Bulletin #920 January 29, 2016

NB Drug Plans Formulary Update

Please find attached a list of **generic drug product updates** for the New Brunswick Drug Plans Formulary.

Generic drug product additions

- New generic products will be reimbursed up to the category Maximum Allowable Price (MAP) effective January 29, 2016.
- The original brand product will be reimbursed at the new category MAP effective February 19, 2016. Prior to February 19, 2016 the original brand product will be reimbursed up to the higher MAP indicated on the attached list.

Generic drug price changes

- Products listed on the NB Drug Plans Formulary prior to Janaury 29, 2016 will be reimbursed up to the new category MAP effective February 19, 2016. Prior to February 19, 2016 products in the category will be reimbursed up to the previous MAP.

Delisted generic drug products

- Manufacturers who did not confirm prices to the new lower MAP will have impacted products removed from the NB Drug Plans Formulary effective February 19, 2016.

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

Generic Drug Product Additions
Ajouts de médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Indapamide							
Tab Co.	Orl	1.25mg	Indapamide	2445824	SAS	ADEFGVW	0.0745
		2.5mg	Indapamide	2445832	SAS	ADEFGVW	0.1218
Montelukast Montélukast							
TabC Co.C.	Orl	5mg	Montelukast	2382466	SIV	(SA)	0.4280
Moxifloxacin Moxifloxacine							
Tab Co.	Orl	400mg	Mar-Moxifloxacin	2447053	MAR	VW (SA)	1.5230
Ondansetron Ondansétron							
Liq Liq	Inj	2mg/mL	Jamp-Ondansetron (PF)	2420414	JPC	W	3.4552
Pantoprazole sodium Pantoprazole sodique							
ECT Co.Ent	Orl	40mg	Auro-Pantoprazole	2415208	ARO	(SA)	0.3628
Quinapril							
Tab Co.	Orl	5mg	GD-Quinapril	2290987	GMD	ADEFGVW	0.2278
		10mg	GD-Quinapril	2290995	GMD	ADEFGVW	0.2278
		20mg	GD-Quinapril	2291002	GMD	ADEFGVW	0.2278
		40mg	GD-Quinapril	2291010	GMD	ADEFGVW	0.2278
Rizatriptan							
ODT Co.D.O.	Orl	5mg	Nat-Rizatriptan ODT	2436604	NAT	(SA)	3.7050
		10mg	Nat-Rizatriptan ODT	2436612	NAT	(SA)	3.7050
Solifenacin Solifénacine							
Tab Co.	Orl	5mg	Jamp-Solifenacin Ran-Solifenacin	2424339 2437988	JPC RAN	(SA)	0.4223
		10mg	Jamp-Solifenacin Ran-Solifenacin	2424347 2437996	JPC RAN	(SA)	0.4223

Generic Drug Product Additions
Ajouts de médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Timolol/Dorzolamide							
Liq Liq	Oph	0.5%/2%	pms-Dorzolamide-Timolol	2442426	PMS	ADEFGV	1.9887
Tolterodine Toltérodine							
ERC Caps.L.P.	Orl	2mg	Sandoz Tolterodine LA Teva-Tolterodine LA	2413140 2412195	SDZ TEV	(SA)	0.4911
		4mg	Sandoz Tolterodine LA Teva-Tolterodine LA	2413159 2412209	SDZ TEV	(SA)	0.4911
Tab Co.	Orl	1mg	Detrol Mint-Tolterodine Teva-Tolterodine	2239064 2423308 2299593	PFI MNT TEV	(SA)	0.9938 0.4910
		2mg	Detrol Mint-Tolterodine Teva-Tolterodine	2239065 2423316 2299607	PFI MNT TEV	(SA)	0.9938 0.4910

Generic Drug Price Changes
Changements de prix des médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Ondansetron Ondansétron							
Liq Liq	Inj	2mg/mL	Ondansetron (PF)	2265524	TEV	W	3.4552
Quinapril							
Tab Co.	Orl	5mg	Apo-Quinapril	2248499	APX	ADEFGVW	0.2278
		10mg	Apo-Quinapril	2248500	APX	ADEFGVW	0.2278
		20mg	Apo-Quinapril	2248501	APX	ADEFGVW	0.2278
		40mg	Apo-Quinapril	2248502	APX	ADEFGVW	0.2278
Salbutamol							
Aem Aém	Inh	100mcg	Apo-Salvent CFC Free	2245669	APX	ABDEFGVW	0.0250
			Novo-Salbutamol HFA	2326450	TEV		
			Salbutamol HFA	2419858	SAS		
Timolol/Dorzolamide							
Liq Liq	Oph	0.5%/2%	Act Dorzotimolol	2404389	ATV	ADEFGV	1.9887
			Apo-Dorzo-Timop	2299615	APX		
			Sandoz Dorzolamide/Timolol	2344351	SDZ		
			Teva-Dorzotimol	2320525	TEV		
Tolterodine Toltérodine							
ERC Caps.L.P.	Orl	2mg	Mylan-Tolterodine ER	2404184	MYL	(SA)	0.4911
		4mg	Mylan-Tolterodine ER	2404192	MYL	(SA)	0.4911

Delisted Generic Drug Products
Produits génériques retirés du formulaire

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes
Ondansetron Ondansétron Liq Liq	Inj	2mg/mL	Ondansetron (PF)	2390019	MYL	W

Bulletin #921 February 26, 2016

NB Drug Plans Formulary Update

Please find attached a list of **generic drug product updates** for the New Brunswick Drug Plans Formulary.

Generic drug product additions

- New generic products will be reimbursed up to the category Maximum Allowable Price (MAP) effective February 26, 2016.
- The original brand product will be reimbursed at the new category MAP effective March 18, 2016. Prior to March 18, 2016 the original brand product will be reimbursed up to the higher MAP indicated on the attached list.

Generic drug price changes

- Products listed on the NB Drug Plans Formulary prior to February 26, 2016 will be reimbursed up to the new category MAP effective March 18, 2016. Prior to March 18, 2016 products in the category will be reimbursed up to the previous MAP.

Delisted generic drug products

- Manufacturers who did not confirm prices to the new lower MAP will have impacted products removed from the NB Drug Plans Formulary effective March 18, 2016.

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

Generic Drug Product Additions
Ajouts de médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Diltiazem							
CDC Caps.L.C.	Orl	120mg	Diltiazem CD	2445999	SIV	ADEFGVW	0.3529
		180mg	Diltiazem CD	2446006	SIV	ADEFGVW	0.4684
		240mg	Diltiazem CD	2446014	SIV	ADEFGVW	0.6213
		300mg	Diltiazem CD	2446022	SIV	ADEFGVW	0.7766
Losartan							
Tab Co.	Orl	25mg	Septa-Losartan	2424967	SPT	ADEFGVW	0.3148
		50mg	Septa-Losartan	2424975	SPT	ADEFGVW	0.3148
		100mg	Septa-Losartan	2424983	SPT	ADEFGVW	0.3148
Moxifloxacin Moxifloxacine							
Tab Co.	Orl	400mg	Apo-Moxifloxacin Jamp-Moxifloxacin	2404923 2447061	APX JPC	VW (SA)	1.5230
Rizatriptan							
ODT Co.D.O.	Orl	5mg	Rizatriptan ODT	2446111	SIV	(SA)	3.7050
		10mg	Rizatriptan ODT	2446138	SIV	(SA)	3.7050
Timolol/Dorzolamide							
Liq Liq	Oph	0.5%/2%	Mint-Dorzolamide/Timolol	2443090	MNT	ADEFGV	1.9887
Zidovudine/Lamivudine/Abacavir							
Tab Co.	Orl	300mg/150mg/300mg	Trizivir Apo-Abacavir-Lamivudine-Zidovudine	2244757 2416255	VIV APX	DU	18.1898 13.6425
Zolmitriptan							
ODT Co.D.O.	Orl	2.5mg	Mint-Zolmitriptan ODT Septa-Zolmitriptan ODT	2419513 2428474	MNT SPT	(SA)	3.4313

Generic Drug Price Changes
Changements de prix des médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Hydroxychloroquine							
Tab Co.	Orl	200mg	Apo-Hydroxyquine	2246691	APX	ADEFGVW	0.1576
Timolol							
Dps Gttes	Oph	0.5%	Apo-Timop	755834	APX	ADEFGV	1.2145
			pms-Timolol	2083345	PMS		
			Sandoz Timolol	2166720	SDZ		
Zolmitriptan							
Tab Co.	Orl	2.5mg	Jamp-Zolmitriptan	2421623	JPC	(SA)	3.4292
			Mar-Zolmitriptan	2399458	MAR		
			Mylan-Zolmitriptan	2369036	MYL		
			pms-Zolmitriptan	2324229	PMS		
			Sandoz Zolmitriptan	2362988	SDZ		
			Teva-Zolmitriptan	2313960	TEV		
ODT Co.D.O.	Orl	2.5mg	Jamp-Zolmitriptan ODT	2428237	JPC	(SA)	3.4313
			Mylan-Zolmitriptan ODT	2387158	MYL		
			pms-Zolmitriptan ODT	2324768	PMS		
			Sandoz Zolmitriptan ODT	2362996	SDZ		
			Teva-Zolmitriptan OD	2342545	TEV		

Delisted Generic Drug Products
Produits génériques retirés du formulaire

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes
Diclofenac/Misoprostol Diclofénac/Misoprostol						
Tab Co.	Orl	50mg/200mcg	Act Diclo-Miso	2397145	ATV	ADEFGVW
		75mg/200mcg	Act Diclo-Miso	2397153	ATV	ADEFGVW
Hydroxychloroquine						
Tab Co.	Orl	200mg	Mylan-Hydroxychloroquine	2252600	MYL	ADEFGVW

Bulletin # 922 March 1, 2016

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective March 1, 2016.

Included in this bulletin:

- Regular Benefit Additions
- Special Authorization Benefit Additions
- Changes to Existing Special Authorization Benefits
- Drugs Reviewed and Not Listed
- REMINDER: Frequency of Dispensing and Payment Policy

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

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

Regular Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Estradiol (Divigel®)	0.1% gel (0.25mg per packet) 0.1% gel (0.5mg per packet) 0.1% gel (1mg per packet)	02424924 02424835 02424843	TEV	ADEFGV	MLP
Trandolapril (Mavik®)	0.5mg capsule	02231457	BGP	ADEFGV	MLP

Special Authorization Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Eslicarbazepine (Aptiom™)	200mg tablet 400mg tablet 600mg tablet 800mg tablet	02426862 02426870 02426889 02426897	SNV	(SA)	MLP

For the adjunctive treatment of refractory partial-onset seizures in patients who are currently receiving two or more antiepileptic drugs, and have had an inadequate response or intolerance to at least three other antiepileptic drugs.

Claim Notes:

- The patient must be under the care of a physician experienced in the treatment of epilepsy.
- Any combination of lacosamide, perampanel or eslicarbazepine will not be reimbursed.

Product	Strength	DIN	MFR	Plans	Cost Base
Icatibant (Firazyr®)	30mg/3mL pre-filled syringe	02425696	SHI	(SA)	MLP

For the treatment of acute attacks of type I or type II hereditary angioedema (HAE) in adults with lab confirmed c1-esterase inhibitor deficiency if the following conditions are met:

- Non-laryngeal attacks of at least moderate severity, or
- Acute laryngeal attacks.

Clinical Notes:

1. Using more than three doses in a 24 hour period is not recommended.
2. The safety of more than eight injections per month has not been investigated in clinical trials.

Claim Notes:

- Must be prescribed by, or in consultation with, physicians experienced in the treatment of HAE.
- Coverage is limited to a single dose per attack.
- The maximum quantity that may be dispensed at one time is two doses.

Changes to Existing Special Authorization Benefits

Product	Strength	DIN	MFR	Plans	Cost Base
Revised Criteria					
Lacosamide (Vimpat®)	50mg film-coated tablet 100mg film-coated tablet 150mg film-coated tablet 200mg film-coated tablet	02357615 02357623 02357631 02357658	UCB	(SA)	MLP
Perampanel (Fycompa™)	2mg tablet 4mg tablet 6mg tablet 8mg tablet 10mg tablet 12mg tablet	02404516 02404524 02404532 02404540 02404559 02404567	EIS	(SA)	MLP

For the adjunctive treatment of refractory partial-onset seizures in patients who are currently receiving two or more antiepileptic drugs, and who have had an inadequate response or intolerance to at least three other antiepileptic drugs.

Claim Notes:

- The patient must be under the care of a physician experienced in the treatment of epilepsy.
- Any combination of lacosamide, perampanel or eslicarbazepine will not be reimbursed.

Drugs Reviewed and Not Listed

The review of the following products found that they did not offer a significant therapeutic and/or cost advantage over existing therapies. Requests for special authorization will not be considered.

