Bulletin # 900

January 30, 2015

NB Drug Plans Formulary Update

Please find attached a list of **generic drug product additions** to the New Brunswick Drug Plans Formulary.

Existing generic drug product categories

- New products will be reimbursed at the current category MAP.

New generic drug product categories

- New products, other than the original brand product, will be reimbursed at the new category MAP effective January 30, 2015.
- The original brand product will be reimbursed at the new category MAP effective February 20, 2015. Prior to February 20, 2015 the original brand product will be reimbursed at a higher MAP as indicated on the attached list.

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NB Drug Plans Generic Drug Product Additions
Ajouts de médicaments génériques aux Régimes de médicaments du N.-B.

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Capecitabine Capécitabine Tab Co.	Orl	150mg	Ach-Capecitabine	2426757	AHI	(SA)	0.4575
		500mg	Ach-Capecitabine	2426765	AHI	(SA)	1.5250
Cefixime Céfixime Tab Co.	Orl	400mg	Suprax	868981	SAV	ABDEFGVW	3.6230
			Auro-Cefixime	2432773	ARO		3.0795
Clarithromycin Clarithromycine ERT Co.L.P.	Orl	500mg	Act Clarithromycin XL	2403196	ATV	ABDEFGVW	1.2572
Clopidogrel Tab Co.	Orl	75mg	Mar-Clopidogrel	2422255	MAR	W & (SA)	0.6576
Efavirenz Éfavirenz Tab Co.	Orl	600mg	Auro-Efavirenz	2418428	ARO	DU	3.8030
Erlotinib Tab Co.	Orl	25mg	Tarceva	2269007	HLR	(SA)	13.3333
			Teva-Erlotinib	2377691	TEV		11.3333
		100mg	Tarceva	2269015	HLR	(SA)	53.3333
			Teva-Erlotinib	2377705	TEV		45.3333
		150mg	Tarceva	2269023	HLR	(SA)	80.0000
			Teva-Erlotinib	2377713	TEV		68.0000
Gabapentin Gabapentine Tab Co.	Orl	600mg	Gabapentin	2431289	SAS	ADEFGVW	0.4522
		800mg	Gabapentin	2431297	SAS	ADEFGVW	0.6030
Gliclazide ERT Co.L.P.	Orl	30mg	Mint-Gliclazide MR	2423286	MNT	ABDEFGVW	0.0931
Irbesartan Tab Co.	Orl	75mg	Jamp-Irbesartan	2418193	JPC	ADEFGVW	0.3073
		150mg	Jamp-Irbesartan	2418207	JPC	ADEFGVW	0.3073

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Ajouts de médicaments génériques aux Régimes de médicaments du N.-B.

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Irbesartan							
Tab Co.	Orl	300mg	Jamp-Irbesartan	2418215	JPC	ADEFGVW	0.3073
Paroxetine Paroxétine							
Tab Co.	Orl	20mg	Mint-Paroxetine	2421380	MNT	ADEFGVW	0.4514
		30mg	Mint-Paroxetine	2421399	MNT	ADEFGVW	0.4796
Pramipexole							
Tab Co.	Orl	0.25mg	Pramipexole	2367602	SAS	ADEFVW	0.2628
		0.5mg	Pramipexole	2367610	SAS	ADEFVW	1.0514
		1mg	Pramipexole	2367629	SAS	ADEFVW	0.5257
Pregabalin Prégabaline							
Cap Caps	Orl	25mg	Mint-Pregabalin Pregabalin	2423804 2403692	MNT SIV	W & (SA)	0.2058
		50mg	Mint-Pregabalin Pregabalin	2423812 2403706	MNT SIV	W & (SA)	0.3228
		75mg	Mint-Pregabalin Pregabalin	2424185 2403714	MNT SIV	W & (SA)	0.4176
		150mg	Mint-Pregabalin Pregabalin	2424207 2403722	MNT SIV	W & (SA)	0.5757
		300mg	Pregabalin	2403730	SIV	W & (SA)	0.5757
Tacrolimus							
Cap Caps	Orl	0.5mg	Prograf Sandoz Tacrolimus	2243144 2416816	ASL SDZ	DR	1.9700 1.4775
Valganciclovir							
Tab Co.	Orl	450mg	Teva-Valganciclovir	2413825	TEV	(SA)	11.6062

Bulletin # 901 February 27, 2015

NB Drug Plans Formulary Update

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Existing generic drug product categories

- New products will be reimbursed at the current category MAP.

