Bulletin #1097

January 30, 2023

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective January 30, 2023.

Included in this bulletin:

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

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

Regular Benefit Additions

Generic name (Brand name)	Strength	DIN	MFR	Plans	Cost Base
Insulin glargine (Semglee)	100 unit/mL prefilled pen	02526441	BGP	ACDEFGV	MLP
Lidocaine (Xylocaine Ointment 5%)	5% topical ointment	00001961	APN	ACDEFGV	MLP
Tazarotene (Arazlo)	0.045% topical lotion	02517868	BSL	ACDEFGV	MLP
Special Authorization No Longer Required					
Cabergoline (Dostinex and generic brand)	0.5 mg tablet	See NB Drug Plans Formulary or MAP List for Products		ACDEFGV	MAP
Linagliptin (Trajenta)	5 mg tablet	02370921	BOE	ACDEFGV	MLP
Sitagliptin (Januvia and generic brand)	25 mg tablet 50 mg tablet 100 mg tablet	See NB Drug Plans Formulary or MAP List for Products		ACDEFGV	MAP
Sitagliptin and Metformin (Janumet and generic brand)	50 mg / 500 mg tablet 50 mg / 850 mg tablet 50 mg / 1000 mg tablet	See NB Drug Plans Formulary or MAP List for Products		ACDEFGV	MAP
Sitagliptin and Metformin (Janumet XR and generic brand)	50 mg / 500 mg extended-release tablet 50 mg / 1000 mg extended-release tablet 100 mg / 1000 mg extended-release tablet	See NB Drug Plans Formulary or MAP List for Products		ACDEFGV	MAP

Temporary Benefit Addition

Due to the manufacturer shortage of rifampin (Rofact) 150 mg and 300 mg capsules, rifampin powder compounded for oral use has been added as a temporary regular benefit until commercial dosage forms become available. The PIN can be used to submit claims for any strength. Please note that claims for extemporaneous preparations will be reimbursed at the Actual Acquisition Cost (AAC) of the ingredients plus the applicable dispensing fee.

Product	PIN	Plans	Cost Base
Rifampin powder compounded for oral use	00904811	ACDEFGPVW	AAC

Changes to Existing Special Authorization Benefits

Generic name (Brand name)	Strength	DIN	MFR	Plans	Cost Base
New Dosage Form					
Dupilumab (Dupixent)	200 mg / 1.14 mL prefilled pen	02524252	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.

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
Dabrafenib (Tafinlar)	50 mg capsule	02409607	NVR	In combination with trametinib for the treatment of patients with metastatic non-small cell lung cancer with a BRAF V600 mutation who have not received any prior anticancer therapy for metastatic disease.
	75 mg capsule	02409615		

Glycopyrronium (Cuvposa)	1 mg / 5 mL oral solution	02469332	MDX	To reduce chronic drooling in children aged 3-18 years with neurologic conditions.
Semaglutide (Rybelsus)	3 mg tablet 7 mg tablet 14 mg tablet	02497581 02497603 02497611	NNO	Type 2 diabetes mellitus.
Trametinib (Mekinist)	0.5 mg tablet	02409623	NVR	In combination with dabrafenib for the treatment of patients with metastatic non-small cell lung cancer with a BRAF V600 mutation who have not received any prior anticancer therapy for metastatic disease.
	2 mg tablet	02409658		

Bulletin #1098 January 31, 2023

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 31, 2023.
  - Products that were already listed on the NB Drug Plans Formulary will be reimbursed up to the new category MAP effective February 21, 2023. Prior to February 21, 2023, 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 January 31, 2023.

- 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 21, 2023. Prior to February 21, 2023, 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 31, 2023.

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
Amoxicillin							
Cap	Orl	250 mg	Amoxicillin Capsules BP	02525348	SAS	ABCDEFGVW	0.0672
		500 mg	Amoxicillin Capsules BP	02525356	SAS	ABCDEFGVW	0.1308
Cetirizine							
Tab	Orl	20 mg	Apo-Cetirizine	02453363	APX	(SA)	0.2223
Chlorthalidone							
Tab	Orl	50 mg	Jamp Chlorthalidone	02523817	JPC	ACDEFGV	0.1277
Cinacalcet							
Tab	Orl	30 mg	pms-Cinacalcet	02517604	PMS	ACDEFGV	2.7418
		60 mg	pms-Cinacalcet	02517612	PMS	ACDEFGV	4.9995
		90 mg	pms-Cinacalcet	02517620	PMS	ACDEFGV	7.2752
Diltiazem							
CDC	Orl	120 mg	Jamp Diltiazem CD	02528037	JPC	ACDEFGV	0.3529
		180 mg	Jamp Diltiazem CD	02528045	JPC	ACDEFGV	0.4684
		240 mg	Jamp Diltiazem CD	02528053	JPC	ACDEFGV	0.6213
		300 mg	Jamp Diltiazem CD	02528061	JPC	ACDEFGV	0.7766
ERT	Orl	180 mg	Tiazac XC Teva-Diltiazem XC	02256746 02429322	BSL TEV	ACDEFGV	1.2261 0.9195
		240 mg	Tiazac XC Teva-Diltiazem XC	02256754 02429330	BSL TEV	ACDEFGV	1.6282 1.2212
		300 mg	Tiazac XC Teva-Diltiazem XC	02256762 02429349	BSL TEV	ACDEFGV	1.6233 1.2175
		360 mg	Tiazac XC Teva-Diltiazem XC	02256770 02429357	BSL TEV	ACDEFGV	1.6281 1.2211
Efavirenz / Emtricitabine / Tenofovir							
Tab	Orl	600 mg / 200 mg / 300 mg	Jamp Efavirenz/Emtricitabine/ Tenofovir Disoproxil Fumarate	02519461	JPC	ACDEFGUV	11.3300
Montelukast							
Tab	Orl	10 mg	Nat-Montelukast	02522136	NAT	ACDEFGV	0.4231
TabC	Orl	4 mg	Nat-Montelukast	02522101	NAT	ACDEFGV	0.2758
		5 mg	Nat-Montelukast	02522128	NAT	ACDEFGV	0.3082

Drug Product Additions

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Perindopril							
Tab	Orl	2 mg	Jamp Perindopril Erbumine	02527200	JPC	ACDEFGV	0.1632
		4 mg	Jamp Perindopril Erbumine	02527219	JPC	ACDEFGV	0.2042
		8 mg	Jamp Perindopril Erbumine	02527227	JPC	ACDEFGV	0.2831
Sitagliptin / Metformin							
Tab	Orl	50 mg / 500 mg	Sandoz Sitagliptin-Metformin	02503956	SDZ	ACDEFGV	0.7539
		50 mg / 850 mg	Sandoz Sitagliptin-Metformin	02503964	SDZ	ACDEFGV	0.7539
		50 mg / 1000 mg	Sandoz Sitagliptin-Metformin	02503972	SDZ	ACDEFGV	0.7539
Ticagrelor							
Tab	Orl	90 mg	Apo-Ticagrelor	02482630	APX	(SA)	0.3960
Tofacitinib							
Tab	Orl	5 mg	Xeljanz	02423898	PFI	(SA)	23.9589
			pms-Tofacitinib	02522799	TEV		5.9897
			Taro-Tofacitinib	02511304	TAR		
		10 mg	Xeljanz	02480786	PFI	(SA)	42.3437
			Taro-Tofacitinib	02511312	TAR		21.1718
Trandolapril							
Cap	Orl	1 mg	Trandolapril	02525046	SAS	ACDEFGV	0.1762
			Trandolapril	02526565	SIV		
		2 mg	Trandolapril	02525054	SAS	ACDEFGV	0.2025
			Trandolapril	02526573	SIV		
		4 mg	Trandolapril	02525070	SAS	ACDEFGV	0.2498
			Trandolapril	02526581	SIV		

Temporary Benefit Additions

Drug/Form/Route/Strength			Tradename	PIN	MFR	Plans	MAP
Amoxicillin							
Pws	Orl	50 mg	Moxilen	09858237	JNO	ABCDEFGVW	0.0810

Drug Price Changes

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Chlorthalidone							
Tab	Orl	50 mg	Chlorthalidone	00360279	AAP	ACDEFGV	0.1277

Drug Price Changes

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Ticagrelor							
Tab	Orl	90 mg	M-Ticagrelor	02529769	MRA	(SA)	0.3960
			Taro-Ticagrelor	02492598	TAR		

Bulletin #1099

February 27, 2023

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective February 27, 2023.

Included in this bulletin:

- Special Authorization Benefit Additions
- Changes to Existing Special Authorization Benefits
- Drugs Reviewed and Not listed
- Change to Claim Submission Response Message

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

Special Authorization Benefit Additions

Generic name (Brand name)	Strength	DIN	MFR	Plans	Cost Base
Ticagrelor (generic brands)	60 mg tablet	See NB Drug Plans Formulary or MAP List for Products		(SA)	MAP

In combination with ASA for patients with a history of ST elevation myocardial infarction (STEMI) or non-ST elevation acute coronary syndrome (NSTEACS) in the previous 3 years who are at high risk for subsequent cardiovascular events.

Clinical Note:

- High risk for subsequent cardiovascular events is defined as age 65 years or older, diabetes, second prior spontaneous myocardial infarction, multivessel coronary artery disease, or chronic renal dysfunction (creatinine clearance < 60mL/min).

Claim Notes:

- Prescriptions written by cardiologists who are licensed by the College of Physicians and Surgeons of New Brunswick do not require special authorization.
- Approval period: 3 years.

Changes to Existing Special Authorization Benefits

Generic name (Brand name)	Strength	DIN	MFR	Plans	Cost Base
New Dosage Form					
Sevelamer carbonate (Renvela)	0.8 g sachet 2.4 g sachet	02485559 02485567	SAV	(SA)	MLP

For use in patients who have difficulty swallowing tablets.

Claim Note:

- Approval Period: 1 year

New Indication and Revised Criteria					
Osimertinib (Tagrisso)	40 mg tablet 80 mg tablet	02456214 02456222	AZE	(SA)	MLP

Adjuvant Non-Small Cell Lung Cancer

For the adjuvant treatment of patients with completely resected stage IB to IIIA (AJCC 7th edition or equivalent) non-small cell lung cancer (NSCLC) whose tumours have EGFR exon 19 deletions or exon 21 (L858R) substitution mutations.

Renewal Criteria:

- Written confirmation that the patient has not experienced disease recurrence.

Clinical Notes:
1. Patients must have a good performance status.
2. Patients should initiate treatment within 26 weeks of complete surgical resection if treated with adjuvant chemotherapy, or within 10 weeks if chemotherapy was not given.
3. Treatment should continue until disease recurrence, unacceptable toxicity, or until a maximum treatment duration of 3 years, regardless of dose reduction and dose interruption.

Claim Notes:
- Requests for treatment beyond 3 years will not be considered.
- Approval period: 1 year.

Advanced Non-Small Cell Lung Cancer
1. For the first-line treatment of patients with locally advanced (not amenable to curative intent therapy) or metastatic NSCLC whose tumours have EGFR exon 19 deletions or exon 21 (L858R) substitution mutations.
2. For the treatment of patients with locally advanced (not amenable to curative therapy) or metastatic EGFR T790M mutation-positive NSCLC who have progressed on EGFR tyrosine kinase inhibitor therapy.

Renewal Criteria:
- Written confirmation that the patient is responding to treatment.

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

Claim Notes:
- Requests for first line therapy will be considered for patients with de novo EGFR T790M mutation-positive NSCLC.
- Requests will not be considered for patients who progress on, or within 6 months of, treatment with adjuvant EGFR targeted therapy.
- Approval period: 1 year.

New Strength
Levofloxacin
(generic brand)

750 mg tablet	02325942	APX	BVW (SA)	MAP

1. For completion of treatment initiated in the hospital setting for patients with nosocomial pneumonia, community acquired pneumonia (CAP) or acute exacerbation of chronic obstructive pulmonary disease (AECOPD).
2. For the treatment of complicated AECOPD in patients who:
   - have failed treatment with at least one first-line therapy (doxycycline, beta-lactam, trimethoprim-sulfamethoxazole, or macrolide), or
   - are intolerant or have contraindication(s) to at least two first-line therapies.
3. For the treatment of CAP in patients with radiographic confirmation of pneumonia who:
   - have failed treatment with at least one first-line therapy (macrolide, doxycycline, beta-lactams), or
   - are intolerant or have contraindication(s) to at least two first-line therapies.
4. For the treatment of pulmonary infections in patients with cystic fibrosis.

5. For the treatment of severe pneumonia in nursing home patients.
6. For the treatment of patients with complicated osteomyelitis or joint infections.
7. For the treatment of patients with pyelonephritis.

Clinical Notes:
1. If the patient has been treated with an antibiotic within the past 3 months consider an antibiotic from a different class.
2. Complicated AECOPD is defined as patients with COPD (FEV_1/FVC greater than 0.7) experiencing increased sputum purulence, and with increased dyspnea or sputum volume, and one of the following:
   - FEV_1 less than 50% predicted
   - At least 4 exacerbations per year
   - Ischemic heart disease
   - Home oxygen use
   - Chronic oral steroid use

Claim Notes:
- Prescriptions written by infectious disease specialists, internal medicine specialists, hematologists, medical microbiologists, oncologists, oncology clinical associates, general practitioners in oncology, respirologists or urologists who are licensed by the College of Physicians and Surgeons of New Brunswick do not require special authorization.
- Levofloxacin is a regular benefit for Plans BV.

Tuberculosis
For the treatment of tuberculosis in patients who have lab-verified drug resistance or a contraindication or intolerance to first-line drugs.

Claim Notes:
- Must be prescribed by, or in consultation with, an infectious disease specialist.
- Request will only be considered under Plans CP.

Revised Criteria

Afatinib (Giotrif)	20 mg tablet	02415666	BOE	(SA)	MLP
	30 mg tablet	02415674			
	40 mg tablet	02415682			

For the first-line treatment of patients with EGFR mutation-positive locally advanced (not amenable to curative therapy) or metastatic non-small cell lung cancer.

Renewal Criteria:
- Written confirmation that the patient is responding to treatment.

Clinical Note:
- Patients must have a good performance status.

Claim Notes:
- Approvals will be for a maximum of 40 mg daily.
- Approval period: 1 year.

Revised Criteria

Insulin detemir (Levemir)	100 U/mL penfill cartridge 100 U/mL FlexTouch prefilled pen	02412829 02271842	NNO	(SA)	MLP

1. For the treatment of patients with type 1 or type 2 diabetes who have taken other long acting insulin analogues (insulin glargine and insulin degludec), and have:
   - experienced unexplained nocturnal hypoglycemia at least once a month despite optimal management; or
   - documented severe or continuing systemic or local allergic reaction.
2. For the treatment of pediatric and adolescent patients with type 1 diabetes.
3. For the treatment of pregnant individuals with type 1 or type 2 diabetes requiring insulin.

Revised Criteria

Ticagrelor (Brilinta and generic brands)	90 mg tablet	See NB Drug Plans Formulary or MAP List for Products	(SA)	MAP

1. In combination with ASA for patients with ST elevation myocardial infarction (STEMI) or non-ST elevation acute coronary syndrome (NSTEACS) who receive percutaneous coronary intervention (PCI).

   Claim Notes:
   - Prescriptions written by cardiologists who are licensed by the College of Physicians and Surgeons of New Brunswick do not require special authorization.
   - Approval period: 1 year.

2. For the treatment of patients who have recurrent cardiovascular events (STEMI or NSTEACS), or definite stent thrombosis, while on clopidogrel and ASA therapy.