Product	Strength	Indication	DIN	MFR
Fusidic acid (Fucithalmic®)	1% ophthalmic drops 1% ophthalmic drops (PF)	Conjunctivitis	02243862 02243861	MTP

REMINDER: Frequency of Dispensing and Payment Policy

As outlined in the Frequency of Dispensing and Payment Policy, pharmacies are eligible for one dispensing fee every 28 days or more for drugs taken continuously. The policy permits exceptions but they must be documented. In order to avoid an audit recovery, pharmacies must complete and retain all documents required by the policy, and must have them readily available for audit purposes.

- The appropriate Frequent Dispensing Authorization Form must be completed:
  - For daily dispensing, the pharmacy must complete the "Frequent Dispensing Authorization Form for Daily Dispensing". Because the form is valid for one month, a new form must be completed each month.
  - In cases where the patient's drug therapy cannot be managed when dispensed as a 28-day supply, but daily dispensing is not required, the pharmacy must complete the "Frequent Dispensing Authorization Form for Less Than 28 Day Supply". The form is valid for one year.

- The Frequent Dispensing Authorization Form must include:
  - Patient's name and the Plan ID number
  - Rationale for frequent or daily dispensing, including any supporting details
  - List of all applicable drugs
  - Signature of the pharmacist

- Frequent Dispensing Authorization Forms must be retained by the pharmacy in compliance with the *Pharmacy Act*/Regulations, and related bylaws/guidelines. The forms must be available for audit purposes.

- Frequent Dispensing Authorization Forms completed after a pharmacy has been notified of an audit will not be accepted. All forms must be provided during the auditor's on-site visit. **There will be no opportunity to provide these at a later date.**

- Documentation is still required when frequent dispensing has been prescribed or requested by a physician.

Exceptions are not permitted for drugs dispensed to patients living in nursing homes, special care homes or adult residential facilities whose drugs are managed for them, regardless if weekly dispensing has been prescribed or requested.

Payments made for dispensing fees that do not comply with this policy are subject to audit and recovery. Please review the full policy at:
http://www2.gnb.ca/content/gnb/en/departments/health/MedicarePrescriptionDrugPlan/NBDrugPlan/ForHealthCareProfessionals/FrequencyDispensingPaymentPolicy.html

Bulletin #923 March 31, 2016

NB Drug Plans Formulary Update

Please find attached a list of **generic drug product updates** for the New Brunswick Drug Plans Formulary.

Generic drug product additions

- New generic products will be reimbursed up to the category Maximum Allowable Price (MAP) effective March 31, 2016.
- The original brand product will be reimbursed at the new category MAP effective April 21, 2016. Prior to April 21, 2016 the original brand product will be reimbursed up to the higher MAP indicated on the attached list.

Delisted generic drug products

- Manufacturers who did not confirm prices to the new lower MAP will have impacted products removed from the NB Drug Plans Formulary effective April 21, 2016.

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Generic Drug Product Additions
Ajouts de médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Citalopram							
Tab Co.	Orl	10mg	Mint-Citalopram	2429691	MNT	ADEFGVW	0.1432
		20mg	Mint-Citalopram	2429705	MNT	ADEFGVW	0.2397
		40mg	Mint-Citalopram	2429713	MNT	ADEFGVW	0.2397
Galantamine							
ERC Caps.L.P.	Orl	8mg	Galantamine ER	2443015	SAS	(SA)	1.1475
		16mg	Galantamine ER	2443023	SAS	(SA)	1.1475
		24mg	Galantamine ER	2443031	SAS	(SA)	1.1475
Hydroxychloroquine							
Tab Co.	Orl	200mg	Mint-Hydroxychloroquine	2424991	MNT	ADEFGVW	0.1576
Hypertonic Sodium Chloride Chlorure de Sodium, Hypertonique							
Liq	Inh	7%	Hyper-Sal	80029414	KEG	BDEFG	0.2458
Liq			Nebusal	80029758	STR	BDEFG	0.2213
Montelukast Montélukast							
TabC Co.C.	Orl	4mg	Jamp-Montelukast	2442353	JPC	(SA)	0.3646
		5mg	Jamp-Montelukast	2442361	JPC	(SA)	0.4280
Telmisartan/Hydrochlorothiazide							
Tab Co.	Orl	80mg/12.5mg	Apo-Telmisartan/HCTZ	2420023	APX	ADEFGVW	0.2824
		80mg/25mg	Apo-Telmisartan/HCTZ	2420031	APX	ADEFGVW	0.2824

Delisted Generic Drug Products
Produits génériques retirés du formulaire

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes
Captopril Tab Co.	Orl	12.5mg	Apo-Capto	893595	APX	ADEFGVW
		25mg	Apo-Capto	893609	APX	ADEFGVW
		50mg	Apo-Capto	893617	APX	ADEFGVW
		100mg	Apo-Capto	893625	APX	ADEFGVW
Clobazam Tab Co.	Orl	10mg	Apo-Clobazam	2244638	APX	ADEFGV
Metoprolol Métoprolol SRT Co.L.L.	Orl	100mg	Apo-Metoprolol SR	2285169	APX	ADEFGVW
		200mg	Apo-Metoprolol SR	2285177	APX	ADEFGVW
Naproxen Naproxène ECT Co.Ent	Orl	250mg	Apo-Naproxen EC	2246699	APX	ADEFGVW
Paroxetine Paroxétine Tab Co.	Orl	40mg	pms-Paroxetine	2293749	PMS	AEFGVW
Piroxicam Cap Caps	Orl	10mg	Apo-Piroxicam	642886	APX	ADEFGVW
		20mg	Apo-Piroxicam	642894	APX	ADEFGVW
Prazosin Prazosine Tab Co.	Orl	1mg	Apo-Prazo	882801	APX	ADEFGVW
		2mg	Apo-Prazo	882828	APX	ADEFGVW
		5mg	Apo-Prazo	882836	APX	ADEFGVW
Risperidone Rispéridone Liq Liq	Orl	1mg/mL	Apo-Risperidone	2280396	APX	ADEFGVW
Sucralfate Tab Co.	Orl	1g	Apo-Sucralfate	2125250	APX	ADEFGVW
Trazodone Tab Co.	Orl	150mg	Apo-Trazodone	2147653	APX	ADEFGVW

Bulletin # 924

April 4, 2016

NB Drug Plans Update

Changes to Prescriber Identification

The way in which prescribers are identified by the NB Drug Plans is changing. This change aligns with the ongoing implementation of the provincial Drug Information System (DIS) and the Prescription Monitoring Program (NB PMP). It also ensures prescribers will be identified by their license number, as required by the *Prescription Monitoring Act*.

Currently, a unique identification (ID) number is assigned to each prescriber by the NB Drug Plans. These prescriber IDs are included in prescription claims submitted by pharmacies for payment.

Effective May 3, 2016, the prescriber ID number assigned by the NB Drug Plans will no longer be used. Instead, prescription claims submitted to the NB Drug Plans must include the prescriber's license number, as well as the corresponding Prescriber ID Reference code which identifies their licensing body. These identifiers are already used for pharmacists when they are the prescriber and will be required to correctly identify physicians, nurse practitioners, dentists, and optometrists.

Cross Reference File

To assist with the change, a cross reference file listing current prescribers' assigned number and license number has been provided to pharmacy software vendors. The cross reference table may be accessed through the New Brunswick Health Portal (https://hpsdis.gnb.ca). If you do not already have access, contact privsectaccess@gnb.ca to request access.

How to Find License Numbers

As of May 3, 2016, the list of the assigned prescriber IDs will no longer be posted on the NB Drug Plans' webpage. If prescriber license numbers are not provided by a pharmacy software vendor, they can be obtained by accessing the Electronic Health Record (EHR), contacting the prescriber's office directly, or accessing the licensing body's webpage.

Default IDs for Unidentified Prescribers

NB Drug Plans currently use default prescriber IDs (e.g., 99999) to identify prescribers that do not have an assigned number. As of May 3, 2016, the current numbers will no longer be accepted by the NB Drug Plans as a default prescriber ID. Instead, the following default IDs will be used:

	Provider Type	Default ID	Prescriber ID Reference code
In Province	Dentist	D1	45
	Physician	D3	41
	Pharmacist	D5	46
	Nurse Practitioner	D7	48
	Optometrist	D9	47
Out-of-Province	Dentist	Information will be provided on the NB Drug Plans' webpage	
	Physician		
	Pharmacist		
	Nurse Practitioner		
	Optometrist		

Quantitative Limits

The existing prescriber ID numbers are used by prescribers when adjusting or overriding the quantitative limits of narcotics, controlled drugs and benzodiazepines covered by the NB Drug Plans. Given the change in prescriber IDs and implementation of DIS/PMP, the quantitative limits initiative in its current form will be discontinued. Therefore, pharmacies will no longer receive messages when a beneficiary is nearing or has reached a maximum amount for these drugs. Drug utilization will be reviewed by the NB Drug Plans.

Bulletin # 925

April 12, 2016

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective April 12, 2016.

Included in this bulletin:

- Regular Benefit Additions
- Special Authorization Benefit Additions
- Changes to Existing Special Authorization Benefits
- Drugs Reviewed and Not Listed

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

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Regular Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Lidocaine (Lidodan™ Jelly)	2% gel	02143879	ODN	AEFGV	MLP

Special Authorization Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Atomoxetine (Strattera®) and generic brands	10mg capsule 18mg capsule 25mg capsule 40mg capsule 60mg capsule 80mg capsule 100mg capsule	See NB Drug Plans MAP List for products		(SA)	MAP

For the treatment of Attention-Deficit Hyperactivity Disorder (ADHD) in patients for whom stimulant medications are ineffective, not tolerated or not appropriate due to contraindication or concern of substance abuse.

Claim Note:

- Requests will be considered from specialists in pediatric psychiatry, pediatricians or general practitioners with expertise in ADHD.

Bosutinib (Bosulif™)	100mg film-coated tablet 500mg film-coated tablet	02419149 02419157	PFI	(SA)	MLP

For the treatment of patients with chronic, accelerated or blast phase Philadelphia chromosome positive (Ph+) chronic myelogenous leukemia (CML) who:

- have resistance/disease progression after prior use of two tyrosine kinase inhibitors (TKIs) where bosutinib would be the third line therapy, or
- have resistance or intolerance to prior TKI therapy and for whom subsequent treatment with imatinib, nilotinib and dasatinib is not clinically appropriate.

Clinical Notes:

1. Patients must have an ECOG performance status of 0-2.
2. Patients may be considered inappropriate for dasatinib or nilotinib if they have a genetic mutation that predicts reduced efficacy or if patients have co-morbidities that may predispose them to a drug-related adverse event.

Certolizumab pegol (Cimzia®)	200mg/mL pre-filled syringe	02331675	UCB	(SA)	MLP

Ankylosing Spondylitis

- For the treatment of patients with moderate to severe ankylosing spondylitis (e.g. Bath AS Disease Activity Index (BASDAI) score ≥ 4 on 10 point scale) who:
  - Have axial symptoms and who have failed to respond to the sequential use of at least 2 NSAIDs at the optimum dose for a minimum period of 3 months or in whom NSAIDs are contraindicated, or

  - Have peripheral symptoms and who have failed to respond, or have contraindications to, the sequential use of at least 2 NSAIDs at the optimum dose for a minimum period of 3 months and have had an inadequate response to an optimal dose or maximal tolerated dose of a DMARD.
- Requests for renewal must include information demonstrating the beneficial effects of the treatment, specifically:
  - A decrease of at least 2 points on the BASDAI scale, compared with the pre-treatment score, or
  - Patient and expert opinion of an adequate clinical response as indicated by a significant functional improvement (measured by outcomes such as HAQ or "ability to return to work")

Clinical Note:
- Patients with recurrent uveitis (2 or more episodes within 12 months) as a complication to axial disease do not require a trial of NSAIDs alone.

Claim Notes:
- Must be prescribed by a rheumatologist or internist.
- Combined use of more than one biologic DMARD will not be reimbursed
- Approvals will be for a maximum dose of 400mg at weeks 0, 2, and 4, then 200mg every 2 weeks (or 400mg every 4 weeks).
- Initial Approval: 6 months
- Renewal Approval: 1 year

Psoriatic Arthritis
- For the treatment of active psoriatic arthritis in patients who:
  - Have at least three active and tender joints, and
  - Have not responded to an adequate trial of two DMARDs or have an intolerance or contraindication to DMARDs.

Claim Notes:
- Must be prescribed by a rheumatologist.
- Combined use of more than one biologic DMARD will not be reimbursed.
- Approvals will be for a maximum dose of 400mg at weeks 0, 2, and 4, then 200mg every 2 weeks (or 400mg every 4 weeks)
- Initial Approval: 6 months
- Renewal Approval: 1 year. Confirmation of continued response is required.

