Bulletin # 1044

January 27, 2021

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective January 27, 2021.

Included in this bulletin:

- Regular Benefit Additions
- Special Authorization Benefit Additions
- Drugs Reviewed and Not Listed

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

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

Regular Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Colistimethate sodium (Coly-Mycin® M Parenteral)	150 mg vial	00476420	ERF	ADEFGV	MLP

Special Authorization Benefits Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Lanadelumab (Takhzyro®)	300 mg / 2 mL vial	02480948	SHI	(SA)	MLP

For the prevention of attacks of type I or II hereditary angioedema (HAE) in patients 12 years of age and older who have experienced at least three HAE attacks within any four-week period and required the use of an acute injectable treatment.

Discontinuation Criteria:

- No reduction in the number of HAE attacks for which acute injectable treatment was received during the first three months of treatment with lanadelumab compared to the number of attacks observed before initiating treatment with lanadelumab; or
- Increase in the number of HAE attacks for which acute injectable treatment was received compared to the number of attacks before initiating treatment with lanadelumab.

Clinical Note:

- The pre-treatment attack rate must be provided for those patients who are already receiving long-term prophylactic treatment for HAE and intend to transition to lanadelumab.

Claim Notes:

- The patient must be under the care of a physician experienced in the diagnosis and treatment of HAE.
- Not to be used in combination with other long-term prophylactic treatment of HAE (e.g., C1 esterase inhibitor).
- Approvals will be for a maximum of 300 mg every two weeks.
- Initial approval period: 3 months.
- Renewal approval period: 6 months.

Progesterone (Prometrium® and generic brand)	100 mg capsule	See NB Drug Plans Formulary or MAP List for Products	(SA)		MAP

For persons with a singleton gestation who are:

- greater than 20 weeks gestation, and
- high-risk for pre-term birth (cervix less than 25 mm or past history of pre-term birth).

Ribavirin (Ibavyr™)	200 mg tablet 400 mg tablet	02439212 02425890	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.

Claim note:

- Must be prescribed by a hepatologist, gastroenterologist, or infectious disease specialist (or other prescriber experienced in treating a patient with hepatitis C infection).
- Requests will be considered for individuals enrolled in Plans ADEFGV.

Sapropterin (Kuvan®)	100 mg tablet 100 mg sachet 500 mg sachet	02350580 02482207 02482215	BMR	(SA)	MLP

For the ongoing treatment of hyperphenylalaninemia due to tetrahydrobiopterin (BH4)-responsive phenylketonuria (PKU) in conjunction with a phenylalanine (Phe)-restricted diet in patients who meet all of the following criteria:

- Confirmed diagnosis based on genetic testing.
- Response to Kuvan as demonstrated by a Kuvan responsiveness test.
- Baseline blood Phe levels greater than 360 umol/L despite compliance with a low protein diet and formulas (non-pregnant patients require at least 2 baseline levels and pregnant patients require at least 1 baseline level during a 3 to 6 month time frame).
- Achievement of the following during a 6-month trial of treatment:
  - For pregnant or non-pregnant patients, normal sustained blood Phe levels of 120 umol/L to 360 umol/L; or
  - For non-pregnant patients, sustained blood Phe reduction of at least 30% compared to baseline if the baseline blood Phe level is less than 1200 umol/L; or
  - For non-pregnant patients, sustained blood Phe reduction of at least 50% compared to baseline if the baseline blood Phe level is greater than 1200 umol/L.
- For non-pregnant patients, documented increase in dietary protein tolerance based on targets set between the clinician and patient.

Renewal Criteria:

- Confirmation of continued response to Kuvan based on Phe levels achieved during the 6-month trial. Two Phe levels taken at least 1 month apart must be provided.

Clinical Notes:

- Patients must be initiated on treatment and followed in a specialized clinic with expertise in the diagnosis and management of PKU.
- Phe blood levels and Phe tolerance levels must be provided.
- Pregnant patients who have maintained a decrease in Phe levels below 360 umol/L during the 6-month trial period will be eligible for coverage of Kuvan for the duration of the pregnancy.

Claim Notes:

- Approvals will be for a maximum of 20mg/kg per day.
- Renewals for Kuvan in pregnant patients will not be considered.
- Approval period: 1 year.

Drugs Reviewed and Not Listed

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

Product	Strength	DIN	MFR	Indication
Midostaurin (Rydapt®)	25 mg capsule	02466236	NVR	For the treatment of adult patients with aggressive systemic mastocytosis, systemic mastocytosis with associated hematological neoplasm, or mast cell leukemia.

Bulletin #1045 January 28, 2021

NB Drug Plans Formulary Update

Maximum Allowable Price (MAP) List

Included in this bulletin:

- Drug product additions
  - New products will be reimbursed up to the category MAP effective January 28, 2021.
  - Products that were already listed on the NB Drug Plans Formulary will be reimbursed up to the new category MAP effective February 18, 2021. Prior to February 18, 2021, these products will be reimbursed up to the higher MAP indicated on the attached list.

- Drug price changes
  - Price decreases for products that were already listed on the NB Drug Plans Formulary will be reimbursed up to the new category MAP effective February 18, 2021. Prior to February 18, 2021, these products will be reimbursed up to the previous MAP.
  - Price increases for products that were already listed on the NB Drug Plans Formulary will be reimbursed up to the new category MAP effective January 28, 2021.

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

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Drug Product Additions

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Benzydamine							
Liq	Buc	0.15%	Odan-Benzydamine	02463105	ODN	ADEFGV	0.0325
Ciprofloxacin							
Tab	Orl	500 mg	NRA-Ciprofloxacin	02492008	NRA	BW (SA)	0.5025
Dienogest							
Tab	Orl	2 mg	Jamp Dienogest	02498189	JPC	(SA)	1.0231
Entecavir							
Tab	Orl	0.5 mg	Entecavir	02453797	STD	ADEFGV	5.5000
Fluoxetine							
Cap	Orl	10 mg	NRA-Fluoxetine	02503875	NRA	ADEFGV	0.3404
		20 mg	NRA-Fluoxetine	02503883	NRA	ADEFGV	0.3311
Imatinib							
Tab	Orl	100 mg	ACH-Imatinib	02490986	AHI	ADEFGV	5.2079
		400 mg	ACH-Imatinib	02490994	AHI	ADEFGV	20.8314
Mirtazapine							
Tab	Orl	15 mg	Mirtazapine	02496666	SIV	ADEFGV	0.0975
Omeprazole							
SRT	Orl	20 mg	NRA-Omeprazole	02501880	NRA	ABDEFGV	0.2287
Progesterone							
Cap	Orl	100 mg	Prometrium	02166704	FRS	(SA)	1.4358
			Teva-Progesterone	02439913	TEV		0.3762
Telmisartan / Hydrochlorothiazide							
Tab	Orl	80 mg / 12.5 mg	Jamp Telmisartan-HCT	02389940	JPC	ADEFGV	0.2098
		80 mg / 25 mg	Jamp Telmisartan-HCT	02389959	JPC	ADEFGV	0.2098
Telmisartan							
Tab	Orl	40 mg	Jamp Telmisartan	02386755	JPC	ADEFGV	0.2161
		80 mg	Jamp Telmisartan	02386763	JPC	ADEFGV	0.2161

Drug Price Changes

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Dienogest							
Tab	Orl	2 mg	Aspen-Dienogest	02493055	APN	(SA)	1.0231

Drug Price Changes

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Dimethyl Sulfoxide							
Liq	ITV	500 mg/g	Rimso-50	00493392	MYL	ADEFGV	1.1488
Diphenhydramine							
Tab	Orl	25 mg	Diphenhydramine	02257548	JPC	G	0.0825
Dorzolamide							
Liq	Oph	2%	Jamp-Dorzolamide	02453347	JPC	ADEFGV	1.8750
			Sandoz Dorzolamide	02316307	SDZ		
Fosfomycin							
Pws.	Orl	3 g	Jamp-Fosfomycin	02473801	JPC	(SA)	3.9000

Bulletin # 1046

February 24, 2021

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective February 24, 2021.

Included in this bulletin:

- Special Authorization Benefit Additions
- Changes to Existing Special Authorization Benefits
- Drugs Reviewed and Not Listed
- Update on Quantities for Claims Submission

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

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Special Authorization Benefits Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Amlodipine (pdp-Amlodipine)	1 mg/mL oral solution	02484706	PDP	(SA)	MLP

For use in patients who require administration through a feeding tube or in pediatric patients when oral tablets or capsules are not an option.

Claim Note:

- Approval Period: 1 year

Infliximab (Avsola™)	100 mg vial	02496933	AGA	(SA)	MLP

Ankylosing Spondylitis

- For the treatment of patients with moderate to severe ankylosing spondylitis (e.g. Bath AS Disease Activity Index (BASDAI) score greater than or equal to 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 new requests for coverage of infliximab will be approved for the biosimilar versions only.
- Initial Approval: 6 months.
- Renewal Approval: Long term.
- Claims that exceed the maximum claim amount of $9,999.99 must be divided and submitted as separate transactions as outlined here.

Crohn's Disease

For the treatment of patients with moderately to severely active Crohn's disease who have contraindications, or are refractory, to therapy with corticosteroids and other immunosuppressants.

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 new requests for coverage of infliximab will be approved for the biosimilar versions only.
- Initial Approval: 12 weeks.
- Renewal Approval: Long term. Confirmation of 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.

Plaque Psoriasis

For the treatment of patients with chronic moderate to severe plaque psoriasis who meet all of the following criteria:

- Psoriasis Area Severity Index (PASI) greater than 10 and Dermatology Life Quality Index (DLQI) greater than 10, or major involvement of visible areas, scalp, genitals, or nails
- Refractory, intolerant or unable to access phototherapy
- Refractory, intolerant or have contraindications to one of the following:
  - Methotrexate (oral or parenteral) at a dose of greater than or equal to 20 mg weekly (greater than or equal to 15 mg if patient is greater than or equal to 65 years of age) for a minimum of 12 weeks
  - Cyclosporine for a minimum of 6 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. 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 to treatments. The nature of intolerance(s) must be clearly documented.

Claim Notes:

- Must be prescribed by a dermatologist.
- Combined use of more than one biologic DMARD will not be reimbursed.
- All new requests for coverage of infliximab will be approved for the biosimilar versions only.
- Initial Approval: 16 weeks.
- Renewal Approval: Long term. Confirmation of 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.

Psoriatic Arthritis

- For the treatment of patients with predominantly axial psoriatic arthritis who are refractory, intolerant or have contraindications to the sequential use of at least two NSAIDs at maximal tolerated dose for a minimum of two weeks each.
- For the treatment of patients with predominantly peripheral psoriatic arthritis who are refractory, intolerant or have contraindications to:
  - the sequential use of at least two NSAIDs at maximal tolerated dose for a minimum of two weeks each; and
  - methotrexate (oral or parenteral) at a dose of greater than or equal to 20mg weekly (greater than or equal to 15mg if patient is greater than or equal to 65 years of age) for a minimum of 8 weeks; and
  - leflunomide for a minimum of 10 weeks or sulfasalazine for a minimum of 3 months.

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. 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 to treatments. 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 new requests for coverage of infliximab will be approved for the biosimilar versions only.
- Initial Approval: 16 weeks.
- Renewal Approval: Long term. Confirmation of 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 greater than of equal to 20mg weekly (greater than or equal to 15mg if patient is greater than or equal to 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 new requests for coverage of infliximab will be approved for the biosimilar versions only
- Initial Approval: 6 months.
- Renewal Approval: Long term. Confirmation of 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 patients with moderately to severely active ulcerative colitis who have a partial Mayo score greater than 4, and a rectal bleeding subscore greater than or equal to 2 and are:

- refractory or intolerant to conventional therapy (i.e. aminosalicylates for a minimum of four weeks, and prednisone greater than or equal to 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 greater than or equal to 2 from baseline, and
  - a decrease in the rectal bleeding subscore greater than or equal to 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 greater than 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 new requests for coverage of infliximab will be approved for the biosimilar versions only.
- Initial Approval: 12 weeks.
- Renewal Approval: Long term.
- Claims that exceed the maximum claim amount of $9,999.99 must be divided and submitted as separate transactions as outlined here.

Patisiran (Onpattro™) | 2 mg/mL vial | 02489252 | ALN | (SA) | MLP

For the treatment of polyneuropathy in adult patients with hereditary transthyretin-mediated amyloidosis (hATTR) who meet all of the following criteria:

- Confirmed genetic diagnosis of hATTR
- Symptomatic early-stage neuropathy
- Does not have New York Heart Association class III or IV heart failure
- Has not previously undergone a liver transplant

Discontinuation Criteria:

- The patient is permanently bedridden and dependent on assistance for basic activities of daily living, or
- The patient is receiving end-of-life care.

Clinical Note:

- Symptomatic early stage neuropathy is defined as Polyneuropathy disability stage I to IIIB or Familial amyloidotic polyneuropathy stage I or II.

Claim Notes:

- The patient must be under the care of a physician with experience in the diagnosis and management of hATTR.
- Combination therapy with other interfering ribonucleic acid drugs or transthyretin stabilizers

used to treat hATTR will not be reimbursed.
- Initial approval period: 9 months.
- Renewal approval period: 12 months. 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.

Pegfilgrastim (Ziextenzo®)	6 mg / 0.6 mL prefilled syringe	02497395	SDZ	(SA)	MLP

For the prevention of febrile neutropenia in patients receiving myelosuppressive chemotherapy with curative intent who:
- are at high risk of febrile neutropenia due to chemotherapy regimen, co-morbidities or pre-existing severe neutropenia; or
- have had an episode of febrile neutropenia, neutropenic sepsis or profound neutropenia in a previous cycle of chemotherapy; or
- have had a dose reduction, or treatment delay greater than one week due to neutropenia.

Clinical Note:
- Patients with non-curative cancer receiving chemotherapy with palliative intent are not eligible for coverage of pegfilgrastim for prevention of febrile neutropenia.

Trifluridine / Tipiracil (Lonsurf®)	15 mg / 6.14 mg tablet 20 mg / 8.19 mg tablet	02472104 02472112	TAI	(SA)	MLP

For the treatment of adult patients with metastatic gastric cancer or adenocarcinoma of the gastroesophageal junction who meet the following criteria:
- Previously treated with at least two prior lines of chemotherapy including a fluoropyrimidine, a platinum, and either a taxane or irinotecan and if appropriate, with HER2-targeted therapy
- ECOG performance status of 0 or 1

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

Clinical Notes:
1. Trifluridine / tipiracil should be used in combination with best supportive care.
2. Treatment should be discontinued upon disease progression or unacceptable toxicity.

Claim Notes:
- Requests will be considered for patients who have an intolerance or contraindication to platinum-based therapy.
- Initial approval period: 6 months.
- Renewal approval period: 6 months.

Changes to Existing Special Authorization Benefits

Product	Strength	DIN	MFR	Plans	Cost Base
New Strength					
Dalteparin (Fragmin®)	16 5000 IU / 0.66 mL prefilled syringe	02494582	PFI	W (SA)	MLP
	Refer to the NB Drug Plans Formulary for the special authorization criteria.				
Revised Criteria					
Rituximab (Riximyo™)	10 mg/mL single-use vial	02498316	SDZ	(SA)	MLP
Rituximab (Ruxience™)	10 mg/mL single-use vial	02495724	PFI	(SA)	MLP
Rituximab (Truxima™)	100 mg /10 mL single-use vial 500 mg / 50 mL single-use vial	02478382 02478390	TMP	(SA)	MLP
	For the treatment of patients with rheumatoid arthritis, vasculitis, or other autoimmune disease. Claim Notes: • Must be prescribed by a specialist. • Initial approval period: 6 months. • Renewal approval period: Long term. Confirmation of response is required.				

Drugs Reviewed and Not Listed

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

Product	Strength	DIN	MFR	Indication
Esketamine (Spravato®)	28 mg nasal spray	02499290	JAN	For the treatment of major depressive disorder in adults.

Update on Quantities for Claims Submission

Effective February 24, 2021, claims for pegfilgrastim (Lapelga® and Fulphila™) must be submitted using the number of syringes in the quantity field. This change will apply to all claims for prescriptions dispensed on, or after, February 24, 2021. Any claims for prescriptions dispensed prior to this date must follow the previous quantity for claim submission requirement (i.e. 0.6 mL).

Please refer to the Maximum Allowable Price (MAP) List and Manufacturers List Price (MLP) List at Drug Price Lists and Pricing Policy to confirm the correct quantity for claim submissions for a specific product.

Bulletin #1047 February 25, 2021

NB Drug Plans Formulary Update

Maximum Allowable Price (MAP) List

Included in this bulletin:

- Drug product additions
  - New products will be reimbursed up to the category MAP effective February 25, 2021.
  - Products that were already listed on the NB Drug Plans Formulary will be reimbursed up to the new category MAP effective March 18, 2021. Prior to March 18, 2021, these products will be reimbursed up to the higher MAP indicated on the attached list.

- Drug price changes
  - Price decreases for products that were already listed on the NB Drug Plans Formulary will be reimbursed up to the new category MAP effective March 18, 2021. Prior to March 18, 2021, these products will be reimbursed up to the previous MAP.
  - Price increases for products that were already listed on the NB Drug Plans Formulary will be reimbursed up to the new category MAP effective February 25, 2021.

- Delisted drug products
  - Manufacturers who did not confirm prices with the pan-Canadian Pharmaceutical Alliance (pCPA) will have impacted products removed from the NB Drug Plans Formulary effective March 31, 2021.