New generic drug product categories

- New products, other than the original brand product, will be reimbursed at the new category MAP effective February 27, 2015.
- The original brand product will be reimbursed at the new category MAP effective March 20, 2015. Prior to March 20, 2015 the original brand product will be reimbursed at a higher MAP as indicated on the attached list.

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NB Drug Plans Generic Drug Product Additions
Ajouts de médicaments génériques aux Régimes de médicaments du N.-B.

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Buprenorphine / Naloxone Buprénorphine / Naloxone							
Slt Co.S.L.	Orl	2mg/0.5mg	Suboxone	2295695	RBH	(SA)	2.6700
			Mylan-Buprenorphine/Naloxone	2408090	MYL		1.3350
			Teva-Buprenorphine/Naloxone	2424851	TEV		
		8mg/2mg	Suboxone	2295709	RBH	(SA)	4.7300
			Mylan-Buprenorphine/Naloxone	2408104	MYL		2.3650
			Teva-Buprenorphine/Naloxone	2424878	TEV		
Clopidogrel Tab Co.	Orl	75mg	Jamp-Clopidogrel	2415550	JPC	W & (SA)	0.6576
Famotidine Tab Co.	Orl	20mg	Apo-Famotidine	1953842	APX	ADEFGVW	0.2658
			Famotidine	2351102	SAS		
			Mylan-Famotidine	2196018	MYL		
			Teva-Famotidine	2022133	TEV		
		40mg	Apo-Famotidine	1953834	APX	ADEFGVW	0.4834
			Famotidine	2351110	SAS		
			Mylan-Famotidine	2196026	MYL		
			Teva-Famotidine	2022141	TEV		
Lansoprazole SRC Caps.L.L.	Orl	15mg	Lansoprazole	2433001	PMS	(SA)	0.5000
Omeprazole Oméprazole SRT Co.L.L.	Orl	20mg	Jamp-Omeprazole	2420198	JPC	ABDEFGVW	0.4117
Rizatriptan ODT Co.D.O.	Orl	5mg	Teva-Rizatriptan ODT	2396661	TEV	(SA)	3.7050
		10mg	Teva-Rizatriptan ODT	2396688	TEV	(SA)	3.7050
Zolmitriptan ODT Co.D.O.	Orl	2.5mg	Jamp-Zolmitriptan ODT	2428237	JPC	(SA)	4.6650

Bulletin #902 March 6, 2015

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective March 6, 2015.

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.

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Regular Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Dexamethasone / neomycin sulfate / polymyxin B sulfate (Maxitrol®)	0.1% Oph Susp 0.1% Oph Ont	00042676 00358177	ALC	ADEFGVW	MLP
Framycetin sulfate (Soframycin®)	0.5% Oph Sol	02224887	ERF	ADEFGVW	MLP
Ketotifen fumarate (Zaditor®)	0.025% Oph Sol	02242324	NVO	ADEFGVW	MLP
Tropicamide (Mydriacyl®)	0.5% Oph Sol 1% Oph Sol	00000981 00001007	ALC	ADEFGVW	MLP

Special authorization no longer required

Product	Strength	DIN	MFR	Plans	Cost Base
Alendronate / Cholecalciferol (Fosavance®) & generic brands	70mg/5600 IU tablet	See NB Drug Plans Formulary for complete list.		ADEFGVW	MAP
Entacapone (Comtan®) & generic brands	200mg tablet	See NB Drug Plans Formulary for complete list.		ADEFGVW	MAP

Special Authorization Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Fluticasone furoate / vilanterol trifenatate (Breo® Ellipta®)	100mcg/25mcg oral inhalation	02408872	GSK	(SA)	MLP

Chronic Obstructive Pulmonary Disease:

- For the treatment of chronic obstructive pulmonary disease (COPD) if symptoms persist after 2-3 months of short-acting bronchodilator therapy (i.e. salbutamol at a maximum dose of 8 puffs/day or ipratropium at maximum dose of 12 puffs/day).
- Coverage can be provided without a trial of short-acting agent if there is spirometric evidence of at least moderate to severe airflow obstruction (FEV1 < 60% and FEV1 /FVC ratio < 0.7) and significant symptoms (i.e. Medical Research Council (MRC) Dyspnea Scale score of 3-5).
- Combination therapy with a long-acting muscarinic antagonist (LAMA) AND a long-acting beta2-adrenergic agonist/inhaled corticosteroid (LABA/ICS) will only be considered if:
  - there is spirometric evidence of at least moderate to severe airflow obstruction (FEV1 < 60% and FEV1/FVC ratio < 0.7), and significant symptoms (i.e. MRC score of 3-5)

    AND

- there is evidence of one or more moderate-to-severe exacerbations per year, on average, for 2 consecutive years requiring antibiotics and/or systemic (oral or intravenous) corticosteroids.

Clinical Note:

- If spirometry cannot be obtained, reasons must be clearly explained and other evidence regarding severity of condition must be provided for consideration (i.e. MRC scale). Spirometry reports from any point in time will be accepted.

Medical Research Council (MRC) Dyspnea Scale

COPD Stage	Symptoms
MODERATE – MRC 3 to 4	Shortness of breath from COPD causing the patient to stop after walking about 100 meters (or after a few minutes) on the level.
SEVERE – MRC 5	Shortness of breath from COPD resulting in the patient being too breathless to leave the house or breathless after undressing, or the presence of chronic respiratory failure or clinical signs of right heart failure.

Ocriplasmin (Jetrea®)

2.5mg/mL intravitreal injection	02410818	ALC	(SA)	MLP

For the treatment of symptomatic vitreomacular adhesion (VMA) if the following clinical criteria and conditions are met:

- Diagnosis of VMA has been confirmed through optical coherence tomography.
- Patients do not have any of the following: large diameter macular holes (greater than 400 micrometres), high myopia (greater than 8 dioptre spherical correction or axial length greater than 28 millimetres), aphakia, history of retinal detachment, lens zonule instability, recent ocular surgery or intraocular injection (including laser therapy), proliferative diabetic retinopathy, ischemic retinopathies, retinal vein occlusions, exudative age-related macular degeneration, or vitreous hemorrhage.

Clinical Notes:

- Ocriplasmin should be administered by an ophthalmologist experienced in intravitreal injections.
- Treatment with ocriplasmin should be limited to a single injection per eye (i.e. retreatments are not covered).

Ribavirin (Ibavyr™)

400mg tablet	02425890	PDP	(SA)	MLP
600mg tablet	02425904	PDP		

For use in combination with other drugs for the treatment of chronic hepatitis C. The applicable criteria for the combination regimen must be met.

Sitagliptin / Metformin (Janumet® XR)	50mg/1000mg extended release tablet	02416794	FRS	(SA)	MLP

For the treatment of Type 2 diabetes mellitus in patients for whom NPH insulin is not an option and:

- Who have inadequate glycemic control while on optimal doses of metformin and a sulfonylurea when added as a third agent;

  OR
- In combination with metformin when a sulfonylurea is not suitable due to contraindications or intolerance;

  OR
- As monotherapy when metformin and sulfonylurea are not suitable due to contraindications or intolerance.

Sofosbuvir (Sovaldi®)	400mg tablet	02418355	GIL	(SA)	MLP

For the treatment of adult patients 18 years of age or older with chronic hepatitis C infection with compensated liver disease (including compensated cirrhosis) as follows:

	Approval Period and Regimen
Genotype 1: • Treatment-naive patients	12 weeks of sofosbuvir in combination with PegIFN/RBV
Genotype 2: • Treatment-naïve patients in whom interferon (IFN) is medically contraindicated, or • Peginterferon / ribavirin (PegIFN/RBV) treatment-experienced patients	12 weeks of sofosbuvir in combination with RBV
Genotype 3: • Treatment-naïve patients in whom IFN is medically contraindicated, or • PegIFN/RBV treatment-experienced patients	24 weeks of sofosbuvir in combination with RBV

Patients must also meet ALL of the following:

- Prescribed by a hepatologist, gastroenterologist, or an infectious disease specialist (or other physician experienced in treating hepatitis C).
- Lab-confirmed hepatitis C genotype 1, 2 or 3.
- Patient has a quantitative HCV RNA value within the last 6 months.
- Fibrosis stage F2 or greater (Metavir scale or equivalent).

