Bulletin # 982

September 6, 2018

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective September 6, 2018.

Included in this bulletin:

- Regular Benefit Additions
- Special Authorization Benefit Additions
- Changes to Existing Special Authorization Benefits

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

The Formulary Updates are available online: http://www.gnb.ca/0212/BenefitUpdates-e.asp. To unsubscribe from the NB Drug Plans email announcements, please send a message to info@nbdrugs-medicamentsnb.ca.

Regular Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Potassium Citrate (Urocit®-K)	10 mEq extended release tablet	02353997	PAL	ADEFGV	MLP
Listed on Additional Plans – Drugs for HIV Prophylaxis					
Dolutegravir (Tivicay)	50 mg tablet	02414945	VIV	ADEFGUV	MLP
Raltegravir (Isentress®)	400 mg tablet	02301881	FRS	ADEFGUV	MLP

Dolutegravir and raltegravir are listed as regular benefits on additional plans. Dolutegravir and raltegravir are used in combination with emtricitabine/tenofovir disoproxil (Truvada® and generic brands) for the treatment of HIV-1 infection and post-exposure prophylaxis (PEP).

Truvada® and generic brands are currently listed as regular benefits. Special authorization is not required for any indication, including treatment of HIV-1 infection, PEP and pre-exposure prophylaxis (PrEP).

Special Authorization No Longer Required					
Temozolomide (Temodal® and generic brands)	5 mg capsule 20 mg capsule 100 mg capsule 140 mg capsule 250 mg capsule	See NB Drug Plans Formulary or MAP List for products		ADEFGV	MAP

Special Authorization Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Selexipag (Uptravi®)	200 mcg tablet	02451158	ACT	(SA)	MLP
	400 mcg tablet	02451166			
	600 mcg tablet	02451174			
	800 mcg tablet	02451182			
	1000 mcg tablet	02451190			
	1200 mcg tablet	02451204			
	1400 mcg tablet	02451212			
	1600 mcg tablet	02451220			

For the treatment of pulmonary arterial hypertension (PAH) in patients with World Health Organization functional class II to IV, if the following clinical criteria are met:

- Inadequate control with a first-line (i.e. phosphodiesterase-5 inhibitor) and second-line (i.e. endothelin receptor antagonist) PAH therapy.
- Diagnosis of PAH should be confirmed by right heart catheterization.

Claim Notes:

- Combination therapy with prostacyclin or prostacyclin analogs will not be reimbursed.
- Must be prescribed by a clinician with experience in the diagnosis and treatment of PAH.

Changes to Existing Special Authorization Benefits

Product	Strength	DIN	MFR	Plans	Cost Base
New Dosage Form and New Strength					
Pirfenidone (Esbriet®)	267 mg film-coated tablet 801 mg film-coated tablet	02464489 02464500	HLR	(SA)	MLP

For the treatment of adult patients with mild to moderate idiopathic pulmonary fibrosis (IPF) confirmed by a respirologist and a high-resolution CT scan within the previous 24 months.

Initial renewal criteria:
Patients must not demonstrate progression of disease defined as an absolute decline in percent predicted forced vital capacity (FVC) of ≥10% from initiation of therapy until renewal (initial 6 month treatment period). If a patient has experienced progression as defined above, then the results should be validated with a confirmatory pulmonary function test conducted 4 weeks later.

Subsequent renewal criteria:
Patients must not demonstrate progression of disease defined as an absolute decline in percent predicted FVC of ≥10% within any 12 month period. If a patient has experienced progression as defined above, then the results should be validated with a confirmatory pulmonary function test conducted 4 weeks later.

Clinical Notes:

- Mild to moderate IPF is defined as a FVC ≥ 50% predicted.
- All other causes of restrictive lung disease (e.g. collagen vascular disorder or hypersensitivity pneumonitis) should be excluded before initiating treatment.

Claim Notes:

- Must be prescribed by, or in consultation with, physicians experienced in the treatment of IPF.
- Combination therapy of pirfenidone with nintedanib will not be reimbursed.
- Initial approval period: 7 months (allow 4 weeks for repeat pulmonary function tests)
- Initial renewal approval period: 6 months.
- Subsequent renewal approval period: 12 months.