   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 cardiologists who are licensed by the College of Physicians and Surgeons of New Brunswick do not require special authorization.
   - Approval period: Long term.

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
Chlormethine (Ledaga)	160 mcg/g topical gel	02516764	RRD	For the topical treatment of stage IA and IB mycosis fungoides-type cutaneous T-cell Lymphoma in adult patients who have received prior skin-directed therapy.
IncobotulinumtoxinA (Xeomin)	50 unit / vial 100 unit / vial 100 unit / vial	02371081 02324032 02383489	MRZ	For the treatment of chronic sialorrhea associated with neurological disorders.

Change to Claim Submission Response Message

Effective February 28, 2023, pharmacies will receive the message "Special Authorization is Required" instead of "Drug is not a benefit" when submitting an electronic claim for a drug that requires special authorization approval for reimbursement.

This system change will inform pharmacies of a drug's benefit status on the NB Drug Plans Formulary.

More information on eligible benefits and special authorization criteria is available online.

Bulletin #1100 February 28, 2023

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 28, 2023.
  - Products that were already listed on the NB Drug Plans Formulary will be reimbursed up to the new category MAP effective March 21, 2023. Prior to March 21, 2023, 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 21, 2023. Prior to March 21, 2023, 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 28, 2023.

- Delisted drug products
  - Products will be removed from the NB Drug Plans Formulary effective March 21, 2023.

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
Abiraterone							
Tab	Orl	500 mg	Jamp Abiraterone	02529629	JPC	(SA)	15.3125
Apixaban							
Tab	Orl	2.5 mg	Auro-Apixaban	02486806	ARO	ACDEFGV	0.4084
		5 mg	Auro-Apixaban	02486814	ARO	ACDEFGV	0.4084
Dimenhydrinate							
Liq	Inj	50 mg/mL	Dimenhydrinate Injection USP	00392537	SDZ	ACDEFGVW	1.3800
Hydrocortisone							
Tab	Orl	10 mg	Cortef	00030910	PFI	ACDEFGVW	0.2185
			Auro-Hydrocortisone	02524465	ARO		0.1639
		20 mg	Cortef	00030929	PFI	ACDEFGVW	0.3944
			Auro-Hydrocortisone	02524473	ARO		0.2958
Sitagliptin							
Tab	Orl	25 mg	Auro-Sitagliptin	02529866	ARO	ACDEFGV	0.8197
			Jamp Sitagliptin	02534134	JPC		
			Sandoz Sitagliptin	02504049	SDZ		
			Taro-Sitagliptin Fumarate	02531631	TAR		
		50 mg	Auro-Sitagliptin	02529874	ARO	ACDEFGV	0.8197
			Jamp Sitagliptin	02534142	JPC		
			Sandoz Sitagliptin	02504057	SDZ		
			Taro-Sitagliptin Fumarate	02531658	TAR		
		100 mg	Auro-Sitagliptin	02529882	ARO	ACDEFGV	0.8197
			Jamp Sitagliptin	02534150	JPC		
			Sandoz Sitagliptin	02504065	SDZ		
			Taro-Sitagliptin Fumarate	02531666	TAR		
Sunitinib							
Cap	Orl	12.5 mg	Sutent	02280795	PFI	(SA)	65.1240
			Taro-Sunitinib	02524058	TAR		48.8429
Tofacitinib							
Tab	Orl	5 mg	Auro-Tofacitinib	02530007	ARO	(SA)	5.9897
		10 mg	Auro-Tofacitinib	02530015	ARO	(SA)	21.1718

Drug Price Changes

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Sitagliptin							
Tab	Orl	25 mg	Apo-Sitagliptin Malate	02508656	APX	ACDEFGV	0.8197

Drug Price Changes

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Sitagliptin							
Tab	Orl	50 mg	Apo-Sitagliptin Malate	02508664	APX	ACDEFGV	0.8197
		100 mg	Apo-Sitagliptin Malate	02508672	APX	ACDEFGV	0.8197

Delisted Drug Products

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans
Dimenhydrinate						
Liq	Inj	50 mg/mL	Gravol IM	00013579	CHU	ACDEFGVW

Bulletin #1101

March 27, 2023

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective March 27, 2023.

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 Benefit Additions

Generic name (Brand name)	Strength	DIN	MFR	Plans	Cost Base
Tucatinib (Tukysa)	50 mg tablet 150 mg tablet	02499827 02499835	SGC	(SA)	MLP

In combination with trastuzumab and capecitabine for the treatment of patients with locally advanced unresectable or metastatic HER2-positive breast cancer who have received prior treatment with trastuzumab, pertuzumab and a HER2-targeted antibody-drug conjugate (e.g., Kadcyla, Enhertu), where at least one was given in the advanced or 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, unacceptable toxicity, or if both trastuzumab and capecitabine are discontinued.

Claim Note:

- Approval period: 6 months

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
Alpelisib (Piqray)	150 mg tablet	02497069	NVR	In combination with fulvestrant, for the treatment of postmenopausal women, and men, with hormone receptor-positive, HER2-negative, PIK3CA-mutated advanced or metastatic breast cancer after disease progression following an endocrine-based regimen with a CDK4/6 inhibitor.
	200 mg tablet	02497077		
Alpelisib (Piqray) kit	50 mg, 200 mg tablet	02497085		

Bulletin #1102

March 30, 2023

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 30, 2023.
  - Products that were already listed on the NB Drug Plans Formulary will be reimbursed up to the new category MAP effective April 20, 2023. Prior to April 20, 2023, 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 April 20, 2023. Prior to April 20, 2023, 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 30, 2023.

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
Atazanavir							
Cap	Orl	150 mg	Jamp Atazanavir	02513102	JPC	ACDEFGUV	2.8386
		200 mg	Jamp Atazanavir	02513110	JPC	ACDEFGUV	2.8552
		300 mg	Jamp Atazanavir	02513129	JPC	ACDEFGUV	5.6083
Cephalexin							
Tab	Orl	250 mg	Jamp Cephalexin	02494698	JPC	ABCDEFGVW	0.0866
		500 mg	Jamp Cephalexin	02494701	JPC	ABCDEFGVW	0.1731
Cetirizine							
Tab	Orl	20 mg	Teva-Cetirizine	02528681	TEV	(SA)	0.2223
Levofloxacin							
Tab	Orl	750 mg	Sandoz Levofloxacin	02298651	SDZ	BVW (SA)	2.6604
Methotrexate							
Tab	Orl	2.5 mg	Auro-Methotrexate	02524023	ARO	ACDEFGV	0.2513
Modafinil							
Tab	Orl	100 mg	Modafinil	02530244	SAS	(SA)	0.3171
Moxifloxacin							
Liq	Oph	0.5%	Moxifloxacin	02529076	SAS	ACDEFGV	1.5435
Pomalidomide							
Cap	Orl	1 mg	Pomalyst	02419580	CEL	(SA)	500.0000
			Apo-Pomalidomide	02520427	APX		
			Nat-Pomalidomide	02506394	NAT		125.0000
			Sandoz Pomalidomide	02523973	SDZ		
		2 mg	Pomalyst	02419599	CEL	(SA)	500.0000
			Apo-Pomalidomide	02520435	APX		
			Nat-Pomalidomide	02506408	NAT		125.0000
			Sandoz Pomalidomide	02523981	SDZ		
		3 mg	Pomalyst	02419602	CEL	(SA)	500.0000
			Apo-Pomalidomide	02520443	APX		
			Nat-Pomalidomide	02506416	NAT		125.0000
			Sandoz Pomalidomide	02524007	SDZ		
		4 mg	Pomalyst	02419610	CEL	(SA)	500.0000
			Apo-Pomalidomide	02520451	APX		
			Nat-Pomalidomide	02506424	NAT		125.0000
			Sandoz Pomalidomide	02524015	SDZ		
Rabeprazole							
ECT	Orl	10 mg	Jamp Rabeprazole	02415283	JPC	ACDEFGV	0.0669

Drug Product Additions

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Topiramate							
Tab	Orl	25 mg	Jamp Topiramate Tablets	02345250	JPC	ACDEFGV	0.2433

Drug Price Changes

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Anagrelide							
Cap	Orl	0.5 mg	pms-Anagrelide	02274949	PMS	ACDEFGV	4.6997
Atazanavir							
Cap	Orl	150 mg	Mylan-Atazanavir	02456877	MYL	ACDEFGUV	2.8386
			Teva-Atazanavir	02443791	TEV		
		200 mg	Mylan-Atazanavir	02456885	MYL	ACDEFGUV	2.8552
			Teva-Atazanavir	02443813	TEV		
		300 mg	Mylan-Atazanavir	02456893	MYL	ACDEFGUV	5.6083
			Teva-Atazanavir	02443821	TEV		
Methotrexate							
Tab	Orl	2.5 mg	ACH-Methotrexate	02509067	AHI	ACDEFGV	0.2513
			Apo-Methotrexate	02182963	APX		
			pms-Methotrexate	02170698	PMS		

Bulletin #1103

April 24, 2023

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective April 24, 2023.

Included in this bulletin:

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

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

Regular Benefit Additions

Generic name (Brand name)	Strength	DIN	MFR	Plans	Cost Base
Propylthiouracil (Halycil)	50 mg tablet	02521059	ARN	ACDEFGV	MLP
Propylthiouracil	50 mg tablet	02523019	PCI	ACDEFGV	MLP
Special Authorization No Longer Required					
Modafinil (Alertec and generic brands)	100 mg tablet	See NB Drug Plans Formulary or MAP List for Products		ACDEFGV	MAP

Special Authorization Benefit Additions

Generic name (Brand name)	Strength	DIN	MFR	Plans	Cost Base
Bimekizumab (Bimzelx)	160 mg/mL autoinjector 160 mg/mL prefilled syringe	02525275 02525267	UCB	(SA)	MLP

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 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

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.
- Approvals will be for 320 mg given every 4 weeks for 16 weeks then 320 mg every 8 weeks thereafter.
- Initial approval period: 16 weeks.
- Renewal approval period: 1 year. Confirmation of continued response is required.

Galcanezumab (Emgality)	120 mg/mL autoinjector 120 mg/mL prefilled syringe	02491087 02491060	LIL	(SA)	MLP

For the prevention of migraine in patients with a confirmed diagnosis of episodic or chronic migraine who have experienced an inadequate response, intolerance, or contraindication to at least two classes of oral prophylactic migraine medications.

Renewal Criteria:
- A reduction of at least 50% in the average number of migraine days per month at the time of initial renewal compared with baseline.
- At subsequent renewals, the patient continues to maintain the reduction of at least 50% in average number of migraine days per month.

Clinical Notes:
1. The average number of headache and migraine days per month must be provided on initial and renewal requests.
2. According to the International Headache Society criteria, episodic or chronic migraine are defined as:
   - Episodic migraine: migraine headaches on at least 4 days per month and less than 15 headache days per month for more than 3 months.
   - Chronic migraine: headaches for at least 15 days per month for more than 3 months of which at least eight days per month are with migraine.

Claim Notes:
- Combined use with other calcitonin gene-related peptide (CGRP) antagonists will not be reimbursed.
- Initial approval period: 6 months.
- Renewal approval period: 1 year.

Changes to Existing Special Authorization Benefits

Generic name (Brand name)	Strength	DIN	MFR	Plans	Cost Base
Revised Criteria – Biologics for Ankylosing Spondylitis					
Certolizumab Pegol (Cimzia)	200 mg/mL autoinjector 200 mg/mL prefilled syringe	02465574 02331675	UCB	(SA)	MLP
Etanercept (Brenzys)	50 mg/mL autoinjector 50 mg/mL prefilled syringe	02455331 02455323	ORG	(SA)	MLP
Etanercept (Erelzi)	25 mg / 0.5 mL prefilled syringe 50 mg/mL autoinjector 50 mg/mL prefilled syringe	02462877 02462850 02462869	SDZ	(SA)	MLP
Golimumab (Simponi)	50 mg / 0.5 mL autoinjector 50 mg / 0.5 mL prefilled syringe 100 mg/mL autoinjector 100 mg/mL prefilled syringe	02324784 02324776 02413183 02413175	JAN	(SA)	MLP

Infliximab (Avsola)	100 mg vial	02496933	AGA	(SA)	MLP
Infliximab (Inflectra)	100 mg vial	02419475	HOS	(SA)	MLP
Infliximab (Renflexis)	100 mg vial	02470373	ORG	(SA)	MLP
Secukinumab (Cosentyx)	150 mg/mL autoinjector 150 mg/mL prefilled syringe	02438070	NVR	(SA)	MLP

- 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 2 weeks each 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 2 weeks each 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.

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 and infliximab will be approved for the biosimilar versions only.
- Maximum approved dosages as per existing criteria on the NB Drug Plans Formulary.
- Initial approval period: 4 months for golimumab, 6 months for others.
- Renewal approval period: Long term for infliximab and etanercept, 1 year for others.

Drugs Reviewed and Not Listed

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

Ranolazine (Corzyna)	500 mg extended-release tablet 1000 mg extended-release tablet	02510219 02510227	KYE	For the treatment of patients with stable angina pectoris who are inadequately controlled or intolerant to first-line antianginal therapies.

Bulletin #1104

April 27, 2023

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 27, 2023.

- 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 18, 2023. Prior to May 18, 2023, 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 27, 2023.

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
Alendronate / Cholecalciferol							
Tab	Orl	70 mg / 5600 IU	Jamp Alendronate/Vitamin D3	02519836	JPC	ACDEFGV	1.2174
Atomoxetine							
Cap	Orl	10 mg	Jamp Atomoxetine	02506807	JPC	ACDEFG	0.5106
		18 mg	Jamp Atomoxetine	02506815	JPC	ACDEFG	0.5748
		25 mg	Jamp Atomoxetine	02506823	JPC	ACDEFG	0.6420
		40 mg	Jamp Atomoxetine	02506831	JPC	ACDEFG	0.7369
		60 mg	Jamp Atomoxetine	02506858	JPC	ACDEFG	0.8092
		80 mg	Jamp Atomoxetine	02506866	JPC	ACDEFG	1.2193
		100 mg	Jamp Atomoxetine	02506874	JPC	ACDEFG	1.3382
Candesartan							
Tab	Orl	4 mg	Candesartan	02528258	SIV	ACDEFGV	0.1700
		32 mg	Candesartan	02528266	SIV	ACDEFGV	0.2281
Clonidine							
Tab	Orl	0.025 mg	Jamp Clonidine	02528207	JPC	ACDEFGV	0.0680
Emtricitabine / Tenofovir							
Tab	Orl	200 mg / 300 mg	Auro-Emtricitabine-Tenofovir	02490684	ARO	ACDEFGUV	7.0582
Fluoxetine							
Cap	Orl	10 mg	M-Fluoxetine	02529432	MRA	ACDEFGV	0.3404
		20 mg	M-Fluoxetine	02529440	MRA	ACDEFGV	0.3311
Progesterone							
Cap	Orl	100 mg	Auro-Progesterone	02493578	ARO	(SA)	0.3762
Pyridostigmine							
Tab	Orl	60 mg	Jamp Pyridostigmine Bromide	02508362	JPC	ACDEFGV	0.2673
Quetiapine							
ERT	Orl	50 mg	M-Quetiapine Fumarate XR	02527928	MRA	ACDEFGVW	0.2501
		150 mg	M-Quetiapine Fumarate XR	02527936	MRA	ACDEFGVW	0.4926
		200 mg	M-Quetiapine Fumarate XR	02527944	MRA	ACDEFGVW	0.6661
		300 mg	M-Quetiapine Fumarate XR	02527952	MRA	ACDEFGVW	0.9776
		400 mg	M-Quetiapine Fumarate XR	02527960	MRA	ACDEFGVW	1.3270

Drug Product Additions

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Sertraline							
Cap	Orl	25 mg	M-Sertraline	02530937	MRA	ACDEFGV	0.1516
		50 mg	M-Sertraline	02530945	MRA	ACDEFGV	0.3032
		100 mg	M-Sertraline	02530953	MRA	ACDEFGV	0.3303
Sitagliptin / Metformin							
ERT	Orl	50 mg / 500 mg	Sandoz Sitagliptin-Metformin XR	02529106	SDZ	ACDEFGV	0.8893
		50 mg / 1000 mg	Sandoz Sitagliptin-Metformin XR	02529114	SDZ	ACDEFGV	0.8893
		100 mg / 1000 mg	Sandoz Sitagliptin-Metformin XR	02529122	SDZ	ACDEFGV	1.7784
Sitagliptin							
Tab	Orl	25 mg	Sitagliptin	02529033	SIV	ACDEFGV	0.8197
		50 mg	Sitagliptin	02529041	SIV	ACDEFGV	0.8197
		100 mg	Sitagliptin	02529068	SIV	ACDEFGV	0.8197

Drug Price Changes

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Bupropion							
SRT	Orl	100 mg	Odan-Bupropion SR	02275074	ODN	ACDEFGV	0.5260
		150 mg	Odan-Bupropion SR	02275082	ODN	ACDEFGV	0.9169
Pyridostigmine							
Tab	Orl	60 mg	Riva-Pyridostigmine	02495643	RIV	ACDEFGV	0.2673
Sitagliptin / Metformin							
ERT	Orl	100 mg / 1000 mg	Apo-Sitagliptin/Metformin XR	02506297	APX	ACDEFGV	1.7784

Bulletin #1105

May 23, 2023

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective May 23, 2023.