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Drug Product Additions

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Abiraterone							
Tab	Orl	250 mg	Zytiga	02371065	JAN	(SA)	30.6250
			Apo-Abiraterone	02491397	APX		7.6563
			Nat-Abiraterone	02494132	NAT		
			pms-Abiraterone	02492601	PMS		
			Sandoz Abiraterone	02486393	SDZ		
		500 mg	Zytiga	02457113	JAN	(SA)	61.2500
			Apo-Abiraterone	02491400	APX		30.6250
			pms-Abiraterone	02501503	PMS		
Buspirone							
Tab	Orl	10 mg	Auro-Buspirone	02500213	ARO	ADEFGV	0.2713
Fluticasone							
Aem	Inh	250 mcg	Flovent Metered Dose HFA	02244293	GSK	ABDEFGV	0.7503
			pms-Fluticasone HFA	02503131	PMS		0.5628
Iron Sucrose							
Liq	IV	20 mg/mL	Venofer	02243716	FRE	(SA)	7.5000
			pms-Iron Sucrose	02502917	PMS		6.3750
Leucovorin Calcium							
Tab	Orl	5 mg	Mint-Leucovorin	02496828	MNT	ADEFGV	3.6776
Methadone							
Liq	Orl	10 mg/mL	Odan-Methadone (cherry flavoured)	02495872	ODN	ADEFGV	0.0053
			Odan-Methadone (unflavoured)	02495880			
Methotrexate							
Liq	Inj	25 mg/mL	Methorexate Injection BP	02464365	AHI	ADEFGV	3.1200
Nabilone							
Cap	Orl	0.25 mg	pms-Nabilone	02380897	PMS	ADEFVW	1.0268
Olmesartan / Hydrochlorothiazide							
Tab	Orl	20 mg / 12.5 mg	GLN-Olmesartan HCTZ	02475707	GLM	ADEFGV	0.3019
		40 mg / 12.5 mg	GLN-Olmesartan HCTZ	02475715	GLM	ADEFGV	0.3019
		40 mg / 25 mg	GLN-Olmesartan HCTZ	02475723	GLM	ADEFGV	0.3019
Sertraline							
Cap	Orl	25 mg	NRA-Sertraline	02488434	NRA	ADEFGV	0.1516
		50 mg	NRA-Sertraline	02488442	NRA	ADEFGV	0.3032
		100 mg	NRA-Sertraline	02488450	NRA	ADEFGV	0.3303

Drug Price Changes

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Buspirone							
Tab	Orl	10 mg	Apo-Buspirone	02211076	APX		
			pms-Buspirone	02230942	PMS	ADEFGV	0.2713
			Teva-Buspirone	02231492	TEV		
Glimepiride							
Tab	Orl	1 mg	Sandoz Glimepiride	02269589	SDZ	ADEFGV	0.8078
		4 mg	Sandoz Glimepiride	02269619	SDZ	ADEFGV	0.9410
Haloperidol							
Liq	Inj	100 mg/mL	Haloperidol LA	02130300	SDZ	ADEFGVW	16.9230
Leucovorin Calcium							
Tab	Orl	5 mg	Riva Leucovorin	02493357	RIV	ADEFGV	3.6776
Methotrexate							
Liq	Inj	25 mg/mL	Methorexate Inj USP	02182777	PFI	ADEFGV	3.1200
Nabilone							
Cap	Orl	0.25 mg	Teva-Nabilone	02392925	TEV	ADEFVW	1.0268

Delisted Drug Products

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans
Price Not Confirmed by Manufacturer with the pan-Canadian Pharmaceutical Alliance						
Atenolol						
Tab	Orl	100 mg	Act Atenolol	02255553	ATV	ADEFGV
Bisoprolol						
Tab	Orl	5 mg	Sandoz Bisoprolol	02247439	SDZ	ADEFGV
		10 mg	Sandoz Bisoprolol	02247440	SDZ	ADEFGV
Celecoxib						
Cap	Orl	100 mg	SDZ Celecoxib	02442639	SDZ	ADEFGV
		200 mg	SDZ Celecoxib	02442647	SDZ	ADEFGV
Citalopram						
Tab	Orl	20 mg	Ran-Citalo	02285622	RAN	ADEFGV
Famciclovir						
Tab	Orl	500 mg	pms-Famciclovir	02278111	PMS	ADEFGV

Delisted Drug Products

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans
Metformin						
Tab	Orl	500 mg	Ran-Metformin	02269031	RAN	ADEFGV
		850 mg	Ran-Metformin	02269058	RAN	ADEFGV
Minocycline						
Cap	Orl	100 mg	Teva-Minocycline	02108151	TEV	ADEFGV
Olanzapine						
ODT	Orl	5 mg	Mar-Olanzapine ODT	02389088	MAR	ADEFGVW
Quetiapine						
Tab	Orl	25 mg	Ran-Quetiapine	02397099	RAN	ADEFGVW
		100 mg	Ran-Quetiapine	02397102	RAN	ADEFGVW
		200 mg	Ran-Quetiapine	02397110	RAN	ADEFGVW
		300 mg	Ran-Quetiapine	02397129	RAN	ADEFGVW
Ramirpil						
Cap	Orl	2.5 mg	pms-Ramipril	02247917	PMS	ADEFGV
		5 mg	pms-Ramipril	02247918	PMS	ADEFGV
		10 mg	pms-Ramipril	02247919	PMS	ADEFGV
Risperidone						
ODT	Orl	0.5 mg	Mylan-Risperidone ODT	02413485	MYL	(SA)
		1 mg	Mylan-Risperidone ODT	02413493	MYL	(SA)
		2 mg	Mylan-Risperidone ODT	02413507	MYL	(SA)
		3 mg	Mylan-Risperidone ODT	02413515	MYL	(SA)
		4 mg	Mylan-Risperidone ODT	02413523	MYL	(SA)
Sertraline						
Cap	Orl	100 mg	Sandoz Sertraline	02245161	SDZ	ADEFGV

Bulletin # 1048

March 18, 2021

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective March 18, 2021.

Included in this bulletin:

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

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

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

Regular Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Special Authorization No Longer Required					
Betahistine (Serc® and generic brands)	16 mg tablet 24 mg tablet	See NB Drug Plans Formulary or MAP List for Products	ADEFGV		MAP

Special Authorization Benefit Additions

Effective March 18, 2021, adalimumab biosimilars will be added to the Formulary as a special authorization (SA) benefit according to the criteria listed below.

All new SA requests for coverage of adalimumab will be approved for the biosimilar brand of adalimumab only. Patients who received SA approval for the Humira® brand of adalimumab before March 18, 2021 will continue to have this brand covered. They will also be eligible for coverage of the biosimilars.

Product	Strength	DIN	MFR	Plans	Cost Base
Adalimumab (Amgevita™)	20 mg / 0.4 mL prefilled syringe 40 mg / 0.8 mL prefilled syringe 40 mg / 0.8 mL SureClick® autoinjector	02459310 02459299 02459302	AGA	(SA)	MLP
Adalimumab (Hadlima™)	40 mg / 0.8 mL prefilled syringe 40 mg / 0.8 mL PushTouch™ autoinjector	02473097 02473100	FRS	(SA)	MLP
Adalimumab (Hulio®)	40 mg / 0.8 mL prefilled pen 40 mg / 0.8 mL prefilled syringe	02502402 02502399	BGP	(SA)	MLP
Adalimumab (Hyrimoz®)	20 mg / 0.4 mL prefilled syringe 40 mg / 0.8 mL prefilled syringe 40 mg / 0.8 mL SensoReady® pen	02505258 02492156 02492164	SDZ	(SA)	MLP
Adalimumab (Idacio®)	40 mg / 0.8 mL prefilled pen	02502674	FKB	(SA)	MLP

Ankylosing Spondylitis
For the treatment of patients with active ankylosing spondylitis who are refractory, intolerant or have contraindications to conventional therapy.

Claim Notes:

- Must be prescribed by a rheumatologist or internist.
- Combined use of more than one biologic drug will not be reimbursed.
- Initial approval period: 6 months.
- Renewal approval period: Long term. Confirmation of response is required.

Crohn's Disease
For the treatment of patients with moderately to severely active Crohn's disease who are refractory, intolerant or have contraindications to conventional therapy.

Claim Notes:

- Must be prescribed by a gastroenterologist or physician with a specialty in gastroenterology.
- Combined use of more than one biologic drug will not be reimbursed.
- Initial approval period: 12 weeks.
- Renewal approval period: Long term. Confirmation of response is required.

Hidradenitis Suppurativa
For the treatment of patients with active moderate to severe hidradenitis suppurativa (HS) who are refractory, intolerant or have contraindications to conventional therapy.

Claim Notes:

- Must be prescribed by a dermatologist or physician with experience in the treatment of HS.
- Combined use of more than one biologic drug will not be reimbursed.
- Initial approval period: 12 weeks.
- Renewal approval period: Long term. Confirmation of response is required.

Plaque Psoriasis
For the treatment of patients with moderate to severe plaque psoriasis who are refractory, intolerant or have contraindications to conventional therapy.

Claim Notes:

- Must be prescribed by a dermatologist.
- Combined use of more than one biologic drug will not be reimbursed.
- Initial approval period: 16 weeks.
- Renewal approval period: Long term. Confirmation of response is required.

Polyarticular Juvenile Idiopathic Arthritis
For the treatment of patients with moderately to severely active polyarticular juvenile idiopathic arthritis who are refractory, intolerant or have contraindications to conventional therapy.

Claim Notes:

- Must be prescribed by, or in consultation with, a rheumatologist.
- Combined use of more than one biologic drug will not be reimbursed.
- Initial approval period: 6 months.
- Renewal approval period: Long term. Confirmation of response is required.

Psoriatic Arthritis
For the treatment of patients with active psoriatic arthritis who are refractory, intolerant or have contraindications to conventional therapy.

Claim Notes:

- Must be prescribed by a rheumatologist.
- Combined use of more than one biologic drug will not be reimbursed.
- Initial approval period: 16 weeks.
- Renewal approval period: Long term. Confirmation of response is required.

Rheumatoid Arthritis
For the treatment of patients with moderately to severely active rheumatoid arthritis who are refractory, intolerant or have contraindications to conventional therapy.

Claim Notes:

- Must be prescribed by a rheumatologist.
- Combined use of more than one biologic drug will not be reimbursed.
- Initial approval period: 6 months.
- Renewal approval period: Long term. Confirmation of response is required.

Ulcerative Colitis
For the treatment of patients with moderately to severely active ulcerative colitis who are refractory, intolerant or have contraindications to conventional therapy.

Claim Notes:

- Must be prescribed by a gastroenterologist or physician with a specialty in gastroenterology.
- Combined use of more than one biologic drug will not be reimbursed.
- Initial approval period: 8 weeks.
- Renewal approval period: Long term. Confirmation of response is required.

Uveitis
For the treatment of patients with non-infectious uveitis who are refractory, intolerant or have contraindications to conventional therapy.

Claim Notes:

- Must be prescribed by an ophthalmologist.
- Combined use of more than one biologic drug will not be reimbursed.
- Initial approval period: 6 months.
- Renewal approval period: Long term. Confirmation of response is required.

Changes to Existing Special Authorization Benefits

Product	Strength	DIN	MFR	Plans	Cost Base
Delisted					
Betahistine (Auro-Betahistine) (Teva-Betahistine)	8 mg tablet	02449145 02280183	ARO TEV	(SA)	MAP

Effective March 18, 2021, betahistine 8 mg tablets will be delisted as a benefit on the New Brunswick Drug Plans Formulary. Requests for special authorization will not be considered. Patients who had a claim paid between September 18, 2020 and March 18, 2021 will continue to have coverage.

New Dosage Form

Benralizumab (Fasenra™)	30 mg/mL autoinjector	02496135	AZE	(SA)	MLP

For the adjunctive treatment of severe eosinophilic asthma in adult patients who are inadequately controlled with high dose inhaled corticosteroids and one or more additional asthma controller(s) (e.g., long-acting beta-agonist), and meets one of the following criteria:

- blood eosinophil count of ≥ 0.3 x 10^9/L within the past 12 months and has experienced two or more clinically significant asthma exacerbations in the past 12 months, or
- blood eosinophil count of ≥ 0.15 x 10^9/L and is receiving maintenance treatment with oral corticosteroids (OCS).

Initial Discontinuation Criteria:

- Baseline asthma control questionnaire score has not improved at 12 months since the initiation of treatment, or
- No decrease in the daily maintenance OCS dose in the first 12 months of treatment, or
- Number of clinically significant asthma exacerbations has increased within the previous 12 months

Subsequent Discontinuation Criteria:

- Baseline asthma control questionnaire score achieved after the first 12 months of therapy has not been maintained subsequently, or
- Reduction in the daily maintenance OCS dose achieved after the first 12 months of treatment is not maintained subsequently, or
- Number of clinically significant asthma exacerbations has increased within the previous 12 months

Clinical Notes:

1. A baseline and annual assessment of asthma symptom control using a validated asthma control questionnaire must be provided.
2. High-dose inhaled corticosteroids is defined as greater than or equal to 500 mcg of fluticasone propionate or equivalent daily dose.
3. A significant clinical exacerbation is defined as worsening of asthma such that the treating physician elected to administer systemic glucocorticoids for at least 3 days or the patient visited an emergency department or was hospitalized.

Claim Notes:

- Must be prescribed by a respirologist, clinical immunologist, allergist or internist experienced in the treatment of severe eosinophilic asthma.
- Combined use of benralizumab with other biologics used to treat asthma will not be reimbursed.
- Approvals will be for a maximum of 30 mg every four weeks for 12 weeks, then every eight weeks thereafter.
- Initial approval period: 1 year.
- Renewal approval period: 1 year.

New Indication

Axitinib (Inlyta®)	1 mg tablet 5 mg tablet	02389630 02389649	PFI	(SA)	MLP

For the treatment of patients with advanced or metastatic renal cell carcinoma when used as:

- first-line therapy in combination with pembrolizumab; or
- second-line therapy following disease progression on a vascular endothelial growth factor receptor tyrosine kinase inhibitor (i.e., sunitinib or pazopanib); or
- third-line therapy following disease progression on first-line nivolumab and ipilimumab combination therapy and a second-line vascular endothelial growth factor receptor tyrosine kinase inhibitor (i.e., sunitinib or pazopanib).

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 a good performance status.
2. Treatment should be discontinued upon disease progression or unacceptable toxicity.

Claim Notes:

- Requests for axitinib will not be considered for patients who experience disease progression on everolimus, cabozantinib or single-agent nivolumab.
- Initial approval period: 1 year.
- Renewal approval period: 1 year.

Etanercept (Brenzys®)	50 mg/mL autoinjector 50 mg/mL prefilled syringe	02455331 02455323	FRS	(SA)	MLP

Ankylosing Spondylitis

- For the treatment of patients with moderate to severe ankylosing spondylitis (e.g. Bath AS Disease Activity Index (BASDAI) score greater than or equal to 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 drug will not be reimbursed.
- All new requests for coverage of etanercept will be approved for the biosimilar versions only.
- Approvals will be for a maximum of 50 mg per week.
- Initial approval period: 6 months.
- Renewal approval period: Long term.

Plaque Psoriasis

For the treatment of patients with chronic moderate to severe plaque psoriasis who meet all of the following criteria:

- Psoriasis Area Severity Index (PASI) greater than 10 and Dermatology Life Quality Index (DLQI) greater than 10, or major involvement of visible areas, scalp, genitals or nails
- Refractory, intolerant or unable to access phototherapy
- Refractory, intolerant or have contraindications to one of the following:
  - Methotrexate (oral or parenteral) at a dose of greater than or equal to 20 mg weekly (greater than or equal to 15 mg if patient is greater than or equal to 65 years of age) for a minimum of 12 weeks
  - Cyclosporine for a minimum of 6 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. 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 to treatments. The nature of intolerance(s) must be clearly documented.

Claim Notes:

- Must be prescribed by a dermatologist.
- Combined use of more than one biologic drug will not be reimbursed.
- All new requests for coverage of etanercept will be approved for the biosimilar versions only.
- Approvals will be for a maximum of 50 mg twice weekly for 12 weeks, then once weekly thereafter.
- Initial approval period: 16 weeks.
- Renewal approval period: Long term. Confirmation of response is required

Polyarticular Juvenile Idiopathic Arthritis

For the treatment of children (age 4-17) 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.
- Combined use of more than one biologic drug will not be reimbursed.

- All new requests for coverage of etanercept will be approved for the biosimilar version only.
- Approvals will be for a maximum of 0.8mg/kg, up to 50mg per week.
- Initial approval period: 6 months.
- Renewal approval period: Long term. Confirmation of response is required.

Psoriatic Arthritis

- For the treatment of patients with predominantly axial psoriatic arthritis who are refractory, intolerant or have contraindications to the sequential use of at least two NSAIDs at maximal tolerated dose for a minimum of two weeks each.
- For the treatment of patients with predominantly peripheral psoriatic arthritis who are refractory, intolerant or have contraindications to:
  - the sequential use of at least two NSAIDs at maximal tolerated dose for a minimum of two weeks each; and
  - methotrexate (oral or parenteral) at a dose of greater than or equal to 20mg weekly (greater than or equal to 15mg if patient is greater than or equal to 65 years of age) for a minimum of 8 weeks; and
  - leflunomide for a minimum of 10 weeks or sulfasalazine for a minimum of 3 months.

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. 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 to treatments. The nature of intolerance(s) must be clearly documented.

Claim Notes:

- Must be prescribed by a rheumatologist.
- Combined use of more than one biologic drug will not be reimbursed.
- All new requests for coverage of etanercept will be approved for the biosimilar versions only.
- Approvals will be for a maximum of 50mg once a week.
- Initial approval period: 16 weeks.
- Renewal approval period: Long term. Confirmation of response is required.

Rheumatoid Arthritis

For the treatment of moderately to 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 greater than or equal to 20 mg weekly (greater than or equal to 15mg if patient is greater than or equal to 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.
   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 drug will not be reimbursed.
- All new requests for coverage of etanercept will be approved for the biosimilar versions only.
- Approvals will be for a maximum of 50mg per week.
- Initial approval period: 6 months.
- Renewal approval period: Long term. Confirmation of response is required.

Revised Criteria

Cabozantinib (Cabometyx™)	20 mg tablet	02480824			
	40 mg tablet	02480832	IPS	(SA)	MLP
	60 mg tablet	02480840			

For the treatment of patients with advanced or metastatic renal cell carcinoma who have received at least one prior vascular endothelial growth factor receptor (VEGFR) tyrosine kinase inhibitor (TKI) therapy when used as:

- second-line therapy following disease progression on sunitinib, pazopanib or pembrolizumab in combination with axitinib; or
- third-line therapy following disease progression on immunotherapy and VEGFR TKI (i.e., sunitinib or pazopanib), used in any sequence.

Renewal Criteria:

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

Clinical Note:

- Treatment should be discontinued upon clinically meaningful disease progression or unacceptable toxicity.

Claim Notes:

- Requests for cabozantinib will not be considered for patients who experience disease progression on everolimus or axitinib monotherapy.
- Initial approval period: 1 year.
- Renewal approval period: 1 year.

Drugs Reviewed and Not Listed

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

Product	Strength	DIN	MFR	Indication
Glasdegib (Daurismo®)	25 mg tablet	02498472	PFI	In combination with low-dose cytarabine for the treatment of adult patients with newly diagnosed and previously untreated acute myeloid leukemia, who are 75 years of age or older or who are not eligible to receive intensive induction chemotherapy.
	100 mg tablet	02498480		

Bulletin #1049 March 31, 2021

NB Drug Plans Formulary Update
Maximum Allowable Price (MAP) List

Included in this bulletin:

- Drug product additions
  - New products will be reimbursed up to the category MAP effective March 31, 2021.

- Drug price changes
  - Price decreases for products that were already listed on the NB Drug Plans Formulary will be reimbursed up to the new category MAP effective April 21, 2021. Prior to April 21, 2021, these products will be reimbursed up to the previous MAP.
  - Price increases for products that were already listed on the NB Drug Plans Formulary will be reimbursed up to the new category MAP effective March 31, 2021.

- Delisted drug products
  - Products will be removed from the NB Drug Plans Formulary effective April 21, 2021.

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

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

Drug Product Additions

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Abiraterone							
Tab	Orl	250 mg	Jamp Abiraterone	02502305	JPC	(SA)	7.6563
			Mar-Abiraterone	02503980	MAR		
		500 mg	Mar-Abiraterone	02503999	MAR	(SA)	15.3125
Celecoxib							
Cap	Orl	100 mg	Celecoxib	02436299	SAS	ADEFGV	0.1279
		200 mg	Celecoxib	02436302	SAS	ADEFGV	0.2558
Cinacalcet							
Tab	Orl	30 mg	Jamp Cinacalcet	02500094	JPC	ADEFGV	2.7418
		60 mg	Jamp Cinacalcet	02500108	JPC	ADEFGV	4.9995
		90 mg	Jamp Cinacalcet	02500116	JPC	ADEFGV	7.2752
Ciprofloxacin / Dexamethasone							
Susp	Ot	0.3% / 0.1%	Sandoz Ciprofloxacin/Dexamethasone	02506882	SDZ	(SA)	1.9227
Ezetimibe							
Tab	Orl	10 mg	GLN-Ezetimibe	02460750	GLM	ADEFGV	0.1811
Flecainide							
Tab	Orl	50 mg	Mar-Flecainide	02476177	MAR	ADEFGV	0.1389
		100 mg	Mar-Flecainide	02476185	MAR	ADEFGV	0.2779
Perindopril / Indapamide							
Tab	Orl	4 mg / 1.25 mg	Apo-Perindopril-Indapamide	02297574	APX	ADEFGV	0.2556
		8 mg / 2.5 mg	Apo-Perindopril-Indapamide	02453061	APX	ADEFGV	0.2859
Quetiapine							
ERT	Orl	50 mg	ACH-Quetiapine Fumarate XR	02450860	AHI	ADEFGVW	0.2501
		150 mg	ACH-Quetiapine Fumarate XR	02450879	AHI	ADEFGVW	0.4926
		200 mg	ACH-Quetiapine Fumarate XR	02450887	AHI	ADEFGVW	0.6661
		300 mg	ACH-Quetiapine Fumarate XR	02450895	AHI	ADEFGVW	0.9776
		400 mg	ACH-Quetiapine Fumarate XR	02450909	AHI	ADEFGVW	1.3270
Rosuvastatin							
Tab	Orl	5 mg	Jamp Rosuvastatin Calcium	02498332	JPC	ADEFGV	0.1284
		10 mg	Jamp Rosuvastatin Calcium	02498340	JPC	ADEFGV	0.1354

Drug Product Additions

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Rosuvastatin							
Tab	Orl	20 mg	Jamp Rosuvastatin Calcium	02498359	JPC	ADEFGV	0.1692
		40 mg	Jamp Rosuvastatin Calcium	02498367	JPC	ADEFGV	0.1990
			NRA-Rosuvastatin	02477513	NRA		
Sodium Polystyrene Sulfonate							
Pws	Orl	1 g/g	Jamp Sodium Polystyrene Sulfonate	02497557	JPC	ADEFGV	0.0648
			Odan-Sodium Polystyrene Sulfonate	02473941	ODN		
Valacyclovir							
Tab	Orl	1000 mg	Auro-Valacyclovir	02405059	ARO	ADEFGV	1.7218
Vancomycin							
Pws	Inj	1 g	Jamp-Vancomycin	02420309	JPC	ABDEFGVW	18.7810

Drug Price Changes

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Abiraterone							
Tab	Orl	500 mg	Apo-Abiraterone	02491400	APX	(SA)	15.3125
			pms-Abiraterone	02501503	PMS		
Ciprofloxacin / Dexamethasone							
Susp	Ot	0.3% / 0.1%	Taro-Ciprofloxacin/Dexamethasone	02481901	TAR	(SA)	1.9227
Hydrocortisone / Zinc							
Sup	Rt	0.5% / 0.5%	Anodan HC	02236399	ODN	ADEFGV	0.9506
Indomethacin							
Sup	Rt	100 mg	Sab-Indomethacin	02231800	SDZ	ADEFGV	1.2033
Octreotide							
Liq	Inj	0.05 mg/mL	Octreotide Acetate Omega	02248639	OMG	ADEFGVW	4.0080
		0.1 mg/mL	Octreotide Acetate Omega	02248640	OMG	ADEFGVW	7.5660
		0.2 mg/mL	Octreotide Acetate Omega	02248642	OMG	ADEFGVW	14.5545
		0.5 mg/mL	Octreotide Acetate Omega	02248641	OMG	ADEFGVW	40.3019
Perindopril / Indapamide							
Tab	Orl	4 mg / 1.25 mg	Sandoz Perindopril/Indapamide	02470438	SDZ	ADEFGV	0.2556
			Teva-Perindopril/Indapamide	02464020	TEV		
		8 mg / 2.5 mg	Sandoz Perindopril/Indapamide	02470446	SDZ	ADEFGV	0.2859
			Teva-Perindopril/Indapamide	02464039	TEV		

Drug Price Changes

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Sodium Polystyrene Sulfonate							
Pws	Orl	1 g/g	Solystat	00755338	PDP	ADEFGV	0.0648
Vancomycin							
Pws	Inj	1 g	Vancomycin	02394634	SDZ	ABDEFGVW	18.7810
			Vancomycin	02342863	STR		

Delisted Drug Products

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans
Product No Longer Marketed						
Hydrocortisone / Zinc						
Sup	Rt	0.5% / 0.5%	Sandoz Anuzinc HC	02242798	SDZ	ADEFGV

Bulletin # 1050

April 21, 2021

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective April 21, 2021.