Rheumatoid Arthritis
- For the treatment of severely active rheumatoid arthritis, in combination with methotrexate or other disease-modifying antirheumatic drugs (DMARDs), in adult patients who are refractory or intolerant to:
  - Methotrexate (oral or parenteral) at a dose of ≥ 20mg weekly (≥15mg if patient is ≥ 65 years of age) for a minimum of 12 weeks, followed by methotrexate in combination with at least two other DMARDs, such as hydroxychloroquine and sulfasalazine, for a minimum of 12 weeks; or
  - Initial use of triple DMARD therapy with methotrexate in combination with at least two other DMARDs such as hydroxychloroquine and sulfasalazine, for a minimum of 24 weeks.

Clinical Notes:
1. For patients who do not demonstrate a clinical response to oral methotrexate, or who experience gastrointestinal intolerance, a trial of parenteral methotrexate must be considered.
2. Optimal treatment response may take up to 6 months, however if no improvement is seen after 3 months of triple DMARD use, therapy should be changed.

3. If the patient is intolerant to triple DMARD therapy, then dual therapy with DMARDs (methotrexate, hydroxychloroquine, leflunomide, sulfasalazine) must be considered.
4. Refractory is defined as lack of effect at the recommended doses and for duration of treatments specified above.
5. Intolerant is defined as demonstrating serious adverse effects or contraindications to treatments as defined in product monographs. The nature of intolerance(s) must be clearly documented.

Claim Notes:
- Must be prescribed by a rheumatologist.
- Combined use of more than one biologic DMARD will not be reimbursed.
- Approvals will be for a maximum dose of 400mg at weeks 0, 2, and 4, then 200mg every 2 weeks (or 400mg every 4 weeks)
- Initial requests: 6 months
- Renewal Approval: 1 year. Confirmation of continued response is required.

Olodaterol/Tiotropium bromide (Inspiolto™ Respimat®)

2.5mcg/2.5mcg inhalation solution	02441888	BOE	(SA)	MLP

For the treatment of moderate to severe chronic obstructive pulmonary disease (COPD), as defined by spirometry, in patients with an inadequate response to a long-acting beta-2 agonist (LABA) or long-acting anticholinergic (LAAC).

Clinical Notes:
1. Moderate to severe COPD is defined by spirometry (post-bronchodilator) FEV1 < 60% predicted and FEV1/FVC ratio of < 0.70. Spirometry reports from any point in time will be accepted.

   If spirometry cannot be obtained, reasons must be clearly explained and other evidence regarding COPD severity must be provided for consideration (i.e. Medical Research Council (MRC) Dyspnea Scale score of at least Grade 3). MRC Grade 3 is described as: walks slower than people of same age on the level because of shortness of breath from COPD or has to stop for breath when walking at own pace on the level.

2. Inadequate response is defined as persistent symptoms after at least 2 months of LABA or LAAC.

Tiotropium bromide (Spiriva® Respimat®)

2.5mcg inhalation solution	02435381	BOE	(SA)	MLP

For the treatment of moderate to severe chronic obstructive pulmonary disease (COPD) as defined by spirometry, or in patients with an inadequate response to short acting bronchodilators.

- Combination therapy with a long-acting beta-2 agonist/inhaled corticosteroid (LABA/ICS) and a long acting anticholinergic (LAAC) inhalation device will be considered in patients with moderate to severe COPD, as defined by spirometry, a history of COPD exacerbation(s) and an inadequate response to LABA/ICS or LAAC.

Clinical Notes:

1. Moderate to severe COPD is defined by spirometry as a post bronchodilator FEV_1 < 60% predicted and FEV_1/FVC ratio of < 0.70. Spirometry reports from any point in time will be accepted.

   If spirometry cannot be obtained, reasons must be clearly explained and other evidence of COPD severity provided, i.e., Medical Research Council (MRC) Dyspnea Scale Score of at least Grade 3. MRC Grade 3 is described as: walks slower than people of same age on the level because of shortness of breath from COPD or has to stop for breath when walking at own pace on the level.

2. Inadequate response to short acting bronchodilators is defined as persistent symptoms, i.e., MRC of at least Grade 3, after at least 2 months of short acting bronchodilator at the following doses:
   - 8 puffs per day of short acting beta-2 agonist or
   - 12 puffs per day of ipratropium or
   - 6 puffs per day of ipratropium plus salbutamol combination product

   Inadequate response to LABA/ICS or LAAC is defined as persistent symptoms after at least 2 months of therapy.

3. COPD exacerbation is defined as an increase in symptoms requiring treatment with antibiotics and/or systemic (oral or intravenous) corticosteroids.

Claim Note:

- Combination therapy of single agent long-acting bronchodilators, i.e. long acting beta-2 agonist (LABA) and long acting anticholinergic (LAAC), will not be considered. Products which combine a LABA/LAAC in a single device are available as special authorization benefits with their own criteria.

Ulipristal (Fibristal™)	5mg tablet	02408163	ASP	(SA)	MLP

For the treatment of moderate to severe signs and symptoms of uterine fibroids in adult women of reproductive age who are eligible for surgery.

Claim Notes:

- The maximum quantity reimbursed is limited to three months per lifetime.
- The patient must be under the care of a physician experienced in the management of gynecological conditions such as uterine fibroids.

Changes to Existing Special Authorization Benefits

Product	Strength	DIN	MFR	Plans	Cost Base
New Indication					
Crizotinib (Xalkori®)	200mg capsule 250mg capsule	02384256 02384264	PFI	(SA)	MLP

- First-line therapy for patients with anaplastic lymphoma kinase (ALK)-positive non-small cell lung cancer (NSCLC) with an ECOG performance status of 0-2.
- Second-line therapy for patients with anaplastic lymphoma kinase (ALK)-positive advanced non-small cell lung cancer (NSCLC) with an ECOG performance status of 0-2.

Renewal Criteria:

- Requests for continued coverage will be considered if tumour regression continues or the disease is stable and cancer related symptoms have improved. Coverage will not be considered for "psychological" palliation of progressive disease.

Claim Notes:

- Initial approval period: 6 month trial
- Renewal period: 6 months

New Indication and Formulation

Tocilizumab (Actemra®)	162mg/0.9mL pre-filled syringe 02424770 80mg/4mL single-use vial 02350092 200mg/10mL single-use vial 02350106 400mg/20mL single-use vial 02350114	HLR	(SA)	MLP

Rheumatoid Arthritis

- For the treatment of severely active rheumatoid arthritis, in combination with methotrexate or other disease-modifying antirheumatic drugs (DMARDs), in adult patients who are refractory or intolerant to:
  - Methotrexate (oral or parenteral) at a dose of ≥ 20mg weekly (≥15mg if patient is ≥ 65 years of age) for a minimum of 12 weeks, followed by methotrexate in combination with at least two other DMARDs, such as hydroxychloroquine and sulfasalazine, for a minimum of 12 weeks; or
  - Initial use of triple DMARD therapy with methotrexate in combination with at least two other DMARDs such as hydroxychloroquine and sulfasalazine, for a minimum of 24 weeks.

Clinical Notes:

1. For patients who do not demonstrate a clinical response to oral methotrexate, or who experience gastrointestinal intolerance, a trial of parenteral methotrexate must be considered.
2. Optimal treatment response may take up to 6 months, however if no improvement is seen after 3 months of triple DMARD use, therapy should be changed.
3. If the patient is intolerant to triple DMARD therapy, then dual therapy with DMARDs (methotrexate, hydroxychloroquine, leflunomide, sulfasalazine) must be considered.
4. Refractory is defined as lack of effect at the recommended doses and for duration of treatments specified above.
5. Intolerant is defined as demonstrating serious adverse effects or contraindications to treatments as defined in product monographs. The nature of intolerance(s) must be clearly documented.

Claim Notes:

- Must be prescribed by a rheumatologist.
- Combined use of more than one biologic DMARD will not be reimbursed.
- Intravenous infusion: Initial approvals will be for 4mg/kg/dose every four weeks, with a maximum maintenance dose escalation up to 8mg/kg, to a maximum of 800mg per infusion for patients >100kg.
- Subcutaneous injection: Initial approvals will be for 162mg every other week for patients <100kg, with a maximum maintenance dose escalation to weekly dosing permitted. Patients ≥100kg will be approved for 162mg every week, with no dose escalation permitted.
- Initial Approval: 16 weeks
- Renewal Approval: 1 year. Confirmation of continued response is required.

Polyarticular Juvenile Idiopathic Arthritis

- For the treatment of children (age 2-17) with moderately to severely active polyarticular juvenile idiopathic arthritis (pJIA) who have had inadequate response to one or more disease-modifying antirheumatic drugs (DMARDs).

Claim Notes:

- Must be prescribed by, or in consultation with, a rheumatologist who is familiar with the use of biologic DMARDs in children.
- Intravenous infusion: Approvals will be for 10mg/kg for patients <30kg or 8mg/kg for patients ≥ 30kg, to a maximum of 800mg, administered every four weeks.
- Initial approval period: 16 weeks
- Renewal Approval: 1 year. Confirmation of continued response is required.

Systemic Juvenile Idiopathic Arthritis (sJIA)

- For the treatment of active systemic juvenile idiopathic arthritis (sJIA), in patients 2 years of age or older, who have responded inadequately to non-steroidal anti-inflammatory drugs (NSAIDs) and systemic corticosteroids (with or without methotrexate) due to intolerance or lack of efficacy.

Claim Notes:

- Must be prescribed by, or in consultation with, a rheumatologist, who is familiar with the use of biologic DMARDs in children.
- Intravenous infusion: Approvals will be for 12 mg/kg for patients < 30kg or 8 mg/kg for patients ≥ 30kg, to a maximum of 800mg, administered every two weeks.
- Initial approval period: 16 weeks
- Renewal Approval: 1 year. Confirmation of continued response is required.

Drugs Reviewed and Not Listed

The review of the following products found that they did not offer a significant therapeutic and/or cost advantage over existing therapies. Requests for special authorization will not be considered.

Product	Strength	Indication	DIN	MFR
Taliglucerase alfa (Elelyso®)	200 unit vial	Gaucher disease	02425637	PFI

Bulletin #926 April 29, 2016

NB Drug Plans Formulary Update

Please find attached a list of **generic drug product updates** for the New Brunswick Drug Plans Formulary.

Generic drug product additions

- New generic products will be reimbursed up to the category Maximum Allowable Price (MAP) effective April 29, 2016.
- The original brand product will be reimbursed at the new category MAP effective May 20, 2016. Prior to May 20, 2016 the original brand product will be reimbursed up to the higher MAP indicated on the attached list.

Generic drug price changes

- Products listed on the NB Drug Plans Formulary prior to April 29, 2016 will be reimbursed up to the new category MAP effective May 20, 2016. Prior to May 20, 2016 products in the category will be reimbursed up to the previous MAP.

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

Generic Drug Product Additions
Ajouts de médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Abacavir							
Tab Co.	Orl	300mg	Ziagen Apo-Abacavir	2240357 2396769	VIV APX	DU	7.1745 5.2241
Atomoxetine Atomoxétine							
Cap Caps	Orl	10mg	Sandoz Atomoxetine	2386410	SDZ	(SA)	1.4040
		18mg	Sandoz Atomoxetine	2386429	SDZ	(SA)	1.6093
		25mg	Sandoz Atomoxetine	2386437	SDZ	(SA)	1.7767
		40mg	Sandoz Atomoxetine	2386445	SDZ	(SA)	2.0250
		60mg	Sandoz Atomoxetine	2386453	SDZ	(SA)	2.2463
		80mg	Sandoz Atomoxetine	2386461	SDZ	(SA)	2.4246
		100mg	Sandoz Atomoxetine	2386488	SDZ	(SA)	2.6406
Citalopram							
Tab Co.	Orl	10mg	Citalopram	2445719	SAS	ADEFGVW	0.1432
Donepezil Donépézil							
Tab Co.	Orl	5mg	Septa-Donepezil	2428482	SPT	(SA)	0.8255
		10mg	Septa-Donepezil	2428490	SPT	(SA)	0.8255
Finasteride Finastéride							
Tab Co.	Orl	5mg	Finasteride	2447541	SIV	ADEFGVW	0.4633
Lamivudine/Abacavir							
Tab Co.	Orl	300mg/600mg	Kivexa Apo-Abacavir-Lamivudine Mylan-Abacavir/Lamivudine Teva-Abacavir/Lamivudine	2269341 2399539 2450682 2416662	VIV APX MYL TEV	DU	24.6680 5.9875
Mefenamic Acid Acide méfénamique							
Cap Caps	Orl	250mg	Ponstan	155225	ERF	ADEFGVW	0.3990
Neostigmine Néostigmine							
Liq Liq	Inj	1mg/mL	Neostigmine Omega	2230592	OMG	V	1.0700
		2.5mg/mL	Neostigmine Omega	2387166	OMG	V	3.4300

Generic Drug Product Additions
Ajouts de médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Quetiapine Quétiapine							
Tab Co.	Orl	25mg	Mint-Quetiapine	2438003	MNT	ADEFGVW	0.0889
		100mg	Mint-Quetiapine	2438011	MNT	ADEFGVW	0.2372
		200mg	Mint-Quetiapine	2438046	MNT	ADEFGVW	0.4764
		300mg	Mint-Quetiapine	2438054	MNT	ADEFGVW	0.6953
Tobramycin Tobramycine							
Liq	Inh	300mg/5mL	Tobi	2239630	NVR	(SA)	11.2427
Liq			Tobramycin Inhalation Solution	2443368	SDZ		5.3242
Tolterodine Toltérodine							
Tab Co.	Orl	1mg	Apo-Tolterodine	2369680	APX	(SA)	0.2455
		2mg	Apo-Tolterodine	2369699	APX		0.2455

Generic Drug Price Changes
Changements de prix des médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Mefenamic Acid Acide méfénamique							
Cap Caps	Orl	250mg	Mefenamic	2229452	AAP	ADEFGVW	0.3990
Tolterodine Toltérodine							
Tab Co.	Orl	1mg	Mint-Tolterodine Teva-Tolterodine	2423308 2299593	MNT TEV	(SA)	0.2455
		2mg	Mint-Tolterodine Teva-Tolterodine	2423316 2299607	MNT TEV	(SA)	0.2455

Bulletin #927 May 31, 2016

NB Drug Plans Formulary Update

Please find attached a list of **generic drug product updates** for the New Brunswick Drug Plans Formulary.

