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.