Bulletin #1135

June 24, 2024

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective June 24, 2024.

Included in this bulletin:

- Regular Benefit Additions
- Special Authorization Benefit Additions
- Changes to Existing Special Authorization Benefits
- Benefit Status Changes
- Drugs Reviewed and Not Listed
- Co-payment Change for Adult Residential Facilities Plan
- Compounded Ophthalmic Drops Policy

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
Special Authorization No Longer Required					
Darifenacin (Enablex and generic brands)	7.5 mg extended-release tablet 15 mg extended-release tablet	See NB Drug Plans Formulary or MAP List for Products		ACDEFGV	MAP
Trospium (Trosec and generic brands)	20 mg tablet	See NB Drug Plans Formulary or MAP List for Products		ACDEFGV	MAP

Special Authorization Benefits Additions

Generic name (Brand name)	Strength	DIN	MFR	Plans	Cost Base
Belimumab (Benlysta)	120 mg vial 400 mg vial 200 mg/mL autoinjector	02370050 02370069 02470489	GSK	(SA)	MLP

For the adjunctive treatment of adult patients with active lupus nephritis who meet all of the following criteria:

- International Society of Nephrology/Renal Pathology Society class III, IV, or V
- Have initiated standard induction therapy within the previous 60 days
- Have an estimated glomerular filtration rate (eGFR) ≥ 30 mL/min/1.73 m^2

Initial Renewal Criteria:
The patient must meet all of the following criteria:

- Reduction in the glucocorticoid dose to ≤ 7.5 mg/day of prednisone or its equivalent.
- An eGFR ≥ 60 mL/min/1.73 m^2, or no more than 20% below the value before the renal flare (i.e., preflare value).
- Proteinuria less than 0.7 g/24 hours after:
  - 12 months of treatment if baseline proteinuria was < 3.5 g/24 hours; or
  - 18 to 24 months of treatment if baseline proteinuria was in the nephrotic range (> 3.5 g/ 24 hours).

Subsequent Renewal Criteria:

- Initial response achieved after the first twelve months of treatment with belimumab has been maintained.

Clinical Notes:

1. Baseline eGFR and urine protein-creatinine ratio (i.e., proteinuria) must be provided with the initial request and for subsequent renewals. Initial requests must also include an eGFR from before the renal flare.
2. Induction therapy is defined as corticosteroids combined with either cyclophosphamide or mycophenolate.

Exclusion Criteria:

- eGFR less than 30 mL/min/1.73 m^2.

Claim Notes:

- Must be prescribed by a nephrologist or a rheumatologist experienced in the management of lupus nephritis.
- Combined use with other biologic drugs will not be reimbursed.
- Intravenous Infusion: Approvals will be for a maximum of 10 mg/kg every two weeks for the first three doses and every 4 weeks thereafter.
- Subcutaneous injection: Approvals will be for a maximum of 400 mg weekly for 4 doses then 200 mg weekly thereafter.
- Approval period: 1 year.

Pegcetacoplan (Empaveli)	1080 mg / 20 mL vial	02533294	SBI	(SA)	MLP

For the treatment of adult patients with paroxysmal nocturnal hemoglobinuria (PNH) who have an inadequate response to, or intolerable adverse effects to a C5 inhibitor.

Clinical Notes:

1. A request for coverage including the completed specific special authorization form must be submitted and the patient must:
   a) Satisfy the criteria for coverage for pegcetacoplan (initial or continued coverage, as appropriate).
   b) Not meet any of the criteria specified in Contraindications to Coverage or Discontinuance of Coverage.
2. Please contact the NB Drug Plans at 1-800-332-3691 for a packet containing the criteria for coverage and required special authorization form.

Claim Note:

- Claims that exceed the maximum claim amount of $9,999.99 must be divided and submitted as separate transactions as outlined here.

Changes to Existing Special Authorization Benefits

Generic name (Brand name)	Strength	DIN	MFR	Plans	Cost Base
New Strength					
Adalimumab (Hyrimoz)	20 mg / 0.2 mL prefilled syringe	02542315	SDZ	(SA)	MLP
	40 mg / 0.4 mL prefilled syringe	02542323			
	40 mg / 0.4 mL autoinjector	02542331			
	80 mg / 0.8 mL prefilled syringe	02542358			
	80 mg / 0.8 mL autoinjector	02542366			

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 with other biologic drugs or janus kinase inhibitors 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 with other biologic drugs or janus kinase inhibitors 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 with other biologic drugs, janus kinase inhibitors or sphingosine 1-phosphate receptor modulators 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.

Revised Criteria

Tacrolimus (Protopic)	0.03% ointment	02244149	LEO	(SA)	MLP

For the treatment of atopic dermatitis in patients 2 years of age and older who have failed to respond to a site appropriate strength of topical corticosteroid therapy (i.e., low potency on face versus intermediate to high potency for trunk and extremities).

Claim Note:

- Approval period: 1 year.

Benefit Status Changes

Generic name (Brand name)	Strength	DIN	MFR	Plans	Cost Base
Delisted					
Nilutamide (Anandron)	50 mg tablet	02221861			
Buserelin (Suprefact Depot)	6.3 mg implant	02228955			
Buserelin (Suprefact Depot)	9.45 mg implant	02240749	XPI		MLP
Pindolol / Hydrochlorothiazide (Viskazide)	10 mg / 25 mg tablet	00568627			
Pindolol / Hydrochlorothiazide (Viskazide)	10 mg / 50 mg tablet	00568635			

Effective June 24, 2024, these products will be delisted as benefits on the New Brunswick Drug Plans Formulary. Requests for special authorization will not be considered.

Drugs Reviewed and Not Listed

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

Generic name (Brand name)	MFR	Plans	Indication
Semaglutide (Wegovy)	NNO	(SA)	For chronic weight management.

Co-payment Change for Adult Residential Facilities Plan

Effective June 24, 2024, the co-payment for members of the New Brunswick Prescription Drug Program (NBPDP) Adult Residential Facilities Plan (Plan E) will change from $4.00 for each prescription to no co-payment.

Compounded Ophthalmic Drops Policy

A new policy for compounded ophthalmic drops will be effective June 24, 2024. This policy outlines the compounded ophthalmic drops that are eligible benefits and the claim submission requirements.