Brunswick Drug Plans.

As a reminder, **coverage of the originator biologics listed in the table below will end on November 30, 2021** or on the last day of the current special authorization approval, whichever is sooner.

Drug	Originator (Switch from)	Biosimilar (Switch to)
<b>Adalimumab</b>	Humira	Idacio Amgevita Hadlima Hyrimoz Hulio
<b>Etanercept</b>	Enbrel	Brenzys Erelzi
<b>Infliximab</b>	Remicade	Inflectra Renflexis Avsola
<b>Insulin glargine</b>	Lantus	Basaglar
<b>Insulin lispro</b>	Humalog	Admelog
<b>Rituximab</b>	Rituxan	Ruxience Truxima Riximyo
<b>Glatiramer</b>	Copaxone	Glatect

More information and resources, including the Biosimilars Initiative Guide for Prescribers and Health Professionals and Guide for Patients, are available online at [www.gnb.ca/biosimilars](http://www.gnb.ca/biosimilars).