Exclusion Criteria:

- Patients currently being treated with another HCV antiviral agent.
- Patients who have previously received a treatment course of sofosbuvir (re-treatment requests will not be considered).

Clinical Notes:

- Compensated cirrhosis is defined as cirrhosis with a Child Pugh Score = A (5-6).
- Medical contraindication to interferon is defined as hypersensitivity to peginterferon or interferon alfa-2a or 2b, polyethylene glycol or any component of the formulation resulting in discontinuation of therapy; or presence of significant clinical comorbidities which are deemed to have a high risk of worsening with interferon treatment. Details are required regarding a patient's contraindications and/or risk of worsening significant comorbidities.
- Genotype 2 or 3 treatment-experienced patients are patients who have previously been treated with PegIFN/RBV and did not receive adequate response.
- HIV / HCV co-infected patients may be considered as per criteria listed above.

Claim Note:

- Requests will be considered for individuals enrolled in Plans ADEFGV.

Teriflunomide (Aubagio™)	14mg film-coated tablet	02416328	GZM	(SA)	MLP

For the treatment of relapsing-remitting multiple sclerosis (RRMS) in patients who meet the following criteria:

- Two disabling attacks of MS in the previous two years, and
- Ambulatory with or without aid (EDSS of less than or equal to 6.5)

Clinical Note:

- An attack is defined as the appearance of new symptoms or worsening of old symptoms, lasting at least 24 hours in the absence of fever, and preceded by stability for at least one month.

Claim Notes:

- Requests will be considered for individuals enrolled in Plans ADEFGV.
- Prescriptions written by New Brunswick neurologists do not require special authorization.

Changes to Existing Special Authorization Benefits

Product	Strength	DIN	MFR	Plans	Cost Base
New Indication					
Rivaroxaban (Xarelto®)	15mg tablet 20mg tablet	02378604 02378612	BAY	(SA)	MLP

Venous thromboembolic events (VTE) treatment
For the treatment of VTE (deep vein thrombosis (DVT) or pulmonary embolism (PE)).

Clinical Notes:

- The recommended dose of rivaroxaban for patients initiating DVT or PE treatment is 15mg twice daily for 3 weeks, followed by 20mg once daily.
- Drug plan coverage for rivaroxaban is an alternative to heparin/warfarin for up to 6 months. When used for greater than 6 months, rivaroxaban is more costly than heparin/warfarin. As such, patients with an intended duration of therapy greater than 6 months should be considered for initiation on heparin/warfarin.

- Since renal impairment can increase bleeding risk, it is important to monitor renal function regularly. Other factors that increase bleeding risks should also be assessed and monitored (see product monograph).

Claim Note:

- Approval Period: Up to 6 months

Bulletin #903 March 23, 2015

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective March 23, 2015.

Included in this bulletin:

- Special Authorization Benefit Additions
- Submission of Claims over $9,999.99

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

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Special Authorization Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Ledipasvir/sofosbuvir (Harvoni™)	90mg/400mg tablet	02432226	GIL	(SA)	MLP

For the treatment of chronic hepatitis C genotype 1 infection in adult patients.

Genotype 1	Approval Period
Treatment naïve patients with no cirrhosis, viral load < 6 million IU/mL	8 weeks
Treatment naïve patients with no cirrhosis, viral load ≥ 6 million IU/mL or Treatment naïve patients with compensated cirrhosis or Treatment-experienced patients with no cirrhosis	12 weeks
Treatment-experienced patients with compensated cirrhosis	24 weeks

Patients must also meet all of the following criteria:

1. Prescribed by a hepatologist, gastroenterologist or an infectious disease specialist (or other physician experienced in treating hepatitis C)
2. Lab-confirmed hepatitis C genotype 1
3. Patient has a quantitative HCV RNA value within the last 6 months
4. Fibrosis stage F2 or greater (Metavir scale or equivalent)

Exclusion Criteria:

- Patients currently being treated with another HCV antiviral agent.
- Patients who have previously received a treatment course of ledipasvir/sofosbuvir (re-treatment requests will not be considered).