Included in this bulletin:

- Biosimilars Initiative

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

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

Biosimilars Initiative

The New Brunswick Department of Health is introducing a Biosimilars Initiative which will change the coverage of certain biologic drugs for patients on the New Brunswick Drug Plans.

It follows the successful implementations of similar initiatives by British Columbia and Alberta where tens of thousands of patients have been transitioned without compromise to patient safety, effectiveness or quality of care.

This initiative involves switching patients from originator biologic drugs to their biosimilar versions. Increasing the use of lower cost biosimilars will provide savings that will be used to cover new drugs and contribute to the sustainability of the public drug plans.

Between April 21, 2021 and November 30, 2021, patients who use certain originator biologics (listed in the table below) must switch to a biosimilar brand to maintain their coverage under the New Brunswick Drug Plans. During this period, both the originator biologic and its biosimilar versions will be covered to allow prescribers and patients time to discuss treatment options and to switch to a biosimilar. Coverage of the originator biologics will end on November 30, 2021 or on the last day of the current special authorization (SA) approval, whichever is sooner.

SA requests do not need to be submitted for patients switching to the biosimilars.

- Insulin lispro (Admelog®), insulin glargine (Basaglar™) and glatiramer (Glatect™) are regular benefits so SA is not required.
- SA approvals for Humira®, Enbrel®, Remicade®, and Rituxan® already include the respective biosimilar brands listed below. Annual SA renewal requests will not be required for continued coverage of these biosimilars for patients being switched.

For patients who are unable to switch for medical reasons, a patient's prescriber may submit a SA request for exceptional coverage of the originator biologic. Exceptional requests are reviewed on a case-by-case basis.

More information and resources, including the Biosimilars Initiative Guide for Prescribers and Health Professionals and Guide for Patients, are available online at www.gnb.ca/biosimilars.

Drugs Included in the Biosimilars Initiative

Drug	Originator (Switch from)	Biosimilar (Switch to)	Indications
Adalimumab	Humira®	Idacio® Amgevita™ Hadlima® Hyrimoz® Hulio®	Ankylosing Spondylitis Plaque Psoriasis Psoriatic Arthritis Rheumatoid Arthritis Crohn's Disease Ulcerative Colitis Polyarticular Juvenile Idiopathic Arthritis Hidradenitis Suppurativa Non-Infectious Uveitis
Etanercept	Enbrel®	Brenzys® Erelzi®	Ankylosing Spondylitis Plaque Psoriasis Psoriatic Arthritis Polyarticular Juvenile Idiopathic Arthritis Rheumatoid Arthritis
Infliximab	Remicade®	Inflectra® Renflexis™ Avsola™	Ankylosing Spondylitis Plaque Psoriasis Psoriatic Arthritis Rheumatoid Arthritis Crohn's Disease Ulcerative Colitis
Insulin glargine	Lantus®	Basaglar™	Diabetes
Insulin lispro	Humalog®	Admelog®	Diabetes
Rituximab	Rituxan®	Ruxience™ Truxima™ Riximyo®	Rheumatoid Arthritis Vasculitis Autoimmune Diseases
Glatiramer[1]	Copaxone®	Glatect™	Multiple Sclerosis

[1]Non-biologic complex drug

Bulletin # 1051

April 22, 2021

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective April 22, 2021.

Included in this bulletin:

- Regular Benefit Additions
- Special Authorization Benefit Additions
- Existing Special Authorization Benefit Additions
- Benefit Status Changes
- Update on Quantity for Claims Submission

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

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

Regular Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Fluticasone Propionate (Aermony Respiclick™)	55 mcg / actuation powder for inhalation	02467895	TEV	ADEFGV	MLP
	113 mcg / actuation powder for inhalation	02467909			
	232 mcg / actuation powder for inhalation	02467917			
Gatifloxacin (Zymar® and generic brand)	0.3% ophthalmic solution	See NB Drug Plans Formulary or MAP List for Products		ADEFGV	MAP
Moxifloxacin (Vigamox® and generic brands)	0.5% ophthalmic solution	See NB Drug Plans Formulary or MAP List for Products		ADEFGV	MAP
Vortioxetine (Trintellix®)	5 mg tablet	02432919	VLH	ADEFGV	MLP
	10 mg tablet	02432927			
	20 mg tablet	02432943			
Special Authorization No Longer Required					
Ciprofloxacin/Dexamethasone (Ciprodex® and generic brand)	0.3% / 0.1% otic suspension	See NB Drug Plans Formulary or MAP List for Products		ADEFGV	MAP
Iron Sucrose (Venofer® and generic brand)	20 mg/mL vial	See NB Drug Plans Formulary or MAP List for Products		ADEFGV	MAP

Special Authorization Benefits Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Iron isomaltoside 1000 (Monoferric™)	100 mg/mL single-use vial	02477777	PFI	(SA)	MLP
	For the treatment of iron deficiency anemia in patients who • are intolerant to oral iron replacement products, or • have not responded to an adequate trial of oral iron.				
Salbutamol (pms-Salbutamol)	0.5 mg/mL solution for inhalation	02208245	PMS	W (SA)	MAP
	For patients who have tried using an inhaler with spacer device and • are unable to follow instructions, hold the spacer device or hold the device long enough to actuate it due to cognitive or physical limitations; or				

- have difficulty generating adequate inspiratory effort to achieve therapeutic benefit.

Claim Notes:
- Initial approval period: 1 year.
- Renewal approval period: Long term.

Sebelipase alfa (Kanuma™)	20 mg vial	02469596	ALX	(SA)	MLP

For the treatment of patients with lysosomal acid lipase (LAL) deficiency. For the complete criteria, please contact the NB Drug Plans at 1-800-332-3691.

Changes to Existing Special Authorization Benefits

Product	Strength	DIN	MFR	Plans	Cost Base
New Indication					
Olaparib (Lynparza®)	100 mg tablet 150 mg tablet	02475200 02475219	AZE	(SA)	MLP

1. As monotherapy maintenance treatment for adult patients with newly diagnosed advanced BRCA-mutated (germline or somatic) high grade epithelial ovarian, fallopian tube, or primary peritoneal cancer who meet all of the following criteria:
   - Complete or partial response to first-line platinum-based chemotherapy
   - Received at least four cycles of platinum-based chemotherapy
   - Last cycle of platinum-based chemotherapy completed within the previous 12 weeks

   Initial renewal criteria:
   - Written confirmation that the patient has a partial response or stable disease at two years.
   - Renewal requests will not be considered for patients who have no evidence of disease at two years.

   Subsequent renewal criteria:
   - Written confirmation that there is no evidence of disease progression.

   Clinical Notes:
   1. Imaging to rule out disease progression is required if maintenance therapy is initiated more than 8 weeks after the last cycle of platinum-based chemotherapy and/or if olaparib is interrupted for more than 14 days.
   2. Patients must have a good performance status.
   3. Treatment should continue until unacceptable toxicity, disease progression, or completion of two years of therapy, whichever occurs first.

   Claim Notes:
   - Requests for olaparib in combination with bevacizumab will not be considered.
   - Initial approval period: 2 years.
   - Renewal approval period: 1 year.

2. As monotherapy maintenance treatment for adult patients with platinum-sensitive relapsed BRCA-mutated (germline or somatic) high grade serous epithelial ovarian, fallopian tube, or primary peritoneal cancer who meet all of the following criteria:
   - Completed at least two previous lines of platinum-based chemotherapy
   - Received at least four cycles of the most recent platinum-based chemotherapy regimen
   - Complete or partial radiological response to the most recent platinum-based chemotherapy regimen

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

   Clinical Notes:
   1. Platinum-sensitive disease is defined as disease progression occurring at least 6 months after completion of platinum-based chemotherapy.
   2. Maintenance therapy should begin within 8 weeks of the last dose of platinum-based chemotherapy.
   3. Patients must have a good performance status.
   4. Treatment should be discontinued upon disease progression or unacceptable toxicity.

   Claim Notes:
   - Requests for olaparib will not be considered for patients previously treated with a PARP-inhibitor.
   - Initial approval period: 1 year.
   - Renewal approval period: 1 year.

New Indication

Teduglutide (Revestive®)	5 mg vial	02445727	SHI	(SA)	MLP

For the ongoing treatment of patients with Short Bowel Syndrome (SBS) as a result of major intestinal resection (e.g. volvulus, vascular disease, cancer, Crohn's disease, injury, congenital disease) who meet the following criteria:

- For pediatric patients:
  - Cumulative lifetime duration of parenteral support (PS) must be at least 12 months
  - PS must provide more than 30% of caloric and/or fluid and electrolyte needs
  - Prior to initiating teduglutide, PS frequency and volume must be stable for at least three months or there must be no improvement in enteral feeding for at least three months
- For adult patients:
  - Dependency on parenteral support (PS) for a least 12 months
  - Prior to initiating teduglutide, PS required at least three times weekly to meet caloric, fluid and electrolyte needs and stable PS frequency and volume for at least one month

A request for coverage for continued treatment will be considered if the patient has achieved at least a 20% reduction in PS volume compared to baseline, while on teduglutide therapy.

Renewal Criteria:
- Has maintained at least a 20% reduction in PS volume from baseline at 12 months.

Clinical Note:

- PS is defined as parenteral nutrition which encompasses parenteral delivery of lipids, protein and/or carbohydrates to address caloric needs, and/or intravenous fluids which. addresses fluid and electrolyte needs of patients

Claim Notes:

- Must be prescribed by a gastroenterologist or an internal medicine specialist with a specialty in gastroenterology.
- Approval period: 1 year.
- Claims that exceed the maximum claim amount of $9,999.99 must be divided and submitted as separate transactions as outlined here.

Revised Criteria

Aflibercept (Eylea®)

40 mg/mL solution for intravitreal injection	02415992	BAY	(SA)	MLP

Diabetic macular edema

For the treatment of patients with diabetic macular edema (DME) who meet all of the following criteria:

- clinically significant center-involving macular edema for whom laser photocoagulation is also indicated
- Best Corrected Visual Acuity of less than 20/32
- central retinal thickness greater than or equal to 250 micrometers

Claim Notes:

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

Neovascular (wet) age-related macular degeneration (AMD)

For the treatment of patients with neovascular (wet) age-related macular degeneration (AMD) who meet all of the following criteria:

- Best Corrected Visual Acuity (BCVA) is between 20/40 and 20/320
- the lesion size is less than or equal to 12 disc areas in greatest linear dimension
- there is evidence of recent (less than 3 months) presumed disease progression (blood vessel growth, as indicated by fluorescein angiography, or optical coherence tomography (OCT)

Discontinuation Criteria:

Aflibercept should be discontinued if any one of the following occurs:

- Reduction in BCVA in the treated eye to less than 15 letters (absolute) on 2 consecutive visits in the treated eye, attributed to AMD in the absence of other pathology
- Reduction in BCVA of 30 letters or more compared to either baseline and/or best recorded level
- Evidence of deterioration of the lesion morphology despite optimum treatment over 3 consecutive visits.

Claim Notes:

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

Retinal vein occlusion (RVO)
For the treatment of macular edema secondary to central retinal vein occlusion (CRVO) or branch retinal vein occlusion (BRVO).

Claim Notes:

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

Revised Criteria

Dornase alfa (Pulmozyme®)	1 mg/mL solution for inhalation	02046733	HLR	(SA)	MLP

For the treatment of patients with cystic fibrosis with clinical evidence of lung disease (e.g., frequent pulmonary exacerbations, FEV1 less than 90% predicted, difficulty clearing secretions).

Claim Notes:

- Requests will be considered for individuals enrolled in Plans ABDEFGV
- Approval period: Long term.

Revised Criteria

Ranibizumab (Lucentis®)	10 mg/mL solution for intravitreal injection	02296810	NVR	(SA)	MLP

Diabetic macular edema
For the treatment of patients with diabetic macular edema (DME) who meet all of the following criteria:

- clinically significant center-involving macular edema for whom laser photocoagulation is also indicated
- Best Corrected Visual Acuity of less than 20/32
- central retinal thickness greater than or equal to 250 micrometers

Claim Notes:

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

Neovascular (wet) age-related macular degeneration (AMD)
For the treatment of patients with neovascular (wet) age-related macular degeneration (AMD) who meet all of the following criteria:

- Best Corrected Visual Acuity (BCVA) is between 20/40 and 20/320
- the lesion size is less than or equal to 12 disc areas in greatest linear dimension
- there is evidence of recent (less than 3 months) presumed disease progression (blood vessel growth, as indicated by fluorescein angiography, or optical coherence tomography (OCT)

Discontinuation Criteria:
Ranabizumab should be discontinued if any one of the following occurs:

- Reduction in BCVA in the treated eye to less than 15 letters (absolute) on 2 consecutive visits in the treated eye, attributed to AMD in the absence of other pathology
- Reduction in BCVA of 30 letters or more compared to either baseline and/or best recorded level
- There is evidence of deterioration of the lesion morphology despite optimum treatment over 3 consecutive visits.

Claim Notes:

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

Benefit Status Changes

Product	Strength	DIN	MFR	Plans	Cost Base
Delisted					
Chlordiazepoxide / clidinium (Librax®, Chlorax)	5 mg / 2.5 mg capsule	See NB Drug Plans Formulary or MAP List for Products			MAP

Effective April 22, 2021, chlordiazepoxide/clidinium 5 mg / 2.5 mg capsules will be delisted as a benefit under the New Brunswick Drug Plans Formulary.

Although Librax® has been approved by Health Canada for the treatment of irritable bowel syndrome since 1961, the evidence for efficacy is limited and outweighed by the risk serious adverse reactions.

For patients who had a claim paid for chlordiazepoxide/clidinium between October 22, 2020 and April 22, 2021, chlordiazepoxide/clidinium will continue to be a benefit until October 22, 2021. After October 22, 2021, a special authorization request, documenting the rationale for continued use, will be required on an annual basis for coverage to be considered. New requests for special authorization will not be considered.

Delisted

Oxybutynin (pms-Oxybutynin)	2.5 mg tablet	02240549	PMS	MAP

Effective April 22, 2021, pms-Oxybutynin 2.5 mg tablets will be delisted as a benefit on the New Brunswick Drug Plans Formulary. Requests for special authorization will not be considered.

Patients who had a claim paid between October 22, 2020 and April 22, 2021 will continue to have coverage. Oxybutynin 5 mg tablets are listed as a regular benefit on the New Brunswick Drug Plans Formulary.

Update on Quantities for Claims Submission

Effective April 22, 2021, the quantity for claims submission will be changing for the following drugs:

Drug	Quantity for Claims Submission
Olodaterol and tiotropium bromide (Inspiolto Respimat®)	inhalation
Tiotropium bromide (Spiriva® Respimat®)	inhalation
Risankizumab (Skyrizi®)	syringe
Sarilumab (Kevzara®)	syringe / pen
Hydrocortisone / Pramoxine (Proctofoam-HC®)	application

This change will apply to all claims for prescriptions dispensed on, or after, April 22, 2021. Any claims for prescriptions dispensed prior to this date must follow the previous quantity for claim submission requirement.

Please refer to the Maximum Allowable Price (MAP) List and Manufacturers List Price (MLP) List at Drug Price Lists and Pricing Policy to confirm the correct quantity for claim submissions for a specific product.

Bulletin #1052

April 29, 2021

NB Drug Plans Formulary Update

Maximum Allowable Price (MAP) List

Included in this bulletin:

- Drug product additions
  - New products will be reimbursed up to the category MAP effective April 29, 2021.
  - Products that were already listed on the NB Drug Plans Formulary will be reimbursed up to the new category MAP effective May 20, 2021. Prior to May 20, 2021, these products will be reimbursed up to the higher MAP indicated on the attached list.

- Temporary drug product additions
  - Under the interim order in relation to COVID-19, Health Canada is allowing certain drugs that may not fully meet regulatory requirements to be imported and sold in Canada. Eligible drugs are those designated as a Tier 3 shortage.
  - These products will be listed as temporary benefits on the NB Drug Plans Formulary and will be reimbursed up to the category MAP effective April 29, 2021.

- Drug price changes
  - Price decreases for products that were already listed on the NB Drug Plans Formulary will be reimbursed up to the new category MAP effective May 20, 2021. Prior to May 20, 2021, these products will be reimbursed up to the previous MAP.
  - Price increases for products that were already listed on the NB Drug Plans Formulary will be reimbursed up to the new category MAP effective April 29, 2021.

- Delisted drug products
  - Products will be removed from the NB Drug Plans Formulary effective May 20, 2021.