Included in this bulletin:

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

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

Regular Benefit Additions

Generic name (Brand name)	Strength	DIN	MFR	Plans	Cost Base
Insulin Aspart (Kirsty)	3 mL prefilled pen	02520974	BGP	ACDEFGV	MLP
Special Authorization No Longer Required					
Progesterone (Prometrium and generic brands)	100 mg capsule	See NB Drug Plans Formulary or MAP List for Products		ACDEFGV	MAP

Special Authorization Benefit Additions

Generic name (Brand name)	Strength	DIN	MFR	Plans	Cost Base
Larotrectinib (Vitrakvi)	25 mg capsule 100 mg capsule 20 mg/mL oral solution	02490315 02490323 02490331	BAY	(SA)	MLP

As monotherapy for the treatment of adult and pediatric patients with unresectable locally advanced or metastatic solid tumors who meet all of the following criteria:

- Tumors have a NTRK gene fusion without a known acquired resistance mutation
- No other satisfactory treatment options
- Not a candidate for surgery and/or radiation due to risk of substantial morbidity

Renewal Criteria:

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

Clinical Notes:

1. Patients must have a good performance status.
2. If brain metastases are present, patients must be asymptomatic.
3. Treatment should be discontinued upon radiographic disease progression or unacceptable toxicity.

Claim Notes:

- Requests will not be considered for patients who experience disease progression on a NTRK inhibitor.
- Approval period: 6 months.

Luspatercept (Reblozyl)	25 mg vial 75 mg vial	02505541 02505568	CEL	(SA)	MLP

Beta-Thalassemia Anemia
For the treatment of adult patients with red blood cell (RBC) transfusion-dependent anemia associated with beta-thalassemia who are receiving regular transfusions.

Initial Renewal Criteria:
- A reduction of 33% or greater in transfusion burden measured as the number of RBC units required in the initial 24 weeks of luspatercept treatment compared to the 24 weeks prior to luspatercept initiation.

Subsequent Renewal Criteria:
- Maintenance of a 33% or greater reduction in transfusion burden measured as the number of RBC units required in the past 24 weeks compared to the 24 weeks prior to luspatercept initiation.

Clinical Notes:
1. Regular transfusions are defined as receiving 6 to 20 RBC units and having no transfusion-free period greater than 35 days in the 24 weeks prior to initiating treatment.
2. History of transfusion burden must be provided with the initial and renewal requests.
3. Treatment should be discontinued if there is no response (as defined in renewal criteria) after 3 doses at the maximum dose.

Claim Notes:
- Must be prescribed by a hematologist.
- Approvals will be for a maximum of 1.25mg/kg (up to 120mg per dose) every three weeks.
- Approval period: 7 months.

Myelodysplastic Syndromes (MDS) Associated Anemia:
For the treatment of adult patients with MDS-associated anemia who meet all of the following criteria:
- Diagnosed with very low- to intermediate-risk MDS with ringed sideroblasts in accordance with the Revised International Prognostic Scoring System (IPSS-R)
- Failed or are not suitable for erythropoietin stimulating agents (ESA)
- Red blood cell (RBC) transfusion-dependent anemia associated with MDS defined as having received at least 2 RBC units over 8 weeks
- Absence of deletion 5q cytogenetic abnormality
- Performance status of 0 to 2

Initial renewal criteria:
- Patient is RBC transfusion independent over a minimum of 16 consecutive weeks within the first 24 weeks of treatment with luspatercept.

Subsequent renewal criteria:
- Patient maintains transfusion independence with luspatercept treatment.

Clinical Notes:
1. History of transfusion burden must be provided with the initial and renewal requests.
2. Confirmation must be provided that the patient remains very low- to intermediate risk.
3. Details of ESA use (i.e. name of treatment, dose(s), duration of use, response) must be provided.

Claim Notes:

- Must be prescribed by a hematologist or oncologist.
- Approvals will be for a maximum of 1.75 mg/kg (up to 168 mg per dose) every three weeks.
- Approval period: 7 months.

Zanubrutinib (Brukinsa)	80 mg capsule	02512963	BGN	(SA)	MLP

For the treatment of adult patients with relapsed or refractory Waldenström macroglobulinemia who have received at least one prior therapy and have not experienced disease progression on a Bruton's tyrosine kinase inhibitor.

Renewal Criteria:

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

Clinical Notes:

1. Patients must meet at least one criterion for treatment as per IWWM consensus panel.
2. Patients must have a good performance status and no evidence of disease transformation.
3. Treatment should be discontinued upon disease progression or unacceptable toxicity.

Claim Note:

- Approval period: 1 year.

Changes to Existing Special Authorization Benefits

Generic name (Brand name)	Strength	DIN	MFR	Plans	Cost Base
New Indication					
Dupilumab (Dupixent)	200 mg / 1.14 mL prefilled syringe 200 mg / 1.14 mL prefilled pen 300 mg / 2 mL prefilled syringe 300 mg / 2 mL prefilled pen	02492504 02524252 02470365 02510049	SAV	(SA)	MLP

Asthma

1. For the adjunctive treatment of severe asthma with a type 2 or eosinophilic phenotype in patients aged 6 to 11 years of age who are inadequately controlled with medium-to high-dose inhaled corticosteroids (ICS) and one or more additional asthma controller(s) (e.g., long-acting beta-agonist) or high-dose ICS alone and meet the following criteria:
   - blood eosinophil count ≥ 0.15×10^9/L within the past 12 months; and
   - uncontrolled asthma with at least one clinically significant asthma exacerbation in the past 12 months.

   Initial Discontinuation Criteria:
   - Baseline asthma control questionnaire score has not improved at 12 months since initiation of treatment, or
   - The number of clinically significant asthma exacerbations has increased within the previous 12 months.

Subsequent Discontinuation Criteria:

- Asthma control questionnaire score achieved after the first 12 months of therapy has not been maintained subsequently, or
- The 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. Medium dose ICS is defined as between 200 mcg and 400 mcg of fluticasone propionate or equivalent daily dose and high-dose ICS is defined as greater than 400 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 pediatric respirologist or allergist experienced in the treatment of severe asthma.
- Combined use of dupilumab with other biologics used to treat asthma will not be reimbursed.
- Approvals will be for a maximum of 200 mg every two weeks or 300 mg every four weeks.
- Approval period: 1 year.

2. For the adjunctive treatment of severe asthma with a type 2 or eosinophilic phenotype or oral corticosteroid (OCS) dependent severe asthma in patients 12 years of age and older who are inadequately controlled with high-dose inhaled corticosteroids (ICS) and one or more additional asthma controller(s) (e.g., long-acting beta-agonist) and meets one of the following criteria:
   - blood eosinophil count ≥ 0.15×10^9/L within the past 12 months, or
   - have OCS dependent asthma.

   Initial Discontinuation Criteria:
   - Baseline asthma control questionnaire score has not improved at 12 months since 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:
   - 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. A baseline and annual number of clinically significant asthma exacerbations must be provided.
3. High-dose ICS is defined as greater than or equal to 500 mcg of fluticasone propionate or equivalent daily dose.
4. 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 asthma.
- Combined use of dupilumab with other biologics used to treat asthma will not be reimbursed.
- Approvals will be for a maximum of 600 mg at week 0, then 300 mg every two weeks thereafter.
- Approval period: 1 year.

New Strength

Adalimumab (Abrilada)	20 mg / 0.4 mL prefilled syringe	02511061	PFI	(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.
- Approvals will be for a maximum of 40 mg every two weeks.
- Initial approval period: 6 months.
- Renewal approval period: Long term. Confirmation of response is required.

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

Claim Notes:
- Must be prescribed by a gastroenterologist or physician with a specialty in gastroenterology.
- Combined use of more than one biologic drug will not be reimbursed.
- Approvals will be for a maximum of 160 mg followed by 80 mg two weeks later, then 40 mg every two weeks.
- Initial approval period: 12 weeks.
- Renewal approval period: Long term. Confirmation of response is required.

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

Claim Notes:
- Must be prescribed by a dermatologist or physician with experience in the treatment of HS.
- Combined use of more than one biologic drug will not be reimbursed.

- Approvals will be for a maximum of 160 mg followed by 80 mg two weeks later, then 40 mg every week
- beginning four weeks after the initial dose.
- Initial approval period: 12 weeks.
- Renewal approval period: Long term. Confirmation of response is required.

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

Claim Notes:
- Must be prescribed by a dermatologist.
- Combined use of more than one biologic drug will not be reimbursed.
- Approvals will be for a maximum of 80 mg followed by 40 mg in one week, then 40 mg every two weeks thereafter.
- Initial approval period: 16 weeks.
- Renewal approval period: Long term. Confirmation of response is required.

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

Claim Notes:
- Must be prescribed by, or in consultation with, a rheumatologist.
- Combined use of more than one biologic drug will not be reimbursed.
- Approvals will be for a maximum of 40 mg every two weeks.
- Initial approval period: 6 months.
- Renewal approval period: Long term. Confirmation of response is required.

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

Claim Notes:
- Must be prescribed by a rheumatologist.
- Combined use of more than one biologic drug will not be reimbursed.
- Approvals will be for a maximum of 40 mg every two weeks.
- Initial approval period: 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.
- Approvals will be for a maximum of 40 mg every two weeks.
- Initial approval period: 6 months.
- Renewal approval period: Long term. Confirmation of response is required.

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

Claim Notes:
- Must be prescribed by a gastroenterologist or physician with a specialty in gastroenterology.
- Combined use of more than one biologic drug will not be reimbursed.
- Approvals will be for a maximum of 160 mg followed by 80 mg two weeks later, then 40 mg every two weeks.
- Initial approval period: 8 weeks.
- Renewal approval period: Long term. Confirmation of response is required.

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

Claim Notes:
- Must be prescribed by, or in consultation with an ophthalmologist.
- Combined use of more than one biologic drug will not be reimbursed.
- Approvals will be for a maximum of 80 mg followed by 40 mg in one week, then 40 mg every two weeks thereafter.
- Initial approval period: 6 months.
- Renewal approval period: Long term. Confirmation of response is required.

Revised Criteria

Lapatinib (Tykerb)	250 mg tablet	02326442	NVR	(SA)	MLP

In combination with capecitabine for the treatment of patients with unresectable locally advanced or metastatic HER2-positive breast cancer when used as:
- first-line therapy following disease relapse during or within six months of completing adjuvant treatment with trastuzumab or trastuzumab emtansine; or
- second-line therapy following disease progression on trastuzumab, with or without pertuzumab, in the advanced setting.

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

Clinical Note:
- Patients must have a good performance status.

Claim Note:
- Approval period: 6 months.

Bulletin #1106 May 31, 2023

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, 2023.
  - Products that were already listed on the NB Drug Plans Formulary will be reimbursed up to the new category MAP effective June 21, 2023. Prior to June 21, 2023, 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 June 21, 2023. Prior to June 21, 2023, 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, 2023.

- Delisted drug products
  - Products will be removed from the NB Drug Plans Formulary effective June 21, 2023.

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
Alfacalcidol							
Cap	Orl	0.25 mcg	One-Alpha	00474517	XPI	ACDEFGV	0.5751
			Sandoz Alfacalcidol	02533316	SDZ		0.4313
		1 mcg	One-Alpha	00474525	XPI	ACDEFGV	1.7215
			Sandoz Alfacalcidol	02533324	SDZ		1.2911
Amiodarone							
Tab	Orl	200 mg	Jamp Amiodarone	02531844	JPC	ACDEFGV	0.3706
Amlodipine							
Tab	Orl	2.5 mg	Amlodipine	02478587	SAS	ACDEFGV	0.0767
Brimonidine							
Liq	Oph	0.2%	Jamp-Brimonidine	02449226	JPC	ACDEFGV	1.1550
Clopidogrel							
Tab	Orl	75 mg	Mint-Clopidogrel	02408910	MNT	ACDEFV	0.2631
Dapagliflozin							
Tab	Orl	5 mg	Forxiga	02435462	AZE	(SA)	2.6200
			Apo-Dapagliflozin	02527189	APX		
			Jamp Dapagliflozin	02531364	JPC		
			M-Dapagliflozin	02535297	MRA		0.6825
			pms-Dapagliflozin	02531550	PMS		
			Sandoz Dapagliflozin	02518732	SDZ		
		10 mg	Forxiga	02435470	AZE	(SA)	2.6200
			Apo-Dapagliflozin	02527197	APX		
			Jamp Dapagliflozin	02531372	JPC		
			M-Dapagliflozin	02535300	MRA		0.6825
			pms-Dapagliflozin	02531569	PMS		
			Sandoz Dapagliflozin	02518740	SDZ		
Everolimus							
Tab	Orl	2.5 mg	Nat-Everolimus	02530090	NAT	(SA)	50.6635
		5 mg	Nat-Everolimus	02530104	NAT	(SA)	50.6635
		10 mg	Nat-Everolimus	02530120	NAT	(SA)	50.6635
Levodopa / Carbidopa							
Tab	Orl	100 mg / 10 mg	Auro-Levocarb	02531593	ARO	ACDEFGV	0.1087
		100 mg / 25 mg	Auro-Levocarb	02531607	ARO	ACDEFGV	0.1623
		250 mg / 25 mg	Auro-Levocarb	02531615	ARO	ACDEFGV	0.1812
Pirfenidone							
Tab	Orl	267 mg	pms-Pirfenidone	02531526	PMS	(SA)	3.3560

Drug Product Additions

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Pirfenidone							
Tab	Orl	801 mg	pms-Pirfenidone	02531534	PMS	(SA)	10.0680
Pomalidomide							
Cap	Orl	1 mg	Reddy-Pomalidomide	02504073	RCH	(SA)	125.0000
		2 mg	Reddy-Pomalidomide	02504081	RCH	(SA)	125.0000
		3 mg	Reddy-Pomalidomide	02504103	RCH	(SA)	125.0000
		4 mg	Reddy-Pomalidomide	02504111	RCH	(SA)	125.0000
Solifenacin							
Tab	Orl	5 mg	ACH-Solifenacin Succinate	02439344	AHI	ACDEFGV	0.3041
		10 mg	ACH-Solifenacin Succinate	02439352	AHI	ACDEFGV	0.3041

Drug Price Changes

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Nabilone							
Cap	Orl	0.5 mg	pms-Nabilone	02380900	PMS	ACDEFVW	1.8886
			Teva-Nabillone	02384884	TEV		
Morphine							
SRT	Orl	30 mg	Sandoz Morphine SR	02244791	SDZ	ACDEFGVW	0.6580
			Teva-Morphine SR	02302772	TEV		
Pirfenidone							
Tab	Orl	267 mg	Jamp Pirfenidone	02514702	JPC	(SA)	3.3560
			Sandoz Pirfenidone	02488507	SDZ		
		801 mg	Jamp Pirfenidone	02514710	JPC	(SA)	10.0680
			Sandoz Pirfenidone	02488515	SDZ		

Delisted Drug Products

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans
Product No Longer Marketed						
Nabilone						
Cap	Orl	0.5 mg	Act-Nabilone	02393581	TEV	ACDEFVW

Bulletin #1107

June 26, 2023

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective June 26, 2023.

