Bulletin #1133

May 27, 2024

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective May 27, 2024.

Included in this bulletin:

- Regular Benefit Additions
- Special Authorization Benefit Additions
- Changes to Existing Special Authorization Benefits
- Benefit Status Changes
- Update on Quantities for Claims Submission

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
Mesalamine (Octasa)	800 mg delayed-release tablet 1600 mg delayed-release tablet	02465752 02529610	PDP	ACDEFGV	MLP

Special Authorization Benefit Additions

Effective May 27, 2024, nirmatrelvir/ritonavir (Paxlovid) will be added to the Formulary as a special authorization benefit on Plans ACDEFGV with the criteria below.

Pharmacies must submit claims electronically using the applicable intervention codes, as outlined here, if:

- the patient meets the criteria for coverage, and
- the nirmatrelvir/ritonavir (Paxlovid) special authorization request form is completed and retained by the pharmacy with the prescription. The form does not need to be faxed to the NB Drug Plans.

Updates to Paxlovid Assessment Services

Effective June 1, 2024, the COVID-19 Drug Therapy program will end, and the eligibility form will no longer be used. Previously, nirmatrelvir/ritonavir (Paxlovid) was procured by the federal government and provided at no cost to New Brunswick patients who met eligibility criteria.

Claims for remaining federal supply, and the following services, may be submitted under the Public Health Plan (Plan I) until May 31, 2024:

- Refusal to fill nirmatrelvir/ritonavir (Paxlovid) - PIN 00904798
- Assessment to complete or correct an eligibility form from another prescriber - PIN 00904797

Generic name (Brand name)	Strength	DIN	MFR	Plans	Cost Base
Nirmatrelvir and Ritonavir (Paxlovid)	300 mg and 100 mg dose packs 150 mg and 100 mg dose packs	02524031 02527804	PFI	(SA)	MLP

For the treatment of mild to moderate coronavirus disease 2019 (COVID-19) in adult patients with a positive COVID-19 test who are within 5 days of symptom onset and meet one of the following criteria:

- Severely immunosuppressed due to one or more of the following conditions:
  - Solid organ transplant
  - Receiving treatment for a malignant hematologic condition
  - Bone marrow transplant, stem cell transplant or transplant-related immunosuppressant use
  - Received an anti-CD20 therapy or B-cell depleting therapy (such as rituximab) in the previous two years
  - Severe primary immunodeficiencies
- Moderately immunosuppressed due to one or more of the following conditions:
  - Receiving treatment for cancer, including solid tumors
  - Receiving treatment with significantly immunosuppressing drugs (e.g., biologic in the past three months, oral immune-suppressing drug in the past month, oral glucocorticoid [20 mg per day of prednisone equivalent taken on an ongoing basis] in the past month, or immune-suppressing infusion or injection in the past three months)

- Advanced HIV infection
- Moderate primary immunodeficiencies
- Renal conditions (i.e., hemodialysis, peritoneal dialysis, glomerulonephritis treated with a glucocorticoid, estimated glomerular filtration rate [eGFR] less than 15 mL/min/1.73 m^2)

Clinical Notes:

1. COVID-19 testing to confirm diagnosis can be performed by polymerase chain reaction (PCR) or point-of-care test (POCT).
2. Treatment should be initiated as soon as possible after a diagnosis of COVID-19 is confirmed.
3. Patients are not eligible for coverage if they are asymptomatic or if more than 5 days have elapsed since symptom onset.
4. Requests for patients who are moderately or severely immunosuppressed due to other conditions may be considered.

Claim Notes:

- If a prescription for future use is written, the patient must meet eligibility criteria at the time of filling the prescription.
- Approval period: 5 days.

Ranibizumab (Ranopto)

10 mg/mL vial	02542250	TMP	(SA)	MLP

1. For the treatment of patients with neovascular (wet) age-related macular degeneration (AMD).
2. For the treatment of patients with choroidal neovascularization secondary to pathologic myopia (PM).
3. For the treatment of patients with choroidal neovascularization secondary to ocular conditions other than AMD and PM.
4. For the treatment of patients with diabetic macular edema (DME).
5. For the treatment of macular edema secondary to central retinal vein occlusion (CRVO) or branch retinal vein occlusion (BRVO).