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

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

Drug Product Additions

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Abiraterone							
Tab	Orl	250 mg	Reddy-Abiraterone	02477114	RCH	(SA)	7.6563
Dasatinib							
Tab	Orl	20 mg	Taro-Dasatinib	02499282	TAR	(SA)	19.3425
		50 mg	Taro-Dasatinib	02499304	TAR	(SA)	38.9284
		70 mg	Taro-Dasatinib	02499312	TAR	(SA)	42.9021
		80 mg	Taro-Dasatinib	02499320	TAR	(SA)	69.0150
		100 mg	Taro-Dasatinib	02499339	TAR	(SA)	77.8042
		140 mg	Sprycel	02360829	BRI	(SA)	166.9183
			Taro-Dasatinib	02499347	TAR		141.8806
Deferasirox							
Tab	Orl	90 mg	Taro-Deferasirox (Type J)	02507315	TAR	(SA)	5.2605
		180 mg	Taro-Deferasirox (Type J)	02507323	TAR	(SA)	10.5220
		360 mg	Taro-Deferasirox (Type J)	02507331	TAR	(SA)	21.0455
Fluconazole							
Cap	Orl	150 mg	Jamp Fluconazole	02432471	JPC	ADEFGVW	3.6392
Lacosamide							
Tab	Orl	50 mg	NRA-Lacosamide	02499568	NRA	(SA)	0.6313
		100 mg	NRA-Lacosamide	02499576	NRA	(SA)	0.8750
		150 mg	NRA-Lacosamide	02499584	NRA	(SA)	1.1763
		200 mg	NRA-Lacosamide	02499592	NRA	(SA)	1.4500
Lamivudine							
Tab	Orl	150 mg	Jamp Lamivudine	02507110	JPC	ADEFGUV	2.7323
		300 mg	Jamp Lamivudine	02507129	JPC	ADEFGUV	5.4857
Levetiracetam							
Tab	Orl	250 mg	NRA-Levetiracetam	02499193	NRA	ADEFGV	0.3210
		500 mg	NRA-Levetiracetam	02499207	NRA	ADEFGV	0.3911
		750 mg	NRA-Levetiracetam	02499215	NRA	ADEFGV	0.5416
Mirtazapine							
Tab	Orl	45 mg	Apo-Mirtazapine	02286637	APX	ADEFGV	0.6930

Drug Product Additions

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Modafinil							
Tab	Orl	100 mg	Jamp Modafinil	02503727	JPC	(SA)	0.3171
Norgestimate / Ethinyl Estradiol							
Tab	Orl	0.18 mg, 0.215 mg, 0.25 mg / 0.035 mg	Tri-Cira (21)	02508087	APX	DEFGV	0.6852
			Tri-Cira (28)	02508095			0.5139
Omeprazole							
SRT	Orl	20 mg	Omeprazole Magnesium	02504294	SAS	ABDEFGV	0.2287
Pantoprazole Sodium							
ECT	Orl	40 mg	Jamp Pantoprazole Sodium	02392623	JPC	ABDEFGV	0.2016
Saxagliptin							
Tab	Orl	2.5 mg	Onglyza	02375842	AZE	(SA)	2.4260
			Apo-Saxagliptin	02507471	APX		1.2650
			Sandoz Saxagliptin	02468603	SDZ		
		5 mg	Onglyza	02333554	AZE	(SA)	2.8957
			Apo-Saxagliptin	02507498	APX		1.5195
			Sandoz Saxagliptin	02468611	SDZ		
Sildenafil							
Tab	Orl	20 mg	Jamp Sildenafil R	02469669	JPC	(SA)	2.9620
			pms-Sildenafil R	02412179	PMS		
Simvastatin							
Tab	Orl	5 mg	Simvastatin	02284723	SAS	ADEFGV	0.1023
		10 mg	Simvastatin	02284731	SAS	ADEFGV	0.2023
		20 mg	Simvastatin	02284758	SAS	ADEFGV	0.2501
		40 mg	Simvastatin	02284766	SAS	ADEFGV	0.2501
		80 mg	Simvastatin	02284774	SAS	ADEFGV	0.2501
Telmisartan / Hydrochlorothiazide							
Tab	Orl	80 mg / 12.5 mg	NRA-Telmisartan HCTZ	02504146	NRA	ADEFGV	0.2098
		80 mg / 25 mg	NRA-Telmisartan HCTZ	02504138	NRA	ADEFGV	0.2098
Telmisartan							
Tab	Orl	40 mg	pms-Telmisartan	02499622	PMS	ADEFGV	0.2161
		80 mg	pms-Telmisartan	02499630	PMS	ADEFGV	0.2161
Vancomycin							
Pws	Inj	500 mg	Vancomycin Hydrochloride	02502593	JPC	ABDEFGVW	9.8669
		1 g	Vancomycin Hydrochloride	02502607	JPC	ABDEFGVW	18.7810

Temporary Benefit Additions

Drug/Form/Route/Strength			Tradename	PIN	MFR	Plans	MAP
Phenelzine							
Tab	Orl	15 mg	Phenelzine Sulfate Tablet	09858123	LUP	ADEFGV	0.5908

Drug Price Changes

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Dasatinib							
Tab	Orl	20 mg	Apo-Dasatinib	02470705	APX	(SA)	19.3425
		50 mg	Apo-Dasatinib	02470713	APX	(SA)	38.9284
		70 mg	Apo-Dasatinib	02481499	APX	(SA)	42.9021
		80 mg	Apo-Dasatinib	02481502	APX	(SA)	69.0150
		100 mg	Apo-Dasatinib	02470721	APX	(SA)	77.8042
Deferasirox							
Tab	Orl	90 mg	Apo-Deferasirox (Type J)	02485265	APX	(SA)	5.2605
		180 mg	Apo-Deferasirox (Type J)	02485273	APX	(SA)	10.5220
		360 mg	Apo-Deferasirox (Type J)	02485281	APX	(SA)	21.0455
Lamivudine							
Tab	Orl	150 mg	Apo-Lamivudine	02369052	APX	ADEFGUV	2.7323
		300 mg	Apo-Lamivudine	02369060	APX	ADEFGUV	5.4857
Morphine Sulfate							
Liq	Inj	10 mg/mL	Morphine Sulfate	00392588	SDZ	ADEFGVW	2.0530
Norgestimate / Ethinyl Estradiol							
Tab	Orl	0.18 mg, 0.215 mg, 0.25 mg / 0.035 mg	Tri-Jordyna (21) Tri-Jordyna (28)	02486296 02486318	GLM	DEFGV	0.6852 0.5139
Sildenafil							
Tab	Orl	20 mg	Teva-Sildenafil R	02319500	TEV	(SA)	2.9620
Vancomycin							
Pws	Inj	500 mg	Vancomycin Hydrochloride Vancomycin	02230191 02394626	PFI SDZ	ABDEFGVW	9.8669

Delisted Drug Products

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans
Price not confirmed by Manufacturer						
Vancomycin						
Pws	Inj	500 mg	Vancomycin Hydrochloride	02139375	FKB	ABDEFGVW
			Vancomycin	02342855	STR	

Bulletin # 1053

May 13, 2021

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective May 13, 2021.

Included in this bulletin:

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

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

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

Regular Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Drosperinone/ Ethinyl Estradiol (YAZ® and generic brand)	3 mg / 0.02 mg tablet	See NB Drug Plans Formulary or MAP List for Products		DEFGV	MAP
Leuprolide (Zeulide Depot™)	3.75 mg powder for suspension 22.5 mg powder for suspension	02429977 02462699	VRT	ADEFV	MLP

Special Authorization Benefits Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Cerliponase Alfa (Brineura®)	150 mg / 5 mL solution for intracerebroventricular infusion	02484013	BMR	(SA)	MLP

For the treatment of neuronal ceroid lipofuscinosis type 2 (CLN2) disease, if all of the following criteria are met:

- Confirmed diagnosis of CLN2 disease based on tripeptidyl peptidase 1 (TPP1) enzyme activity and CLN2 genotype analysis
- Score of greater than or equal to 1 in each of the motor and language domains of the CLN2 Clinical Rating Scale
- Aggregate motor-language score of greater than or equal to 3 on the CLN2 Clinical Rating Scale

Discontinuation criteria:

- Reduction of greater than or equal to 2 points in the aggregate motor–language score of the CLN2 Clinical Rating Scale that is maintained over any two consecutive 24-week assessments; or
- Aggregate motor–language score of 0 on the CLN2 Clinical Rating Scale at two consecutive 24-week assessments.

Clinical Note:

- Documentation of the most recent motor and language domain scores of the CLN2 Clinical Rating Scale must be provided with all requests.

Claim Notes:

- Must be prescribed by, or in consultation with, a specialist with experience in the treatment of CLN2 disease.
- Approval period: 6 months.
- Claims that exceed the maximum claim amount of $9,999.99 must be divided and submitted as separate transactions as outlined here.

Dupilumab (Dupixent®)	200 mg / 1.14 mL prefilled syringe 300 mg / 2 mL prefilled syringe	02492504 02470365	SAV	(SA)	MLP

For the treatment of moderate to severe atopic dermatitis in patients 12 years of age and older who meet all of the following criteria:

- Refractory or have contraindications to an adequate trial of topical prescription therapies
- Refractory, intolerant or have contraindications to an adequate trial of phototherapy (where available), methotrexate, and cyclosporine
- Baseline Physician Global Assessment score of 3 or greater and Eczema Area and Severity Score of 7.1 or greater

Renewal criteria

- Requests for renewal must provide proof of beneficial clinical effect defined as a 75% or greater improvement from baseline in the Eczema Area and Severity Index (EASI-75) score six months after treatment initiation.
- Proof of maintenance of EASI-75 response from baseline must be provided for subsequent authorizations.

Clinical Note:

- Not to be used in combination with phototherapy or immunosuppressant drugs (e.g., methotrexate, cyclosporine).

Claim Notes:

- Must be prescribed by a dermatologist.
- Approvals will be for a maximum of 600 mg at week 0, then 300 mg every two weeks thereafter.
- Initial approval period: 6 months.
- Renewal approval period: 1 year.

Tafamidis (Vyndaqel™)	20 mg capsule	02495732	PFI	(SA)	MLP

For the treatment of cardiomyopathy in adult patients with documented hereditary or wild-type transthyretin-mediated amyloidosis (ATTR) who meet all of the following criteria:

- New York Heart Association (NYHA) class I to III heart failure
- At least one prior hospitalization for heart failure or clinical evidence of heart failure that required treatment with a diuretic
- Has not previously undergone a heart or liver transplant
- Does not have an implanted cardiac mechanical assist device (CMAD)

Discontinuation Criteria:
The patient has:

- NYHA class IV heart failure, or
- received an implanted CMAD, or
- received a heart or liver transplant.

Clinical Notes:

1. Wild-type ATTR-cardiomyopathy (CM) consists of all of the following:
   - absence of a variant transthyretin (TTR) genotype

- TTR precursor protein identification by immunohistochemistry, scintigraphy, or mass spectrometry
- evidence of cardiac involvement by echocardiography with end-diastolic interventricular septal wall thickness greater than 12 mm
- presence of amyloid deposits in biopsy tissue (fat aspirate, salivary gland, median nerve connection tissue sheath, or cardiac tissue)

2. Hereditary ATTR-CM consists of all of the following:
   - presence of a variant TTR genotype associated with CM and presenting with a CM phenotype
   - evidence of cardiac involvement by echocardiography with end-diastolic interventricular septal wall thickness greater than 12 mm
   - presence of amyloid deposits in biopsy tissue (fat aspirate, salivary gland, median nerve connective tissue sheath, or cardiac tissue)

Claim Notes:

- The patient must be under the care of a physician with experience in the diagnosis and treatment of ATTR-CM.
- Combination therapy with other interfering ribonucleic acid drugs or transthyretin stabilizers used to treat ATTR-CM will not be reimbursed.
- Initial approval period: 9 months.
- Renewal approval period: 1 year.
- Claims that exceed the maximum claim amount of $9,999.99 must be divided and submitted as separate transactions as outlined here.

Changes to Existing Special Authorization Benefits

Product	Strength	DIN	MFR	Plans	Cost Base
New Dosage Form					
Lanadelumab (Takhzyro®)	300 mg / 2 mL prefilled syringe	02505614	SHI	(SA)	MLP

For the prevention of attacks of type I or II hereditary angioedema (HAE) in patients 12 years of age and older who have experienced at least three HAE attacks within any four-week period and required the use of an acute injectable treatment.

Discontinuation Criteria:

- No reduction in the number of HAE attacks for which acute injectable treatment was received during the first three months of treatment with lanadelumab compared to the number of attacks observed before initiating treatment with lanadelumab; or
- Increase in the number of HAE attacks for which acute injectable treatment was received compared to the number of attacks before initiating treatment with lanadelumab.

Clinical Note:

- The pre-treatment attack rate must be provided for those patients who are already receiving long-term prophylactic treatment for HAE and intend to transition to lanadelumab.

Claim Notes:

- The patient must be under the care of a physician experienced in the diagnosis and treatment of HAE.

- Not to be used in combination with other long-term prophylactic treatment of HAE (e.g., C1 esterase inhibitor).
- Approvals will be for a maximum of 300 mg every two weeks.
- Initial approval period: 3 months.
- Renewal approval period: 6 months.

New Indication

Lenalidomide (Revlimid®)	2.5 mg capsule 5 mg capsule 10 mg capsule 15 mg capsule 20 mg capsule 25 mg capsule	02459418 02304899 02304902 02317699 02440601 02317710	CEL	(SA)	MLP

Multiple Myeloma

1. As first-line treatment for patients with newly diagnosed multiple myeloma who are not eligible for stem cell transplant when used in combination with dexamethasone, with or without bortezomib.
2. For the treatment of relapsed or refractory multiple myeloma when used:
   - In combination with dexamethasone for patients who have not progressed on lenalidomide; or
   - In combination with carfilzomib and dexamethasone for patients who have not progressed on bortezomib or lenalidomide; or
   - In combination with daratumumab and dexamethasone for patients who have not progressed on lenalidomide.
3. For the maintenance treatment of patients with newly diagnosed multiple myeloma who have stable or improved disease following stem cell transplant and no evidence of disease progression.

Renewal Criteria:

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

Clinical Notes:

1. Treatment should be discontinued upon disease progression or unacceptable toxicity.
2. Patients must have a good performance status.

Claim Notes:

- Initial approval period: 1 year.
- Renewal approval period: 1 year.
- Claims that exceed the maximum claim amount of $9,999.99 must be divided and submitted as separate transactions as outlined here.

Myelodysplastic Syndrome

For the treatment of patients with anemia due to myelodysplastic syndrome who meet all of the following:

- Presence of deletion 5q cytogenetic abnormality
- International Prognostic Scoring System (IPSS) risk category low or intermediate-1
- Transfusion-dependent symptomatic anemia

Renewal criteria:

- Patients who are transfusion-dependent must demonstrate at least fifty percent reduction in transfusion requirements.
- Renewal requests for patients who are not transfusion-dependent may be considered if the patient's serial CBC (pre- and post-lenalidomide) and any other objective evidence of response to therapy is included.

Clinical Note:

- Requests for patients who are not transfusion-dependent may be considered. Clinical evidence of symptomatic anemia affecting the patient's quality of life, rationale for why transfusions are not being used, and details pertaining to other therapies prescribed to manage anemia is required.

Claim Notes:

- Initial approval period: 1 year.
- Renewal approval period: 1 year.
- Claims that exceed the maximum claim amount of $9,999.99 must be divided and submitted as separate transactions as outlined here.

Revised Criteria

Fingolimod (Gilenya® and generic brands)	0.5 mg capsule	See NB Drug Plans Formulary or MAP List for Products	(SA)	MAP

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

- Confirmed diagnosis based on McDonald criteria
- Has experienced one or more disabling relapses or new MRI activity in the past two years
- Ambulatory with or without aid (i.e. has a recent Expanded Disability Status Scale (EDSS) score of less than or equal to 6.5)

Clinical Note:

- Treatment should be discontinued for patients with an EDSS score of greater than or equal to 7.

Claim Notes:

- Combined use with other disease modifying therapies to treat RRMS will not be reimbursed.
- Approval Period: 2 years.

Benefit Status Changes

Product	Strength	DIN	MFR	Plans	Cost Base
Delisted					
Atorvastatin / amlodipine (Caduet® and generic brands)	10 mg / 5 mg tablet 10 mg / 10 mg tablet 20 mg / 5 mg tablet 20 mg / 10 mg tablet 40 mg / 5 mg tablet 40 mg / 10 mg tablet 80 mg / 5 mg tablet 80 mg / 10 mg tablet	See NB Drug Plans Formulary or MAP List for Products			MAP

Effective May 13, 2021, atorvastatin/amlodipine tablets will be delisted as a benefit on the New Brunswick Drug Plans Formulary. Requests for special authorization will not be considered.

Patients who have had a claim paid between November 13, 2020 and May 13, 2021 will continue to have coverage. The individual drugs are listed as regular benefits on the New Brunswick Drug Plans Formulary.

Drugs Reviewed and Not Listed

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

Product	Strength	DIN	MFR	Indication
Ixekizumab (Taltz®)	80 mg/mL autoinjector 80 mg/mL prefilled syringe	02455102 02455110	LIL	For the treatment of ankylosing spondylitis.

Bulletin #1054 May 31, 2021

NB Drug Plans Formulary Update

Maximum Allowable Price (MAP) List

Included in this bulletin:

- Drug product additions
  - New products will be reimbursed up to the category MAP effective May 31, 2021.

- Temporary drug product additions
  - Under the interim order in relation to COVID-19, Health Canada is allowing certain drugs that may not fully meet regulatory requirements to be imported and sold in Canada. Eligible drugs are those designated as a Tier 3 shortage.
  - These products will be listed as temporary benefits on the NB Drug Plans Formulary and will be reimbursed up to the category MAP effective May 31, 2021.

- Drug price changes
  - Price decreases for products that were already listed on the NB Drug Plans Formulary will be reimbursed up to the new category MAP effective June 21, 2021. Prior to June 21, 2021, these products will be reimbursed up to the previous MAP.
  - Price increases for products that were already listed on the NB Drug Plans Formulary will be reimbursed up to the new category MAP effective May 31, 2021.

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

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

Drug Product Additions

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Amlodipine							
Tab	Orl	5 mg	Jamp-Amlodipine	02357194	JPC	ADEFGV	0.1343
		10 mg	Jamp-Amlodipine	02357208	JPC	ADEFGV	0.1993
Cetirizine							
Tab	Orl	10 mg	Jamp Cetirizine	02451778	JPC	G	0.2223
Deferasirox							
Tab	Orl	90 mg	Sandoz Deferasirox (Type J)	02489899	SDZ	(SA)	2.6303
		180 mg	Sandoz Deferasirox (Type J)	02489902	SDZ	(SA)	5.2610
		360 mg	Sandoz Deferasirox (Type J)	02489910	SDZ	(SA)	10.5228
Dutasteride							
Cap	Orl	0.5 mg	Priva-Dutasteride	02490587	PHP	ADEFGV	0.3027
Fluticasone							
Aem	Inh	250 mcg	Apo-Fluticasone HFA	02510987	APX	ABDEFGV	0.3752
Imatinib							
Tab	Orl	100 mg	Imatinib Jamp Imatinib	02504596 02495066	SAS JPC	ADEFGV	5.2079
		400 mg	Imatinib Jamp Imatinib	02504618 02495074	SAS JPC	ADEFGV	20.8314
Letrozole							
Tab	Orl	2.5 mg	Letrozole	02504472	SAS	ADEFV	1.3780
Levetiracetam							
Tab	Orl	250 mg	Levetiracetam Tablets	02399776	AHI	ADEFGV	0.3210
		500 mg	Levetiracetam Tablets	02399784	AHI	ADEFGV	0.3911
		750 mg	Levetiracetam Tablets	02399792	AHI	ADEFGV	0.5416
Meropenem							
Pws	Inj	1 g	Meropenem for Injection	02493349	STR	ADEFGVW	18.4450
Mycophenolic Acid							
ECT	Orl	180 mg	Mar-Mycophenolic Acid	02511673	MAR	ADEFGRV	0.9989
		360 mg	Mar-Mycophenolic Acid	02511681	MAR	ADEFGRV	1.9977
Scopolamine							
Liq	Inj	0.6 mg/mL	Scopolamine Hydrobromide	02242811	OMG	ADEFVW	6.0000

Temporary Benefit Additions

Drug/Form/Route/Strength			Tradename	PIN	MFR	Plans	MAP
Medroxyprogesterone							
Susp	Inj	150 mg/mL	Depo-Provera US-Labelled	09858134	PFI	DEFGV	31.6900

Drug Price Changes

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Deferasirox							
Tab	Orl	90 mg	Apo-Deferasirox (Type J)	02485265	APX	(SA)	2.6303
			Taro-Deferasirox (Type J)	02507315	TAR		
		180 mg	Apo-Deferasirox (Type J)	02485273	APX	(SA)	5.2610
			Taro-Deferasirox (Type J)	02507323	TAR		
		360 mg	Apo-Deferasirox (Type J)	02485281	APX	(SA)	10.5228
			Taro-Deferasirox (Type J)	02507331	TAR		
Fluticasone							
Aem	Inh	250 mcg	pms-Fluticasone HFA	02503131	PMS	ABDEFGV	0.3752
Mycophenolic Acid							
ECT	Orl	180 mg	Apo-Mycophenolic Acid	02372738	APX	ADEFGRV	0.9989
		360 mg	Apo-Mycophenolic Acid	02372746	APX	ADEFGRV	1.9977
Methylphenidate							
Tab	Orl	20 mg	Apo-Methylphenidate	02249332	APX	ADEFGV	0.3387
			pms-Methylphenidate	00585009	PMS		
Phytomenadione							
Liq	IM	1 mg / 0.5 mL	Vitamin K	00781878	SDZ	ADEFGVW	10.3800
		10 mg/mL	Vitamin K	00804312	SDZ	ADEFGVW	5.8800
Raloxifene							
Tab	Orl	60 mg	Act Raloxifene	02358840	TEV	ADEFV	1.0268
			Apo-Raloxifene	02279215	APX		
Valproic Acid							
ECT	Orl	125 mg	Apo-Divalproex	02239698	APX	ADEFGV	0.1539
			Mylan-Divalproex	02458926	MYL		
		250 mg	Apo-Divalproex	02239699	APX	ADEFGV	0.2767
			Mylan-Divalproex	02458934	MYL		
		500 mg	Apo-Divalproex	02239700	APX	ADEFGV	0.5537
			Mylan-Divalproex	02459019	MYL		

Bulletin #1055

June 17, 2021

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective June 17, 2021.