Included in this bulletin:

- Regular Benefit Additions
- Special Authorization Benefit Additions
- Changes to Existing Special Authorization Benefits
- Benefit Status Changes
- Update on Provider Audit Guide Update
- Update on Quantity for Claims Submission

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

Regular Benefit Additions

Generic name (Brand name)	Strength	DIN	MFR	Plans	Cost Base
Enoxaparin (Elonox)	30 mg / 0.3 mL prefilled syringe	02532247	FKB	ACDEFGVW	MLP
	40 mg / 0.4 mL prefilled syringe	02532255			
	60 mg / 0.6 mL prefilled syringe	02532263			
	80 mg / 0.8 mL prefilled syringe	02532271			
	100 mg/mL prefilled syringe	02532298			
(Elonox HP)	120 mg / 0.8 mL prefilled syringe	02532301			
	150 mg/mL prefilled syringe	02532328			
Special Authorization No Longer Required					
Dapagliflozin (Forxiga and generic brands)	5 mg tablet	See NB Drug Plans Formulary or MAP List for Products	ACDEFGV		MAP
	10 mg tablet				

Special Authorization Benefit Additions

Generic name (Brand name)	Strength	DIN	MFR	Plans	Cost Base
Amifampridine (Ruzurgi)	10 mg tablet	02503034	MDU	(SA)	MLP

For the treatment of Lambert-Eaton myasthenic syndrome (LEMS) in patients 6 years of age or older.

Initial Renewal Criteria:

- An improvement of at least 30% on the Triple Timed Up and Go (3TUG) test compared to baseline measurement.

Subsequent Renewal Criteria:

- The patient continues to maintain an improvement of at least 30% on the 3TUG test compared to baseline measurement.

Clinical Note:

- The 3TUG test score must be provided with initial and renewal requests.

Claim Notes:

- Must be prescribed by a neurologist.
- Approvals will be up to a maximum daily dose of 40 mg for patients weighing less than 45 kg and 100 mg for patients weighing 45 kg or more.
- Initial approval period: 3 months.
- Renewal approval period: 1 year.

Asciminib (Scemblix)	20 mg tablet 40 mg tablet	02528320 02528339	NVR	(SA)	MLP

For the treatment of adult patients with Philadelphia chromosome-positive chronic myeloid leukemia (Ph+ CML) in chronic phase who have resistance or intolerance to at least two tyrosine kinase inhibitors and no evidence of T315i or V299L mutations.

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 will not be considered for patients with CML in accelerated or blast phase.
- Approval period : 1 year.

Changes to Existing Special Authorization Benefits

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

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

- Clinically significant center-involving macular edema for whom laser photocoagulation is also indicated
- Central retinal thickness greater than or equal to 250 micrometers

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 6 weeks for 30 weeks, followed by 1 prefilled syringe per eye every 8 weeks thereafter.
- Approval Period: 1 year. Confirmation of continued response is required.

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

As monotherapy for the treatment of adult patients with unresectable locally advanced or metastatic extracranial solid tumors who meet all of the following criteria:

- Tumors have a NTRK gene fusion without a known acquired resistance mutation
- No other satisfactory treatment options

- Not a candidate for surgery and/or radiation due to risk of substantial morbidity

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

Clinical Notes:
1. Patients must have a good performance status.
2. If CNS metastases are present, patients must be asymptomatic.
3. Treatment should be discontinued upon radiographic disease progression or unacceptable toxicity.

Claim Notes:
- Requests will not be considered for patients who experience disease progression on a NTRK inhibitor.
- Approval period: 6 months.

New Indication

Ondansetron (Zofran and generic brands)	2 mg/mL injection 4 mg tablet 8 mg tablet 4 mg / 5 mL oral liquid 4 mg orally disintegrating tablet 8 mg orally disintegrating tablet	See NB Drug Plans Formulary or MAP List for Products	W (SA) (SA)	MAP

For the treatment of nausea and vomiting in pediatric patients (under 18 years of age) receiving chemotherapy (e.g., methotrexate) for chronic non-oncology conditions who have experienced an episode of nausea and vomiting.

Revised Criteria

Dasatinib (Sprycel and generic brands)	20 mg tablet 50 mg tablet 70 mg tablet 80 mg tablet 100 mg tablet 140 mg tablet	See NB Drug Plans Formulary or MAP List for Products	(SA)	MAP

1. For the treatment of adult patients with Philadelphia chromosome-positive chronic myeloid leukemia (Ph+ CML) in chronic, accelerated, or blast phase.
2. For the treatment of patients with Philadelphia chromosome-positive acute lymphoblastic leukemia (Ph+ ALL).

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

Claim Note:
- Approval period: 1 year.

Benefit Status Changes

Generic name (Brand name)	Strength	DIN	MFR	Plans	Cost Base
Delisted Chloral Hydrate (Chloral Hydrate Syrup Odan)	100 mg/mL syrup	02247621	ODN		MAP

Effective June 26, 2023, chloral hydrate 100 mg/mL syrup will be delisted as a benefit on the New Brunswick Drug Plans Formulary.

The evidence for efficacy of chloral hydrate in the treatment of insomnia is outweighed by the risk of serious adverse reactions.

For patients who had a claim paid for chloral hydrate between December 26, 2022 and June 26, 2023, chloral hydrate will continue to be a benefit until January 26, 2024. After January 26, 2024, a special authorization request, documenting the rationale for continued use, will be required on an annual basis for coverage to be considered. New requests for special authorization will not be considered.

Update on Provider Audit Guide

The New Brunswick Drug Plans Provider Audit Guide provides an overview of audit activities for the New Brunswick Drug Plans. It informs participating providers of their audit rights and obligations.

The Guide was recently updated to include additional information about audit processes and results. It is available online.

Update on Quantity for Claims Submission

Effective June 26, 2023, claims for ustekinumab (Stelara) 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, June 26, 2023. Any claims for prescriptions dispensed prior to this date must follow the previous quantity for claim submission requirement (i.e. mL).

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

Bulletin #1108

June 29, 2023

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 29, 2023.
  - Products that were already listed on the NB Drug Plans Formulary will be reimbursed up to the new category MAP effective July 20, 2023. Prior to July 20, 2023, 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 20, 2023. Prior to July 20, 2023, 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 29, 2023.

- Delisted drug products
  - Products will be removed from the NB Drug Plans Formulary effective July 20, 2023.

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
Alendronate							
Tab	Orl	70 mg	M-Alendronate	02529394	MRA	ACDEFGV	1.7804
Amlodipine							
Tab	Orl	2.5 mg	PRZ-Amlodipine	02522500	PRZ	ACDEFGV	0.0767
		5 mg	PRZ-Amlodipine	02522519	PRZ	ACDEFGV	0.1343
		10 mg	PRZ-Amlodipine	02522527	PRZ	ACDEFGV	0.1993
Amoxicillin							
Pws.	Orl	25 mg	Jamp-Amoxicillin	02535793	JPC	ABCDEFGVW	0.0247
Atorvastatin							
Tab	Orl	10 mg	PRZ-Atorvastatin	02521555	PRZ	ACDEFGV	0.1743
		20 mg	PRZ-Atorvastatin	02521563	PRZ	ACDEFGV	0.2179
		40 mg	PRZ-Atorvastatin	02521571	PRZ	ACDEFGV	0.2342
		80 mg	PRZ-Atorvastatin	02521598	PRZ	ACDEFGV	0.2342
Candesartan							
Tab	Orl	4 mg	Mint-Candesartan	02476908	MNT	ACDEFGV	0.1700
Dapagliflozin							
Tab	Orl	5 mg	Auro-Dapagliflozin	02531402	ARO	ACDEFGV	0.6825
			GLN-Dapagliflozin	02519852	GLM		
		10 mg	Auro-Dapagliflozin	02531410	ARO	ACDEFGV	0.6825
			GLN-Dapagliflozin	02519860	GLM		
Dapagliflozin / Metformin							
Tab	Orl	5 mg / 850 mg	XigDuo	02449935	AZE	(SA)	1.2863
			Auro-Dapagliflozin/Metformin	02533073	ARO		0.9647
		5 mg / 1000 mg	XigDuo	02449943	AZE	(SA)	1.2863
			Auro-Dapagliflozin/Metformin	02533081	ARO		0.9647
Domperidone							
Tab	Orl	10 mg	PRZ-Domperidone	02462834	PRZ	ACDEFGVW	0.0428
Gabapentin							
Tab	Orl	600 mg	Gabapentin	02432072	JPC	ACDEFGVW	0.1809
		800 mg	Gabapentin	02432080	JPC	ACDEFGVW	0.2412
Metformin							
Tab	Orl	500 mg	PRZ-Metformin	02531895	PRZ	ACDEFGV	0.0247

Drug Product Additions

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Metformin							
Tab	Orl	850 mg	PRZ-Metformin	02531909	PRZ	ACDEFGV	0.0339
		1000 mg	PRZ-Metformin	02534673	PRZ	ACDEFGV	0.0399
Olmesartan / Hydrochlorothiazide							
Tab	Orl	20 mg / 12.5 mg	PRZ-Olmesartan/HCTZ	02526468	PRZ	ACDEFGV	0.3019
		40 mg / 12.5 mg	PRZ-Olmesartan/HCTZ	02526476	PRZ	ACDEFGV	0.3019
		40 mg / 25 mg	PRZ-Olmesartan/HCTZ	02526484	PRZ	ACDEFGV	0.3019
Rosuvastatin							
Tab	Orl	5 mg	PRZ-Rosuvastatin	02505576	PRZ	ACDEFGV	0.1284
		10 mg	PRZ-Rosuvastatin	02505584	PRZ	ACDEFGV	0.1354
		20 mg	PRZ-Rosuvastatin	02505592	PRZ	ACDEFGV	0.1692
		40 mg	PRZ-Rosuvastatin	02505606	PRZ	ACDEFGV	0.1990
Sitagliptin							
Tab	Orl	25 mg	ACH-Sitagliptin	02512475	AHI	ACDEFGV	0.8197
		50 mg	ACH-Sitagliptin	02512483	AHI	ACDEFGV	0.8197
		100 mg	ACH-Sitagliptin	02512491	AHI	ACDEFGV	0.8197
Solifenacin							
Tab	Orl	5 mg	PRZ-Solifenacin	02493039	PRZ	ACDEFGV	0.3041
		10 mg	PRZ-Solifenacin	02493047	PRZ	ACDEFGV	0.3041
Sunitinib							
Cap	Orl	12.5 mg	Sandoz Sunitinb	02532840	SDZ	(SA)	32.5620
		25 mg	Sandoz Sunitinb	02532867	SDZ	(SA)	65.1236
		50 mg	Sandoz Sunitinb	02532883	SDZ	(SA)	130.2475

Drug Price Changes

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Amoxicillin							
Pws.	Orl	25 mg	Apo-Amoxi	00628131	APX	ABCDEFGVW	0.0247

Drug Price Changes

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Sunitinib							
Cap	Orl	12.5 mg	Taro-Sunitinib	02524058	TAR	(SA)	32.5620
		25 mg	Taro-Sunitinib	02524066	TAR	(SA)	65.1236
		50 mg	Taro-Sunitinib	02524082	TAR	(SA)	130.2475

Delisted Drug Products

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans
Manufacturer Requested Delisting						
Cholestyramine						
Pws.	Orl	4 g	Olestyr	00890960	PMS	ACDEFGV
			Olestyr	02210320		
Manufacturer Not Compliant with NB Drug Plans Pricing Policies						
Ergocalciferol						
Dps	Orl	8 288 IU	Erdol	80003615	ODN	AEFGV
Hydrocortisone / Pramoxine / Zinc						
Ont	Rt	0.5% / 1% / 0.5%	Proctodan-HC Ointment	02234466	ODN	ACDEFGV
Sup	Rt	10 mg / 20 mg / 10 mg	Proctodan-HC Suppositories	02240851	ODN	ACDEFGV
Product No Longer Marketed						
Hydrocortisone / Pramoxine / Zinc						
Sup	Rt	10 mg / 20 mg / 10 mg	Sandoz Anuzinc HC Plus	02242797	SDZ	ACDEFGV

Bulletin #1109

July 24, 2023

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective July 24, 2023.

Included in this bulletin:

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

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

Special Authorization Benefit Additions

Generic name (Brand name)	Strength	DIN	MFR	Plans	Cost Base
Faricimab (Vabysmo)	6 mg / 0.05 mL single-use vial	02527618	HLR	(SA)	MLP

Diabetic macular edema
For the treatment of patients with diabetic macular edema who meet all of the following criteria:
- Clinically significant center-involving macular edema for whom laser photocoagulation is also indicated.
- Central retinal thickness greater than or equal to 250 micrometers.

Claim Notes:
- An initial claim of up to two vials (1 vial per eye treated) will be automatically reimbursed when prescribed by a New Brunswick ophthalmologist. If continued treatment is required, a request must be made through special authorization.
- Approvals will be for a maximum of 1 vial per eye every 4 weeks.
- Approval Period: 1 year. Confirmation of continued response is required.

Neovascular (wet) age-related macular degeneration
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 vials (1 vial per eye treated) will be automatically reimbursed when prescribed by a New Brunswick ophthalmologist. If continued treatment is required, a request must be made through special authorization.
- Approvals will be for a maximum of 1 vial per eye every 4 weeks for 16 weeks, followed by 1 vial per eye every 8 weeks thereafter.
- Approval Period: 1 year.

Sodium Phenylbutyrate / Ursodoxicoltaurine (Albrioza)	3 g / g powder for suspension	02527707	ALY	(SA)	MLP

For the treatment of patients with definite amyotrophic lateral sclerosis (ALS) who meet all the following criteria:
- Forced vital capacity (FVC) greater than or equal to 60% of predicted
- ALS symptoms for 18 months or less

- Permanent non-invasive or invasive ventilation is not required

Discontinuation Criteria:
- The patient requires permanent non-invasive or invasive ventilation; or
- The patient becomes non-ambulatory and is unable to cut food and feed themselves without assistance, irrespective of whether a gastrostomy is in place.

Clinical Note:
- FVC must be provided with initial request.