Claim Notes:

- An initial claim of up to two vials (1 vial per eye treated) will be automatically reimbursed when prescribed by a New Brunswick ophthalmologist. If continued treatment is required, a request must be made through special authorization.
- Approvals will be for a maximum of 1 vial per eye every 30 days.
- Approval period: 1 year. Confirmation of continued response is required.

Special Authorization Benefit Additions

Effective May 27, 2024, ustekinumab biosimilars will be added to the Formulary as a special authorization (SA) benefit according to the criteria listed below.

As of this date, SA requests for ustekinumab will be considered for coverage of the biosimilar brand only. Patients who received SA approval for the Stelara brand of ustekinumab prior to May 27, 2024 will continue to have coverage until their current SA approval expires, or November 30, 2024 whichever occurs first.

Generic name (Brand name)	Strength	DIN	MFR	Plans	Cost Base
Ustekinumab (Jamteki)	45 mg / 0.5 mL prefilled syringe 90 mg/mL prefilled syringe	02543036 02543044	JPC	(SA)	MLP

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.
- All new requests for coverage of ustekinumab will be approved for the biosimilar versions only.
- Approvals will be for 45 mg at week 0 and 4, then every 12 weeks thereafter.
- Requests for 90 mg every 12 weeks will be considered for patients greater than 100 kg and who continue to have active disease while on the maintenance dose of 45 mg every 12 weeks.
- Initial approval period: 16 weeks.
- Renewal approval period: Long term. Confirmation of continued response is required.

Psoriatic Arthritis
For the treatment of adult 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 with other biologic drugs or janus kinase inhibitors will not be reimbursed.
- All new requests for coverage of ustekinumab will be approved for the biosimilar versions only.
- Approvals will be for 45 mg at week 0 and 4, then every 12 weeks thereafter.
- Requests for 90 mg every 12 weeks will be considered for patients greater than 100 kg and who continue to have active disease while on the maintenance dose of 45 mg every 12 weeks.
- Initial approval period: 16 weeks.
- Renewal approval period: Long term. Confirmation of response is required.

Ustekinumab (Wezlana)	45 mg / 0.5 mL prefilled syringe 90 mg/mL prefilled syringe 45 mg / 0.5 mL vial 130 mg / 26 mL vial	02544180 02544199 02544202 02544210	AGA	(SA)	MLP

Crohn's Disease
For the treatment of adult 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.
- All new requests for coverage of ustekinumab will be approved for the biosimilar versions only.
- Approvals will be for a single intravenous induction dose of 260 mg for patients less than 55 kg, 390 mg for patients 56-85 kg and 520 mg for patients greater than 85 kg, followed by 90 mg by subcutaneous injection every 8 weeks thereafter.
- Initial approval period: 16 weeks.
- Renewal approval period: Long term. Confirmation of response is required.

Plaque Psoriasis
For the treatment of patients aged 6 and older 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.
- All new requests for coverage of ustekinumab will be approved for the biosimilar versions only.
- Pediatrics: Approvals will be for 0.75 mg/kg by subcutaneous injection for patients less than 60 kg and 45 mg for patients greater than or equal to 60 kg administered at week 0 and 4, then every 12 weeks thereafter.
- Adults: Approvals will be 45 mg by subcutaneous injection at week 0 and 4, then every 12 weeks thereafter. Requests for 90 mg every 12 weeks will be considered for patients greater than 100 kg and who continue to have active disease while on the maintenance dose of 45 mg every 12 weeks.
- Initial approval period: 16 weeks.
- Renewal approval period: Long term. Confirmation of continued response is required.

Psoriatic Arthritis
For the treatment of adult 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 with other biologic drugs or janus kinase inhibitors will not be reimbursed.
- All new requests for coverage of ustekinumab will be approved for the biosimilar versions only.
- Approvals will be for 45 mg by subcutaneous injection at week 0 and 4, then every 12 weeks thereafter.
- Requests for 90 mg every 12 weeks will be considered for patients greater than 100 kg and who continue to have active disease while on the maintenance dose of 45 mg every 12 weeks.
- Initial approval period: 16 weeks.
- Renewal approval period: Long term. Confirmation of response is required.

