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 10 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
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.