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.