Claim Notes:
- Must be prescribed by, or in consultation with, a physician with experience in the diagnosis and management of ALS.
- 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 Indication Ondansetron (Zofran and generic brands)	2 mg/mL injection 4 mg tablet 8 mg tablet 4 mg / 5 mL oral solution 4 mg orally disintegrating tablet 8 mg orally disintegrating tablet	See NB Drug Plans Formulary or MAP List for Products		W (SA) (SA)	MAP
	For the management of nausea and vomiting in patients receiving palliative care.				
Revised Criteria Ceftolozane / Tazobactam (Zerbaxa)	1 g / 0.5 g vial	02446901	FRS	W (SA)	MLP
	For the treatment of patients with multidrug-resistant Pseudomonas aeruginosa when alternative agents are not an option. Claim Notes: • Must be prescribed by, or in consultation with, an infectious disease specialist or medical microbiologist. • Claims that exceed the maximum claim amount of $9,999.99 must be divided and submitted as separate transactions as outlined here.				

Drugs Reviewed and Not Listed

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

Generic name (Brand name)	Strength	DIN	MFR	Indication
Eculizumab (Soliris)	10 mg/mL intravenous infusion	02322285	ALX	For the treatment in adult patients with generalized Myasthenia Gravis.
Eculizumab (Soliris)	10 mg/mL intravenous infusion	02322285	ALX	For the treatment of neuromyelitis optica spectrum disorder in adult patients
Pitolisant (Wakix)	5 mg tablet 20 mg tablet	02516241 02516268	EDO	For the treatment of excessive daytime sleepiness or cataplexy in adult patients with narcolepsy.

Bulletin #1110 July 31, 2023

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 31, 2023.
  - Products that were already listed on the NB Drug Plans Formulary will be reimbursed up to the new category MAP effective August 21, 2023. Prior to August 21, 2023, 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 21, 2023. Prior to August 21, 2023, 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 31, 2023.

- Delisted drug products
  - Products will be removed from the NB Drug Plans Formulary effective August 21, 2023.

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
Abiraterone							
Tab	Orl	500 mg	Reddy-Abiraterone	02533251	RCH	(SA)	15.3125
Apixaban							
Tab	Orl	2.5 mg	Mint-Apixaban	02495430	MNT	ACDEFGV	0.4084
Cefazolin							
Pws.	Inj	10 g	Cefazolin for Injection USP	02465477	STR	ACDEFGVW	30.1539
Clonidine							
Tab	Orl	0.025 mg	Mint-Clonidine	02534738	MNT	ACDEFGV	0.0680
Dorzolamide							
Liq	Oph	2%	Med-Dorzolamide	02457210	GMP	ACDEFGV	1.4757
Dorzolamide / Timolol							
Liq	Oph	2% / 0.5%	Dorzolamide-Timolol	02522020	JPC	ACDEFGV	1.9887
Febuxostat							
Tab	Orl	80 mg	Auro-Febuxostat	02533243	ARO	(SA)	0.3975
Hydrocortisone / Urea							
Crm	Top	1% / 10%	M-HC 1% Urea 10%	80073645	MRA	ACDEFGV	0.0915
Levonorgestrel / Ethinyl Estradiol							
Tab	Orl	0.1 mg / 0.02 mg	Audrina 21	02532174	JPC	CDEFGV	0.1877
			Audrina 28	02532182			0.1408
Lurasidone							
Tab	Orl	120 mg	Sandoz Lurasidone	02521121	SDZ	ACDEFGV	1.2250
Midodrine							
Tab	Orl	2.5 mg	Midodrine	02533200	SAS	ACDEFGV	0.1153
		5 mg	Midodrine	02533219	SAS	ACDEFGV	0.1921

Drug Price Changes

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Carbamazepine							
Tab	Orl	200 mg	Teva-Carbamazepine	00782718	TEV	ACDEFGV	0.3769
Dorzolamide							
Liq	Oph	2%	Jamp-Dorzolamide	02453347	JPC	ACDEFGV	1.4757
			Sandoz Dorzolamide	02316307	SDZ		

Drug Price Changes

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Fentanyl							
Pth	Trd	25 mcg/hr	Sandoz Fentanyl	02327120	SDZ	W (SA)	8.5600
			Teva-Fentanyl	02282941	TEV		
		50 mcg/hr	Sandoz Fentanyl	02327147	SDZ	W (SA)	16.1100
			Teva-Fentanyl	02282968	TEV		
		75 mcg/hr	Sandoz Fentanyl	02327155	SDZ	W (SA)	22.6500
			Teva-Fentanyl	02282976	TEV		
		100 mcg/hr	Sandoz Fentanyl	02327163	SDZ	W (SA)	28.1950
			Teva-Fentanyl	02282984	TEV		
Levonorgestrel / Ethinly Estradiol							
Tab	Orl	0.1 mg / 0.02 mg	Alysena (21)	02387875	APX	CDEFGV	0.1877
			Aviane (21)	02298538	TEV		
			Alysena (28)	02387883	APX		0.1408
			Aviane (28)	02298546	TEV		
Terazosin							
Tab	Orl	1 mg	Apo-Terazosin	02234502	APX	ACDEFV	0.3938
			pms-Terazosin	02243518	PMS		
		2 mg	Apo-Terazosin	02234503	APX	ACDEFV	0.5005
			pms-Terazosin	02243519	PMS		
		10 mg	Apo-Terazosin	02234505	APX	ACDEFV	0.9950
			pms-Terazosin	02243521	PMS		

Delisted Drug Products

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans
Product No Longer Marketed						
Carbamazepine						
Tab	Orl	200 mg	Taro-Carbamazepine	02407515	TAR	ACDEFGV
Fentanyl						
Pth	Trd	25 mcg/hr	pms-Fentanyl MTX	02341387	PMS	W (SA)
		50 mcg/hr	pms-Fentanyl MTX	02341395	PMS	W (SA)
		75 mcg/hr	pms-Fentanyl MTX	02341409	PMS	W (SA)
		100 mcg/hr	pms-Fentanyl MTX	02341417	PMS	W (SA)

Delisted Drug Products

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans
Product No Longer Marketed						
Terazosin						
Tab	Orl	1 mg	Teva-Terazosin	02230805	TEV	ACDEFV
		2 mg	Teva-Terazosin	02230806	TEV	ACDEFV
		10 mg	Teva-Terazosin	02230808	TEV	ACDEFV

Bulletin #1111

August 28, 2023

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective August 28, 2023.

Included in this bulletin:

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

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

Regular Benefit Additions

Generic name (Brand name)	Strength	DIN	MFR	Plans	Cost Base
Voriconazole (Voriconazole for injection)	200 mg powder for solution	02381966	SDZ	ACDEFGV	MAP

Special Authorization Benefit Additions

Effective August 28, 2023, ranibizumab (Byooviz) will be added to the Formulary as a special authorization (SA) benefit according to the criteria listed below.

As of this date, SA requests for ranibizumab will be considered for coverage of the biosimilar brand only. Patients who received SA approval for the Lucentis brand of ranibizumab prior to August 28, 2023 will continue to have coverage until their current SA approval expires, or February 28, 2024, whichever occurs first.

Generic name (Brand name)	Strength	DIN	MFR	Plans	Cost Base
Ranibizumab (Byooviz)	10 mg/mL solution for intravitreal injection	02525852	BIG	(SA)	MLP

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

<u>Claim Notes:</u>

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

Mecasermin (Increlex)	10 mg/mL multidose vial	02509733	IPS	(SA)	MLP

For the treatment of patients between 2 and 18 years of age with growth failure due to confirmed severe primary insulin-like growth factor-1 deficiency (SPIGFD) in whom epiphyseal closure has not yet occurred and meet the following criteria:

- Documented genetic mutation recognized as a cause of SPIGFD; or
- Clinical and biochemical features of SPIGFD.

Renewal Criteria:

- Height velocity is 1 cm or greater per 6 months or 2 cm or greater per year; and
- Bone age is 16 years or less in boys and 14 years or less in girls.

Clinical Notes:

1. Clinical and biochemical features of SPIGFD are defined as:
   - height standard deviation score less than or equal to –3.0; and
   - basal insulin-like growth factor-1 (IGF-1) levels below the 2.5th percentile for age and gender; and
   - random or stimulated growth hormone (GH) level > 10 ng/mL and failure to increase IGF-1 by 50 ug/L in response to exogenous GH during an IGF-1 generation test.
2. Exclusion of secondary forms of IGF-1 deficiency such as malnutrition, hypopituitarism, hypothyroidism, or chronic treatment with pharmacologic doses of anti-inflammatory steroids.

Claim Notes:

- Must be prescribed by a pediatric endocrinologist.
- Mecasermin will not be reimbursed in combination with recombinant growth hormone treatment.
- Approvals will be for a maximum of 0.12 mg/kg/dose twice daily.
- Approval period: 1 year
- Claims that exceed the maximum claim amount of $9,999 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 Edaravone (Radicava)	105 mg / 5 mL oral suspension	02532611	MBT	(SA)	MLP

For the treatment of patients with probable or definite amyotrophic lateral sclerosis (ALS) who meet all the following criteria:

- ALS Functional Rating Scale – Revised (ALSFRS-R) score of at least two points on each item
- Forced vital capacity (FVC) greater than or equal to 80% of predicted
- ALS symptoms for two years or less
- Permanent non-invasive or invasive ventilation is not required

Discontinuation Criteria:

- The patient is non-ambulatory (ALSFRS-R score less than or equal to 1 for item 8) and unable to cut food and feed themself without assistance, irrespective of whether a gastrostomy tube is in place (ALSFRS-R score less than 1 for item 5a or 5b); or
- The patient requires permanent non-invasive or invasive ventilation.

Clinical Note:

- ALSFRS-R scores and FVC must be provided.

Claim Notes:

- Must be prescribed by, or in consultation with, a physician with experience in the diagnosis and management of ALS.
- 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.

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
Cariprazine (Vraylar)	1.5 mg capsule 3 mg capsule 4.5 mg capsule 6 mg capsule	02526794 02526808 02526816 02526824	ABV	For the treatment of schizophrenia.
Cariprazine (Vraylar)	1.5 mg capsule 3 mg capsule 4.5 mg capsule 6 mg capsule	02526794 02526808 02526816 02526824	ABV	For the treatment of bipolar mania and bipolar depression.
Tepotinib (Tepmetko)	225 mg tablet	02516322	EMD	For the treatment of adult patients with locally advanced unresectable or metastatic non-small cell lung cancer with a MET exon 14 skipping alteration.

Bulletin #1112

August 31, 2023

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, 2023.

- 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, 2023. Prior to September 21, 2023, 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, 2023.

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
Amantadine							
Syr	Orl	10 mg/mL	Odan-Amantadine Syrup	02538601	ODN	ACDEFGV	0.0988
Amoxicillin							
Pws	Orl	50 mg	Jamp-Amoxicillin	02535815	JPC	ABCDEFGVW	0.0540
Anastrozole							
Tab	Orl	1 mg	Anastrozole	02529904	SIV	ACDEFV	0.9522
Brimonidine / Timolol							
Liq	Oph	0.2% / 0.5%	Jamp Brimonidine/Timolol	02531704	JPC	ACDEFGV	2.3290
Metformin							
Tab	Orl	500 mg	Mar-Metformin	02378620	MAR	ACDEFGV	0.0247
		850 mg	Mar-Metformin	02378639	MAR	ACDEFGV	0.0339
Olanzapine							
Tab	Orl	20 mg	Olanzapine	02385910	SIV	ACDEFGVW	1.4378
Pomalidomide							
Cap	Orl	1 mg	Jamp Pomalidomide	02538059	JPC	(SA)	125.0000
		2 mg	Jamp Pomalidomide	02538075	JPC	(SA)	125.0000
		3 mg	Jamp Pomalidomide	02538083	JPC	(SA)	125.0000
		4 mg	Jamp Pomalidomide	02538091	JPC	(SA)	125.0000
Potassium Chloride							
SRT	Orl	1 500 mg	Jamp-K20	80013007	JPC	ACDEFGV	0.1161

Drug Price Changes

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Amantadine							
Syr	Orl	10 mg/mL	pdp-Amantadine	02022826	PDP	ACDEFGV	0.0988
Brimonidine / Timolol							
Liq	Oph	0.2% / 0.5%	Apo-Brimonidine-Timop	02375311	APX	ACDEFGV	2.3290
Rifampicin							
Tab	Orl	150 mg	Rofact	00393444	BSL	ACDEFGPVW	0.8003
		300 mg	Rofact	00343617	BSL	ACDEFGPVW	1.2597
Tobramycin							
Liq	Inh	300 mg / 5 mL	Teva-Tobramycin	02389622	TEV	ABCDEFGV	8.2197

Bulletin #1113

September 18, 2023

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective September 18, 2023.

Included in this bulletin:

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

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

Regular Benefit Additions

Generic name (Brand name)	Strength	DIN	MFR	Plans	Cost Base
Insulin degludec (Tresiba Penfill)	100 units/mL cartridge	02467860	NNO	ACDEFGV	MLP

Special Authorization Benefit Additions

Generic name (Brand name)	Strength	DIN	MFR	Plans	Cost Base
Amifampridine (Firdapse)	10 mg tablet	02502984	KYE	(SA)	MLP

For the treatment of Lambert-Eaton myasthenic syndrome (LEMS) in patients 18 years of age or older.

Initial Renewal Criteria:
- An improvement of at least 30% on the Triple Timed Up and Go (3TUG) test compared to baseline measurement.

Subsequent Renewal Criteria:
- The patient continues to maintain an improvement of at least 30% on the 3TUG test compared to baseline measurement.

Clinical Note:
- The 3TUG test score must be provided with initial and renewal requests.

Claim Notes:
- Must be prescribed by a neurologist.
- Approvals will be up to a maximum daily dose of 80 mg.
- Initial approval period: 3 months.
- Renewal approval period: 1 year.

Eptinezumab (Vyepti)	100 mg/mL single-use vial	02510839	VLH	(SA)	MLP

For the prevention of migraine in patients with a confirmed diagnosis of episodic or chronic migraine who have experienced an inadequate response, intolerance, or contraindication to at least two classes of oral prophylactic migraine medications.

Renewal Criteria:
- A reduction of at least 50% in the average number of migraine days per month at the time of initial renewal compared with baseline.
- At subsequent renewals, the patient continues to maintain the reduction of at least 50% in average number of migraine days per month.

Clinical Notes:

1. The average number of headache and migraine days per month must be provided on initial and renewal requests.
2. According to the International Headache Society criteria, episodic or chronic migraine are defined as:
   - Episodic migraine: migraine headaches on at least 4 days per month and less than 15 headache days per month for more than 3 months.
   - Chronic migraine: headaches for at least 15 days per month for more than 3 months of which at least eight days per month are with migraine.

Claim Notes:

- Combined use with other calcitonin gene-related peptide (CGRP) antagonists will not be reimbursed.
- Initial approval period: 6 months.
- Renewal approval period: 1 year.

Selpercatinib (Retevmo)	40 mg capsule 80 mg capsule	02516918 02516926	LIL	(SA)	MLP

Differentiated Thyroid Cancer

For the treatment of RET fusion-positive differentiated thyroid cancer in adult patients with advanced or metastatic disease, not amenable to surgery or radioactive iodine therapy, following prior treatment with lenvatinib.

Renewal Criteria:

- Written confirmation that the patient is responding to treatment.

Clinical Notes:

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

Claim Notes:

- 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.

Medullary Thyroid Cancer

For the treatment of patients 12 years of age and older with unresectable advanced or metastatic RET-mutant medullary thyroid cancer who have progressed on, are intolerant to, or have a contraindication to first-line therapy.

Renewal Criteria:

- Written confirmation that the patient is responding to treatment.

Clinical Notes:

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

Claim Notes:

- 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.

Non-Small Cell Lung Cancer
For the treatment of adult patients with metastatic RET fusion-positive non-small cell lung cancer as first-line therapy or after prior systemic therapy.