Ulcerative Colitis
For the treatment of adult 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 with other biologic drugs, janus kinase inhibitors or sphingosine 1-phosphate receptor modulators will not be reimbursed.
- All new requests for coverage of ustekinumab will be approved for the biosimilar versions only.
- Approvals will be for a single intravenous induction dose of 260 mg for patients less than 55 kg, 390 mg for patients 56-85 kg and 520 mg for patients greater than 85 kg, followed by 90 mg by subcutaneous injection every 8 weeks thereafter.
- Initial approval period: 16 weeks.
- Renewal approval period: Long term. Confirmation of response is required.

Changes to Existing Special Authorization Benefits

Generic name (Brand name)	Strength	DIN	MFR	Plans	Cost Base
Revised Criteria					
Lenvatinib (Lenvima)	4 mg/dose compliance pack	02484056			
	8 mg/dose compliance pack	02468220			
	10 mg/dose compliance pack	02450321			
	12 mg/dose compliance pack	02484129	EIS	(SA)	MLP
	14 mg/dose compliance pack	02450313			
	20 mg/dose compliance pack	02450305			
	24 mg/dose compliance pack	02450291			

Advanced Hepatocellular Carcinoma
For the treatment of unresectable hepatocellular carcinoma, as first-line or second-line therapy after progression on immunotherapy (atezolizumab in combination with bevacizumab or durvalumab in combination with tremelimumab), for patients who meet all of the following criteria:
- Child-Pugh class status of A
- ECOG performance status of 0 or 1
- Less than 50% liver involvement and no invasion of the bile duct or main portal vein
- No prior liver transplant
- No brain metastases

Renewal Criteria:
- Written confirmation that the patient has responded to treatment and there is no evidence of disease progression.

Clinical Note:
- Treatment should be discontinued upon disease progression or unacceptable toxicity.

Claim Notes:
- Requests for lenvatinib will not be considered for patients who have progressed on sorafenib.
- Approval period: 6 months.

Revised Criteria					
Sorafenib (Nexavar)	200 mg film-coated tablet	02284227	BAY	(SA)	MLP

Advanced Hepatocellular Carcinoma
For the treatment of unresectable hepatocellular carcinoma, as first-line or second-line therapy after progression on immunotherapy (atezolizumab in combination with bevacizumab or durvalumab in combination with tremelimumab), for patients who meet all of the following criteria:

- Child-Pugh class status of A
- ECOG performance status of 0-2
- Progressed on trans-arterial chemoembolization (TACE) or not suitable for the TACE procedure

Renewal Criteria:

- Written confirmation that the patient has responded to treatment and there is no evidence of disease progression.

Claim Notes:

- Requests for sorafenib will not be considered for patients who have progressed on lenvatinib.
- Approval period: 6 months.

Benefit Status Changes

Generic name (Brand name)	Strength	DIN	MFR	Plans	Cost Base
Delisted					
Orphenadrine Citrate (Sandoz Orphenadrine)	100 mg extended-release tablet	02243559	SDZ		MAP

Effective May 27, 2024, orphenadrine 100 mg extended-release tablets will be delisted as a benefit on the New Brunswick Drug Plans Formulary.

The evidence for efficacy is limited and outweighed by the risk of serious adverse reactions.

For patients who had a claim paid for orphenadrine between November 27, 2023 and May 27, 2024, orphenadrine will continue to be a benefit until November 27, 2024. After November 27, 2024, a special authorization request, documenting the rationale for continued use, will be required on an annual basis for coverage to be considered. New requests for special authorization will not be considered.

Update on Quantities for Claim Submissions

Effective May 27, 2024, the quantity for claim submissions will be changing for the following drugs:

Drugs	New Quantity for Claim Submissions
Abatacept (Orencia)	syringe
Alirocumab (Praluent)	pen
Certolizumab Pegol (Cimzia)	syringe / autoinjector

This change will apply to all claims for prescriptions dispensed on, or after, May 27, 2024. Any claims for prescriptions dispensed prior to this date must follow the previous quantity for claim submission requirement. (i.e. mL).

Please refer to the Maximum Allowable Price (MAP) List and Manufacturers List Price (MLP) List available online to confirm the correct quantity for claim submissions for a specific product.