Included in this bulletin:

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

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

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

Regular Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Peginterferon Alfa-2A (Pegasys®)	180 mcg / 0.5 mL prefilled syringe	02248077	HLR	ADEFGV	MLP

Special Authorization Benefits Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Cyclosporine (Verkazia™)	0.1% topical ophthalmic emulsion	02484137	SNN	(SA)	MLP

For the treatment of pediatric patients between the age of 4 and 18 years of age with severe vernal keratoconjunctivitis (VKC) who meet the following criteria:

- Grade 3 (severe) or 4 (very severe) on the Bonini scale, or
- Grade 4 (marked) or 5 (severe) on the modified Oxford scale.

Discontinuation Criteria:

- Treatment should be discontinued if no improvement in signs and symptoms of VKC is observed, or
- Treatment should be discontinued if signs and symptoms of VKC have resolved.

Clinical Note:

- Documentation of the severity of signs and symptoms of VKC at treatment initiation and renewal must be provided.

Claim Notes:

- The patient must be under the care of a physician experienced in the diagnosis and treatment of VKC.
- Initial approval period: 6 months.
- Renewal approval period: 1 year.

Pegfilgrastim (Nyvepria™)	6 mg / 0.6 mL prefilled syringe	02506238	PFI	(SA)	MLP

For the prevention of febrile neutropenia in patients receiving myelosuppressive chemotherapy with curative intent who:

- are at high risk of febrile neutropenia due to chemotherapy regimen, co-morbidities or pre-existing severe neutropenia; or
- have had an episode of febrile neutropenia, neutropenic sepsis or profound neutropenia in a previous cycle of chemotherapy; or
- have had a dose reduction, or treatment delay greater than one week due to neutropenia.

Clinical Note:

- Patients with non-curative cancer receiving chemotherapy with palliative intent are not eligible for coverage of pegfilgrastim for prevention of febrile neutropenia.

Changes to Existing Special Authorization Benefits

Product	Strength	DIN	MFR	Plans	Cost Base
Revised Criteria Ambrisentan (Volibris and generic brand)	5 mg tablet 10 mg tablet	See NB Drug Plans Formulary or MAP List for Products		(SA)	MAP

For the treatment of patients with Group 1 pulmonary arterial hypertension (PAH) with World Health Organization (WHO) functional class III or IV.

Clinical Note:

- The diagnosis of PAH should be confirmed by right heart catheterization.

Claim Notes:

- Must be prescribed by, or in consultation with, a physician experienced in the treatment of PAH.
- Combined use of more than one endothelin receptor antagonist will not be reimbursed.
- The maximum dose of ambrisentan that will be reimbursed is 10mg daily.
- Approval period: Long term.

Product	Strength	DIN	MFR	Plans	Cost Base
Revised Criteria Bosentan (Tracleer® and generic brands)	62.5 mg tablet 125 mg tablet	See NB Drug Plans Formulary or MAP List for Products		(SA)	MAP

For the treatment of patients with Group 1 pulmonary arterial hypertension (PAH) with World Health Organization (WHO) functional class II, III or IV.

Clinical Note:

- The diagnosis of PAH should be confirmed by right heart catheterization.

Claim Notes:

- Must be prescribed by, or in consultation with, a physician experienced in the treatment of PAH.
- Combined use of more than one endothelin receptor antagonist will not be reimbursed.
- The maximum dose of bosentan that will be reimbursed is 125mg twice daily.
- Approval period: Long term.

Product	Strength	DIN	MFR	Plans	Cost Base
Revised Criteria					
Epoprostenol (Caripul®)	0.5 mg vial	02397447	JAN		
	1.5 mg vial	02397455	JAN		
				(SA)	MLP
Epoprostenol (Flolan)	0.5 mg vial	02230845	GSK		
	1.5 mg vial	02230848	GSK		

For the treatment of patients with Group 1 pulmonary arterial hypertension (PAH) with World Health Organization (WHO) functional class III or IV.

Clinical Note:

- The diagnosis of PAH should be confirmed by right heart catheterization.

Claim Notes:

- Must be prescribed by, or in consultation with, a physician experienced in the treatment of PAH.
- Approval period: Long term.

Revised Criteria

Sildenafil (Revatio® and generic brands)

20 mg film-coated tablet	See NB Drug Plans Formulary or MAP List for Products	(SA)	MAP

For the treatment of patients with Group 1 pulmonary arterial hypertension (PAH) with World Health Organization (WHO) functional class II, III or IV.

Clinical Note:

- The diagnosis of PAH should be confirmed by right heart catheterization.

Claim Notes:

- Must be prescribed by, or in consultation with, a physician experienced in the treatment of PAH.
- The maximum dose of sildenafil that will be reimbursed is 20mg three times daily.
- Approval period: Long term.

Revised Criteria

Treprostinil (Remodulin®)

1 mg/mL multi-use vial	02246552	UTC	(SA)	MLP
2.5 mg/mL multi-use vial	02246553			
5 mg/mL multi-use vial	02246554			
10 mg/mL multi-use vial	02246555			

For the treatment of patients with Group 1 pulmonary arterial hypertension (PAH) with World Health Organization (WHO) functional class III or IV who have failed to respond to non-prostanoid therapies.

Clinical Note:

- The diagnosis of PAH should be confirmed by right heart catheterization.

Claim Notes:

- Must be prescribed by, or in consultation with, a physician experienced in the treatment of PAH.
- Approval period: Long term.

Benefit Status Changes

Product	Strength	DIN	MFR	Plans	Cost Base
Delisted					
Glimepiride (Sandoz Glimepiride)	1 mg tablet 2 mg tablet 4 mg tablet	See NB Drug Plans Formulary or MAP List for Products			MAP
	Effective June 17, 2021, Sandoz glimepiride 1mg, 2mg and 4mg tablets will be delisted as a benefit on the New Brunswick Drug Plans Formulary. Requests for special authorization will not be considered. Patients who had a claim paid between June 17, 2020 and June 17, 2021 will continue to have coverage. There are equally effective and less costly sulfonylureas currently listed as regular benefits.				
Special Authorization now required					
Mirtazapine ODT (Remeron RD® and generic brands)	15 mg orally disintegrating tablet 30 mg orally disintegrating tablet 45 mg orally disintegrating tablet	See NB Drug Plans Formular or MAP List for Products		(SA)	MAP
	For use in patients when regular mirtazapine tablets are not an option.				

Drugs Reviewed and Not Listed

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

Product	Strength	DIN	MFR	Indication
Certolizumab (Cimzia®)	200 mg/mL autoinjector 200 mg/mL prefilled syringe	02465574 02331675	UCB	For the treatment of plaque psoriasis.

Bulletin #1056 June 30, 2021

NB Drug Plans Formulary Update

Maximum Allowable Price (MAP) List

Included in this bulletin:

- Drug product additions
  - New products will be reimbursed up to the category MAP effective June 30, 2021.
  - Products that were already listed on the NB Drug Plans Formulary will be reimbursed up to the new category MAP effective July 21, 2021. Prior to July 21, 2021, these products will be reimbursed up to the higher MAP indicated on the attached list.

- Drug price changes
  - Price decreases for products that were already listed on the NB Drug Plans Formulary will be reimbursed up to the new category MAP effective July 21, 2021. Prior to July 21, 2021, these products will be reimbursed up to the previous MAP.
  - Price increases for products that were already listed on the NB Drug Plans Formulary will be reimbursed up to the new category MAP effective June 30, 2021.

- Drug category changes
  - Products in categories where there is no longer a generic brand will be moved to the Manufacturer List Price (MLP) List effective July 21, 2021.

- Delisted drug products
  - Products will be removed from the NB Drug Plans Formulary effective July 21, 2021.

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

Drug Product Additions

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Amlodipine							
Tab	Orl	2.5 mg	Jamp-Amlodipine	02357186	JPC	ADEFGV	0.0767
Aripiprazole							
Tab	Orl	2 mg	Aripiprazole	02506688	SAS	ADEFGV	0.8092
		5 mg	Aripiprazole	02506718	SAS	ADEFGV	0.9046
		10 mg	Aripiprazole	02506726	SAS	ADEFGV	1.0754
		15 mg	Aripiprazole	02506734	SAS	ADEFGV	1.2692
		20 mg	Aripiprazole	02506750	SAS	ADEFGV	1.0017
		30 mg	Aripiprazole	02506785	SAS	ADEFGV	1.0017
Dasatinib							
Tab	Orl	20 mg	Teva-Dasatinib	02478307	TEV	(SA)	9.6713
		50 mg	Teva-Dasatinib	02478315	TEV	(SA)	19.4642
		70 mg	Teva-Dasatinib	02478323	TEV	(SA)	21.4511
		80 mg	Teva-Dasatinib	02478331	TEV	(SA)	34.5075
		100 mg	Teva-Dasatinib	02478358	TEV	(SA)	38.9021
Febuxostat							
Tab	Orl	80 mg	Teva-Febuxostat	02466198	TEV	(SA)	0.3975
Hydromorphone							
Liq	Inj	50 mg/mL	Hydromorphone Hydrochloride	02469413	STR	ADEFGVW	6.9525
Lacosamide							
Tab	Orl	50 mg	ACH-Lacosamide	02489287	AHI	(SA)	0.6313
		100 mg	ACH-Lacosamide	02489295	AHI	(SA)	0.8750
		150 mg	ACH-Lacosamide	02489309	AHI	(SA)	1.1763
		200 mg	ACH-Lacosamide	02489317	AHI	(SA)	1.4500
Mirtazapine							
Tab	Orl	45 mg	Mirtazapine	02496682	SIV	ADEFGV	0.6930
Ondansetron							
Liq	Inj	2 mg/mL	Ondansetron Injection USP (PF) Ondansetron Injection USP	02464578 02462257	STR	W	3.4552

Drug Product Additions

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Pilocarpine							
Tab	Orl	5 mg	Jamp Pilocarpine	02509571	JPC	(SA)	0.7321
Piperacillin / Tazobactam							
Pws.	Inj	2 g / 0.25 g	Piperacillin and Tazobactam	02362619	STR	ABDEFGVW	4.1720
		3 g / 0.375 g	Piperacillin and Tazobactam	02362627	STR	ABDEFGVW	6.2591
		4 g / 0.5 g	Piperacillin and Tazobactam	02362635	STR	ABDEFGVW	8.3458
Pirfenidone							
Tab	Orl	267 mg	Esbriet	02464489	HLR	(SA)	13.4240
			Sandoz Pirfenidone	02488507	SDZ		6.7120
		801 mg	Esbriet	02464500	HLR	(SA)	40.2720
			Sandoz Pirfenidone	02488515	SDZ		20.1360
Valacyclovir							
Tab	Orl	500 mg	Jamp Valacyclovir	02440598	JPC	ADEFGV	0.6198

Drug Price Changes

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Cefprozil							
Tab	Orl	250 mg	Taro-Cefprozil	02293528	TAR	ADEFGVW	1.0220
Dasatinib							
Tab	Orl	20 mg	Apo-Dasatinib	02470705	APX	(SA)	9.6713
			Taro-Dasatinib	02499282	TAR		
		50 mg	Apo-Dasatinib	02470713	APX	(SA)	19.4642
			Taro-Dasatinib	02499304	TAR		
		70 mg	Apo-Dasatinib	02481499	APX	(SA)	21.4511
			Taro-Dasatinib	02499312	TAR		
		80 mg	Apo-Dasatinib	02481502	APX	(SA)	34.5075
			Taro-Dasatinib	02499320	TAR		
		100 mg	Apo-Dasatinib	02470721	APX	(SA)	38.9021
			Taro-Dasatinib	02499339	TAR		
Febuxostat							
Tab	Orl	80 mg	Jamp-Febuxostat	02490870	JPC	(SA)	0.3975
			Mar-Febuxostat	02473607	MAR		
Pilocarpine							
Tab	Orl	5 mg	M-Pilocarpine	02496119	MRA	(SA)	0.7321

Drug Category Changes

Drug/Form/Route/Strength			Tradename	PIN	MFR	Plans	MAP
Pilocarpine							
Dps	Oph	2%	Isopto Carpine	00000868	NVR	ADEFGV	0.2900
		4%	Isopto Carpine	00000884	NVR	ADEFGV	0.3320

Delisted Drug Products

Drug/Form/Route/Strength			Tradename	PIN	MFR	Plans	MAP
Product No Longer Marketed							
Cefprozil							
Tab	Orl	250 mg	Auro-Cefprozil	02347245	ARO	ADEFGVW	
			Sandoz Cefprozil	02302179	SDZ		

Bulletin #1057

July 15, 2021

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective July 15, 2021.

Included in this bulletin:

- Regular Benefit Additions
- Special Authorization Benefit Additions
- Benefit Status Changes
- Drugs Reviewed and Not Listed
- Update on Quantity for Claims Submission

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

Regular Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Calcipotriol / Betamethasone (Dovobet® and generic brand)	0.5 mg / 50 mcg topical ointment	See NB Drug Plans Formulary or MAP List for Products		ADEFGV	MAP
Enoxaparin (Inclunox® and Inclunox® HP)	30 mg / 0.3 mL prefilled syringe	02507501	SDZ	ADEFGVW	MLP
	40 mg / 0.4 mL prefilled syringe	02507528			
	60 mg / 0.6 mL prefilled syringe	02507536			
	80 mg / 0.8 mL prefilled syringe	02507544			
	100 mg / mL prefilled syringe	02507552			
	120 mg / 0.8 mL prefilled syringe	02507560			
	150 mg / mL prefilled syringe	02507579			
Enoxaparin (Noromby™ and Noromby™ HP)	30 mg / 0.3 mL prefilled syringe	02506459	JNO	ADEFGVW	MLP
	40 mg / 0.4 mL prefilled syringe	02506467			
	60 mg / 0.6 mL prefilled syringe	02506475			
	80 mg / 0.8 mL prefilled syringe	02506483			
	100 mg / mL prefilled syringe	02506491			
	120 mg / 0.8 mL prefilled syringe	02506505			
	150 mg / mL prefilled syringe	02506513			
Enoxaparin (Redesca® and Redesca HP®)	30 mg / 0.3 mL prefilled syringe	02509075	VAL	ADEFGVW	MLP
	40 mg / 0.4 mL prefilled syringe	02509083			
	60 mg / 0.6 mL prefilled syringe	02509091			
	80 mg / 0.8 mL prefilled syringe	02509105			
	100 mg / mL prefilled syringe	02509113			
	300 mg / 3 mL multi-dose vial	02509121			
	120 mg / 0.8 mL prefilled syringe	02509148			
	150 mg / mL prefilled syringe	02509156			
Mesna (Uromitexan)	100 mg / mL ampoule	02241411	BAX	ADEFGV	MLP
Special Authorization No Longer Required					
Itraconazole (Sporanox® and generic brand)	100 mg capsule	See NB Drug Plans Formulary or MAP List for Products		ADEFGV	MAP

Special Authorization Benefits Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Macitentan (Opsumit®)	10 mg film-coated tablet	02415690	JAN	(SA)	MLP
	For the treatment of patients with Group 1 pulmonary arterial hypertension (PAH) with World Health Organization (WHO) functional class II, III or IV.				

Clinical Note:

- The diagnosis of PAH should be confirmed by right heart catheterization.

Claim Notes:

- Must be prescribed by, or in consultation with, a physician experienced in the treatment of PAH.
- Combined use of more than one endothelin receptor antagonists will not be reimbursed.
- The maximum dose of macitentan that will be reimbursed is 10 mg daily.
- Approval period: Long term.

Benefit Status Changes

Product	Strength	DIN	MFR	Plans	Cost Base
Delisted					
Ciprofloxacin (Cipro® XL)	1000 mg extended-release tablet	02251787	BAY		MAP

Effective July 15, 2021, ciprofloxacin 1000 mg extended release tablets will be delisted as a benefit under the New Brunswick Drug Plans Formulary. Requests for special authorization will not be considered.

The extended release tablets are more expensive than ciprofloxacin immediate release tablets which are listed as benefits on the New Brunswick Drug Plans Formulary.

Delisted					
Enoxaparin (Lovenox® and Lovenox® HP)	30 mg / 0.3 mL prefilled syringe	02012472	SAV		MLP
	40 mg / 0.4 mL prefilled syringe	02236883			
	60 mg / 0.6 mL prefilled syringe	02378426			
	80 mg / 0.8 mL prefilled syringe	02378434			
	100 mg / 1 mL prefilled syringe	02378442			
	300 mg / 3 mL multi-dose vial	02236564			
	120 mg / 0.8 mL prefilled syringe	02242692			
	150 mg / mL prefilled syringe	02378469			

Effective July 15, 2021, biosimilar versions of enoxaparin will be added to the Formulary as regular benefits on Plans ADEFGVW.

After this date, special authorization (SA) requests for Lovenox will no longer be considered and the quantity limit of 35 days of therapy will be removed. Patients who received SA approval for the Lovenox brand of enoxaparin prior to July 15, 2021 will continue to have this brand covered until their SA approval expires, or February 28, 2022, whichever occurs first.

Drugs Reviewed and Not Listed

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

Product	Strength	DIN	MFR	Indication
Insulin degludec/ liraglutide (Xultophy®)	100 unit/mL + 3.6 mg/mL prefilled pen	02474875	NNO	Treatment of type 2 diabetes mellitus.

Update on Quantities for Claims Submission

Effective July 15, 2021, the quantity for claims submission will be changing for the following drugs:

Drug	Quantity for Claims Submission
Dalteparin (Fragmin®)	syringe / vial
Enoxaparin (Lovenox® / Lovenox® HP)	syringe / vial
Leuprolide (Lupron®)	vial
Nadroparin (Fraxiparin® / Fraxiparin® Forte)	syringe / vial
Semaglutide (Ozempic®)	pen
Tinzaparin (Innohep®)	syringe / vial

This change will apply to all claims for prescriptions dispensed on, or after, July 15, 2021. Any claims for prescriptions dispensed prior to this date must follow the previous quantity for claim submission requirement.

Please refer to the Maximum Allowable Price (MAP) List and Manufacturers List Price (MLP) List at Drug Price Lists and Pricing Policy to confirm the correct quantity for claim submissions for a specific product.

Bulletin #1058

July 29, 2021

NB Drug Plans Formulary Update

Maximum Allowable Price (MAP) List

Included in this bulletin:

- Drug product additions
  - New products will be reimbursed up to the category MAP effective July 29, 2021.
  - Products that were already listed on the NB Drug Plans Formulary will be reimbursed up to the new category MAP effective August 19, 2021. Prior to August 19, 2021, these products will be reimbursed up to the higher MAP indicated on the attached list.

- Drug price changes
  - Price decreases for products that were already listed on the NB Drug Plans Formulary will be reimbursed up to the new category MAP effective August 19, 2021. Prior to August 19, 2021, these products will be reimbursed up to the previous MAP.
  - Price increases for products that were already listed on the NB Drug Plans Formulary will be reimbursed up to the new category MAP effective July 29, 2021.

- Drug category changes
  - Products in categories where there is no longer a generic brand will be moved to the Manufacturer List Price (MLP) List effective August 19, 2021.

- Delisted drug products
  - Products will be removed from the NB Drug Plans Formulary effective August 19, 2021.