Renewal Criteria:
- Written confirmation that the patient is responding to treatment.

Clinical Notes:
1. Patients must have a good performance status.
2. Treatment should be discontinued upon disease progression or unacceptable toxicity.
3. If central nervous system metastases are present, patients must be asymptomatic or have stable disease.

Claim Notes:
- 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

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

Breast Cancer
1. For the adjuvant treatment of adult patients with deleterious or suspected deleterious germline BRCA-mutated high-risk early breast cancer who have had upfront surgery followed by adjuvant chemotherapy and who meet one of the following criteria:
   - Triple negative breast cancer and either axillary node-positive or axillary node-negative with invasive primary tumor pathological size of at least 2 cm (≥ pT2 cm)
   - Hormone receptor positive, HER2-negative breast cancer with at least 4 pathologically confirmed positive lymph nodes

2. For the adjuvant treatment of adult patients with deleterious or suspected deleterious germline BRCA-mutated high-risk early breast cancer who received neoadjuvant chemotherapy followed by surgery and who meet one of the following criteria:
   - Triple negative breast cancer with residual invasive disease in the breast and/or resected lymph nodes (non-pCR)
   - Hormone receptor positive, HER2-negative breast cancer with residual invasive disease in the breast, and/or the resected lymph nodes, and a CPS + EG score of 3 or higher

Clinical Notes:
1. Patients must have completed neoadjuvant or adjuvant chemotherapy containing an

anthracycline and/or taxane.
2. Treatment should be initiated within 12 weeks of completion of the last treatment (i.e., surgery, chemotherapy, or radiation therapy).
3. Patients must have a good performance status.
4. Treatment should be discontinued upon disease recurrence, unacceptable toxicity, or completion of 1 year of therapy, whichever occurs first.

Claim Notes:

- Requests for patients determined to be at high-risk for relapse using a disease scoring system other than CPS + EG will be considered.
- 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
Fostamatinib (Tavalisse)	100 mg tablet 150 mg tablet	02508052 02508060	MDP	For the treatment of chronic immune thrombocytopenia.
Safinamide (Onstryv)	50 mg tablet 100 mg tablet	02484641 02484668	VAL	Add-on therapy for the treatment of Parkinson's disease.

Bulletin #1114

September 28, 2023

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 28, 2023.

- 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 19, 2023. Prior to October 19, 2023, 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 28, 2023.

- Delisted drug products
  - Products will be removed from the NB Drug Plans Formulary effective October 19, 2023.

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
Aripiprazole							
Tab	Orl	2 mg	Aripiprazole	02534320	SIV	ACDEFGV	0.8092
		5 mg	Aripiprazole	02534339	SIV	ACDEFGV	0.9046
		10 mg	Aripiprazole	02534347	SIV	ACDEFGV	1.0754
		15 mg	Aripiprazole	02534355	SIV	ACDEFGV	1.2692
		20 mg	Aripiprazole	02534363	SIV	ACDEFGV	1.0017
		30 mg	Aripiprazole	02534371	SIV	ACDEFGV	1.0017
Cetirizine							
Tab	Orl	20 mg	Cetirizine	02534126	SIV	(SA)	0.2223
Pregabalin							
Cap	Orl	25 mg	Mar-Pregabalin	02417529	MAR	ACDEFGVW	0.1481
		50 mg	Mar-Pregabalin	02417537	MAR	ACDEFGVW	0.2324
		75 mg	Mar-Pregabalin	02417545	MAR	ACDEFGVW	0.3007
		150 mg	Mar-Pregabalin	02417561	MAR	ACDEFGVW	0.4145
Rosuvastatin							
Tab	Orl	5 mg	Mar-Rosuvastatin	02413051	MAR	ACDEFGV	0.1284
		10 mg	Mar-Rosuvastatin	02413078	MAR	ACDEFGV	0.1354
		20 mg	Mar-Rosuvastatin	02413086	MAR	ACDEFGV	0.1692
		40 mg	Mar-Rosuvastatin	02413108	MAR	ACDEFGV	0.1990

Drug Price Changes

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Alendronate / Cholecalciferol							
Tab	Orl	70 mg / 5600 IU	Apo-Alendronate/Vitamin D3	02454475	APX	ACDEFGV	2.4348
			Jamp Alendronate/Vitamin D3	02519836	JPC		
Bupropion							
ERT	Orl	150 mg	Taro-Bupropion XL	02475804	SUN	ACDEFGV	0.2926
			Teva-Bupropion XL	02439654	TEV		
		300 mg	Taro-Bupropion XL	02475812	SUN	ACDEFGV	0.5853
			Teva-Bupropion XL	02439662	TEV		

Drug Price Changes

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Carbamazepine							
SRT	Orl	200 mg	Sandoz Carbamazepine CR	02261839	SDZ	ACDEFGV	0.3845
		400 mg	Sandoz Carbamazepine CR	02261847	SDZ	ACDEFGV	0.7689
Cefuroxime							
Tab	Orl	500 mg	Apo-Cefuroxime	02244394	APX	ABCDEFGVW	1.6616
			Auro-Cefuroxime	02344831	ARO		
Fenofibrate							
Cap	Orl	200 mg	AA-Feno-Micro	02239864	AAP	ACDEFGV	0.9257
Hydrocortisone / Cinchocaine / Framycetin / Esculin							
Ont	Rt	5 mg / 5 mg / 10 mg / 10 mg	Proctol Ointment	02247322	ODN	ACDEFGV	0.7712

Delisted Drug Products

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Product No Longer Marketed							
Alendronate / Cholecalciferol							
Tab	Orl	70 mg / 5600 IU	Teva-Alendronate/Cholecalciferol	02403641	TEV	ACDEFGV	

Bulletin #1115

October 23, 2023

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective October 23, 2023.

Included in this bulletin:

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

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

Special Authorization Benefit Additions

Generic name (Brand name)	Strength	DIN	MFR	Plans	Cost Base
Lorlatinib (Lorbrena)	25 mg tablet 100 mg tablet	02485966 02485974	PFI	(SA)	MLP

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

Renewal Criteria
- Written confirmation that the patient is responding to treatment.

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

Claim Notes:
- Approval period: 1 year.
- No further ALK inhibitor will be reimbursed following disease progression on lorlatinib.
- Claims that exceed the maximum claim amount of $9,999.99 must be divided and submitted as separate transactions as outlined here.

Selinexor (Xpovio)	20 mg tablet	02527677	FTI	(SA)	MLP

In combination with bortezomib and dexamethasone for the treatment of patients with multiple myeloma who have received at least one prior therapy. If previously treated with a proteasome inhibitor then the patient must meet all of the following criteria:
- Achieved at least a partial response with any prior bortezomib and with the most recent proteasome inhibitor
- Therapy with bortezomib was not discontinued due to grade 3 or greater related toxicity
- A proteasome inhibitor treatment-free interval of at least 6 months

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 will be considered for patients with plasma cell leukemia and systemic light chain amyloidosis.
- 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.

Somatrogon (Ngenla)	24 mg / 1.2 mL prefilled pen 60 mg / 1.2 mL prefilled pen	02521679 02521687	PFI	(SA)	MLP

For the treatment of isolated growth hormone deficiency or growth hormone deficiency as part of multiple pituitary hormone deficiency in pre-pubertal children who are at least 3 years of age.

Discontinuation Criteria:

- Height velocity is less than 2 cm per year and bone age is more than 16 years in boys and 14 years in girls; or
- Closure of the epiphyseal growth plates.

Clinical Notes:

1. Patient height and weight must be provided with all requests.
2. Confirmation there is no evidence of epiphyseal growth plate closure and a copy of the bone age report must be provided with all requests.
3. Bone age assessments may be based on the Greulich Pyle Atlas, Tanner-Whitehouse, or other appropriate methods of assessment.

Claim Notes:

- Must be prescribed by, or in consultation with, an endocrinologist.
- Approvals will be for a maximum of 0.66 mg/kg weekly.
- Approval period: 1 year.

Ripretinib (Qinlock)	50 mg tablet	02500833	MDP	(SA)	MLP

For the treatment of adult patients with advanced gastrointestinal stromal tumors who experience disease progression on, or intolerance to, imatinib, sunitinib, and regorafenib.

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 and no active central nervous system metastases.
2. Treatment should be discontinued upon disease progression or unacceptable toxicity.

Claim Notes:

- 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					
Niraparib (Zejula)	100 mg tablet	02530031	GSK	(SA)	MLP

1. As monotherapy maintenance treatment for adult patients with newly diagnosed epithelial ovarian, fallopian tube, or primary peritoneal cancer who meet all of the following criteria:
   - Complete or partial radiologic response after at least 4 cycles of first-line platinum-based chemotherapy
   - Last cycle of platinum-based chemotherapy was completed within the previous 12 weeks
   - High-grade serous or endometrioid tumors classified as Stage III or IV according to the International Federation of Gynecology and Obstetrics (FIGO) criteria

   Renewal Criteria:
   - Written confirmation that the patient has responded to treatment and there is no evidence of disease progression.
   - Requests for treatment beyond 3 years will not be considered.

   Clinical Notes:
   1. Patients must have a good performance status and no active or uncontrolled metastases to the central nervous system.
   2. Treatment should continue until unacceptable toxicity, disease progression, or completion of 3 years of therapy, whichever occurs first.

   Claim Notes:
   - Requests for niraparib in combination with bevacizumab will not be considered.
   - 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.

2. As monotherapy maintenance treatment for adult patients with recurrent, platinum-sensitive, epithelial ovarian, fallopian tube, or primary peritoneal cancer with high grade serous or endometrioid histology who meet all of the following criteria:
   - Completed at least 2 prior lines of platinum-based chemotherapy
   - Received at least 4 cycles of the most recent platinum-based chemotherapy and in complete or partial radiologic response
   - Last cycle of platinum-based chemotherapy was completed within the previous 12 weeks

   Renewal Criteria:
   - Written confirmation that the patient has responded 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. Patients should have good performance status and no active or uncontrolled metastases to the central nervous system.
3. Treatment should continue until unacceptable toxicity or disease progression.

Claim Notes:
- Requests for niraparib will not be considered for patients who experience disease progression on a PARP-inhibitor or who complete treatment with a PARP-inhibitor in a prior line of therapy.
- 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.

New Dosage Form

Pegfilgrastim (Lapelga)	6 mg / 0.6 mL autoinjector	02529343	APX	(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.

New Dosage Form and New Strength

Adalimumab (Yuflyma)	40 mg / 0.4 mL prefilled syringe 80 mg / 0.8 mL autoinjector 80 mg / 0.8 mL prefilled syringe	02523760 02535084 02535076	CTL	(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.
- Approvals will be for a maximum of 40 mg every two weeks.
- Initial approval period: 6 months.
- Renewal approval period: Long term. Confirmation of response is required.

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

Claim Notes:
- Must be prescribed by a gastroenterologist or physician with a specialty in gastroenterology.

- Combined use of more than one biologic drug will not be reimbursed.
- Approvals will be for a maximum of 160 mg followed by 80 mg two weeks later, then 40 mg every two weeks.
- Initial approval period: 12 weeks.
- Renewal approval period: Long term. Confirmation of response is required.

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

Claim Notes:
- Must be prescribed by a dermatologist or physician with experience in the treatment of HS.
- Combined use of more than one biologic drug will not be reimbursed.
- Approvals will be for a maximum of 160 mg followed by 80 mg two weeks later, then 40 mg every week beginning four weeks after the initial dose.
- Initial approval period: 12 weeks.
- Renewal approval period: Long term. Confirmation of response is required.

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

Claim Notes:
- Must be prescribed by a dermatologist.
- Combined use of more than one biologic drug will not be reimbursed.
- Approvals will be for a maximum of 80 mg followed by 40 mg in one week, then 40 mg every two weeks thereafter.
- Initial approval period: 16 weeks.
- Renewal approval period: Long term. Confirmation of response is required.

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

Claim Notes:
- Must be prescribed by, or in consultation with, a rheumatologist.
- Combined use of more than one biologic drug will not be reimbursed.
- Approvals will be for a maximum of 40 mg every two weeks.
- Initial approval period: 6 months.
- Renewal approval period: Long term. Confirmation of response is required.

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

Claim Notes:
- Must be prescribed by a rheumatologist.
- Combined use of more than one biologic drug will not be reimbursed.
- Approvals will be for a maximum of 40 mg every two weeks.
- Initial approval period: 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.
- Approvals will be for a maximum of 40 mg every two weeks.
- Initial approval period: 6 months.
- Renewal approval period: Long term. Confirmation of response is required.

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

Claim Notes:
- Must be prescribed by a gastroenterologist or physician with a specialty in gastroenterology.
- Combined use of more than one biologic drug will not be reimbursed.
- Approvals will be for a maximum of 160 mg followed by 80 mg two weeks later, then 40 mg every two weeks.
- Initial approval period: 8 weeks.
- Renewal approval period: Long term. Confirmation of response is required.

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

Claim Notes:
- Must be prescribed by, or in consultation with an ophthalmologist.
- Combined use of more than one biologic drug will not be reimbursed.
- Approvals will be for a maximum of 80 mg followed by 40 mg in one week, then 40 mg every two weeks thereafter.
- Initial approval period: 6 months.
- Renewal approval period: Long term. Confirmation of response is required.

New Indication

Pomalidomide (Pomalyst and generic brands)	1 mg capsule 2 mg capsule 3 mg capsule 4 mg capsule	See NB Drug Plans Formulary or MAP List for Products	(SA)	MAP

For the treatment of relapsed or refractory multiple myeloma when used:
- in combination with dexamethasone, with or without cyclophosphamide, for patients who experience disease progression on lenalidomide and a proteasome inhibitor; or
- in combination with isatuximab and dexamethasone for patients who experience disease progression on lenalidomide and a proteasome inhibitor.

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 Note:

- 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
Ospemifene (Osphena)	60 mg tablet	02518112	DUI	For the treatment of moderate to severe dyspareunia and/or vaginal dryness.

Bulletin #1116 October 31, 2023

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 31, 2023.
  - Products that were already listed on the NB Drug Plans Formulary will be reimbursed up to the new category MAP effective November 21, 2023. Prior to November 21, 2023, these products will be reimbursed up to the higher MAP indicated on the attached list.

- Temporary drug product additions
  - Health Canada allows 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 October 31, 2023.

- 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 21, 2023. Prior to November 21, 2023, 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 31, 2023.

