

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	ACDEFGV	8.2197