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

Drug Product Additions

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Budesonide							
Sus	Inh	0.125 mg/mL	Taro-Budesonide	02494264	TAR	(SA)	0.1143
		0.25 mg/mL	Pulmicort Nebuamp	01978918	AZE	(SA)	0.4790
			Taro-Budesonide	02494272	TAR		0.3593
		0.5 mg/mL	Taro-Budesonide	02494280	TAR	(SA)	0.4559
Buspirone							
Tab	Orl	10 mg	Buspirone	02447851	SAS	ADEFGV	0.2659
Hydrocortisone							
Crm	Top	1%	Jamp-Hydrocortisone	80057189	JPC	ADEFGV	0.0859
			Jamp-Hydrocortisone Acetate	80057178			
Hydrocortisone / Urea							
Crm	Top	1% / 10%	Dermaflex HC	00681989	PAL	ADEFGV	0.2043
			Jamp-Hydrocortisone Acetate-Urea	80061501	JPC		0.0915
Meropenem							
Pws	Inj	500 mg	Taro-Meropenem	02421518	SUN	ADEFGVW	9.2225
		1 g	Taro-Meropenem	02421526	SUN	ADEFGVW	18.4450
Olmesartan / Hydrochlorothiazide							
Tab	Orl	20 mg / 12.5 mg	Olmesartan/HCTZ	02509601	SAS	ADEFGV	0.3019
		40 mg / 12.5 mg	Olmesartan/HCTZ	02509636	SAS	ADEFGV	0.3019
		40 mg / 25 mg	Olmesartan/HCTZ	02509628	SAS	ADEFGV	0.3019
Pirfenidone							
Cap	Orl	267 mg	Esbriet	02393751	HLR	(SA)	13.6251
			Jamp Pirfenidone	02509938	JPC		6.7120
Vancomycin							
Pws	Inj	500 mg	Vancomycin Hydrochloride USP	02342855	STR	ABDEFGVW	9.8669

Drug Price Changes

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Azithromycin							
Pws	Orl	100 mg / 5 mL	Auro-Azithromycin	02482363	ARO	ABDEFGVW	0.5881
			Sandoz Azithromycin	02332388	SDZ		
		200 mg / 5 mL	Auro-Azithromycin	02482371	ARO	ABDEFGVW	0.8330
			Sandoz Azithromycin	02332396	SDZ		

Drug Price Changes

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Budesonide							
Sus	Inh	0.125 mg/mL	Teva-Budesonide	02465949	TEV	(SA)	0.1143
		0.5 mg/mL	Teva-Budesonide	02465957	TEV	(SA)	0.4559
Buspirone							
Tab	Orl	10 mg	Apo-Buspirone	02211076	APX	ADEFGV	0.2659
			Auro-Buspirone	02500213	ARO		
			pms-Busprione	02230942	PMS		
			Teva-Buspirone	02231492	TEV		
Indapamide							
Tab	Orl	1.25 mg	Apo-Indapamide	02245246	APX	ADEFGV	0.1490
			Mylan-Indapamide	02240067	MYL		
		2.5 mg	Apo-Indapamide	02223678	APX	ADEFGV	0.2364
			Mylan-Indapamide	02153483	MYL		
Mirtazapine							
ODT	Orl	15 mg	Auro-Mirtazapine OD	02299801	ARO	(SA)	0.4046
		30 mg	Auro-Mirtazapine OD	02299828	ARO	(SA)	0.8087
		45 mg	Auro-Mirtazapine OD	02299836	ARO	(SA)	1.2132
Olopatadine							
Liq	Oph	0.2%	Apo-Olopatadine	02402823	APX	ADEFGV	6.2040
			Sandoz Olopatadine	02420171	SDZ		
Ramipril / Hydrochlorothiazide							
Tab	Orl	2.5 mg / 12.5 mg	Taro-Ramipril HCTZ	02449439	SUN	ADEFGV	0.2242
		5 mg / 12.5 mg	Taro-Ramipril HCTZ	02449447	SUN	ADEFGV	0.3016

Drug Category Changes

Drug/Form/Route/Strength			Tradename	PIN	MFR	Plans	MAP
Hydromorphone							
SRC	Orl	3 mg	Hydromorph Contin	02125323	PFR	ADEFGVW	0.6645
		4.5 mg	Hydromorph Contin	02359502	PFR	ADEFGVW	0.8020
		6 mg	Hydromorph Contin	02125331	PFR	ADEFGVW	0.9950
		9 mg	Hydromorph Contin	02359510	PFR	ADEFGVW	1.3140
		12 mg	Hydromorph Contin	02125366	PFR	ADEFGVW	1.7260

Drug Category Changes

Drug/Form/Route/Strength			Tradename	PIN	MFR	Plans	MAP
Hydromorphone							
SRC	Orl	18 mg	Hydromorph Contin	02243562	PFR	ADEFGVW	2.4900
		24 mg	Hydromorph Contin	02125382	PFR	ADEFGVW	2.8820
		30 mg	Hydromorph Contin	02125390	PFR	ADEFGVW	3.4520

Delisted Drug Products

Drug/Form/Route/Strength			Tradename	PIN	MFR	Plans	MAP
Product No Longer Marketed							
Azithromycin							
Pws	Orl	100 mg / 5 mL	Azithromycin	02274388	PMS	ABDEFGVW	
		200 mg / 5 mL	Azithromycin	02274396	PMS	ABDEFGVW	
			pms-Azithromycin	02418460	PMS		
Indapamide							
Tab	Orl	1.25 mg	Jamp-Indapamide	02373904	JPC	ADEFGV	
		2.5 mg	Jamp-Indapamide	02373912	JPC	ADEFGV	

Bulletin #1059

August 19, 2021

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective August 19, 2021.

Included in this bulletin:

- Special Authorization Benefit Additions
- Drugs Reviewed and Not Listed

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

Special Authorization Benefits Additions

Generic name (Brand name)	Strength	DIN	MFR	Plans	Cost Base
Baricitinib (Olumiant)	2 mg tablet	02480018	LIL	(SA)	MLP

For the treatment of moderately to severely active rheumatoid arthritis, in combination with methotrexate or other disease-modifying antirheumatic drugs (DMARDs), in adult patients who are refractory, intolerant or have contraindications to:

- methotrexate (oral or parenteral), alone or in combination with another DMARD, at a dose of greater than or equal to 20 mg weekly (greater than or equal to 15 mg if patient is greater than or equal to 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 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. The nature of intolerance(s) must be clearly documented.

Claim Notes:

- Must be prescribed by a rheumatologist.
- Combined use of more than one biologic drug will not be reimbursed.
- Approvals will be for a maximum of 2 mg daily.
- Initial Approval: 6 months.
- Renewal Approval: 1 year. Confirmation of response is required.

Darolutamide (Nubeqa)	300 mg film-coated tablet	02496348	BAY	(SA)	MLP

In combination with androgen deprivation therapy (ADT) for the treatment of patients with non-metastatic castration-resistant prostate cancer who have a prostate-specific antigen (PSA) doubling time of less than or equal to 10 months during continuous ADT (i.e., high risk of developing metastases).

Renewal Criteria:

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

Clinical Notes:

1. Castration-resistance must be demonstrated during continuous ADT and is defined as a minimum of three rises in PSA, measured at least one week apart, with the last PSA greater than 2 mcg/L.
2. Castrate levels of testosterone must be maintained throughout treatment with darolutamide.
3. Patients must have a good performance status.
4. Treatment should be discontinued upon radiographic disease progression or unacceptable toxicity.

Claim Notes:

- Requests for darolutamide will not be considered for patients who experience disease progression on apalutamide or enzalutamide.
- Initial approval period: 1 year.
- Renewal approval period: 1 year.

Drugs Reviewed and Not Listed

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

Generic name (Brand name)	Strength	DIN	MFR	Indication
Ozanimod (Zeposia)	0.23 mg, 0.46 mg capsule (initiation pack)	02506009	CEL	For the treatment of relapsing-remitting multiple sclerosis.
	0.92 mg capsule	02505991		
Ustekinumab (Stelara)	90 mg/mL prefilled syringe	02320681	JAN	For the treatment of ulcerative colitis.
	5 mg/mL solution for intravenous infusion	02459671		

Bulletin #1060

August 31, 2021

NB Drug Plans Formulary Update

Maximum Allowable Price (MAP) List

Included in this bulletin:

- Drug product additions
  - New products will be reimbursed up to the category MAP effective August 31, 2021.
  - Products that were already listed on the NB Drug Plans Formulary will be reimbursed up to the new category MAP effective September 21, 2021. Prior to September 21, 2021, these products will be reimbursed up to the higher MAP indicated on the attached list.

- Temporary drug product additions
  - Under the interim order in relation to COVID-19, Health Canada is allowing certain drugs that may not fully meet regulatory requirements to be imported and sold in Canada. Eligible drugs are those designated as a Tier 3 shortage.
  - These products will be listed as temporary benefits on the NB Drug Plans Formulary and will be reimbursed up to the category MAP effective August 31, 2021.

- Drug price changes
  - Price decreases for products that were already listed on the NB Drug Plans Formulary will be reimbursed up to the new category MAP effective September 21, 2021. Prior to September 21, 2021, these products will be reimbursed up to the previous MAP.
  - Price increases for products that were already listed on the NB Drug Plans Formulary will be reimbursed up to the new category MAP effective August 31, 2021.

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

Drug Product Additions

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Darifenacin							
ERT	Orl	7.5 mg	Enablex	02273217	SLP	(SA)	1.5600
			Apo-Darifenacin	02452510	APX		1.2087
		15 mg	Enablex	02273225	SLP	(SA)	1.5600
			Apo-Darifenacin	02452529	APX		1.2087
Eletriptan							
Tab	Orl	20 mg	Eletriptan	02511266	SAS	ADEFGV	2.6172
		40 mg	Eletriptan	02511274	SAS	ADEFGV	2.6172
Escitalopram							
Tab	Orl	15 mg	Kye-Escitalopram	02512653	KYE	ADEFGV	0.3210
Ferrous Sulfate							
Liq	Orl	150 mg / 5 mL	Jamp-Ferrous Sulfate	80008295	JPC	AEFGV	0.0272
Indomethacin							
Cap	Orl	50 mg	Auro-Indomethacin	02499223	ARO	ADEFGV	0.1234
Levetiracetam							
Tab	Orl	250 mg	Mint-Levetiracetam	02442388	MNT	ADEFGV	0.3210
		500 mg	Mint-Levetiracetam	02442396	MNT	ADEFGV	0.3911
		750 mg	Mint-Levetiracetam	02442418	MNT	ADEFGV	0.5416
Meropenem							
Pws	Inj	500 mg	Meropenem for Injection	02493330	STR	ADEFGVW	9.2225
Ondansetron							
Liq	Inj	2 mg/mL	Ondansetron Hydrochloride Dihydrate	02274418			
			Ondansetron Injection USP	02279436	SDZ	W (SA)	3.4552
			Ondansetron Injection USP (PF)	02279428			
Timolol / Dorzolamide							
Liq	Oph	0.5% / 2%	Cosopt PF	02258692	ELV	ADEFGV	1.9887
Zolmitriptan							
Tab	Orl	2.5 mg	Auro-Zolmitriptan	02481030	ARO	ADEFGV	3.4292

Temporary Benefit Additions

Drug/Form/Route/Strength			Tradename	PIN	MFR	Plans	MAP
Propylthiouracil							
Tab	Orl	50 mg	Propylthiouracil	09858135	ARN	ADEFGV	0.5000

Drug Price Changes

Atenolol / Chlorthalidone							
Tab	Orl	50 mg / 25 mg	AA-Atenidone	02248763	AAP	ADEFGV	0.5342
		100 mg / 25 mg	AA-Atenidone	02248764	AAP	ADEFGV	0.8755
Carbamazepine							
SRT	Orl	200 mg	pms-Carbamazepine	02231543	PMS	ADEFGV	0.2563
			Sandoz Carbamazepine CR	02261839	SDZ		
		400 mg	pms-Carbamazepine	02231544	PMS	ADEFGV	0.5126
			Sandoz Carbamazepine CR	02261847	SDZ		
Diclofenac							
Sup	Rt	50 mg	pms-Diclofenac	02231506	PMS	ADEFGV	0.8545
			Sandoz Diclofenac	02261928	SDZ		
Indomethacin							
Cap	Orl	50 mg	Mint-Indomethacin	02461536	MNT	ADEFGV	0.1234
			Teva-Indomethacin	00337439	TEV		
Norfloxacin							
Tab	Orl	400 mg	Norfloxacin	02229524	AAP	ADEFGVW	1.8586
Timolol							
Dps	Oph	0.5%	Apo-Timop	00755834	APX		
			Jamp-Timolol	02447800	JPC	ADEFGV	1.2140
			Sandoz Timolol Maleate	02166720	SDZ		
Tobramycin							
Liq	Inj	40 mg/mL	Tobramycin Injection USP	02241210	SDZ	ABDEFGVW	2.2500
Travoprost							
Liq	Oph	0.004%	Apo-Travoprost Z	02415739	APX	ADEFGV	5.7520
			Sandoz Travoprost	02413167	SDZ		

Bulletin #1061

September 16, 2021

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective September 16, 2021.

Included in this bulletin:

- Special Authorization Benefit Additions
- Changes to Special Authorization Benefits
- Biosimilars Initiative Reminder

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

Special Authorization Benefits Additions

Generic name (Brand name)	Strength	DIN	MFR	Plans	Cost Base
Gilteritinib (Xospata)	40 mg tablet	02495058	ASL	(SA)	MLP

As monotherapy for the treatment of adult patients with relapsed or refractory FMS-like tyrosine kinase 3 (FLT3)-mutated acute myeloid leukemia who meet all of the following criteria:

- Confirmed positive for FLT3 mutation at the time of relapse or determination of refractory disease
- Presence of FLT3-ITD, FLT3-TKD/D835 or FLT3-TKD/I836 mutation

Renewal Criteria:

- Written confirmation that the patient is responding to treatment.

Clinical Notes:

1. Patients must have a good performance status.
2. Treatment should continue as long as clinical benefit is observed or until unacceptable toxicity occurs.

Claim Notes:

- Initial approval period: 6 months.
- Renewal approval period: 6 months.
- Claims that exceed the maximum claim amount of $9,999.99 must be divided and submitted as separate transactions as outlined here.

Changes to Existing Special Authorization Benefits

Generic name (Brand name)	Strength	DIN	MFR	Plans	Cost Base
New Dosage Form Dupilumab (Dupixent)	300 mg /2 mL prefilled pen	02510049	SAV	(SA)	MLP

For the treatment of moderate to severe atopic dermatitis in patients 12 years of age and older who meet all of the following criteria:

- Refractory or have contraindications to an adequate trial of topical prescription therapies
- Refractory, intolerant or have contraindications to an adequate trial of phototherapy (where available), methotrexate, and cyclosporine
- Baseline Physician Global Assessment score of 3 or greater and Eczema Area and Severity Score of 7.1 or greater

Renewal criteria:

- Requests for renewal must provide proof of beneficial clinical effect defined as a 75% or greater improvement from baseline in the Eczema Area and Severity Index (EASI-75) score six months after treatment initiation.

- Proof of maintenance of EASI-75 response from baseline must be provided for subsequent authorizations.

Clinical Note:

- Not to be used in combination with phototherapy or immunosuppressant drugs (e.g., methotrexate, cyclosporine).

Claim Notes:

- Must be prescribed by a dermatologist.
- Approvals will be for a maximum of 600 mg at week 0, then 300 mg every two weeks thereafter.
- Initial approval period: 6 months.
- Renewal approval period: 1 year.

Revised Criteria

Duloxetine (Cymbalta and generics)	30 mg capsule 60 mg capsule	See NB Drug Plans Formulary or MAP List for Products	(SA)	MAP

Chronic Pain

For the treatment of patients with chronic pain.

Claim Note:

- The maximum dose reimbursed is 60 mg daily.

Biosimilars Initiative Reminder

The Biosimilars Initiative, announced in the NB Drug Plans Formulary Update - Bulletin #1050, involves switching patients who use certain originator biologics to a biosimilar brand to maintain their coverage under the New Brunswick Drug Plans.

As a reminder, **coverage of the originator biologics listed in the table below will end on November 30, 2021** or on the last day of the current special authorization approval, whichever is sooner.

Drug	Originator (Switch from)	Biosimilar (Switch to)
Adalimumab	Humira	Idacio Amgevita Hadlima Hyrimoz Hulio
Etanercept	Enbrel	Brenzys Erelzi
Infliximab	Remicade	Inflectra Renflexis Avsola
Insulin glargine	Lantus	Basaglar
Insulin lispro	Humalog	Admelog
Rituximab	Rituxan	Ruxience Truxima Riximyo
Glatiramer	Copaxone	Glatect

More information and resources, including the Biosimilars Initiative Guide for Prescribers and Health Professionals and Guide for Patients, are available online at www.gnb.ca/biosimilars.

Bulletin #1062

September 30, 2021

NB Drug Plans Formulary Update

Maximum Allowable Price (MAP) List

Included in this bulletin:

- Drug product additions
  - New products will be reimbursed up to the category MAP effective September 30, 2021.
  - Products that were already listed on the NB Drug Plans Formulary will be reimbursed up to the new category MAP effective October 21, 2021. Prior to October 21, 2021, these products will be reimbursed up to the higher MAP indicated on the attached list.

- Drug price changes
  - Price decreases for products that were already listed on the NB Drug Plans Formulary will be reimbursed up to the new category MAP effective October 21, 2021. Prior to October 21, 2021, these products will be reimbursed up to the previous MAP.
  - Price increases for products that were already listed on the NB Drug Plans Formulary will be reimbursed up to the new category MAP effective September 30, 2021.

- Delisted drug products
  - Products will be removed from the NB Drug Plans Formulary effective October 21, 2021.