Generic drug product additions

- New generic products will be reimbursed up to the category Maximum Allowable Price (MAP) effective May 31, 2016.
- The original brand product will be reimbursed at the new category MAP effective June 21, 2016. Prior to June 21, 2016 the original brand product will be reimbursed up to the higher MAP indicated on the attached list.

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

Generic Drug Product Additions
Ajouts de médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Atomoxetine Atomoxétine							
Cap Caps	Orl	80mg	Apo-Atomoxetine	2318075	APX	(SA)	2.4246
		100mg	Apo-Atomoxetine	2318083	APX	(SA)	2.6406
Calcitriol							
Cap Caps	Orl	0.5mcg	Rocaltrol	481815	HLR	ADEFGVW	1.4891
			Calcitriol-Odan	2431645	ODN		1.1168
Candesartan / Hydrochlorothiazide Candésartan / Hydrochlorothiazide							
Tab Co.	Orl	16mg/12.5mg	Auro-Candesartan HCT	2421038	ARO	ADEFGVW	0.2995
		32mg/12.5mg	Auro-Candesartan HCT	2421046	ARO	ADEFGVW	0.3008
		32mg/25mg	Auro-Candesartan HCT	2421054	ARO	ADEFGVW	0.3008
Duloxetine Duloxétine							
CDR Caps.L.R.	Orl	30mg	Cymbalta	2301482	LIL	(SA)	1.9254
			Apo-Duloxetine	2440423	APX		0.4814
			Auro-Duloxetine	2436647	ARO		
			Jamp-Duloxetine	2451913	JPC		
			Mar-Duloxetine	2446081	MAR		
			Mint-Duloxetine	2438984	MNT		
			pms-Duloxetine	2429446	PMS		
			Ran-Duloxetine	2438259	RAN		
			Sandoz Duloxetine	2439948	SDZ		
			Duloxetine	2453630	SIV		
			Duloxetine DR	2437082	TEV		
		60mg	Cymbalta	2301490	LIL	(SA)	3.9075
			Apo-Duloxetine	2440431	APX		0.9769
			Auro-Duloxetine	2436655	ARO		
			Jamp-Duloxetine	2451921	JPC		
			Mar-Duloxetine	2446103	MAR		
			Mint-Duloxetine	2438992	MNT		
			pms-Duloxetine	2429454	PMS		
			Ran-Duloxetine	2438267	RAN		
			Sandoz Duloxetine	2439956	SDZ		
			Duloxetine	2453649	SIV		
			Duloxetine DR	2437090	TEV		
Ferrous Fumarate Fumarate Ferreux							
Cap Caps	Orl	300mg	Euro-Fer	2237556	EUR	AEFGVW	0.1057

Generic Drug Product Additions
Ajouts de médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Galantamine							
ERC Caps.L.P.	Orl	8mg	Auro-Galantamine ER	2425157	ARO	(SA)	1.1475
		16mg	Auro-Galantamine ER	2425165	ARO	(SA)	1.1475
		24mg	Auro-Galantamine ER	2425173	ARO	(SA)	1.1475
Metformin							
Metformine							
Tab Co.	Orl	500mg	Auro-Metformin	2438275	ARO	ADEFGVW	0.0444
		850mg	Auro-Metformin	2438283	ARO	ADEFGVW	0.0610
Tobramycin							
Tobramycine							
Liq Liq	Inh	300mg/5mL	Teva-Tobramycin	2389622	TEV	(SA)	5.3242

Bulletin # 928

June 1, 2016

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective June 1, 2016.

Included in this bulletin:

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

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

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

Regular Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Triamcinolone (Kenalog®-10)	10mg/mL injection	01999761	BRI	ADEFGVW	MLP
Triamcinolone (Kenalog®-40) and generic brand	40mg/mL injection	01999869 01977563	BRI STR	ADEFGVW	MAP
Special authorization no longer required					
Pantoprazole sodium (Pantoloc®) and generic brands	20mg enteric-coated tablet 40mg enteric-coated tablet	See NB Drug Plans Formulary or MAP List for products		ADEFGVW	MAP

Special Authorization Benefit Additions

Special Authorization Coverage of Infliximab (Inflectra™)

Inflectra™ is a subsequent entry biologic (SEB) or "biosimilar" version of infliximab based upon the reference product Remicade®. It was approved by Health Canada and supported by the national Common Drug Review for rheumatology and dermatology indications based upon data demonstrating similarity and no meaningful differences compared to the reference product.

In 2015-16, total expenditures for Remicade® for all indications covered by the NB Drug Plans were approximately $8 million. Through the pan-Canadian Pharmaceutical Alliance (pCPA), provincial and territorial public drug plans negotiated a significantly lower transparent list price for Inflectra™, enabling savings that can be reinvested into other priorities.

Effective June 1, 2016, infliximab (Inflectra™) will be added to the formulary for the treatment of severe rheumatoid arthritis, ankylosing spondylitis, psoriatic arthritis, and plaque psoriasis according to the Special Authorization (SA) criteria, which are listed below.

All SA requests for coverage of infliximab for infliximab-naïve patients for the indications listed above will be approved for the Inflectra™ brand of infliximab only. Patients who received SA approval for the Remicade® brand of infliximab before June 1, 2016 will continue to have this brand covered. They will also be eligible for coverage of the Inflectra™ brand.

An Inflectra™ Patient Assistance Program (IPAP) is available through the manufacturer. The Inflectra™ Navigator for the program can assist with enrollment into the program and ensure treatment is initiated in a timely fashion. The Inflectra™ Navigator for NB can be contacted through the IPAP Call Center at 1-844-466-6627.

For information on Health Canada's decision, please see the Summary Basis of Decision available at:
http://www.hc-sc.gc.ca/dhp-mps/prodpharma/sbd-smd/drug-med/sbd_smd_2014_inflectra_159493- eng.php

For the Common Drug Review's review and recommendation, please see: https://www.cadth.ca/infliximab-18

Product	Strength	DIN	MFR	Plans	Cost Base
Infliximab (Inflectra™)	100mg vial	02419475	HOS	(SA)	MLP

Ankylosing Spondylitis

- For the treatment of patients with moderate to severe ankylosing spondylitis (e.g. Bath AS Disease Activity Index (BASDAI) score ≥ 4 on 10 point scale) who:
  - Have axial symptoms and who have failed to respond to the sequential use of at least 2 NSAIDs at the optimum dose for a minimum period of 3 months or in whom NSAIDs are contraindicated, or
  - Have peripheral symptoms and who have failed to respond, or have contraindications to, the sequential use of at least 2 NSAIDs at the optimum dose for a minimum period of 3 months and have had an inadequate response to an optimal dose or maximal tolerated dose of a DMARD.
- Requests for renewal must include information demonstrating the beneficial effects of the treatment, specifically:
  - A decrease of at least 2 points on the BASDAI scale, compared with the pre-treatment score, or
  - Patient and expert opinion of an adequate clinical response as indicated by a significant functional improvement (measured by outcomes such as HAQ or "ability to return to work").

Clinical Note:

- Patients with recurrent uveitis (2 or more episodes within 12 months) as a complication to axial disease do not require a trial of NSAIDs alone.

Claim Notes:

- Must be prescribed by a rheumatologist or internist.
- Combined use of more than one biologic DMARD will not be reimbursed.
- All requests for coverage of infliximab for infliximab-naïve patients (including those on induction therapy) will be approved for Inflectra brand only.
- Approvals will be for 5mg/kg given at weeks 0, 2 and 6, then every 6 to 8 weeks.
- Initial Approval: 6 months.
- Renewal Approval: 1 year.
- Claims that exceed the maximum claim amount of $9,999.99 must be divided and submitted as separate transactions as outlined here.

Plaque Psoriasis

- Requests will be considered for treatment of patients with severe, debilitating chronic plaque psoriasis who meet all of the following criteria:
  - Body surface area (BSA) involvement of >10% and/or significant involvement of the face, hands, feet or genital region;
  - Failure to respond to, contraindications to or intolerance to methotrexate and cyclosporine;
  - Failure to respond to, intolerance to or unable to access phototherapy.
- Requests for renewal must include information demonstrating an adequate response, defined as:
  - ≥75% reduction in the Psoriasis Area and Severity Index (PASI) score from when treatment started (PASI 75), or
  - ≥50% reduction in the PASI score (PASI 50) with a ≥5 point improvement in the Dermatology Life Quality Index (DLQI) from when treatment started, or
  - A quantitative reduction in BSA affected with qualitative consideration of specific regions such as face, hands, feet, or genital region.

Claim Notes:
- Must be prescribed by a dermatologist.
- Combined use of more than one biologic DMARD will not be reimbursed.
- All requests for coverage of infliximab for infliximab-naïve patients (including those on induction therapy) will be approved for Inflectra brand only.
- Approvals will be for 5mg/kg given at weeks 0, 2 and 6, then every 8 weeks.
- Initial Approval: 12 weeks.
- Renewal Approval: 1 year.
- Claims that exceed the maximum claim amount of $9,999.99 must be divided and submitted as separate transactions as outlined here.

Psoriatic Arthritis
- For the treatment of active psoriatic arthritis in patients who:
  - Have at least three active and tender joints, and
  - Have not responded to an adequate trial of two DMARDs or have an intolerance or contraindication to DMARDs.

Claim Notes:
- Must be prescribed by a rheumatologist.
- Combined use of more than one biologic DMARD will not be reimbursed.
- All requests for coverage of infliximab for infliximab-naïve patients (including those on induction therapy) will be approved for Inflectra brand only.
- Approvals will be for 5mg/kg at weeks 0, 2 and 6, then every 8 weeks.
- Initial Approval: 6 months.
- Renewal Approval: 1 year. Confirmation of continued response is required.
- Claims that exceed the maximum claim amount of $9,999.99 must be divided and submitted as separate transactions as outlined here.

Rheumatoid Arthritis
- For the treatment of severely active rheumatoid arthritis, in combination with methotrexate or other disease-modifying antirheumatic drugs (DMARDs), in adult patients who are refractory or intolerant to:
  - Methotrexate (oral or parenteral), alone or in combination with another DMARD, at a dose of ≥20mg weekly (≥15mg if patient is ≥65 years of age) for a minimum of 12 weeks; and
  - Methotrexate in combination with at least two other DMARDs, such as hydroxychloroquine and sulfasalazine, for a minimum of 12 weeks.

Clinical Notes:
1. For patients who do not demonstrate a clinical response to oral methotrexate, or who experience gastrointestinal intolerance, a trial of parenteral methotrexate must be considered.
2. Optimal treatment response to DMARDs may take up to 24 weeks, however coverage of a biologic therapy can be considered if no improvement is seen after 12 weeks of triple DMARD use.
3. For patients who have intolerances preventing the use of triple DMARD therapy, these must be described and dual therapy with DMARDs must be tried.
4. Refractory is defined as lack of effect at the recommended doses and for duration of treatments specified above.
5. Intolerant is defined as demonstrating serious adverse effects or contraindications to treatments as defined in product monographs. The nature of intolerance(s) must be clearly documented.