Clinical notes:

1. For treatment naïve patients with no cirrhosis, viral load < 6 million IU/mL, evidence has shown that the SVR rates with the 8-week and 12-week treatment regimens are similar. Treatment regimens of up to 12 weeks are recognized as a Health Canada approved treatment option. Patients with severe fibrosis/borderline cirrhosis (F3-4) or HIV/HCV co-infected patients may be considered for 12 weeks coverage.
2. Compensated cirrhosis is defined as cirrhosis with a Child Pugh Score = A (5-6)
3. Treatment-experienced patients are patients who have previously been treated with peginterferon / ribavirin (PegIFN/RBV) regimen, including regimens containing HCV protease inhibitors and did not receive adequate response.
4. HIV-HCV co-infected patients may be considered as per criteria listed above.

Claim notes:

- Requests will be considered for individuals enrolled in Plans ADEFGV.
- Claims that exceed the maximum claim amount of $9,999.99 must be divided and submitted as separate transactions as outlined below.

Pomalidomide (Pomalyst®)	1mg capsule	02419580	CEL	(SA)	MLP
	2mg capsule	02419599			
	3mg capsule	02419602			
	4mg capsule	02419610			

For the treatment of patients with relapsed and/or refractory multiple myeloma who:

- Have previously failed at least two treatments including both bortezomib and lenalidomide, and
- Demonstrated disease progression on the last treatment.

Clinical Note:

- Requests for pomalidomide will be considered in rare instances where bortezomib is contraindicated or when patients are intolerant to it; however, in all cases patients should have failed lenalidomide which they may have received in the maintenance setting.

Claim Note:

- Claims that exceed the maximum claim amount of $9,999.99 must be divided and submitted as separate transactions as outlined below.

Submission of Claims over $9,999.99

Claims that exceed the maximum claim amount of $9,999.99 must be divided and submitted as separate transactions on the same day. The fewest number of transactions must be used.

Transaction	DIN / PIN	Dispensing Fee	Quantity	Drug Cost	Days Supply	Copay
First	DIN	Yes	Adjust quantity so that claim cost (including the applicable drug cost, dispensing fee, mark-up) does not exceed $9,999.99	Up to MLP + up to 8% The amount must correspond to the quantity submitted in each transaction	Must correspond with the quantity being submitted in each transaction	Adjudication system will deduct copay from the first transaction only
Second	PIN	No				
Third (if required)	PIN	No				
Fourth (if required)	PIN	No				

The drugs and applicable DINs and PINs that are included in this policy are listed below.

Drug	Transaction and DIN / PIN			
	First DIN	Second PIN	Third PIN	Fourth PIN
Eculizumab (Soliris®) 10mg/mL vial	02322285	00994090	00994091	00994092
Ivacaftor (Kalydeco®) 150mg tablet	02397412	00903963	00903964	00903982
Ledipasvir / Sofosbuvir (Harvoni™) 400mg/90mg tablet	02432226	00904021	00904022	00904023
Lenalidomide (Revlimid®) 5mg capsule	02304899	00904000	00904001	00904024
Lenalidomide (Revlimid®) 10mg capsule	02304902	00904005	00904006	00904025

Lenalidomide (Revlimid®) 15mg capsule	02317699	00904010	00904011	00904026
Lenalidomide (Revlimid®) 25mg capsule	02317710	00904013	00904014	00904027
Pomalidomide (Pomalyst®) 1mg capsule	02419580	00904028	N/A	N/A
Pomalidomide (Pomalyst®) 2mg capsule	02419599	00904029	N/A	N/A
Pomalidomide (Pomalyst®) 3mg capsule	02419602	00904030	N/A	N/A
Pomalidomide (Pomalyst®) 4mg capsule	02419610	00904031	N/A	N/A
Simeprevir (Galexos™) 150mg capsule	02416441	00904018	00904019	00904020
Sofosbuvir (Sovaldi®) 400mg tablets	02418355	00904015	00904016	00904017

Claims submitted that do not comply with the above requirements are subject to audit and recovery.

Bulletin # 904 March 31, 2015

NB Drug Plans Formulary Update

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Existing generic drug product categories

- New products will be reimbursed at the current category MAP.