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

Drug Product Additions

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Amlodipine							
Tab	Orl	2.5 mg	M-Amlodipine	02468018	MRA	ADEFGV	0.0767
		5 mg	M-Amlodipine	02468026	MRA	ADEFGV	0.1343
			pms-Amlodipine	02284065	PMS		
		10 mg	M-Amlodipine	02468034	MRA	ADEFGV	0.1993
			pms-Amlodipine	02284073	PMS		
Atorvastatin							
Tab	Orl	10 mg	M-Atorvastatin	02471167	MRA	ADEFGV	0.1743
		20 mg	M-Atorvastatin	02471175	MRA	ADEFGV	0.2179
		40 mg	M-Atorvastatin	02471183	MRA	ADEFGV	0.2342
		80 mg	M-Atorvastatin	02471191	MRA	ADEFGV	0.2342
Azithromycin							
Tab	Orl	250 mg	M-Azithromycin	02502038	MRA	ABDEFGVW	0.9410
Celecoxib							
Cap	Orl	100 mg	M-Celecoxib	02495465	MRA	ADEFGV	0.1279
		200 mg	M-Celecoxib	02495473	MRA	ADEFGV	0.2558
Cinacalcet							
Tab	Orl	30 mg	M-Cinacalcet	02481987	MRA	ADEFGV	2.7418
		60 mg	M-Cinacalcet	02481995	MRA	ADEFGV	4.9995
		90 mg	M-Cinacalcet	02482002	MRA	ADEFGV	7.2752
Clarithromycin							
Tab	Orl	250 mg	M-Clarithromycin	02471388	MRA	ABDEFGVW	0.4122
		500 mg	Clarithromycin	02466139	SAS	ABDEFGVW	0.8318
			M-Clarithromycin	02471396	MRA		
Clindamycin							
Cap	Orl	150 mg	M-Clindamycin	02479923	MRA	ADEFGVW	0.2217
		300 mg	M-Clindamycin	02479931	MRA	ADEFGVW	0.4434
Clopidogrel							
Tab	Orl	75 mg	M-Clopidogrel	02502283	MRA	ADEFV	0.2631
Clozapine							
Tab	Orl	50 mg	Clozaril	02490668	HLS	ADEFGV	1.3188

Drug Product Additions

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Clozapine							
Tab	Orl	200 mg	Clozaril	02490676	HLS	ADEFGV	5.2892
Desmopressin							
Tab	Orl	0.1 mg	pms-Desmopressin	02304368	PMS	DEF-18G (SA)	0.6609
Donepezil							
Tab	Orl	5 mg	M-Donepezil	02467453	MRA	(SA)	0.4586
		10 mg	M-Donepezil	02467461	MRA	(SA)	0.4586
Escitalopram							
Tab	Orl	10 mg	M-Escitalopram	02471418	MRA	ADEFGV	0.3109
		20 mg	M-Escitalopram	02471426	MRA	ADEFGV	0.3310
Ezetimibe							
Tab	Orl	10 mg	M-Ezetimibe	02467437	MRA	ADEFGV	0.1811
Hyoscine							
Tab	Orl	10 mg	Buscopan	00363812	SNC	ADEFGVW	0.3550
			Accel-Hyoscine	02512335	ACC		0.2711
Lamivudine							
Tab	Orl	100 mg	Jamp-Lamivudine HBV	02512467	JPC	(SA)	2.6154
Lenalidomide							
Cap	Orl	2.5 mg	Revlimid	02459418	CEL	(SA)	329.5000
			Apo-Lenalidomide	02507927	APX		
			Nat-Lenalidomide	02493837	NAT		82.3750
			Reddy-Lenalidomide	02484714	RCH		
		5 mg	Revlimid	02304899	CEL	(SA)	340.0000
			Apo-Lenalidomide	02507935	APX		
			Nat-Lenalidomide	02493845	NAT		85.0000
			Reddy-Lenalidomide	02483017	RCH		
		10 mg	Revlimid	02304902	CEL	(SA)	361.0000
			Apo-Lenalidomide	02507943	APX		
			Nat-Lenalidomide	02493861	NAT		90.2500
			Reddy-Lenalidomide	02483025	RCH		
		15 mg	Revlimid	02317699	CEL	(SA)	382.0000
			Apo-Lenalidomide	02507951	APX		
			Nat-Lenalidomide	02493888	NAT		95.5000
			Reddy-Lenalidomide	02483033	RCH		

Drug Product Additions

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Lenalidomide							
Cap	Orl	20 mg	Revlimid	02440601	CEL	(SA)	403.0000
			Apo-Lenalidomide	02507978	APX		100.7500
			Nat-Lenalidomide	02493896	NAT		
			Reddy-Lenalidomide	02483041	RCH		
		25 mg	Revlimid	02317710	CEL	(SA)	424.0000
			Apo-Lenalidomide	02507986	APX		106.0000
			Nat-Lenalidomide	02493918	NAT		
			Reddy-Lenalidomide	02483068	RCH		
Letrozole							
Tab	Orl	2.5 mg	Mint-Letrozole	02508109	MNT	ADEFV	1.3780
Levofloxacin							
Tab	Orl	250 mg	Mint-Levofloxacin	02505797	MNT	VW (SA)	1.2038
		500 mg	Mint-Levofloxacin	02505819	MNT	VW (SA)	1.3718
Metoclopramide							
Tab	Orl	5 mg	Mar-Metoclopramide	02517795	MAR	ADEFGVW	0.0514
Olmesartan / Hydrochlorothiazide							
Tab	Orl	20 mg / 12.5 mg	NRA-Olmesartan HCTZ	02508273	NRA	ADEFGV	0.3019
		40 mg / 12.5 mg	NRA-Olmesartan HCTZ	02508281	NRA	ADEFGV	0.3019
		40 mg / 25 mg	NRA-Olmesartan HCTZ	02508303	NRA	ADEFGV	0.3019
Paroxetine							
Tab	Orl	10 mg	M-Paroxetine	02467402	MRA	ADEFGV	0.3046
		20 mg	M-Paroxetine	02467410	MRA	ADEFGV	0.3250
		30 mg	M-Paroxetine	02467429	MRA	ADEFGV	0.3453
Perindopril							
Tab	Orl	2 mg	M-Perindopril Erbumine	02482924	MRA	ADEFGV	0.1632
		4 mg	M-Perindopril Erbumine	02482932	MRA	ADEFGV	0.2042
		8 mg	M-Perindopril Erbumine	02482940	MRA	ADEFGV	0.2831
Pravastatin							
Tab	Orl	10 mg	M-Pravastatin	02476274	MRA	ADEFGV	0.2916
		20 mg	M-Pravastatin	02476282	MRA	ADEFGV	0.3440
		40 mg	M-Pravastatin	02476290	MRA	ADEFGV	0.4143

Drug Product Additions

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Pregabalin							
Cap	Orl	25 mg	Ach-Pregabalin	02449838	AHI	ADEFGVW	0.1481
			M-Pregabalin	02467291	MRA		
		50 mg	Ach-Pregabalin	02449846	AHI	ADEFGVW	0.2324
			M-Pregabalin	02467305	MRA		
		75 mg	Ach-Pregabalin	02449854	AHI	ADEFGVW	0.3007
			M-Pregabalin	02467313	MRA		
		150 mg	M-Pregabalin	02467321	MRA	ADEFGVW	0.4145
		225 mg	Ach-Pregabalin	02449897	AHI	ADEFGVW	0.5757
		300 mg	Ach-Pregabalin	02449900	AHI	ADEFGVW	0.4145
Quetiapine							
Tab	Orl	25 mg	Apo-Quetiapine Fumarate	02501635	APX	ADEFGVW	0.0494
		100 mg	Apo-Quetiapine Fumarate	02501643	APX	ADEFGVW	0.1318
		200 mg	Apo-Quetiapine Fumarate	02501651	APX	ADEFGVW	0.2647
		300 mg	Apo-Quetiapine Fumarate	02501678	APX	ADEFGVW	0.3863
Quetiapine							
ERT	Orl	50 mg	NRA-Quetiapine XR	02510677	NRA	ADEFGVW	0.2501
		150 mg	NRA-Quetiapine XR	02510685	NRA	ADEFGVW	0.4926
		200 mg	NRA-Quetiapine XR	02510693	NRA	ADEFGVW	0.6661
		300 mg	NRA-Quetiapine XR	02510707	NRA	ADEFGVW	0.9776
		400 mg	NRA-Quetiapine XR	02510715	NRA	ADEFGVW	1.3270
Rosuvastatin							
Tab	Orl	5 mg	M-Rosuvastatin	02496534	MRA	ADEFGV	0.1284
		10 mg	M-Rosuvastatin	02496542	MRA	ADEFGV	0.1354
		20 mg	M-Rosuvastatin	02496550	MRA	ADEFGV	0.1692
		40 mg	M-Rosuvastatin	02496569	MRA	ADEFGV	0.1990
Tenofovir							
Tab	Orl	300 mg	Tenofovir Disoproxil Fumarate	02512327	SAS	ADEFGUV	4.8884
Venlafaxine							
SRC	Orl	37.5 mg	M-Venlafaxine XR	02471280	MRA	ADEFGV	0.0913

Drug Product Additions

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Venlafaxine							
SRC	Orl	75 mg	M-Venlafaxine XR	02471299	MRA	ADEFGV	0.1825
		150 mg	M-Venlafaxine XR	02471302	MRA	ADEFGV	0.1927

Drug Price Changes

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Lamivudine							
Tab	Orl	100 mg	Apo-Lamivudine HBV	02393239	APX	(SA)	2.6154
Metoclopramide							
Tab	Orl	5 mg	Metonia	02230431	PDP	ADEFGVW	0.0514
Nabilone							
Cap	Orl	1 mg	pms-Nabilone	02380919	PMS	ADEFVW	3.6669
			Teva-Nabilone	02384892	TEV		

Delisted Drug Products

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans
Product No Longer Marketed						
Nabilone						
Cap	Orl	1 mg	Act Nabilone	02393603	TEV	ADEFVW

Bulletin #1063

October 14, 2021

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective October 14, 2021.

Included in this bulletin:

- Regular Benefit Additions
- Special Authorization Benefit Additions
- Changes to Existing Special Authorization Benefits
- Biosimilars Initiative Reminder

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

Regular Benefit Additions

Generic name (Brand name)	Strength	DIN	MFR	Plans	Cost Base
Potassium citrate (K-Lyte, Jamp-K effervescent)	25 mEq effervescent tablet	See NB Drug Plans Formulary or MAP List for Products		ADEFGV	MAP

Special Authorization Benefits Additions

Generic name (Brand name)	Strength	DIN	MFR	Plans	Cost Base
Elexacaftor / Tezacaftor / Ivacaftor and Ivacaftor (Trikafta)	100 mg / 50 mg / 75 mg tablet and 150 mg tablet	02517140	VER	(SA)	MLP

For the treatment of patients 12 years of age and older who have at least one F508del mutation in the cystic fibrosis transmembrane conductance regulator (CFTR) gene and a percent predicted forced expiratory volume in 1 second (ppFEV1) of less than or equal to 90%.

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

- Increase in ppFEV1 by at least 5% compared with baseline.
- Decrease in the total number of days for which the patient received treatment with oral and/or IV antibiotics for pulmonary exacerbations compared with the six month period prior to initiating treatment.
- Decrease in the total number of pulmonary exacerbations requiring oral and/or IV antibiotics compared with the six month period prior to initiating treatment.
- Decrease in the number of CF-related hospitalizations compared with the six month period prior to initiating treatment.
- No decrease in Body Mass Index (BMI) at six months compared with baseline.
- Increase of 4 points or more on the CF Questionnaire-Revised (CFQ-R) Respiratory Domain Scale compared with baseline.

Subsequent Renewal Criteria:

- Evidence of continued benefit must be provided (e.g., ppFEV1, CFQ-R, pulmonary exacerbations).

<u>Clinical Notes:</u>

1. The following baseline measurements must be provided prior to initiation of treatment:
    - Spirometry of FEV1 and ppFEV1 measured within the 3 month period prior to initiation of treatment
    - Total number of days treated with oral and/or intravenous (IV) antibiotics for pulmonary exacerbations in the 6 months prior to initiation of treatment
    - Total number of pulmonary exacerbations requiring oral and/or IV antibiotics in the 6 months prior to initiation of treatment

- Number of CF-related hospitalizations in the 6 months prior to initiation of treatment
- BMI
- CFQ-R Respiratory Domain score

2. Requests will not be considered for patients who have undergone lung transplantation.

Claim Notes:

- Requests will be considered for individuals enrolled in Plans ADEFGV.
- The patient must be under the care of a physician with experience in the diagnosis and management of CF.
- Combined use of more than one CFTR modulator will not be reimbursed.
- Initial approval period: 7 months.
- Renewal approval period: 1 year.
- Claims that exceed the maximum claim amount of $9,999.99 must be divided and submitted as separate transactions as outlined here.

Initial requests for patients who do not meet the lung function criteria may be considered on a case-by-case basis as outlined in the NB Drug Plans Special Authorization Policy.

Entrectinib (Rozlytrek)	100 mg capsule 200 mg capsule	02495007 02495015	HLR	(SA)	MLP

As monotherapy for the first-line treatment of patients with ROS1-positive locally advanced (not amenable to curative therapy) or metastatic non-small cell lung cancer (NSCLC).

Renewal Criteria:

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

Clinical Notes:

1. Treatment should be discontinued upon disease progression or unacceptable toxicity.
2. Patients must have a good performance status.

Claim Notes:

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

Prasugrel (Jamp Prasugrel)	10 mg tablet	02502429	JPC	(SA)	MAP

In combination with ASA for patients with:

- unstable angina (UA) or non-ST-segment elevation myocardial infarction (NSTEMI) managed with percutaneous coronary intervention (PCI); or
- ST-segment elevation myocardial infarction (STEMI) managed with primary or delayed PCI; or
- failure on clopidogrel and ASA therapy as defined by definite stent thrombosis, or recurrent STEMI, NSTEMI or UA after revascularization with PCI.

Clinical Note:

- Definite stent thrombosis, according to the Academic Research Consortium, is a total occlusion originating in or within 5 mm of the stent or is a visible thrombus within the stent or is within 5 mm of the stent in the presence of an acute ischemic clinical syndrome within 48 hours.

Claim Notes:

- Prescriptions written by New Brunswick cardiologists do not require special authorization.
- Approval period: 1 year.

Changes to Existing Special Authorization Benefits

Generic name (Brand name)	Strength	DIN	MFR	Plans	Cost Base
New Dosage Form					
Vedolizumab (Entyvio)	108 mg/0.68 mL prefilled syringe 108 mg/0.68 mL prefilled pen	02497875 02497867	TAK	(SA)	MLP

Crohn's Disease

For the treatment of adult patients with moderately to severely active Crohn's disease who have contraindications, or are refractory, to therapy with corticosteroids and other immunosuppressants.

Claim Notes:

- Must be prescribed by a gastroenterologist or physician with a specialty in gastroenterology.
- Combined use of more than one biologic drug will not be reimbursed.
- Intravenous infusion: Approvals will be for maximum of 300 mg at week 0, 2, and 6, then 300 mg every eight weeks.
- Subcutaneous injection: Approvals will be for a maximum of 108 mg every two weeks following at least two intravenous infusions of vedolizumab.
- Initial approval period: 14 weeks.
- Renewal approval period: 1 year. Confirmation of continued response is required.

Ulcerative Colitis

- For the treatment of adult patients with moderately to severely active ulcerative colitis who have a partial Mayo score greater than 4, and a rectal bleeding subscore greater than or equal to 2 and are:
  - refractory or intolerant to conventional therapy (i.e. aminosalicylates for a minimum of four weeks, and prednisone greater than or equal to 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 greater than or equal to 2 from baseline, and
  - a decrease in the rectal bleeding subscore greater than or equal to 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 greater than 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 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 drug will not be reimbursed.
- Intravenous infusion: Approvals will be for a maximum of 300 mg at week 0, 2, and 6, then 300 mg every eight weeks.
- Subcutaneous injection: Approvals will be for a maximum of 108 mg every two weeks following at least two intravenous infusions of vedolizumab.
- Initial approval period: 14 weeks.
- Renewal approval period: 1 year.

Revised Criteria

Ticagrelor (Brilinta)	90 mg tablet	02368544	AZE	(SA)	MLP

In combination with ASA for patients with acute coronary syndrome (i.e. ST elevation myocardial infarction (STEMI), non-ST elevation myocardial infarction (NSTEMI), or unstable angina (UA), who meet one of the following criteria:

- STEMI, NSTEMI or UA patients undergoing primary percutaneous coronary intervention (PCI)
- NSTEMI or UA patients, irrespective of intent to perform revascularization, with the presence of one of the following high-risk features:
  - High GRACE risk score (>140)
  - High TIMI risk score (5-7)
  - Second ACS within 12 months
  - Complex or extensive coronary artery disease e.g. diffuse three vessel disease
  - Definite documented cerebrovascular or peripheral vascular disease
  - Previous CABG
- Failure on clopidogrel and ASA therapy as defined by definite stent thrombosis or recurrent STEMI, NSTEMI or UA after revascularization with PCI

Clinical Note:

- Definite stent thrombosis, according to the Academic Research Consortium, is a total occlusion originating in or within 5 mm of the stent or is a visible thrombus within the stent or is within 5 mm of the stent in the presence of an acute ischemic clinical syndrome within 48 hours.

Claim Note

- Prescriptions written by New Brunswick cardiologists do not require special authorization.
- Approval period: 1 year.

Biosimilars Initiative Reminder

The Biosimilars Initiative, announced in the NB Drug Plans Formulary Update - Bulletin #1050, involves switching patients who use certain originator biologics to a biosimilar brand to maintain their coverage under the New Brunswick Drug Plans.

As a reminder, **coverage of the originator biologics listed in the table below will end on November 30, 2021** or on the last day of the current special authorization approval, whichever is sooner.

Drug	Originator (Switch from)	Biosimilar (Switch to)
Adalimumab	Humira	Idacio Amgevita Hadlima Hyrimoz Hulio
Etanercept	Enbrel	Brenzys Erelzi
Infliximab	Remicade	Inflectra Renflexis Avsola
Insulin glargine	Lantus	Basaglar
Insulin lispro	Humalog	Admelog
Rituximab	Rituxan	Ruxience Truxima Riximyo
Glatiramer	Copaxone	Glatect

More information and resources, including the Biosimilars Initiative Guide for Prescribers and Health Professionals and Guide for Patients, are available online at www.gnb.ca/biosimilars.

Bulletin #1064

October 28, 2021

NB Drug Plans Formulary Update

Maximum Allowable Price (MAP) List

Included in this bulletin:

- Drug product additions
  - New products will be reimbursed up to the category MAP effective October 28, 2021.
  - Products that were already listed on the NB Drug Plans Formulary will be reimbursed up to the new category MAP effective November 18, 2021. Prior to November 18, 2021, these products will be reimbursed up to the higher MAP indicated on the attached list.

- Drug price changes
  - Price decreases for products that were already listed on the NB Drug Plans Formulary will be reimbursed up to the new category MAP effective November 18, 2021. Prior to November 18, 2021, these products will be reimbursed up to the previous MAP.
  - Price increases for products that were already listed on the NB Drug Plans Formulary will be reimbursed up to the new category MAP effective October 28, 2021.

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

Drug Product Additions

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Cefazolin							
Pws	Inj	10 g	Cefazolin for Injection	02108135	TEV	ADEFGVW	30.1539
Dasatinib							
Tab	Orl	20 mg	Reddy-Dasatinib	02514737	RCH	(SA)	9.6713
		50 mg	Reddy-Dasatinib	02514745	RCH	(SA)	19.4642
		70 mg	Reddy-Dasatinib	02514753	RCH	(SA)	21.4511
		80 mg	Reddy-Dasatinib	02514761	RCH	(SA)	34.5075
		100 mg	Reddy-Dasatinib	02514788	RCH	(SA)	38.9021
		140 mg	Reddy-Dasatinib	02514796	RCH	(SA)	83.4592
Dimethyl Fumarate							
CDR	Orl	120 mg	Tecfidera	02404508	BIG	(SA)	17.4925
			Apo-Dimethyl Fumarate	02505762	APX		4.4266
			Jamp-Dimethyl Fumarate	02516047	JPC		
			Mar-Dimethyl Fumarate	02502690	MAR		
			pms-Dimethyl Fumarate	02497026	PMS		
			Sandoz Dimethyl Fumarate	02513781	SDZ		
		240 mg	Tecfidera	02420201	BIG	(SA)	34.9852
			Apo-Dimethyl Fumarate	02505770	APX		8.6888
			Jamp-Dimethyl Fumarate	02516055	JPC		
			Mar-Dimethyl Fumarate	02502704	MAR		
			pms-Dimethyl Fumarate	02497034	PMS		
			Sandoz Dimethyl Fumarate	02513803	SDZ		
Duloxetine							
CDR	Orl	30 mg	M-Duloxetine	02473208	MRA	(SA)	0.4814
		60 mg	M-Duloxetine	02473216	MRA	(SA)	0.9769
Famotidine							
Tab	Orl	20 mg	Jamp Famotidine	02507749	JPC	ADEFGV	0.2657
		40 mg	Jamp Famotidine	02507757	JPC	ADEFGV	0.4833
Lenalidomide							
Cap	Orl	2.5 mg	Sandoz Lenalidomide	02518562	SDZ	(SA)	82.3750
		5 mg	Sandoz Lenalidomide	02518570	SDZ	(SA)	85.0000
		10 mg	Sandoz Lenalidomide	02518589	SDZ	(SA)	90.2500
		15 mg	Sandoz Lenalidomide	02518597	SDZ	(SA)	95.5000

Drug Product Additions

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Lenalidomide							
Cap	Orl	20 mg	Sandoz Lenalidomide	02518600	SDZ	(SA)	100.7500
		25 mg	Sandoz Lenalidomide	02518619	SDZ	(SA)	106.0000
Levetiracetam							
Tab	Orl	250 mg	pms-Levetiracetam	02296101	PMS	ADEFGV	0.3210
		500 mg	pms-Levetiracetam	02296128	PMS	ADEFGV	0.3911
		750 mg	pms-Levetiracetam	02296136	PMS	ADEFGV	0.5416
Montelukast							
Tab	Orl	10 mg	M-Montelukast	02488183	MRA	ADEFGV	0.4231
Tenofovir							
Tab	Orl	300 mg	Mint-Tenofovir	02512939	MNT	ADEFGUV	4.8884
Valsartan							
Tab	Orl	40 mg	Valsartan	02384523	SIV	ADEFGV	0.2211
		80 mg	Valsartan	02384531	SIV	ADEFGV	0.2159
		160 mg	Valsartan	02384558	SIV	ADEFGV	0.2159
		320 mg	Valsartan	02384566	SIV	ADEFGV	0.2098
Zopiclone							
Tab	Orl	5 mg	M-Zopiclone	02467941	MRA	ADEFGV	0.0990
		7.5 mg	M-Zopiclone	02467968	MRA	ADEFGV	0.1250

Drug Price Changes

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Dasatinib							
Tab	Orl	140 mg	Taro-Dasatinib	02499347	TAR	(SA)	83.4592

Bulletin #1065

November 18, 2021

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective November 18, 2021.