Claim Notes:
- Must be prescribed by a rheumatologist.
- Combined use of more than one biologic DMARD will not be reimbursed.
- All requests for coverage of infliximab for infliximab-naïve patients (including those on induction therapy) will be approved for Inflectra brand only.

- Approvals will be for 3mg/kg given at 0, 2 and 6 weeks then every 8 weeks.
- Initial Approval: 6 months.
- Renewal Approval: 1 year. Confirmation of continued response is required.
- 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

Product	Strength	DIN	MFR	Plans	Cost Base
New Strength					
Ruxolitinib (Jakavi®)	10mg tablet	02434814	NVR	(SA)	MLP
	For patients with intermediate to high risk symptomatic Myelofibrosis (MF) as assessed using the Dynamic International Prognostic Scoring System (DIPSS) Plus or patients with symptomatic splenomegaly. Patients should have ECOG performance status ≤3 and be either previously untreated or refractory to other treatment.				

Revised Rheumatoid Arthritis Criteria – Biologic Disease-Modifying Antirheumatic Drugs

The special authorization criteria for the listed biologic disease-modifying antirheumatic drugs (DMARDs) have been revised as follows:

Product	Strength	DIN	MFR	Plans	Cost Base
Abatacept (Orencia®)	125mg/mL pre-filled syringe 250mg/15mL vial	02402475 02282097	BRI	(SA)	MLP
Adalimumab (Humira®)	40mg/0.8mL pen 40mg/0.8mL pre-filled syringe	02258595 02258595	ABV	(SA)	MLP
Certolizumab pegol (Cimzia®)	200mg/mL pre-filled syringe	02331675	UCB	(SA)	MLP
Etanercept (Enbrel®)	25mg/mL vial 50mg/mL autoinjector 50mg/mL pre-filled syringe	02242903 02274728 02274728	AGA	(SA)	MLP
Golimumab (Simponi®)	50mg/0.5mL autoinjector 50mg/0.5mL pre-filled syringe	02324784 02324776	JAN	(SA)	MLP
Infliximab (Remicade®)	100mg vial	02244016	JAN	(SA)	MLP
Tocilizumab (Actemra®)	162mg/0.9mL pre-filled syringe 80mg/4mL single-use vial 200mg/10mL single-use vial 400mg/20mL single-use vial	02424770 02350092 02350106 02350114	HLR	(SA)	MLP

Rheumatoid Arthritis

- For the treatment of severely active rheumatoid arthritis, in combination with methotrexate or other disease-modifying antirheumatic drugs (DMARDs), in adult patients who are refractory or intolerant to:
  - Methotrexate (oral or parenteral), alone or in combination with another DMARD, at a dose of ≥20mg weekly (≥15mg if patient is ≥65 years of age) for a minimum of 12 weeks; and
  - Methotrexate in combination with at least two other DMARDs, such as hydroxychloroquine and sulfasalazine, for a minimum of 12 weeks.

Clinical Notes:

1. For patients who do not demonstrate a clinical response to oral methotrexate, or who experience gastrointestinal intolerance, a trial of parenteral methotrexate must be considered.
2. Optimal treatment response to DMARDs may take up to 24 weeks, however coverage of a biologic therapy can be considered if no improvement is seen after 12 weeks of triple DMARD use.
3. For patients who have intolerances preventing the use of triple DMARD therapy, these must be described and dual therapy with DMARDs must be tried.
4. Refractory is defined as lack of effect at the recommended doses and for duration of treatments specified above.
5. Intolerant is defined as demonstrating serious adverse effects or contraindications to treatments as defined in product monographs. The nature of intolerance(s) must be clearly documented.

Claim Notes:

- Must be prescribed by a rheumatologist.
- Combined use of more than one biologic DMARD will not be reimbursed.
- All requests for coverage of infliximab for infliximab-naïve patients (including those on induction therapy) will be approved for Inflectra brand only.
- Initial Approval: 16 weeks for Tocilizumab, 6 months for others.
- Maximum Dosage Approved:
  - Abatacept Intravenous infusion: 500mg for patients <60 kg, 750mg for patients 60-100 kg and 1000mg for patients >100 kg, given at 0, 2, and 4 weeks then every 4 weeks thereafter. Subcutaneous injection: a single IV loading dose of up to 1,000mg may be given, followed by 125mg subcutaneous injection within a day, then once-weekly 125mg subcutaneous injections.
  - Adalimumab: 40mg every two weeks with no dose escalation permitted.
  - Certolizumab pegol: 400mg at weeks 0, 2, and 4, then 200mg every 2 weeks (or 400mg every 4 weeks).
  - Etanercept: 25mg twice a week or 50mg once a week with no dose escalation permitted.
  - Golimumab: 50mg once a month with no dose escalation permitted.
  - Infliximab (Remicade): 3mg/kg/dose at 0, 2 and 6 weeks, then every 8 weeks thereafter.
  - Infliximab (Inflectra): 3mg/kg/dose at 0, 2 and 6 weeks, then every 8 weeks thereafter.
  - Tocilizumab Intravenous infusion: Initial approvals will be for 4mg/kg/dose every four weeks, with a maximum maintenance dose escalation up to 8mg/kg, to a maximum of 800mg per infusion for patients >100kg. Subcutaneous injection: Initial approvals will be for 162mg every other week for patients <100kg, with a maximum maintenance dose escalation to weekly dosing permitted. Patients ≥100kg will be approved for 162mg every week, with no dose escalation permitted.

Benefit Deletions

Product	Strength	DIN	MFR
Hydrochlorothiazide (Apo-Hydro)	100mg tablet	00644552	APX
Procainamide (Procan™ SR)	250mg sustained release tablet	00638692	ERF

Bulletin #929 June 29, 2016

NB Drug Plans Formulary Update

Please find attached a list of **generic drug product updates** for the New Brunswick Drug Plans Formulary.

Generic drug product additions

- New generic products will be reimbursed up to the category Maximum Allowable Price (MAP) effective June 29, 2016.
- The original brand product will be reimbursed at the new category MAP effective July 20, 2016. Prior to July 20, 2016 the original brand product will be reimbursed up to the higher MAP indicated on the attached list.

Generic drug price changes

- Products listed on the NB Drug Plans Formulary prior to June 29, 2016 will be reimbursed up to the new category MAP effective July 20, 2016. Prior to July 20, 2016 products in the category will be reimbursed up to the previous MAP.

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

Generic Drug Product Additions
Ajouts de médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Citalopram							
Tab Co.	Orl	10mg	Septa-Citalopram	2431629	SPT	ADEFGVW	0.1432
Estradiol							
Tab Co.	Orl	0.5mg	Estrace Lupin-Estradiol	2225190 2449048	TML LUP	ADEFGV	0.1410 0.1199
		1mg	Estrace Lupin-Estradiol	2148587 2449056	TML LUP	ADEFGV	0.2721 0.2313
		2mg	Estrace Lupin-Estradiol	2148595 2449064	TML LUP	ADEFGV	0.4804 0.4083
Felodipine Félodipine							
ERT Co.L.P.	Orl	2.5mg	Apo-Felodipine	2452367	APX	ADEFVW	0.4050
Gabapentin Gabapentine							
Tab Co.	Orl	600mg	Gabapentin	2410990	GLM	ADEFGVW	0.3256
		800mg	Gabapentin	2411008	GLM	ADEFGVW	0.4341
Granisetron Granisétron							
Tab Co.	Orl	1mg	Nat-Granisetron	2452359	NAT	W (SA)	9.0000
Nicotine							
Pth Pth	Trd	7mg	Equate Transdermal Nicotine Patch	2241227	WAL	(SA)	2.2857
		14mg	Equate Transdermal Nicotine Patch	2241226	WAL	(SA)	2.2857
		21mg	Equate Transdermal Nicotine Patch	2241228	WAL	(SA)	2.2857
Norethindrone Noréthindrone							
Tab Co.	Orl	0.35mg	Jencycla	2441306	LUP	DEFGV	0.3925
Pantoprazole Sodium Pantoprazole sodique							
ECT Co.Ent	Orl	20mg	Pantoprazole-20	2428172	SIV	ADEFGVW	0.3246
		40mg	Pantoprazole-40	2428180	SIV	ADEFGVW	0.3628

Generic Drug Product Additions
Ajouts de médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Ramipril							
Cap Caps	Orl	1.25mg	Ramipril	2308363	SIV	ADEFGVW	0.1274
		2.5mg	Ramipril	2287927	SIV	ADEFGVW	0.1470
		5mg	Ramipril	2287935	SIV	ADEFGVW	0.1470
		10mg	Ramipril	2287943	SIV	ADEFGVW	0.1862
Solifenacin Solifénacine							
Tab Co.	Orl	5mg	Med-Solifenacin Mint-Solifenacin	2428911 2443171	GMP MNT	(SA)	0.4223
		10mg	Med-Solifenacin Mint-Solifenacin	2428938 2443198	GMP MNT	(SA)	0.4223
Timolol / Dorzolamide							
Liq Liq	Oph	0.5% / 2%	Med-Dorzolamide-Timolol	2437686	GMP	ADEFGV	1.9887

Generic Drug Price Changes
Changements de prix des médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Calcitriol							
Cap Caps	Orl	0.5mcg	Calcitriol-Odan	2431645	ODN	ADEFGVW	1.1069
Felodipine Félodipine							
ERT Co.L.P.	Orl	5mg	Sandoz Felodipine	2280264	SDZ	ADEFVW	0.3398
		10mg	Sandoz Felodipine	2280272	SDZ	ADEFVW	0.5098
Granisetron Granisétron							
Tab Co.	Orl	1mg	Granisetron	2308894	AAP	W (SA)	9.0000
Norethindrone Noréthindrone							
Tab Co.	Orl	0.35mg	Movisse	2410303	MYL	DEFGV	0.3925
Scopolamine							
Liq Liq	Inj	20mg/mL	Buscopan Hyoscine Butylbromide	363839 2229868	BOE SDZ	ADEFGVW	4.3000
Ursodiol							
Tab Co.	Orl	250mg	pms-Ursodiol C	2273497	PMS	(SA)	0.6168
		500mg	pms-Ursodiol C	2273500	PMS	(SA)	1.1700

Bulletin # 930

July 7, 2016

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective July 7, 2016.

Included in this bulletin:

- Regular Benefit Additions
- Special Authorization Benefit Additions
- Changes to Existing Special Authorization Benefits
- Drugs Reviewed and Not Listed

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

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

Regular Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Special authorization no longer required					
Nabilone (Cesamet®) and generic brands	0.25mg capsule 0.5mg capsule 1mg capsule	See NB Drug Plans Formulary or MAP List for products		ADEFVW	MAP

Special Authorization Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Empagliflozin (Jardiance™)	10mg tablet 25mg tablet	02443937 02443945	BOE	(SA)	MLP
	For the treatment of type 2 diabetes mellitus, in addition to metformin and a sulfonylurea, in patients who have inadequate glycemic control on, or intolerance to, metformin and a sulfonylurea and for whom insulin is not an option.				
Rifaximin (Zaxine®)	550mg tablet	02410702	SAX	(SA)	MLP
	For reducing the risk of overt hepatic encephalopathy (HE) recurrence in patients who have had two or more episodes and are unable to achieve adequate control of HE with maximum tolerated doses of lactulose alone. <u>Clinical Note:</u> • Must be used in combination with lactulose unless lactulose is not tolerated.				
Secukinumab (Cosentyx®)	150mg/mL pre-filled syringe 150mg/mL SensoReady pen	02438070 02438070	NVR	(SA)	MLP
	• For the treatment of patients with severe, debilitating chronic plaque psoriasis who meet all of the following criteria: – Body surface area (BSA) involvement of >10% and/or significant involvement of the face, hands, feet or genital region; – Failure to respond to, contraindications to or intolerance to methotrexate and cyclosporine; – Failure to respond to, intolerance to or unable to access phototherapy. • Requests for renewal must include information demonstrating an adequate response, defined as: – ≥75% reduction in the Psoriasis Area and Severity Index (PASI) score from when treatment started (PASI 75), or – ≥50% reduction in the PASI score (PASI 50) with a ≥5 point improvement in the Dermatology Life Quality Index (DLQI) from when treatment started, or – A quantitative reduction in BSA affected with qualitative consideration of specific regions such as face, hands, feet, or genital region.				

Claim Notes:

- Must be prescribed by a dermatologist.
- Combined use of more than one biologic DMARD will not be reimbursed.
- Approvals will be for 300mg given at weeks 0, 1, 2 and 3, then monthly starting at week 4.
- Initial Approval: 12 weeks.
- Renewal Approval: 1 year.