New generic drug product categories

- New products, other than the original brand product, will be reimbursed at the new category MAP effective March 31, 2015.
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Ajouts de médicaments génériques aux Régimes de médicaments du N.-B.

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Anastrozole							
Tab Co.	Orl	1mg	Nat-Anastrozole	2417855	NAT	ADEFVW	1.2729
Atorvastatin calcium Atorvastatine calcique							
Tab Co.	Orl	10mg	Auro-Atorvastatin	2407256	ARO	ADEFGVW	0.3138
		20mg	Auro-Atorvastatin	2407264	ARO	ADEFGVW	0.3922
		40mg	Auro-Atorvastatin	2407272	ARO	ADEFGVW	0.4216
		80mg	Auro-Atorvastatin	2407280	ARO	ADEFGVW	0.4216
Celecoxib Célécoxib							
Cap Caps	Orl	100mg	Celecoxib	2429675	SIV	W (SA)	0.1759
		200mg	Celecoxib	2429683	SIV	W (SA)	0.3518
Dutasteride Dutastéride							
Cap Caps	Orl	0.5mg	Dutasteride	2429012	SIV	(SA)	0.4205
Ezetimibe Ézétimibe							
Tab Co.	Orl	10mg	Ezetimibe	2429659	SIV	(SA)	0.4612
Lamotrigine							
Tab Co.	Orl	25mg	Lamotrigine	2428202	SIV	ADEFGVW	0.0936
		100mg	Lamotrigine	2428210	SIV	ADEFGVW	0.3735
		150mg	Lamotrigine	2428229	SIV	ADEFGVW	0.5505
Lansoprazole							
SRC Caps.L.L.	Orl	30mg	Lansoprazole	2433028	PMS	(SA)	0.5000
Letrozole Létrozole							
Tab Co.	Orl	2.5mg	Nat-Letrozole	2421585	NAT	ADEFVW	1.3780
Ondansetron hydrochloride dihydrate Ondansétron dihydraté (chlorhydrate d')							
Liq Liq	Inj	2mg/mL	Jamp-Ondansetron (with Preservative)	2420422	JPC	W	3.4552

NB Drug Plans Generic Drug Product Additions
Ajouts de médicaments génériques aux Régimes de médicaments du N.-B.

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Paroxetine hydrochloride Paroxétine (chlorhydrate de)							
Tab Co.	Orl	20mg	Sandoz Paroxetine Tablets	2431785	SDZ	ADEFGVW	0.4514
		30mg	Sandoz Paroxetine Tablets	2431793	SDZ	ADEFGVW	0.4796
Tamsulosin hydrochloride Tamsulosine (chlorhydrate de)							
ERT Co.L.P.		0.4mg	Tamsulosin CR	2429667	SIV	ADEFVW	0.1500
Topiramate							
Tab Co.	Orl	25mg	Sandoz Topiramate Tablets	2431807	SDZ	(SA)	0.3128
		100mg	Sandoz Topiramate Tablets	2431815	SDZ	(SA)	0.5928
		200mg	Sandoz Topiramate Tablets	2431823	SDZ	(SA)	0.8854

Bulletin # 905

April 30, 2015

NB Drug Plans Formulary Update

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Existing generic drug product categories

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Ajouts de médicaments génériques aux Régimes de médicaments du N.-B.

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Cyanocobalamin Cyanocobalamine							
Liq Liq	Inj	1000mcg/mL	Cyanocobalamin Injection USP	2413795	MYL	ADEFGVW	0.3063
Telmisartan							
Tab Co.	Orl	40mg	Telmisartan	2432897	PMS	ADEFGVW	0.2824
		80mg	Telmisartan	2432900	PMS	ADEFGVW	0.2824

Bulletin # 906 May 29, 2015

NB Drug Plans Formulary Update

Please find attached a list of **generic drug product additions** to the New Brunswick Drug Plans Formulary.

Existing generic drug product categories

- New products will be reimbursed at the current category MAP.

New generic drug product categories

- New products, other than the original brand product, will be reimbursed at the new category MAP effective May 29, 2015.
- The original brand product will be reimbursed at the new category MAP effective June 19, 2015. Prior to June 19, 2015 the original brand product will be reimbursed at a higher MAP as indicated on the attached list.