Included in this bulletin:

- Regular Benefit Additions
- Drugs Reviewed and Not Listed
- Update on Quantities for Claims Submission
- Biosimilars Initiative Reminder

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

Regular Benefit Additions

Generic name (Brand name)	Strength	DIN	MFR	Plans	Cost Base
Etonogestrel (Nexplanon)	68 mg subdermal implant	02499509	ORG	DEFGV	MLP
Insulin Aspart (Trurapi)	100 unit/mL cartridge	02506564	SAV	ADEFGV	MLP
	100 unit/mL SoloSTAR prefilled pen	02506572			

Effective November 18, 2021, insulin aspart (Trurapi), will be added to the Formulary as a regular benefit on Plans ADEFGV.

After this date, requests for coverage of NovoRapid prefilled pens and cartridges will not be considered. Patients who had a claim paid between May 18, 2021 and November 17, 2021, will continue to have coverage of NovoRapid prefilled pens and cartridges until May 31, 2022.

Special Authorization No Longer Required

Lacosamide (Vimpat and generic brands)	50 mg tablet 100 mg tablet 150 mg tablet 200 mg tablet	See NB Drug Plans Formulary or MAP List for Products		ADEFGV	MAP
Lanreotide (Somatuline Autogel)	60 mg / 0.2 mL prefilled syringe	02283395	IPS	ADEFGV	MLP
	90 mg / 0.3 mL prefilled syringe	02283409			
	120 mg / 0.5 mL prefilled syringe	02283417			

Drugs Reviewed and Not Listed

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

Generic name (Brand name)	Strength	DIN	MFR	Indication
Pomalidomide (Pomalyst)	1 mg capsule	02419580	CEL	In combination with dexamethasone and bortezomib for the treatment of adult patients with relapsed or refractory multiple myeloma who have received at least one prior treatment regimen including lenalidomide.
	2 mg capsule	02419599		
	3 mg capsule	02419602		
	4 mg capsule	02419610		
Sonidegib (Odomzo)	200 mg capsule	02500337	SUN	For the treatment of adult patients with histologically confirmed locally advanced basal cell carcinoma that is not amenable to radiation therapy or curative surgery.
Tretinoin (Retin-A Micro)	0.1% topical gel	02243914	BSL	For the topical treatment of acne vulgaris.
	0.04% topical gel	02264633		

Update on Quantities for Claims Submission

Effective November 18, 2021, the quantity for claims submission will be changing for Lanreotide (Somatuline Autogel) and must be submitted using the number of syringes in the quantity field. This change will apply to all claims for prescriptions dispensed on, or after, November 18, 2021. Any claims for prescriptions dispensed prior to this date must follow the previous quantity for claim submission requirement.

Please refer to the Maximum Allowable Price (MAP) List and Manufacturers List Price (MLP) List at Drug Price Lists and Pricing Policy to confirm the correct quantity for claim submissions for a specific product.

Biosimilars Initiative Reminder

The Biosimilars Initiative, announced in the NB Drug Plans Formulary Update - Bulletin #1050, involves switching patients who use certain originator biologics to a biosimilar brand to maintain their coverage under the New Brunswick Drug Plans.

As a reminder, **coverage of the originator biologics listed in the table below will end on November 30, 2021** or on the last day of the current special authorization approval, whichever is sooner.

Drug	Originator (Switch from)	Biosimilar (Switch to)
Adalimumab	Humira	Idacio Amgevita Hadlima Hyrimoz Hulio
Etanercept	Enbrel	Brenzys Erelzi
Infliximab	Remicade	Inflectra Renflexis Avsola
Insulin glargine	Lantus	Basaglar
Insulin lispro	Humalog	Admelog
Rituximab	Rituxan	Ruxience Truxima Riximyo
Glatiramer	Copaxone	Glatect

More information and resources, including the Biosimilars Initiative Guide for Prescribers and Health Professionals and Guide for Patients, are available online at www.gnb.ca/biosimilars.

Bulletin #1066

November 30, 2021

NB Drug Plans Formulary Update

Maximum Allowable Price (MAP) List

Included in this bulletin:

- Drug product additions
  - New products will be reimbursed up to the category MAP effective November 30, 2021.

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

Drug Product Additions

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Capecitabine							
Tab	Orl	500 mg	Mint-Capecitabine	02508028	MNT	ADEFGV	1.5250
Ceftriaxone							
Pws	Inj	10 g	Ceftriaxone Sodium for Injection	02292297	SDZ	ADEFGVW	107.1000
Dimethyl Fumarate							
CDR	Orl	120 mg	ACH-Dimethyl Fumarate	02495341	AHI	(SA)	4.4266
		240 mg	ACH-Dimethyl Fumarate	02495368	AHI	(SA)	8.6888
Hydroxychloroquine							
Tab	Orl	200 mg	NRA-Hydroxychloroquine	02511886	NRA	ADEFGV	0.1576
Lacosamide							
Tab	Orl	50 mg	Lacosamide	02512874	SAS	ADEFGV	0.6313
		100 mg	Lacosamide	02512882	SAS	ADEFGV	0.8750
		150 mg	Lacosamide	02512890	SAS	ADEFGV	1.1763
		200 mg	Lacosamide	02512904	SAS	ADEFGV	1.4500
Metoprolol							
SRT	Orl	100 mg	Apo-Metoprolol SR	02285169	APX	ADEFGV	0.1782
Pirfenidone							
Tab	Orl	267 mg	Jamp Pirfenidone	02514702	JPC	(SA)	6.7120
		801 mg	Jamp Pirfenidone	02514710	JPC	(SA)	20.1360

Bulletin # 1067

December 2, 2021

NB Drug Plans Update

2021 Holiday Hours

Representatives of the New Brunswick Drug Plans will be available the following hours during the 2021 holiday season:

Date	Hours
Friday, December 24	8 a.m. to 12 p.m.
Saturday, December 25	Closed
Sunday, December 26	Closed
Monday, December 27	Closed
Tuesday, December 28	8 a.m. to 5 p.m. (regular hours)
Wednesday, December 29	8 a.m. to 5 p.m. (regular hours)
Thursday, December 30	8 a.m. to 5 p.m. (regular hours)
Friday, December 31	8 a.m. to 5 p.m. (regular hours)
Saturday, January 1	Closed
Sunday, January 2	Closed
Monday, January 3	Closed

Please refer to the New Brunswick Drug Plans' Pharmacy Provider Payment Schedule for the direct deposit dates during this time.

If you have any questions, please contact the New Brunswick Drug Plans at **1-800-332-3691**.

Bulletin #1068 December 15, 2021

NB Drug Plans Formulary Update

Maximum Allowable Price (MAP) List

Included in this bulletin:

- Drug product additions
  - New products will be reimbursed up to the category MAP effective December 15, 2021.
  - Products that were already listed on the NB Drug Plans Formulary will be reimbursed up to the new category MAP effective January 5, 2022. Prior to January 5, 2022, these products will be reimbursed up to the higher MAP indicated on the attached list.

- Drug price changes
  - Price decreases for products that were already listed on the NB Drug Plans Formulary will be reimbursed up to the new category MAP effective January 5, 2022. Prior to January 5, 2022, these products will be reimbursed up to the previous MAP.
  - Price increases for products that were already listed on the NB Drug Plans Formulary will be reimbursed up to the new category MAP effective December 15, 2021.

- Delisted drug products
  - Products will be removed from the NB Drug Plans Formulary effective January 5, 2022.

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

Drug Product Additions

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Atorvastatin							
Tab	Orl	80 mg	pmsc-Atorvastatin	02507269	PMS	ADEFGV	0.2342
Brimonidine							
Liq	Oph	0.2%	Brimonidine Tartrate	02515377	TLG	ADEFGV	1.1550
Buspirone							
Tab	Orl	10 mg	Jamp Buspirone	02509911	JPC	ADEFGV	0.2659
Capecitabine							
Tab	Orl	150 mg	Capecitabine	02514982	SAS	ADEFGV	0.4575
		500 mg	Capecitabine	02514990	SAS	ADEFGV	1.5250
Celecoxib							
Cap	Orl	100 mg	pmsc-Celecoxib	02517116	PMS	ADEFGV	0.1279
Diltiazem							
ERC	Orl	120 mg	Diltiazem T	02516101	SAS	ADEFGV	0.2133
		180 mg	Diltiazem T	02516128	SAS	ADEFGV	0.2889
		240 mg	Diltiazem T	02516136	SAS	ADEFGV	0.3832
		300 mg	Diltiazem T	02516144	SAS	ADEFGV	0.4719
		360 mg	Diltiazem T	02516152	SAS	ADEFGV	0.5778
Everolimus							
Tab	Orl	2.5 mg	pms-Everolimus	02504677	PMS	(SA)	50.6635
		5 mg	pms-Everolimus	02504685	PMS	(SA)	50.6635
		10 mg	pms-Everolimus	02504693	PMS	(SA)	50.6635
Methotrexate							
Tab	Orl	2.5 mg	ACH-Methotrexate	02509067	AHI	ADEFGV	0.5027
Octreotide							
Pws	Inj	10 mg	Sandostatin LAR	02239323	NVR	ADEFGVW	1320.9300
			Octreotide for Injectable Suspension	02503751	TEV		990.6975
		20 mg	Sandostatin LAR	02239324	NVR	ADEFGVW	1706.5800
			Octreotide for Injectable Suspension	02503778	TEV		1279.9350
		30 mg	Sandostatin LAR	02239325	NVR	ADEFGVW	2189.5200
			Octreotide for Injectable Suspension	02503786	TEV		1642.1400
Paroxetine							
Tab	Orl	10 mg	Paroxetine	02282844	SAS	ADEFGV	0.3046

Drug Product Additions

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Pirfenidone							
Cap	Orl	267 mg	Sandoz Pirfenidone	02488833	SDZ	(SA)	6.7120
Quetiapine							
Tab	Orl	25 mg	Jamp Quetiapine Fumarate	02390140	JPC	ADEFGVW	0.0494
		100 mg	Jamp Quetiapine Fumarate	02390159	JPC	ADEFGVW	0.1318
		200 mg	Jamp Quetiapine Fumarate	02390167	JPC	ADEFGVW	0.2647
		300 mg	Jamp Quetiapine Fumarate	02390175	JPC	ADEFGVW	0.3863
Vancomycin							
Pws	Inj	5 g	Vancomycin Hydrochloride	02394642	SDZ	ABDEFGVW	294.9500

Drug Price Changes

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Cefprozil							
Tab	Orl	250 mg	Taro-Cefprozil	02293528	SUN	ADEFGVW	1.7374
Everolimus							
Tab	Orl	2.5 mg	Sandoz Everolimus	02492911	SDZ	(SA)	50.6635
			Teva-Everolimus	02463229	TEV		
		5 mg	Sandoz Everolimus	02492938	SDZ	(SA)	50.6635
			Teva-Everolimus	02463237	TEV		
		10 mg	Sandoz Everolimus	02492946	SDZ	(SA)	50.6635
			Teva-Everolimus	02463253	TEV		
Methotrexate							
Tab	Orl	2.5 mg	Apo-Methotrexate	02182963	APX	ADEFGV	0.5027
			pms-Methotrexate	02170698	PMS		
Verapamil							
SRT	Orl	240 mg	Mylan-Verapamil SR	02450496	MYL	ADEFGVW	1.7143

Delisted Drug Products

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans
Product No Longer Marketed						
Verapamil						
SRT	Orl	240 mg	Apo-Verap SR	2246895	APX	ADEFGVW

Bulletin #1069

December 16, 2021

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective December 16, 2021.

Included in this bulletin:

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

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

Special Authorization Benefits Additions

Generic name (Brand name)	Strength	DIN	MFR	Plans	Cost Base
Brolucizumab (Beovu)	6 mg / 0.05 mL prefilled syringe	02496976	NVR	(SA)	MLP

For the treatment of patients with neovascular (wet) age-related macular degeneration (AMD).

Discontinuation Criteria:

- Reduction in Best Corrected Visual Acuity (BCVA) in the treated eye of 15 letters or more on 2 consecutive visits, attributed to AMD in the absence of other pathology, or
- Reduction in BCVA in the treated eye of 30 letters or more compared to either baseline and/or best recorded level, or
- There is evidence of deterioration of the lesion morphology despite optimum treatment over 3 consecutive visits.

Clinical Note:

- BCVA must be provided with initial request and with subsequent renewal requests.

Claim Notes:

- An initial claim of up to two prefilled syringes (1 per eye treated) will be automatically reimbursed when prescribed by a New Brunswick ophthalmologist. If continued treatment is required, a request must be made through special authorization.
- Approvals will be for a maximum of 1 prefilled syringe per eye every 4 weeks for 12 weeks, followed by 1 prefilled syringe per eye every 8 weeks thereafter.
- Approval Period: 1 year.

Cabotegravir (Vocabria)	30 mg tablet	02497204	VIV	(SA)	MLP
Cabotegravir / Rilpivirine (Cabenuva)	600 mg / 3 mL and 900 mg / 3 mL dosing kit	02497247	VIV	(SA)	MLP
	400 mg / 2 mL and 600 mg / 2 mL dosing kit	02497220			

For the treatment of adult patients with HIV-1 infection who are virologically stable and suppressed (HIV-1 RNA less than 50 copies per mL).

Claim Notes:

- Prescriptions written for beneficiaries of Plan U by infectious disease specialists and medical microbiologists who are licensed by the College of Physicians and Surgeons of New Brunswick, do not require special authorization.
- Approval period: Long term.

Indacaterol / Mometasone (Atectura Breezhaler)	150 mcg / 80 mcg powder for inhalation 150 mcg / 160 mcg powder for inhalation 150 mcg / 320 mcg powder for inhalation	02498685 02498707 02498693	NVR	(SA)	MLP

For the treatment of asthma in patients 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.

Rituximab (Riabni)	10 mg/mL single-use vial	02513447	AGA	(SA)	MLP

For the treatment of patients with rheumatoid arthritis, vasculitis, or other autoimmune disease.

Claim Notes:
- Must be prescribed by a specialist.
- Initial approval period: 6 months.
- Renewal approval period: Long term. Confirmation of response is required.

Changes to Existing Special Authorization Benefits

Generic name (Brand name)	Strength	DIN	MFR	Plans	Cost Base
New Indication Abiraterone (Zytiga and generic brands)	250 mg tablet 500 mg tablet	See NB Drug Plans Formulary or MAP List for Products		(SA)	MAP

In combination with androgen deprivation therapy (ADT) for the treatment of patients with metastatic castration-sensitive prostate cancer (mCSPC) who have had no prior ADT, or are within 6 months of beginning ADT, in the metastatic setting.

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 a good performance status.
2. Treatment should be discontinued upon disease progression or unacceptable toxicity.

Claim Notes:
- Initial approval period: 1 year.
- Renewal approval period: 1 year.

New Indication

Cabozantinib (Cabometyx)

20 mg tablet	02480824			
40 mg tablet	02480832	IPS	(SA)	MLP
60 mg tablet	02480840			

Advanced Hepatocellular Carcinoma

For the second-line treatment of adult patients with unresectable hepatocellular carcinoma who meet all of the following criteria:

- Disease progression on sorafenib or lenvatinib
- Child-Pugh class status of A
- ECOG performance status of 0 or 1

Renewal Criteria:

- Written confirmation that the patient has responded to treatment and continues to experience clinical benefit.

Clinical Note:

- Treatment should continue until the patient no longer experiences clinical benefit or experiences unacceptable toxicity.

Claim Notes:

- Requests for cabozantinib will not be considered for patients who experience disease progression on regorafenib or atezolizumab in combination with bevacizumab.
- Initial approval period: 6 months.
- Renewal approval period: 6 months.

Revised Criteria

Bupropion (Zyban)

150 mg tablet	02238441	BSL	(SA)	MLP

For smoking cessation in adults 18 years of age and older.

Clinical Notes:

1. The patient should be participating in a form of smoking cessation counselling.
2. For information on quitting smoking or to obtain the special authorization request form, visit our website Smoking Cessation Therapies.

Claim Notes:

- A maximum of 12 weeks of standard therapy (168 tablets) will be reimbursed annually without special authorization.
- Patients who have a high probability of quitting with additional therapy may be approved under special authorization for another 168 tablets.
- Requests for nicotine replacement therapy (patches/gum/lozenge) for use in combination with a non-nicotine prescription smoking cessation drug (varenicline or bupropion) will not be considered.
- Requests for special authorization should be submitted on the Smoking Cessation Therapy Special Authorization Request Form.

Revised Criteria

Nicotine (generic brands)	7 mg patch 14 mg patch 21 mg patch	See NB Drug Plans Formulary or MAP List for Products	(SA)	MAP

For smoking cessation.

Clinical Notes:

1. The patient should be participating in a form of smoking cessation counselling.
2. For information on quitting smoking or to obtain the special authorization request form, visit our website Smoking Cessation Therapies.

Claim Notes:

- A maximum of 24 weeks of standard therapy (168 patches and 960 pieces of nicotine gum or nicotine lozenges) will be reimbursed annually without special authorization.
- Patients being treated within a program or clinic that participates in the Ottawa Model may be approved for additional patches based on degree of dependence (e.g. number of cigarettes smoked prior to initiating cessation therapy).
- Requests for nicotine replacement therapy (patches/gum/lozenge) for use in combination with a non-nicotine prescription smoking cessation drug (varenicline or bupropion) will not be considered.
- Requests for special authorization should be submitted on the Smoking Cessation Therapy Special Authorization Request Form.

Revised Criteria

Varenicline (Champix and generic brands)	0.5 mg tablet 1 mg tablet	See NB Drug Plans Formulary or MAP List for Products	(SA)	MAP
Varenicline (Champix and generics) starter kit	0.5 mg, 1 mg tablet			

For smoking cessation in adults 18 years of age and older.

Clinical Notes:

1. The patient should be participating in a form of smoking cessation counselling.
2. For information on quitting smoking visit our website Smoking Cessation Therapies

Claim Notes:

- A maximum of 24 weeks of standard therapy (336 tablets) will be reimbursed annually without special authorization. Special authorization requests for additional tablets will not be considered.
- Requests for nicotine replacement therapy (patches/gum/lozenge) for use in combination with a non-nicotine prescription smoking cessation drug (varenicline or bupropion) will not be considered.

Revised Criteria

Febuxostat (Uloric and generic brands)	80 mg tablet	See NB Drug Plans Formulary or MAP List for Products		(SA)	MAP

For the treatment of symptomatic gout in patients who are refractory, intolerant or have a contraindication to allopurinol.

Revised Criteria

Lenvatinib (Lenvima)	4 mg/dose	02484056			
	8 mg/dose	02468220	EIS	(SA)	MLP
	12 mg/dose	02484129			

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

- Child-Pugh class status of A
- ECOG performance status of 0 or 1
- Less than 50% liver involvement and no invasion of the bile duct or main portal vein
- No prior liver transplant
- No brain metastases

Renewal Criteria:

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

Clinical Note:

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

Claim Notes:

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

Revised Criteria

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

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

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

Renewal Criteria:

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

Claim Notes:

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

Revised Criteria

Regorafenib (Stivarga)

40 mg film-coated tablet	02403390	BAY	(SA)	MLP

Advanced Hepatocellular Carcinoma

For the second-line treatment of patients with unresectable hepatocellular carcinoma who meet all of the following criteria:

- Disease progression on sorafenib or lenvatinib
- Child-Pugh class status of A
- ECOG performance status of 0 or 1

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:

- Patients with disease progression on sorafenib must have tolerated a minimum dose of 400 mg per day for at least 20 of the last 28 days of treatment.
- Requests for regorafenib will not be considered for patients who experience disease progression on cabozantinib or atezolizumab in combination with bevacizumab.
- Initial approval period: 4 months.
- Renewal approval period: 6 months.