Changes to Existing Special Authorization Benefits

Product	Strength	DIN	MFR	Plans	Cost Base
New Format					
Insulin detemir (Levemir® FlexTouch®)	100U/mL pre-filled pen	02412829	NNO	(SA)	MLP

For the treatment of patients who have been diagnosed with Type 1 or Type 2 diabetes requiring insulin and have previously taken insulin NPH and/or pre-mix daily at optimal dosing, and

1. Have experienced unexplained nocturnal hypoglycemia at least once a month despite optimal management, or
2. Have documented severe or continuing systemic or local allergic reaction to existing insulin(s).

Claim Note:

- Requests should be submitted on the long-acting insulin analogue special authorization request form.

New Strength					
Lenalidomide (Revlimid®)	20mg capsule	02440601	CEL	(SA)	MLP

Same criteria as the other listed Revlimid strengths. Please see NB Drug Plans Formulary.

Drugs Reviewed and Not Listed

The review of the following products found that they did not offer a significant therapeutic and/or cost advantage over existing therapies. Requests for special authorization will not be considered.

Product	Strength	Indication	DIN	MFG
Regorafenib (Stivarga®)	40mg film-coated tablet	Metastatic Colorectal Cancer (CRC)	02403390	BAY
Sorafenib (Nexavar®)	200mg film-coated tablet	Metastatic Progressive Differentiated Thyroid Carcinoma (DTC)	02284227	BAY

Bulletin #931 July 29, 2016

NB Drug Plans Formulary Update

Please find attached a list of **generic drug product updates** for the New Brunswick Drug Plans Formulary.

Generic drug product additions

- New generic products will be reimbursed up to the category Maximum Allowable Price (MAP) effective July 29, 2016.
- The original brand product will be reimbursed at the new category MAP effective August 19, 2016. Prior to August 19, 2016 the original brand product will be reimbursed up to the higher MAP indicated on the attached list.

Generic drug price changes

- Products listed on the NB Drug Plans Formulary prior to July 29, 2016 will be reimbursed up to the new category MAP effective August 19, 2016. Prior to August 19, 2016 products in the category will be reimbursed up to the previous MAP.

Delisted generic drug products

- Manufacturers who did not confirm prices to the new lower MAP will have impacted products removed from the NB Drug Plans Formulary effective August 19, 2016.

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

Generic Drug Product Additions
Ajouts de médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Betahistine Bétahistine Tab Co.	Orl	8mg	Auro-Betahistine	2449145	ARO	(SA)	0.1232
		16mg	Auro-Betahistine	2449153	ARO	(SA)	0.1106
		24mg	Auro-Betahistine	2449161	ARO	(SA)	0.1659
Bupropion ERT Co.L.P.	Orl	150mg	Act Bupropion XL	2439654	ATV	ADEFGVW	0.2844
		300mg	Act Bupropion XL	2439662	ATV	ADEFGVW	0.5688
Felodipine Félodipine ERT Co.L.P.	Orl	5mg	Apo-Felodipine	2452375	APX	ADEFGVW	0.3398
		10mg	Apo-Felodipine	2452383	APX	ADEFGVW	0.5098
Nicotine Pth Pth	Trd	7mg	Pharmasave Nicotine Patch	2241227	PSV	(SA)	2.2857
		14mg	Pharmasave Nicotine Patch	2241226	PSV	(SA)	2.2857
		21mg	Pharmasave Nicotine Patch	2241228	PSV	(SA)	2.2857
Repaglinide Tab Co.	Orl	0.5mg	Apo-Repaglinide	2355663	APX	(SA)	0.0808
		1mg	Apo-Repaglinide	2355671	APX	(SA)	0.0840
		2mg	Apo-Repaglinide	2355698	APX	(SA)	0.0873
Ursodiol Tab Co.	Orl	250mg	Ursodiol	2426900	GLM	(SA)	0.6168
		500mg	Ursodiol	2426919	GLM	(SA)	1.1700

Generic Drug Price Changes
Changements de prix des médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Betahistine Bétahistine							
Tab Co.	Orl	8mg	Teva-Betahistine	2280183	TEV	(SA)	0.1232
		16mg	Act Betahistine	2374757	ATV		
			Teva-Betahistine	2280191	TEV	(SA)	0.1106
			pms-Betahistine	2330210	PMS		
		24mg	Act Betahistine	2374765	ATV		
			Teva-Betahistine	2280205	TEV	(SA)	0.1659
			pms-Betahistine	2330237	PMS		

Delisted Generic Drug Products
Produits génériques retirés du formulaire

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	
Bupropion ERT Co.L.P.	Orl	150mg	Mylan-Bupropion XL	2382075	MYL	ADEFGVW	0.2844
		300mg	Mylan-Bupropion XL	2382083	MYL	ADEFGVW	0.5688

Bulletin # 932

August 24, 2016

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective August 24, 2016.

Included in this bulletin:

- Regular Benefit Additions
- Special Authorization Benefit Additions
- Changes to Existing Special Authorization Benefits
- Drugs Reviewed and Not Listed

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

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

Regular Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Calcipotriol/Betamethasone (Dovobet® Gel Applicator)	50mcg/0.5mg gel	02319012	LEO	ADEFGVW	MLP
Colesevelam (Lodalis™)	3.75g powder for oral suspension	02432463	VLN	ADEFGVW	MLP
Special authorization no longer required					
Celecoxib (Celebrex® and generic brands)	100mg capsule 200mg capsule	See NB Drug Plans Formulary or MAP List for products		ADEFGV	MAP
Ethinyl Estradiol / Etonogestrel (NuvaRing®)	2.6mg/11.4mg vaginal ring	02253186	FRS	DEFG	MLP

Special Authorization Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Alemtuzumab (Lemtrada™)	12mg/1.2mL single-use vial	02418320	GZM	(SA)	MLP

For the treatment of relapsing-remitting multiple sclerosis (RRMS) in adult patients who meet all the following criteria:

- Inadequate response to a full and adequate course (at least 6 months) of interferon beta or other disease modifying therapies.
- Experienced one or more clinically disabling relapses in the previous year.
- Current Expanded Disability Status Scale (EDSS) score of less than or equal to 5.

Documentation must be submitted outlining details of the patient's most recent neurological examination within 90 days of the submitted request. This must include a description of any recent attacks, the dates of the attacks and the neurological findings.

Clinical Note:

- Combination therapy of alemtuzumab with other disease modifying therapies (e.g. interferon beta, glatiramer, fingolimod, natalizumab, teriflunomide, dimethyl fumarate) will not be funded.

Claim Notes:

- Must be prescribed by a neurologist with experience in the treatment of multiple sclerosis.
- Requests will be considered for individuals enrolled in Plans ADEFGV.
- Maximum approval quantity and period: 8 vials in 2 years (5 vials approved in year 1 and 3 vials approved in year 2).
- For information regarding re-treatment, please contact the NB Drug Plans.

Aztreonam (Cayston®)	75mg powder for inhalation	02329840	GIL	(SA)	MLP

For the treatment of chronic pulmonary *Pseudomonas aeruginosa* infections, when used as a cyclic treatment, in patients with moderate to severe cystic fibrosis and deteriorating clinical condition despite treatment with inhaled tobramycin.

Clinical Note:

- Cyclic treatment measured in 28-day cycles is defined as 28 days of treatment, followed by 28 days without treatment.

Claim Notes:

- Combined use of aztreonam and tobramycin for inhalation will not be reimbursed.
- Requests will be considered for individuals enrolled in Plans ADEFGV.

Somatropin (Norditropin NordiFlex®)	5mg/1.5mL pre-filled pen	02334852			
	10mg/1.5mL pre-filled pen	02334860	NNO	T (SA)	MLP
	15mg/1.5mL pre-filled pen	02334879			

Growth Hormone Deficiency in Children
For the treatment of growth hormone deficiency in children under the age of 19.

Claim Notes:

- Must be prescribed by, or in consultation with, an endocrinologist.
- Somatropin is a regular benefit for Plan T

Tofacitinib (Xeljanz™)	5mg film-coated tablet	02423898	PFI	(SA)	MLP

- For the treatment of severely active rheumatoid arthritis, alone or in combination with methotrexate, in adult patients who are refractory or intolerant to:
  - Methotrexate (oral or parenteral), alone or in combination with another DMARD, at a dose of ≥ 20 mg weekly (≥15mg if patient is ≥65 years of age) for a minimum of 12 weeks; and
  - Methotrexate in combination with at least two other DMARDs, such as hydroxychloroquine and sulfasalazine, for a minimum of 12 weeks.

Clinical Notes:

1. For patients who do not demonstrate a clinical response to oral methotrexate, or who experience gastrointestinal intolerance, a trial of parenteral methotrexate must be considered.
2. Optimal treatment response to DMARDs may take up to 24 weeks, however coverage of a biologic therapy can be considered if no improvement is seen after 12 weeks of triple DMARD use.
3. For patients who have intolerances preventing the use of triple DMARD therapy, these must be described and dual therapy with DMARDs must be tried.
4. Refractory is defined as lack of effect at the recommended doses and for duration of treatments specified above.
5. Intolerant is defined as demonstrating serious adverse effects or contraindications to treatments as defined in product monographs. The nature of intolerance(s) must be clearly documented.

Claim Notes:

- Must be prescribed by a rheumatologist.
- Combined use of more than one biologic DMARD will not be reimbursed.
- Approvals will be for a maximum dose of 5 mg twice daily.
- Initial Approval: 6 months.
- Renewal Approval: 1 year. Confirmation of continued response is required.

Changes to Existing Special Authorization Benefits

Product	Strength	DIN	MFR	Plans	Cost Base
New Indication and Strength					
Vilanterol/Fluticasone (Breo® Ellipta®)	25mcg/100mcg powder for inhation 25mcg/200mcg powder for inhation	02408872 02444186	GSK	(SA)	MLP

Asthma

For patients with reversible obstructive airways disease who are:

- Stabilized on an inhaled corticosteroid and a long-acting beta-2 agonist, or
- Using optimal doses of inhaled corticosteroids but are still poorly controlled.

Revised Criteria					
Sevelamer (Renagel®)	800mg tablet	02244310	SAV	(SA)	MLP

For the treatment of hyperphosphatemia (>1.8 mmol/L) in patients with end-stage renal disease (eGFR < 15 mL/min) who have:

- Inadequate control of phosphate levels on a calcium based phosphate binder, or
- Hypercalcemia (corrected for albumin), or
- Calciphylaxis (calcific arteriolopathy)

Claim Notes:

- Initial Approval: 6 months.
- Renewal Approval: 1 year. Confirmation of improvement of phosphate levels is required (lab values must be provided).

Drugs Reviewed and Not Listed

The review of the following products found that they did not offer a significant therapeutic and/or cost advantage over existing therapies. Requests for special authorization will not be considered.

Product	Strength	Indication	DIN	MFG
Ceritinib (Zykadia™)	150mg capsule	Anaplastic lymphoma kinase-positive locally advanced or metastatic non-small cell lung cancer	02436779	NVR

Bulletin #933 August 31, 2016

NB Drug Plans Formulary Update

Please find attached a list of **generic drug product updates** for the New Brunswick Drug Plans Formulary.

Generic drug product additions

- New generic products will be reimbursed up to the category Maximum Allowable Price (MAP) effective August 31, 2016.
- The original brand product will be reimbursed at the new category MAP effective September 21, 2016. Prior to September 21, 2016 the original brand product will be reimbursed up to the higher MAP indicated on the attached list.

Generic drug price changes

- Products listed on the NB Drug Plans Formulary prior to August 31, 2016 will be reimbursed up to the new category MAP effective September 21, 2016. Prior to September 21, 2016 products in the category will be reimbursed up to the previous MAP.

Delisted generic drug products

- Manufacturers who did not confirm prices to the new lower MAP will have impacted products removed from the NB Drug Plans Formulary effective September 21, 2016.