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
Citalopram							
Tab	Orl	20 mg	Natco-Citalopram	02443880	NAT	ACDEFGV	0.1332
		40 mg	Natco-Citalopram	02443899	NAT	ACDEFGV	0.1332
Gabapentin							
Cap	Orl	100 mg	Mint-Gabapentin	02408880	MNT	ACDEFGVW	0.0416
		300 mg	Mint-Gabapentin	02408899	MNT	ACDEFGVW	0.1012
		400 mg	Mint-Gabapentin	02408902	MNT	ACDEFGVW	0.1206
Levofloxacin							
Tab	Orl	750 mg	Act Levofloxacin	02315440	TEV	BVW (SA)	2.6604
Perindopril / Indapamide							
Tab	Orl	4 mg / 1.25 mg	pms-Perindopril-Indapamide	02538008	PMS	ACDEFGV	0.2556
		8 mg / 2.5 mg	pms-Perindopril-Indapamide	02537982	PMS	ACDEFGV	0.2859
Plerixafor							
Liq	SC	24 mg / 1.2 mL	Mozobil	02377225	SAV	(SA)	6295.8333
			Plerixafor Injection	02529815	JPC		4459.5500
Solifenacin							
Tab	Orl	5 mg	M-Solifenacin Succinate	02529696	MRA	ACDEFGV	0.3041
		10 mg	M-Solifenacin Succinate	02529718	MRA	ACDEFGV	0.3041
Sunitinib							
Cap	Orl	12.5 mg	Teva-Sunitinib	02526204	TEV	(SA)	16.2810
		25 mg	Teva-Sunitinib	02526212	TEV	(SA)	32.5618
		50 mg	Teva-Sunitinib	02526220	TEV	(SA)	65.1238
Valproic Acid							
Syr	Orl	250 mg / 5 mL	Jamp Valproic Acid	02532441	JPC	ACDEFGV	0.0480

Temporary Benefit Additions

Drug/Form/Route/Strength			Tradename	PIN	MFR	Plans	MAP
Prazosin							
Cap	Orl	1 mg	Prazosin Hydrochloride	09858281	STR	ACDEFGV	0.2743
		2 mg	Prazosin Hydrochloride	09858282	STR	ACDEFGV	0.3725
		5 mg	Prazosin Hydrochloride	09858283	STR	ACDEFGV	0.5121

Temporary Benefit Additions

Drug/Form/Route/Strength			Tradename	PIN	MFR	Plans	MAP
Vigabatrin							
Pws	Orl	500 mg	Vigabatrin for Oral Solution	09858315	RCH	(SA)	5.0000

Drug Price Changes

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Doxycycline							
Tab	Orl	100 mg	Doxycin	00860751	RIV	ABCDEFGVW	0.4560
			Apo-Doxy	00874256	APX		
			Doxycycline	02351242	SAS		
			Teva-Doxycycline	02158574	TEV		
Sunitinib							
Cap	Orl	12.5 mg	Sandoz Sunitinib	02532840	SDZ	(SA)	16.2810
			Taro-Sunitinb	02524058	TAR		
		25 mg	Sandoz Sunitinib	02532867	SDZ	(SA)	32.5618
			Taro-Sunitinb	02524066	TAR		
		50 mg	Sandoz Sunitinib	02532883	SDZ	(SA)	65.1238
			Taro-Sunitinb	02524082	TAR		
Hydrocortisone / Cinchocaine / Framycetin / Esculin							
Supp	Rt	5 mg / 5 mg / 10 mg / 10 mg	Proctol Suppositories	02247882	ODN	ACDEFGV	0.9698
Nystatin							
Crm	Top	100,000 IU	Nyaderm	00716871	TAR	ACDEFGV	0.2037
Valproic Acid							
Syr	Orl	250 mg / 5 mL	Apo-Valproic Acid	02238370	APX	ACDEFGV	0.0480
			pms-Valproic	02236807	PMS		

Bulletin #1117

November 6, 2023

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective November 6, 2023.

Included in this bulletin:

- Regular Benefit Additions
- Changes to Existing Special Authorization Benefits

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

Regular Benefit Additions

Generic name (Brand name)	Strength	DIN	MFR	Plans	Cost Base
Special Authorization No Longer Required					
Abiraterone (Zytiga and generic brands)	250 mg tablet 500 mg tablet	See NB Drug Plans Formulary or MAP List for Products		ACDEFGV	MAP

Changes to Existing Special Authorization Benefits

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

Advanced Endometrial Carcinoma
In combination with pembrolizumab for the treatment of patients with advanced, recurrent, or metastatic endometrial carcinoma that is not microsatellite instability high (MSI-H) or mismatch repair deficient (dMMR) and who meet all of the following criteria:

- Disease progression following prior platinum-based systemic therapy
- Not a candidate for curative surgery or radiation

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 and no active central nervous system metastases.
2. Treatment with lenvatinib should be discontinued upon disease progression or unacceptable toxicity.

Claim Note:

- Approval period: 1 year.

Metastatic Renal Cell Carcinoma
In combination with pembrolizumab for the treatment of patients with advanced (not amenable to curative therapy) or metastatic renal cell carcinoma who have not received prior systemic therapy for advanced disease.

Renewal Criteria:

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

Clinical Notes:

1. Patients must have a good performance status and no active central nervous system metastases.
2. Treatment with lenvatinib should be discontinued upon disease progression or unacceptable toxicity.

Claim Note:

- Approval period: 1 year.

New Strength

Adalimumab (Hadlima)	40 mg / 0.4 mL autoinjector 40 mg / 0.4 mL prefilled syringe	02533480 02533472	ORG	(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.
- Approvals will be for a maximum of 40 mg every two weeks.
- Initial approval period: 6 months.
- Renewal approval period: Long term. Confirmation of response is required.

Crohn's Disease

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

Claim Notes:

- Must be prescribed by a gastroenterologist or physician with a specialty in gastroenterology.
- Combined use of more than one biologic drug will not be reimbursed.
- Approvals will be for a maximum of 160 mg followed by 80 mg two weeks later, then 40 mg every two weeks.
- Initial approval period: 12 weeks.
- Renewal approval period: Long term. Confirmation of response is required.

Hidradenitis Suppurativa

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

Claim Notes:

- Must be prescribed by a dermatologist or physician with experience in the treatment of HS.
- Combined use of more than one biologic drug will not be reimbursed.
- Approvals will be for a maximum of 160 mg followed by 80 mg two weeks later, then 40 mg every week beginning four weeks after the initial dose.
- Initial approval period: 12 weeks.

- Renewal approval period: Long term. Confirmation of response is required.

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

Claim Notes:
- Must be prescribed by a dermatologist.
- Combined use of more than one biologic drug will not be reimbursed.
- Approvals will be for a maximum of 80 mg followed by 40 mg in one week, then 40 mg every two weeks thereafter.
- Initial approval period: 16 weeks.
- Renewal approval period: Long term. Confirmation of response is required.

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

Claim Notes:
- Must be prescribed by, or in consultation with, a rheumatologist.
- Combined use of more than one biologic drug will not be reimbursed.
- Approvals will be for a maximum of 40 mg every two weeks.
- Initial approval period: 6 months.
- Renewal approval period: Long term. Confirmation of response is required.

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

Claim Notes:
- Must be prescribed by a rheumatologist.
- Combined use of more than one biologic drug will not be reimbursed.
- Approvals will be for a maximum of 40 mg every two weeks.
- Initial approval period: 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.
- Approvals will be for a maximum of 40 mg every two weeks.
- Initial approval period: 6 months.
- Renewal approval period: Long term. Confirmation of response is required.

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

Claim Notes:

- Must be prescribed by a gastroenterologist or physician with a specialty in gastroenterology.
- Combined use of more than one biologic drug will not be reimbursed.
- Approvals will be for a maximum of 160 mg followed by 80 mg two weeks later, then 40 mg every two weeks.
- Initial approval period: 8 weeks.
- Renewal approval period: Long term. Confirmation of response is required.

Uveitis

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

Claim Notes:

- Must be prescribed by, or in consultation with an ophthalmologist.
- Combined use of more than one biologic drug will not be reimbursed.
- Approvals will be for a maximum of 80 mg followed by 40 mg in one week, then 40 mg every two weeks thereafter.
- Initial approval period: 6 months.
- Renewal approval period: Long term. Confirmation of response is required.

Revised Criteria

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

Metastatic Renal Cell Carcinoma

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 either axitinib or lenvatinib; 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.
- Approval period: 1 year.

Bulletin # 1118

November 17, 2023

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective November 17, 2023.

Included in this bulletin:

- Temporary hold on special authorization approvals for Ozempic

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

Ozempic Special Authorization Approvals - Temporary Hold

Novo Nordisk Canada Inc. continues to experience delays on the shipments and delivery of Ozempic (semaglutide) due to increased worldwide demand and overall supply constraints. These delays are expected to continue into 2024.

To help conserve supply for individuals with type II diabetes, the New Brunswick Drug Plans will not be approving new requests for special authorization for Ozempic during the supply disruption. Once the supply stabilizes, the approval of new special authorization requests will resume and this will be communicated in the NB Drug Plans Formulary Update.

Additional information regarding the supply and use of Ozempic is available online from Health Canada.

Bulletin #1119

November 20, 2023

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective November 20, 2023.

Included in this bulletin:

- Special Authorization Benefit Additions
- Changes to Existing Special Authorization Benefits
- Drugs Reviewed and Not Listed
- Process Update for Submitting Price Changes for Brand Name and Generic Drugs

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

Special Authorization Benefit Additions

Generic name (Brand name)	Strength	DIN	MFR	Plans	Cost Base
Abrocitinib (Cibinqo)	50 mg tablet 100 mg tablet 200 mg tablet	02528363 02528371 02528398	PFI	(SA)	MLP

For the treatment of moderate to severe atopic dermatitis (AD) 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 combined with phototherapy (where available)
- Refractory, intolerant or have contraindications to an adequate trial of topical prescription therapies combined with methotrexate, cyclosporine, mycophenolic acid, or azathioprine
- 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.

Claim Notes:

- Must be prescribed by a dermatologist, pediatrician or clinical immunologist with experience in the treatment of moderate to severe AD.
- Combined use of more than one immunomodulatory drug (e.g., biologics or janus kinase inhibitors) for the treatment of moderate to severe AD will not be reimbursed.
- Approvals will be for a maximum of 200 mg daily.
- Initial approval period: 6 months.
- Renewal approval period: 1 year.

Romosozumab (Evenity)	105 mg / 1.17 mL prefilled syringe	02489597	AGA	(SA)	MLP

For the treatment of osteoporosis in postmenopausal women who meet all of the following criteria:

- History of osteoporotic fracture
- High fracture risk
- Treatment naive to osteoporosis medications, except for calcium and vitamin D

Clinical Note:

- High fracture risk is defined as a 10-year fracture risk (≥ 20%) as defined by the Fracture Risk Assessment (FRAX) tool.

Claim Notes:

- Combined use of romosozumab with other osteoporosis medications will not be reimbursed.
- Approvals will be for a maximum of 210 mg monthly.
- Maximum approval period: 1 year.

Triheptanoin (Dojolvi)	100% w/w oral solution	02512556	UGX	(SA)	MLP

For the treatment of patients with an acute life-threatening long-chain fatty acid oxidation disorder (LC-FAOD) who meet all of the following criteria:

- Alternative therapy to conventional even-chain medium-chain triglyceride (MCT) supplementation is required; and
- One of the following circumstances is met:
  - The patient has a confirmed diagnosis of one of the types of LC-FAOD and is experiencing acute life-threatening events; or
  - The patient lacks a confirmed diagnosis of LC-FAOD but is presenting with acute life-threatening events consistent with LC-FAOD.

Renewal Criteria:
Renewals will be considered for patients meeting all of the following criteria:

- Patient who was initiated on triheptanoin without a confirmed diagnosis of LC-FAOD has subsequently received a confirmed diagnosis established by a specialist in metabolic diseases experienced in the treatment and management of LC-FAOD with the type of LC-FAOD specified and the genetic and other findings provided to confirm the diagnosis.
- Patient is optimized on, and adherent to, appropriate dietary management.
- Patient continues to benefit from triheptanoin therapy. Requesters must include a description of the patient's current response to triheptanoin therapy and clearly outline how this response meets the clinical treatment goals established at initiation.

Clinical Notes:

1. Acute life-threatening events consistent with LC-FAOD may include:
   - A catastrophic presentation with acute or recurrent rhabdomyolysis with severe pain, compartment syndrome, acute renal failure requiring hospitalization and life-saving interventions including dialysis, treatment of hyperkalemia, and surgical treatment of compartment syndrome
   - Severe hypoglycemia, recurrent or acute with or without seizures
   - Cardiomyopathy with or without arrhythmia
2. Requests should specify the acute life-threatening events that the patient presents with that are consistent with LC-FAOD and include clinical and biochemical findings of impacted organ systems which support warranted triheptanoin initiation.
3. Individualized treatment goals for triheptanoin treatment must be submitted with the initial coverage request.
4. Patient's Daily Caloric Intake (DCI) requirements must be provided with all requests.

Claim Notes:

- Must be prescribed by a physician with experience in the management of LC-FAOD.
- Approvals will be for a maximum of 35% of the patient's total DCI.
- 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

Generic name (Brand name)	Strength	DIN	MFR	Plans	Cost Base
New Dosage Form					
Acalabrutinib (Calquence)	100 mg tablet	02535696	AZE	(SA)	MLP

1. As monotherapy for adult patients with previously untreated chronic lymphocytic leukemia (CLL) / small lymphocytic lymphoma (SLL) for whom fludarabine-based treatment is inappropriate due to high-risk cytogenetic markers (i.e., del17p, TP53 mutation, or unmutated IGHV).
2. As monotherapy for adult patients with relapsed or refractory CLL / SLL who have received at least one prior therapy.

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 will not be considered for patients who experience disease progression on a Bruton's tyrosine kinase (BTK) inhibitor or idelalisib.
- Approval period: 1 year.

New Indication and New Strength					
Upadacitinb (Rinvoq)	15 mg extended-release tablet 30 mg extended-release tablet	02495155 02520893	ABV	(SA)	MLP

Atopic Dermatitis

For the treatment of moderate to severe atopic dermatitis (AD) in patients aged 12 years and older who meet all of the following criteria:
- Refractory or have contraindications to an adequate trial of topical prescription therapies combined with phototherapy (where available)
- Refractory, intolerant or have contraindications to an adequate trial of topical prescription therapies combined with methotrexate, cyclosporine, mycophenolic acid, or azathioprine
- 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.

Claim Notes:

- Must be prescribed by a dermatologist, pediatrician or clinical immunologist with experience in the treatment of moderate to severe AD.
- Combined use of more than one immunomodulatory drug (e.g., biologics or janus kinase inhibitors) for the treatment of moderate to severe AD will not be reimbursed.
- Approvals will be for a maximum of 30 mg daily.
- Initial approval period: 6 months.
- 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
Prasterone (Intrarosa)	6.5 mg vaginal ovule	02493500	LUP	For the treatment of postmenopausal vulvovaginal atrophy.

Process Update for Submitting Price Changes for Brand Name and Generic Drugs

Updates have been made to the process for submitting price change requests for brand name and generic drugs. For more information, please refer to our website: Submitting Price Changes for Brand Name and Generic Drugs.

Bulletin #1120 November 30, 2023

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, 2023. If a second MAP price is included, the category MAP will be lowered to this price effective March 21, 2024.
  - Products that were already listed on the NB Drug Plans Formulary will be reimbursed up to the category MAP effective December 21, 2023. Prior to December 21, 2023, 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 December 21, 2023. Prior to December 21, 2023, 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 November 30, 2023.

