Bulletin #1078

May 24, 2022

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective May 24, 2022.

Included in this bulletin:

- Regular Benefit Additions
- Special Authorization Benefit Additions
- Drugs Reviewed and Not Listed
- Biosimilars Initiative Reminder – Insulin Aspart

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

Regular Benefit Additions

Generic name (Brand name)	Strength	DIN	MFR	Plans	Cost Base
Lidocaine (Lidodan Viscous 2%)	2% topical solution	01968823	ODN	ADEFGV	MAP
Trimethoprim/Polymyxin B (Polytrim and generic brand)	0.1% / 10 000 units/mL ophthalmic solution	See NB Drug Plans Formulary or MAP List for Products		ADEFGV	MAP
Listed on Additional Plans					
Dimenhydrinate (Gravol IM)	50 mg/mL injection	00013579	CHU	ADEFGVW	MLP

Special Authorization Benefits Additions

Generic name (Brand name)	Strength	DIN	MFR	Plans	Cost Base
Adalimumab (Simlandi)	40 mg / 0.4 mL autoinjector 40 mg / 0.4 mL prefilled syringe 80 mg / 0.8 mL prefilled syringe	02523957 02523949 02523965	JPC	(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 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: 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 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.

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.

Risdiplam (Evrysdi)

60 mg powder for oral solution	02514931	HLR	(SA)	MLP

For the treatment of 5q spinal muscular atrophy (SMA), if the following criteria are met:
- Genetic documentation of 5q SMA homozygous gene deletion, or compound heterozygous mutation; and
- Patient is not requiring permanent invasive ventilation; and
- Patient who is symptomatic with two or three copies of the SMN2 gene and is:
  - 2 months to 7 months of age, or
  - 8 months to 25 years of age and non-ambulatory.

Discontinuation Criteria:
- There is failure to demonstrate maintenance in motor milestone function as assessed using age-appropriate scales since treatment initiation; or
- permanent invasive ventilation is required.

Clinical Notes:
1. An age-appropriate scale is defined as the Hammersmith Infant Neurological Examination (HINE) Section 2, Children's Hospital of Philadelphia Infant Test of Neuromuscular Disorders (CHOP INTEND), or Hammersmith Functional Motor Scale-Expanded (HFMSE).

2. A baseline assessment using an age-appropriate scale must be completed prior to initiation of treatment.
3. Yearly assessments must be completed using an age-appropriate scale no more than 12 weeks prior to the renewal date.
4. Permanent invasive ventilation is defined as the use of tracheostomy and a ventilator due to progression of SMA that is not due to an identifiable and reversible cause.

Claim Notes:

- The patient must be under the care of a specialist experienced in the treatment of SMA.
- Combination therapy with nusinersen will not be reimbursed.
- Requests for risdiplam will not be considered for patients who have received adeno-associated virus (AAV) vector-based gene therapy.
- Patients currently receiving SMA drug therapy may be eligible to switch to an alternate SMA drug therapy; however, patients will not be permitted to switch back to a previously trialed SMA drug.
- Approvals will be for a maximum of 0.2 mg/kg/day for patients 2 months to less than 2 years of age, 0.25 mg/kg/day for patients greater than or equal to 2 years of age weighing less than 20 kg, or 5 mg/day for patients greater than or equal to 2 years of age and weighing greater than or equal to 20 kg.
- Approval period: 1 year.
- Claims that exceed the maximum claim amount of $9,999.99 must be divided and submitted as separate transactions as outlined here.

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
Patiromer (Veltassa)	8.4 g sachet 16.8 g sachet 25.2 g sachet	02481359 02481367 02481375	VFM	For the treatment of hyperkalemia in adults with chronic kidney disease.

Biosimilars Initiative Reminder – Insulin Aspart

The Biosimilars Initiative 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 NovoRapid prefilled pens and cartridges will end on May 31, 2022**. Patients must switch to the biosimilar brand of insulin aspart to maintain coverage under the New Brunswick Drug Plans. Refer to the NB Drug Plans Formulary Update - Bulletin #1065 for additional information.

More information and resources regarding the Biosimilars Initiative are available online at www.gnb.ca/biosimilars.