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

Generic Drug Product Additions
Ajouts de médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Alendronate / Cholecalciferol Alendronate / Cholécalciférol							
Tab Co.	Orl	70mg/5600IU	Apo-Alendronate/Vitamin D3	2454475	APX	ADEFGVW	1.2174
Azithromycin Azithromycine							
Tab Co.	Orl	250mg	Jamp-Azithromycin	2452308	JPC	ABDEFGVW	1.2313
Erlotinib							
Tab Co.	Orl	100mg	pms-Erlotinib	2454386	PMS	(SA)	26.4000
		150mg	pms-Erlotinib	2454394	PMS	(SA)	39.6000
Finasteride Finastéride							
Tab Co.	Orl	5mg	Finasteride	2445077	SAS	ADEFGVW	0.4633
Zolmitriptan							
Tab Co.	Orl	2.5mg	Nat-Zolmitriptan	2421534	NAT	(SA)	3.4292
ODT Co.D.O.		2.5mg	Apo-Zolmitriptan Rapid	2381575	APX	(SA)	3.4313

Generic Drug Price Changes
Changements de prix des médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Alendronate / Cholecalciferol Alendronate sodique / Cholécalciférol							
Tab Co.	Orl	70mg/5600IU	Sandoz Alendronate/Cholcalciferol Teva-Alendronate-Cholecalciferol	2429160 2403641	SDZ TEV	ADEFGVW	1.2174
Erlotinib							
Tab Co.	Orl	100mg	Teva-Erlotinib	2377705	TEV	(SA)	26.4000
		150mg	Teva-Erlotinib	2377713	TEV	(SA)	39.6000
Levetiracetam Lévétiracétam							
Tab Co.	Orl	250mg	Act Levetiracetam	2274183	ATV		
			Apo-Levetiracetam	2285924	APX		
			Auro-Levetiracetam	2375257	ARO		
			Jamp-Levetiracetam	2403005	JPC	(SA)	0.4000
			Levetiracetam	2353342	SAS		
			pms-Levetiracetam	2296101	PMS		
			Ran-Levetiracetam	2396106	RAN		
		500mg	Act Levetiracetam	2274191	ATV		
			Apo-Levetiracetam	2285932	APX		
			Auro-Levetiracetam	2375265	ARO		
			Jamp-Levetiracetam	2403021	JPC	(SA)	0.4875
			Levetiracetam	2353350	SAS		
			pms-Levetiracetam	2296128	PMS		
			Ran-Levetiracetam	2396114	RAN		
		750mg	Act Levetiracetam	2274205	ATV		
			Apo-Levetiracetam	2285940	APX		
			Auro-Levetiracetam	2433869	ARO		
			Jamp-Levetiracetam	2403048	JPC	(SA)	0.6750
			Levetiracetam	2353369	SAS		
			pms-Levetiracetam	2296136	PMS		
			Ran-Levetiracetam	2396122	RAN		

Delisted Generic Drug Products
Produits génériques retirés du formulaire

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Levetiracetam Lévétiracétam							
Tab Co.	Orl	250mg	Levetiracetam	2399776	AHI	(SA)	
		500mg	Levetiracetam	2399784	AHI	(SA)	
		750mg	Levetiracetam	2399792	AHI	(SA)	

Bulletin # 934 September 29, 2016

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective September 29, 2016.

Included in this bulletin:

- Regular Benefit Additions
- Special Authorization Benefit Additions
- Changes to Existing Special Authorization Benefits
- Drugs Reviewed and Not Listed

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

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

Regular Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Danazol (Cyclomen®)	50mg capsule	02018144	SAV	ADEFVW	MLP
Fluticasone furoate (Arnuity™ Ellipta®)	100mcg powder for inhalation 200mcg powder for inhalation	02446561 02446588	GSK	ABDEFGVW	MLP
Podofilox (Condyline®)	0.5% topical solution	01945149	SAV	ADEFGV	MLP
Praziquantel (Biltricide®)	600mg film-coated tablet	02230897	BAY	ADEFGV	MLP
Special authorization no longer required					
Estradiol (Estradot®)	25mcg transdermal patch 37.5mcg transdermal patch	02245676 02243999	NVR	ADEFGV	MLP
Estradiol (Estradot® and generic brand)	50mcg transdermal patch 75mcg transdermal patch 100mcg transdermal patch	See NB Drug Plans Formulary or MAP List for products		ADEFGV	MAP
Insulin glulisine (Apidra®)	100U/mL cartridge 100U/mL SoloSTAR 100U/mL vial	02279479 02294346 02279460	SAV	ADEFGVW	MLP
Norethindrone/Estradiol (Estalis®)	140mcg/50mcg transdermal patch 250mcg/50mcg transdermal patch	02241835 02241837	NVR	ADEFGV	MLP

Special Authorization Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Darunavir/Cobicistat (Prezcobix™)	800mg/150mg film-coated tablet	02426501	JAN	(SA)	MLP

For treatment of human immunodeficiency virus (HIV) infection in treatment-naïve and treatment-experienced patients without darunavir resistance-associated mutations.

Claim Note:

- Prescriptions written by NB Infectious Disease Specialists and Medical Microbiologists experienced in treating patients with HIV/AIDS, do not require special authorization.

Ponatinib (Iclusig®)	15mg film-coated tablet 45mg film-coated tablet	02437333 02437341	ARI	(SA)	MLP

For the treatment of patients with chronic, accelerated or blast phase chronic myelogenous leukemia (CML) or Philadelphia chromosome positive acute lymphoblastic leukemia (Ph+ALL) who have:

- resistance or intolerance to two or more tyrosine kinase inhibitors (TKIs), or
- confirmed T315i mutation positive disease.

Renewal criteria:

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

Clinical Notes:

1. Patients must have an ECOG performance status of 0-2.
2. Treatment should be discontinued upon disease progression or unacceptable toxicity.

Claim Notes:

- Initial approval duration: 1 year.
- Renewal approval duration: 1 year.

Tazarotene (Tazorac® Cream)	0.05% cream 0.1% cream	02243894 02243895	ALL	(SA)	MLP
Tazarotene (Tazorac™ Gel)	0.05% gel 0.1% gel	02230784 02230785			

For the treatment of patients with plaque psoriasis in whom conventional therapies have been ineffective or are inappropriate.

Changes to Existing Special Authorization Benefits

Product	Strength	DIN	MFR	Plans	Cost Base
New Format					
Tobramycin (TOBI® Podhaler®)	28mg powder for inhalation	02365154	NVR	(SA)	MLP

For the treatment of chronic pulmonary *Pseudomonas aeruginosa* infections, when used as a cyclic treatment, in patients with cystic fibrosis.

Clinical Note:

- Cyclic treatment measured in 28-day cycles is defined as 28 days of treatment, followed by 28 days without treatment.

Claim Note:

- Requests will be considered for individuals enrolled in Plans ABDEFGV

New Strength

Ribavirin (Ibavyr™)	200mg tablet	02439212	PDP	(SA)	MLP

For use in combination with other drugs for the treatment of chronic hepatitis C. The applicable criteria for the combination regimen must be met.

Revised Criteria

Tobramycin (TOBI® and generic brands)	300mg/5mL inhalation solution	See NB Drug Plans Formulary or MAP List for products		(SA)	MAP

For the treatment of chronic pulmonary *Pseudomonas aeruginosa* infections, when used as a cyclic treatment, in patients with cystic fibrosis.

Clinical Note:

- Cyclic treatment measured in 28-day cycles is defined as 28 days of treatment, followed by 28 days without treatment.

Claim Note:

- Requests will be considered for individuals enrolled in Plans ABDEFGV

Drugs Reviewed and Not Listed

The review of the following products found that they did not offer a significant therapeutic and/or cost advantage over existing therapies. Requests for special authorization will not be considered.

Product	Strength	Indication	DIN	MFG
Paromomycin (Humatin®)	250mg capsule	Amebic colitis	02078759	ERF
Tolvaptan (Jinarc™)	45mg+15mg tablets 60mg+30mg tablets 90mg+30mg tablets	Autosomal dominant polycystic kidney disease (ADPKD)	02437503 02437511 02437538	OTS

Bulletin #935 September 30, 2016

NB Drug Plans Formulary Update

Please find attached a list of **generic drug product updates** for the New Brunswick Drug Plans Formulary.

Generic drug product additions

- New generic products will be reimbursed up to the category Maximum Allowable Price (MAP) effective September 30, 2016.

Generic drug price changes

- Products listed on the NB Drug Plans Formulary prior to September 30, 2016 will be reimbursed up to the new category MAP effective October 21, 2016. Prior to October 21, 2016 products in the category will be reimbursed up to the previous MAP.

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

Generic Drug Product Additions
Ajouts de médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Bupropion ERT Co.L.P.	Orl	150mg	Mylan-Bupropion XL	2382075	MYL	ADEFGVW	0.2844
		300mg	Mylan-Bupropion XL	2382083	MYL	ADEFGVW	0.5688
Solifenacin Solifénacine Tab Co.	Orl	5mg	Auro-Solifenacin	2446375	ARO	(SA)	0.4223
		10mg	Auro-Solifenacin	2446383	ARO	(SA)	0.4223
Zolmitriptan Tab Co.	Orl	2.5mg	Apo-Zolmitriptan	2380951	APX	(SA)	3.4292

Generic Drug Price Changes
Changements de prix des médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Ramipril							
Tab	Orl	1.25mg	Sandoz Ramipril	2291398	SDZ	ADEFGVW	0.1274
Co.							
		2.5mg	Sandoz Ramipril	2291401	SDZ	ADEFGVW	0.1470
		5mg	Sandoz Ramipril	2291428	SDZ	ADEFGVW	0.1470
		10mg	Sandoz Ramipril	2291436	SDZ	ADEFGVW	0.1862

Bulletin # 936

October 28, 2016

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective October 28, 2016.

Included in this bulletin:

- Regular Benefit Additions
- Special Authorization Benefit Additions

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

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

Regular Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Acyclovir (Zovirax®)	200mg/5mL oral suspension	00886157	GSK	ADEFGV	MLP
Amphotericin B (Fungizone®)	50mg vial	00029149	BRI	ADEFGV	MLP
Special authorization no longer required					
Nafarelin (Synarel™)	2mg/mL nasal spray	02188783	PFI	ADEFGV	MLP
Olanzapine (Zyprexa® and generic brands)	2.5mg tablet 5mg tablet 7.5mg tablet 10mg tablet 15mg tablet 20mg tablet	See NB Drug Plans Formulary or MAP List for products		ADEFGV	MAP
Olanzapine (Zyprexa® Zydis® and generic brands)	5mg orally disintegrating tablet 10mg orally disintegrating tablet 15mg orally disintegrating tablet 20mg orally disintegrating tablet	See NB Drug Plans Formulary or MAP List for products		ADEFGV	MAP

Special Authorization Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Metformin/Linagliptin (Jentadueto™)	500mg/2.5mg tablet 850mg/2.5mg tablet 1000mg/2.5mg tablet	02403250 02403269 02403277	BOE	(SA)	MLP
	For the treatment of type 2 diabetes mellitus in patients: • for whom insulin is not an option, and • who are already stabilized on therapy with metformin, a sulfonylurea and linagliptin, to replace the individual components of linagliptin and metformin.				
Sodium Bicarbonate (generic brands)	500mg tablet	80030520 80022194	JPC SDZ	(SA)	MAP
	For the treatment of metabolic acidosis in patients with chronic kidney disease who have a serum bicarbonate (CO_2) < 22mmol/L.				

Bulletin #937 October 31, 2016

NB Drug Plans Formulary Update

Please find attached a list of **generic drug product updates** for the New Brunswick Drug Plans Formulary.

Generic drug product additions

- New generic products will be reimbursed up to the category Maximum Allowable Price (MAP) effective October 31, 2016.

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

Generic Drug Product Additions
Ajouts de médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Azithromycin Azithromycine Tab Co.	Orl	250mg	Mar-Azithromycin	2452324	MAR	ABDEFGVW	1.2313
Levetiracetam Lévétiracétam Tab Co.	Orl	250mg	Nat-Levetiracetam Levetiracetam	2440202 2442531	NAT SIV	(SA)	0.4000
		500mg	Nat-Levetiracetam Levetiracetam	2440210 2442558	NAT SIV	(SA)	0.4875
		750mg	Nat-Levetiracetam Levetiracetam	2440229 2442566	NAT SIV	(SA)	0.6750

Bulletin #938 November 29, 2016

NB Drug Plans Formulary Update

Please find attached a list of **generic drug product updates** for the New Brunswick Drug Plans Formulary.

Generic drug product additions

- New generic products will be reimbursed up to the category Maximum Allowable Price (MAP) effective November 29, 2016.
- The original brand product will be reimbursed at the new category MAP effective December 20, 2016. Prior to December 20, 2016 the original brand product will be reimbursed up to the higher MAP indicated on the attached list.

Generic drug price changes

- Products listed on the NB Drug Plans Formulary prior to November 29, 2016 will be reimbursed up to the new category MAP effective December 20, 2016. Prior to December 20, 2016 products in the category will be reimbursed up to the previous MAP.

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Generic Drug Product Additions
Ajouts de médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Entacavir Entécavir Tab Co.	Orl	0.5mg	Auro-Entecavir	2448777	ARO	(SA)	5.5000
Oseltamivir Cap	Orl	75mg	Tamiflu	2241472	HLR	(SA)	4.1570
Caps			Nat-Oseltamivir	2457989	NAT		3.0563
Verapamil Vérapamil SRT Co.L.L.	Orl	240mg	Mylan-Verapamil SR	2450496	MYL	ADEFGVW	0.5075

Generic Drug Price Changes
Changements de prix des médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Entacavir Entécavir Tab Co.	Orl	0.5mg	Apo-Entecavir pms-Entecavir	2396955 2430576	APX PMS	(SA)	5.5000

Bulletin # 939

November 30, 2016

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective November 30, 2016.