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 Effective Nov. 30, 2023	MAP Effective Mar. 21, 2024
Betahistine								
Tab	Orl	8 mg	Mint-Betahistine	02538121	MNT	(SA)	0.0637	
		16 mg	Mint-Betahistine	02538148	MNT	ACDEFGV	0.1106	
		24 mg	Mint-Betahistine	02538156	MNT	ACDEFGV	0.1659	
Dorzolamide								
Liq	Oph	2%	Dorzolamide	02522373	JPC	ACDEFGV	1.4757	
Flecainide								
Tab	Orl	50 mg	Flecainide	02534800	SAS	ACDEFGV	0.1389	
		100 mg	Flecainide	02534819	SAS	ACDEFGV	0.2779	
Heparin								
Liq	Inj	1,000 IU/mL	Heparin Leo Inj	00453811	LEO	ACDEFGVW	0.6858	
			Heparin Sodium Injection USP	02303086	SDZ			
		10,000 IU/mL	Heparin Sodium Injection USP	02303108	SDZ	ACDEFGVW	4.2734	
Methylphenidate								
ERC	Orl	10 mg	Biphentin	02277166	ELV	(SA)	0.9324	0.5128
			pms-Methylphenidate CR	02536943	PMS		0.6993	
		15 mg	Biphentin	02277131	ELV	(SA)	1.3370	0.7354
			pms-Methylphenidate CR	02536951	PMS		1.0028	
		20 mg	Biphentin	02277158	ELV	(SA)	1.7230	0.9477
			pms-Methylphenidate CR	02536978	PMS		1.2923	
		30 mg	Biphentin	02277174	ELV	(SA)	2.3675	1.3021
			pms-Methylphenidate CR	02536986	PMS		1.7756	

Drug Product Additions

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP Effective Nov. 30, 2023	MAP Effective Mar. 21, 2024
Methylphenidate								
ERC	Orl	40 mg	Biphentin	02277182	ELV	(SA)	3.0160	1.6588
			pms-Methylphenidate CR	02536994	PMS		2.2620	
		50 mg	Biphentin	02277190	ELV	(SA)	3.6600	2.0130
			pms-Methylphenidate CR	02537001	PMS		2.7450	
		60 mg	Biphentin	02277204	ELV	(SA)	4.2590	2.3425
			pms-Methylphenidate CR	02537028	PMS		3.1943	
		80 mg	Biphentin	02277212	ELV	(SA)	5.6150	3.0883
			pms-Methylphenidate CR	02537036	PMS		4.2113	
Metronidazole								
Tab	Orl	250 mg	Mint-Metronidazole	02535807	MNT	ACDEFGVW	0.0572	
Mirtazapine								
Tab	Orl	15 mg	Mirtazapine	02532689	SAS	ACDEFGV	0.0975	
Ondansetron								
ODT	Orl	4 mg	Ondansetron ODT	02524279	SAS	(SA)	3.2720	
		8 mg	Ondansetron ODT	02524287	SAS	(SA)	4.9930	
Rivaroxaban								
Tab	Orl	2.5 mg	Xarelto	02480808	BAY	(SA)	1.4200	0.3550
			Apo-Rivaroxaban	02541734	APX			
			pms-Rivaroxaban	02527537	PMS			
			Reddy-Rivaroxaban	02524503	RCH			
			Sandoz Rivaroxaban	02537877	SDZ			
			Taro-Rivaroxaban	02526786	TAR			

Drug Product Additions

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP Effective Nov. 30, 2023	MAP Effective Mar. 21, 2024
Rivaroxaban								
Tab	Orl	10 mg	Xarelto	02316986	BAY		2.8400	
			Apo-Rivaroxaban	02470497	APX			
			pms-Rivaroxaban	02512041	PMS			
			Reddy-Rivaroxaban	02472414	RCH	(SA)	0.7175	
			Sandoz Rivaroxaban	02482223	SDZ			
			Taro-Rivaroxaban	02483807	TAR			
			Teva-Rivaroxaban	02507196	TEV			
		15 mg	Xarelto	02378604	BAY		2.8400	
			Apo-Rivaroxaban	02470500	APX			
			pms-Rivaroxaban	02512068	PMS			
			Reddy-Rivaroxaban	02472430	RCH	ACDEFGV	0.7175	
			Sandoz Rivaroxaban	02482231	SDZ			
			Taro-Rivaroxaban	02483815	TAR			
			Teva-Rivaroxaban	02507218	TEV			
		20 mg	Xarelto	02378612	BAY		2.8400	
			Apo-Rivaroxaban	02470519	APX			
			pms-Rivaroxaban	02512076	PMS			
			Reddy-Rivaroxaban	02472422	RCH	ACDEFGV	0.7175	
			Sandoz Rivaroxaban	02482258	SDZ			
			Taro-Rivaroxaban	02483823	TAR			
			Teva-Rivaroxaban	02507226	TEV			
Rosuvastatin								
Tab	Orl	5 mg	Mint-Rosuvastatin	02397781	MNT	ACDEFGV	0.1284	
		10 mg	Mint-Rosuvastatin	02397803	MNT	ACDEFGV	0.1354	
		20 mg	Mint-Rosuvastatin	02397811	MNT	ACDEFGV	0.1692	
		40 mg	Mint-Rosuvastatin	02397838	MNT	ACDEFGV	0.1990	

Drug Product Additions

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP Effective Nov. 30, 2023	MAP Effective Mar. 21, 2024
Tacrolimus								
Cap	Orl	0.5 mg	ACH-Tacrolimus	02454068	AHI	ACDEFGRV	1.0146	
		1 mg	ACH-Tacrolimus	02456095	AHI	ACDEFGRV	1.2978	
		5 mg	ACH-Tacrolimus	02456109	AHI	ACDEFGRV	6.4993	
Tizanidine								
Tab	Orl	4 mg	Mint-Tizanidine	02536765	MNT	ACDEFGV	0.3931	
Tofacitinib								
Tab	Orl	5 mg	Jamp Tofacitinib	02522896	JPC	(SA)	5.9897	

Drug Price Changes

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Diazepam							
Tab	Orl	5 mg	Diazepam	00362158	AAP	ACDEFGV	0.1662
Diclofenac							
SRT	Orl	75 mg	Apo-Diclo SR	02162814	APX	ACDEFGV	0.4529
			Teva-Diclofenac SR	02158582	TEV		
Methylphenidate							
ERT	Orl	18 mg	Act Methylphenidate ER	02441934	TEV	ACDEFGV	1.0493
			Apo-Methylphenidate ER	02452731	APX		
		27 mg	Act Methylphenidate ER	02441942	TEV	ACDEFGV	1.2109
			Apo-Methylphenidate ER	02452758	APX		
		36 mg	Act Methylphenidate ER	02441950	TEV	ACDEFGV	1.3726
			Apo-Methylphenidate ER	02452766	APX		

Drug Price Changes

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Methylphenidate							
ERT	Orl	54 mg	Act Methylphenidate ER	02441969	TEV	ACDEFGV	1.6958
			Apo-Methylphenidate ER	02330377	APX		
SRT	Orl	20 mg	Apo-Methylphenidate SR	02266687	APX	ACDEFGV	0.6796
Metronidazole							
Tab	Orl	250 mg	Metronidazole	00545066	AAP	ACDEFGVW	0.0572
Tacrolimus							
Cap	Orl	0.5 mg	Sandoz Tacrolimus	02416816	SDZ	ACDEFGRV	1.0146
		1 mg	Sandoz Tacrolimus	02416824	SDZ	ACDEFGRV	1.2978
		5 mg	Sandoz Tacrolimus	02416832	SDZ	ACDEFGRV	6.4993
Tizanidine							
Tab	Orl	4 mg	Apo-Tizanidine	02259893	APX	ACDEFGV	0.3931

Bulletin # 1121

December 7, 2023

NB Drug Plans Update

2023 Holiday Hours

Representatives of the New Brunswick Drug Plans will be available the following hours during the 2023 holiday season:

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

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 #1122

December 18, 2023

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective December 18, 2023.

Included in this bulletin:

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

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

Regular Benefit Additions

Generic name (Brand name)	Strength	DIN	MFR	Plans	Cost Base
17 β-estradiol (Imvexxy)	4 mcg insert 10 mcg insert	02503689 02503697	KNI	ACDEFGV	MLP

Special Authorization Benefit Additions

Generic name (Brand name)	Strength	DIN	MFR	Plans	Cost Base
Givosiran (Givlaari)	189 mg/mL single-use vial	02506343	ALN	(SA)	MLP

For the treatment of acute hepatic porphyria (AHP) in adult patients who meet all of the following criteria:

- Diagnosis of AHP confirmed by urinary delta-aminolevulinic acid (ALA), urinary porphobilinogen (PBG), or genetic testing
- Four or more porphyria attacks requiring either hospitalization, an urgent health care visit, or IV hemin in the year prior to initiating treatment with givosiran

Renewal Criteria:

- A reduction in the annualized attack rate of attacks that required hospitalization, an urgent health care visit, or IV hemin after 12 months of therapy compared to baseline.

Clinical Notes:

1. Documentation of a confirmed diagnosis of AHP must be provided.
2. The number of porphyria attacks within the year prior to initiation of givosiran, including the approximate dates and the management of each attack (i.e., hospitalization, urgent health care visit, IV hemin) must be provided on the initial request.
3. The annualized attack rate (i.e., the number of attacks over a specific time period) must be provided on each renewal request.

Claim Notes:

- Must be prescribed by a clinician experienced in the management of AHP.
- Requests for givosiran in combination with prophylactic hemin will not be considered.
- Approvals will be for a maximum of 2.5 mg/kg once a month.
- 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.

Generic name (Brand name)	Strength	DIN	MFR	Plans	Cost Base
Guselkumab (Tremfya)	100 mg/mL patient-controlled injector 100 mg/mL prefilled syringe	02487314 02469758	JAN	(SA)	MLP

Plaque Psoriasis

For the treatment of adult 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 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

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 will not be reimbursed.
- Approvals will be for a maximum of 100 mg at week 0 and 4, then every 8 weeks thereafter.
- Initial approval period: 16 weeks.
- Renewal approval period: 1 year. Confirmation of continued response is required.

Psoriatic Arthritis
- For the treatment of adult 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 20 mg weekly (greater than or equal to15 mg 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 with other biologic drugs or janus kinase inhibitors will not be reimbursed.
- Approvals will be for a maximum of 100 mg at week 0 and 4, then every 8 weeks thereafter.
- Initial approval period: 16 weeks.
- Renewal approval period: 1 year. Confirmation of continued response is required.

Changes to Existing Special Authorization Benefits

Generic name (Brand name)	Strength	DIN	MFR	Plans	Cost Base
New Indication Zanubrutinib (Brukinsa)	80 mg capsule	02512963	BGN	(SA)	MLP

Chronic Lymphocytic Leukemia

1. As monotherapy for adult patients with previously untreated chronic lymphocytic leukemia (CLL) / small lymphocytic lymphoma (SLL) for whom fludarabine-based treatment is inappropriate due to high-risk cytogenetic markers (i.e., del17p, TP53 mutation, or unmutated IGHV).
2. As monotherapy for the treatment of adult patients with relapsed or refractory CLL / SLL who have received at least one prior systemic therapy.

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 and no evidence of prolymphocytic leukemia or Richter's transformation.
2. Treatment should be discontinued upon disease progression or unacceptable toxicity.

Claim Notes:

- Requests will not be considered for patients who experience disease progression on a Bruton's tyrosine kinase (BTK) inhibitor or idelalisib.
- 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
Difelikefalin (Korsuva)	50 mcg/mL	02529688	OTS	For the treatment of moderate-to-severe pruritus associated with chronic kidney disease in adult patients on hemodialysis.
Lemborexant (Dayvigo)	5 mg tablet 10 mg tablet	02507366 02507374	EIS	For the treatment of insomnia.

Bulletin #1123 December 19, 2023

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 19, 2023. If a second MAP price is included, the category MAP will be lowered to this price effective April 9, 2024.
  - Products that were already listed on the NB Drug Plans Formulary will be reimbursed up to the new category MAP effective January 9, 2024. Prior to January 9, 2024, these products will be reimbursed up to the higher MAP indicated on the attached list.

- Temporary drug product additions
  - Health Canada allows 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 December 19, 2023.

- 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 9, 2024. Prior to January 9, 2024, 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 19, 2023.

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 Effective Dec. 19, 2023	MAP Effective Apr. 9, 2024
Amikacin								
Liq	Inj	250 mg/mL	Amikacin Sulfate Injection	02529459	JPC	ACDEFGPVW	31.2004	
Amoxicillin								
Pws	Orl	50 mg	Auro-Amoxicillin	02458594	ARO	ABCDEFGVW	0.0540	
Candesartan / Hydrochlorothiazide								
Tab	Orl	16 mg / 12.5 mg	NRA-Candesartan HCTZ	02531240	NRA	ACDEFGV	0.2156	
		32 mg / 12.5 mg	NRA-Candesartan HCTZ	02531259	NRA	ACDEFGV	0.2156	
		32 mg / 25 mg	NRA-Candesartan HCTZ	02531267	NRA	ACDEFGV	0.3008	
Citalopram								
Tab	Orl	10 mg	M-Citalopram	02532123	MRA	ACDEFGV	0.0796	
		20 mg	M-Citalopram	02467836	MRA	ACDEFGV	0.1332	
		40 mg	M-Citalopram	02467844	MRA	ACDEFGV	0.1332	
Dorzolamide / Timolol								
Liq	Oph	2% / 0.05%	M-Dorzolamide-Timolol	02537796	MRA	ACDEFGV	1.9887	
Fluconazole								
Tab	Orl	50 mg	Fluconazole	02534886	SIV	ACDEFGVW	1.2904	
		100 mg	Fluconazole	02534894	SIV	ACDEFGVW	2.2891	
Lurasidone								
Tab	Orl	20 mg	Auro-Lurasidone	02513986	ARO	ACDEFGV	1.2250	
		40 mg	Auro-Lurasidone	02513994	ARO	ACDEFGV	1.2250	
		60 mg	Auro-Lurasidone	02514001	ARO	ACDEFGV	1.2250	

Drug Product Additions

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP Effective Dec. 19, 2023	MAP Effective Apr. 9, 2024
Lurasidone								
Tab	Orl	80 mg	Auro-Lurasidone	02514028	ARO	ACDEFGV	1.2250	
		120mg	Auro-Lurasidone	02514036	ARO	ACDEFGV	1.2250	
Metformin								
Tab	Orl	500 mg	Mint-Metformin	02388766	MNT	ACDEFGV	0.0247	
		850 mg	Mint-Metformin	02388774	MNT	ACDEFGV	0.0339	
Risperidone								
Tab	Orl	0.25 mg	Risperidone	02533804	SIV	ACDEFGV	0.0878	
		0.5 mg	Risperidone Teva-Risperidone	02533928 02264188	SIV TEV	ACDEFGV	0.1470	
		1 mg	Risperidone	02533936	SIV	ACDEFGV	0.2031	
		2 mg	Risperidone	02533944	SIV	ACDEFGV	0.4062	
		3 mg	Risperidone	02533952	SIV	ACDEFGV	0.6083	
		4 mg	Risperidone	02533960	SIV	ACDEFGV	0.8111	
Rivaroxaban								
Tab	Orl	2.5 mg	Rivaroxaban	02541467	SIV	(SA)	0.3550	
		10 mg	Rivaroxaban	02541475	SIV	(SA)	0.7175	
		15 mg	Rivaroxaban	02541483	SIV	ACDEFGV	0.7175	
		20 mg	Rivaroxaban	02541491	SIV	ACDEFGV	0.7175	

Drug Product Additions

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP Effective Dec. 19, 2023	MAP Effective Apr. 9, 2024
Trospium								
Tab	Orl	20 mg	Jamp Trospium	02506661	JPC	(SA)	0.4072	
Valganciclovir								
Pws	Orl	50 mg/mL	Valcyte	02306085	XPI	(SA)	2.8852	1.5099
			Auro-Valganciclovir	02535483	ARO		2.0589	

Temporary Benefit Additions

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Nitroglycerin							
Aem	Slg	0.4 mg	Glyceryl Trinitrate	09858317	JNO	ACDEFGV	0.0468
Vigabatrin							
Tab	Orl	500 mg	Vigabatrin Tablets	09858318	RCH	(SA)	5.0000

Drug Price Changes

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Amikacin							
Liq	Inj	250 mg/mL	Amikacin	02242971	SDZ	ACDEFGPVW	31.2004
Cefazolin							
Pws	Inj	1 g	Cefazolin for Injection	02108127	TEV	ACDEFGVW	2.6961
			Cefazolin Sodium	02308959	SDZ		
Trospium							
Tab	Orl	20 mg	Mar-Trospium	02488353	MAR	(SA)	0.4072