Included in this bulletin:

- Regular Benefit Additions
- Special Authorization Benefit Additions
- Changes to Existing Special Authorization Benefits
- Drugs Reviewed and Not Listed

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

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Regular Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Insulin Aspart (NovoRapid® FlexTouch®)	100U/mL pre-filled pen	02377209	NNO	ADEFGV	MLP
Special authorization no longer required					
Etidronic Acid	200mg tablet	See NB Drug Plans Formulary or MAP List for products		ADEFGV	MAP
Etidronic Acid / Calcium	400mg/500mg tablet	See NB Drug Plans Formulary or MAP List for products		ADEFGV	MAP
Insulin Aspart (NovoRapid®, NovoRapid® Penfill®)	100U/mL vial 100U/mL penfill cartridge	02245397 02244353	NNO	ADEFGV	MLP
Levetiracetam (Keppra® and generic brands)	250mg tablet 500mg tablet 750mg tablet	See NB Drug Plans Formulary or MAP List for products		ADEFGV	MAP

Special Authorization Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Dapagliflozin (Forxiga®)	5mg tablet 10mg tablet	02435462 02435470	AZE	(SA)	MLP
	For the treatment of type 2 diabetes mellitus, in addition to metformin or a sulfonylurea, in patients who have inadequate glycemic control on, or intolerance to, metformin or a sulfonylurea and for whom insulin is not an option.				
Nintedanib (Ofev™)	100mg capsule 150mg capsule	02443066 02443074	BOE	(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. <u>Initial renewal criteria:</u> 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

Changes to Existing Special Authorization Benefits

Special Authorization Coverage of Infliximab (Inflectra®)

Inflectra® (infliximab) is a "biosimilar" version of Remicade® (infliximab). Inflectra® was approved by Health Canada and supported by the national Common Drug Review for the treatment of Crohn's disease and ulcerative colitis based on data demonstrating similarity and no meaningful differences compared to Remicade®.

In 2015-16, total expenditures for Remicade® for all indications covered by the NB Drug Plans were approximately $8 million. Through the pan-Canadian Pharmaceutical Alliance (pCPA), federal, provincial and territorial public drug plans negotiated a significantly lower list price for Inflectra®, enabling savings that can be reinvested into other priorities.

Effective November 30, 2016, Inflectra® will be added to the Formulary for the treatment of Crohn's disease and ulcerative colitis according to the Special Authorization (SA) criteria which are listed below.

Requests for coverage of infliximab for infliximab-naïve patients for Crohn's disease will be approved for Inflectra® only. Patients who received SA approval for Remicade® for the treatment of Crohn's disease before November 30, 2016 will continue to have Remicade® covered; they will also be eligible for coverage of Inflectra®. Requests for coverage of infliximab for the treatment of ulcerative colitis will be approved for Inflectra® only since Remicade® is not listed for this indication.

An Inflectra® Patient Assistance Program (IPAP) is available through the manufacturer. The Inflectra® Navigator for the program can assist with enrollment into the program and ensure treatment is initiated in a timely fashion. The Inflectra® Navigator for NB can be contacted through the IPAP Call Center at 1-844-466-6627.

For information on Health Canada's decision, please see the Summary Basis of Decision available at:
http://www.hc-sc.gc.ca/dhp-mps/prodpharma/rds-sdr/drug-med/rds-sdr-infectra-184564-eng.php

For the Common Drug Review's review and recommendation, please see: https://www.cadth.ca/infliximab-19

Product	Strength	DIN	MFR	Plans	Cost Base
New Indication					
Infliximab (Inflectra®)	100mg vial	02419475	HOS	(SA)	MLP

Crohn's Disease

- For the treatment of moderately to severely active Crohn's disease in patients who are refractory, or have contraindications, to an adequate course of 5-aminosalicylic acid and corticosteroids and other immunosuppressive therapy.

Claim Notes:

- Must be prescribed by a gastroenterologist or physician with a specialty in gastroenterology.
- Combined use of more than one biologic DMARD will not be reimbursed.
- All requests for coverage for infliximab-naïve patients (including those on induction therapy) will be approved for Inflectra only.
- Initial Approval: 12 weeks.
- Renewal Approval: 1 year. Confirmation of continued response is required.
- Claims that exceed the maximum claim amount of $9,999.99 must be divided and submitted as separate transactions as outlined here.

Ulcerative Colitis

- For the treatment of adult patients with moderately to severely active ulcerative colitis who have a partial Mayo score > 4, and a rectal bleeding subscore ≥ 2 and are:
  - refractory or intolerant to conventional therapy (i.e. aminosalicylates for a minimum of four weeks, and prednisone ≥ 40mg daily for two weeks or IV equivalent for one week); or
  - corticosteroid dependent (i.e. cannot be tapered from corticosteroids without disease recurrence; or have relapsed within three months of stopping corticosteroids; or require two or more courses of corticosteroids within one year).
- Renewal requests must include information demonstrating the beneficial effects of the treatment, specifically:
  - a decrease in the partial Mayo score ≥ 2 from baseline, and
  - a decrease in the rectal bleeding subscore ≥1.

Clinical Notes:

1. Consideration will be given for patients who have not received a four week trial of aminosalicylates if disease is severe (partial Mayo score > 6).
2. Refractory is defined as lack of effect at the recommended doses and for duration of treatments specified above.
3. Intolerant is defined as demonstrating serious adverse effects or contraindications to treatments as defined in product monographs. The nature of the intolerance(s) must be clearly documented.

Claim Notes:

- Must be prescribed by a gastroenterologist or physician with a specialty in gastroenterology.
- Combined use of more than one biologic DMARD will not be reimbursed.
- All requests will be approved for Inflectra only; requests for coverage of Remicade will not be considered.
- Initial Approval: 12 weeks.

- Renewal Approval: 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

The review of the following products found that they did not offer a significant therapeutic and/or cost advantage over existing therapies. Requests for special authorization will not be considered.

Product	Strength	Indication	DIN	MFG
Dapagliflozin (Forxiga®)	5mg tablet 10mg tablet	For the treatment of type 2 diabetes mellitus to improve glycemic control in combination with metformin and a sulfonylurea	02435462 02435470	AZE
Ivermectin (Rosiver™)	1% cream	Rosacea	02440342	GAC
Macitentan (Opsumit®)	10mg film-coated tablet	Pulmonary arterial hypertension	02415690	ACT

Bulletin # 940

December 21, 2016

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective December 21, 2016.

Included in this bulletin:

- Regular Benefit Additions
- Special Authorization Benefit Additions
- Changes to Existing Special Authorization Benefits
- Drugs Reviewed and Not Listed

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

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Regular Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Hydrocortisone sodium succinate (Solu-Cortef®)	250mg Act-O-Vial® 500mg Act-O-Vial® 1g Act-O-Vial®	00030619 00030627 00030635	PFI	ADEFGVW	MLP
Methylprednisolone sodium succinate (Solu-Medrol®)	40mg Act-O-Vial® 500mg vial 1g Act-O-Vial® 1g vial	02367947 00030678 02367971 00036137	PFI	ADEFGVW	MLP
Special authorization no longer required					
Tretinoin (Vesanoid®)	10mg capsule	02145839	XPI	ADEFGVW	MLP

Special Authorization Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Deferiprone (Ferriprox™)	100mg/mL oral solution 1000mg tablet	02436523 02436558	APX	(SA)	MLP
	For the treatment of patients with transfusional iron overload due to thalassemia syndromes when current chelation therapy is inadequate. Claim Note: • Combined use of more than one iron chelating therapy will not be reimbursed.				
Fluconazole (Diflucan™)	50mg/5mL powder for oral suspension	02024152	PFI	(SA)	MLP
	For the treatment of patients who have: • oropharyngeal candidiasis which failed to respond to nystatin, or • systemic infections and oral fluconazole tablets are not an option.				
Idelalisib (Zydelig®)	100mg film-coated tablet 150mg film-coated tablet	02438798 02438801	GIL	(SA)	MLP
	For the treatment of patients with relapsed chronic lymphocytic leukemia (CLL), in combination with rituximab. 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:

- Idelalisib will not be reimbursed for patients whose disease has progressed on ibrutinib therapy in the relapsed setting.
- Initial approval: 6 months.
- Renewal approval: 12 months

Changes to Existing Special Authorization Benefits

Product	Strength	DIN	MFR	Plans	Cost Base
New Indication					
Lenalidomide (Revlimid®)	5mg capsule 10mg capsule 15mg capsule 20mg capsule 25mg capsule	02304899 02304902 02317699 02440601 02317710	CEL	(SA)	MLP

For the treatment of multiple myeloma, in combination with dexamethasone, in patients who are not candidates for autologous stem cell transplant and have:

- had no prior treatment, and
- an ECOG performance status of ≤ 2.

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:

- Lenalidomide will not be reimbursed for patients who have had disease progression on prior lenalidomide therapy.
- Initial approval: 1 year
- Renewal approval: 1 year
- Claims that exceed the maximum claim amount of $9,999.99 must be divided and submitted as separate transactions as outlined here.

Revised Criteria Buprenorphine/naloxone (Suboxone® and generic brands)	2mg/0.5mg sublingual tablet 8mg/2mg sublingual tablet	See NB Drug Plans Formulary or MAP List for products		(SA)	MAP

For the treatment of patients with opioid use disorder.

Drugs Reviewed and Not Listed

The review of the following products found that they did not offer a significant therapeutic and/or cost advantage over existing therapies. Requests for special authorization will not be considered.

Product	Strength	Indication	DIN	MFR
Tesamorelin (Egrifta™)	1mg vial 2mg vial	For the treatment of excess visceral adipose tissue (VAT) in treatment-experienced adult HIV-infected patients with lipodystrophy.	02438712 02423677	THT

Bulletin #941 December 22, 2016

NB Drug Plans Formulary Update

Please find attached a list of **generic drug product updates** for the New Brunswick Drug Plans Formulary.

Generic drug product additions

- New generic products will be reimbursed up to the category Maximum Allowable Price (MAP) effective December 22, 2016.

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

Generic Drug Product Additions
Ajouts de médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Lamivudine / Abacavir							
Tab Co.	Orl	300mg / 600mg	Auro-Abacavir/Lamivudine pms-Abacavir-Lamivudine	2454513 2458381	ARO PMS	DU	5.9875
Levetiracetam Lévétiracétam							
Tab Co.	Orl	250mg	Levetiracetam	2454653	PMS	ADEFGV	0.4000
		500mg	Levetiracetam	2454661	PMS	ADEFGV	0.4875
		750mg	Levetiracetam	2454688	PMS	ADEFGV	0.6750
Losartan / Hydrochlorothiazide							
Tab Co.	Orl	50mg / 12.5mg	Auro-Losartan HCT	2423642	ARO	ADEFGVW	0.3148
		100mg / 12.5mg	Auro-Losartan HCT	2423650	ARO	ADEFGVW	0.3082
		100mg / 25mg	Auro-Losartan HCT	2423669	ARO	ADEFGVW	0.3148
Olanzapine							
ODT Co.D.O.	Orl	5mg	Auro-Olanzapine ODT	2448726	ARO	ADEFGVW	0.6434
		10mg	Auro-Olanzapine ODT	2448734	ARO	ADEFGVW	1.2857
		15mg	Auro-Olanzapine ODT	2448742	ARO	ADEFGVW	1.9280
		20mg	Auro-Olanzapine ODT	2448750	ARO	ADEFGVW	2.5447
Telmisartan							
Tab Co.	Orl	40mg	Auro-Telmisartan	2453568	ARO	ADEFGVW	0.2824
		80mg	Auro-Telmisartan	2453576	ARO	ADEFGVW	0.2824
Telmisartan / Hydroclorothiazide							
Tab Co.	Orl	80mg / 12.5mg	Auro-Telmisartan HCTZ	2456389	ARO	ADEFGVW	0.2824
		80mg / 25mg	Auro-Telmisartan HCTZ	2456397	ARO	ADEFGVW	0.2824
Topiramate							
Tab Co.	Orl	25mg	Mar-Topiramate	2432099	MAR	ADEFGVW	0.3128
		100mg	Mar-Topiramate	2432102	MAR	ADEFGVW	0.5929
		200mg	Mar-Topiramate	2432110	MAR	ADEFGVW	0.8854
Valacyclovir							
Tab Co.	Orl	500mg	Valacyclovir	2454645	SAS	ADEFGVW	0.8481
		1000mg	Valtrex Apo-Valacyclovir pms-Valacyclovir	2246559 2354705 2381230	GSK APX PMS	ADEFGVW	1.7218