To unsubscribe from the NB Drug Plans emailed announcements, please send a message to info@nbdrugs-medicamentsnb.ca. The Updates are available on the NBPDP webpage: http://www.gnb.ca/0212/BenefitUpdates-e.asp

NB Drug Plans Generic Drug Product Additions
Ajouts de médicaments génériques aux Régimes de médicaments du N.-B.

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Candesartan cilexetil Candésartan cilexétil							
Tab Co.	Orl	32mg	Candesartan	2435845	SAS	ADEFGVW	0.2995
Celecoxib Célécoxib							
Cap Caps	Orl	100mg	Celecoxib	2436299	SAS	W (SA)	0.1759
		200mg	Celecoxib	2436302	SAS	W (SA)	0.3518
Diclofenac sodium/Misoprostol Diclofénac sodique/Misoprostol							
Tab Co.	Orl	50mg/200mcg	GD-Diclofenac/Misoprostol	2341689	GMD	ADEFGVW	0.3149
		75mg/200mcg	GD-Diclofenac/Misoprostol	2341697	GMD	ADEFGVW	0.4286
Gliclazide							
ERT Co.L.P.	Orl	30mg	Act Gliclazide MR	2429764	ATV	ADEFGVW	0.0931
		60mg	Diamicron MR	2356422	SEV	ADEFGVW	0.2528
			Apo-Gliclazide MR	2407124	APX		0.2150
Ondansetron hydrochloride dihydrate Ondansétron dihydraté (chlorhydrate d')							
Tab Co.	Orl	4mg	Nat-Ondansetron	2417839	NAT	W (SA)	3.3495
		8mg	Nat-Ondansetron	2417847	NAT	W (SA)	5.1110
Zopiclone							
Tab Co.	Orl	7.5mg	Jamp-Zopiclone	2406977	JPC	ADEFVW	0.3125

Bulletin #907 June 2, 2015

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective June 2, 2015.

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

To unsubscribe from the NB Drug Plans Formulary emailed announcements, please send a message to info@nbdrugs-medicamentsnb.ca. The Updates are available on the NBPDP webpage: http://www.gnb.ca/0212/BenefitUpdates-e.asp.

Regular Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Levonorgestrel (Jaydess®)	13.5mg intrauterine system	02408295	BAY	DEFG	MLP
Special authorization no longer required					
Dutasteride (Avodart®) & generic brands	0.5mg capsule	See NB Drug Plans Formulary for complete list		ADEFGVW	MAP
Finasteride (Proscar®) & generic brands	5mg tablet	See NB Drug Plans Formulary for complete list		ADEFGVW	MAP

Special Authorization Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Indacaterol/Glycopyrrolate (Ultibro® Breezehaler®)	110mcg/50mcg powder for inhalation	02418282	NVR	(SA)	MLP

For the treatment of moderate to severe chronic obstructive pulmonary disease (COPD), as defined by spirometry, in patients with an inadequate response to a long-acting beta-2 agonist (LABA) or long-acting anticholinergic (LAAC).

Clinical notes:

- Moderate to severe COPD is defined by spirometry (post-bronchodilator) $FEV_1 < 60\%$ predicted and FEV_1/FVC ratio of < 0.70. Spirometry reports from any point in time will be accepted.

  If spirometry cannot be obtained, reasons must be clearly explained and other evidence regarding COPD severity must be provided for consideration (i.e. Medical Research Council (MRC) Dyspnea Scale score of at least Grade 3). MRC Grade 3 is described as: walks slower than people of same age on the level because of shortness of breath (SOB) from COPD or has to stop for breath when walking at own pace on the level.

- Inadequate response is defined as persistent symptoms after at least 2 months of long-acting beta-2 agonist (LABA) or long-acting anticholinergic therapy (LAAC).

Product	Strength	DIN	MFR	Plans	Cost Base
Parenteral Iron Preparations Ferumoxytol (Feraheme®)	30mg/mL (510mg/17mL) intravenous injection	02377217	TAK	(SA)	MLP

For the treatment of iron deficiency anemia in patients with chronic kidney disease who are predialysis or receiving home hemodialysis or peritoneal dialysis.

Claim Notes:

- Requests will be considered from a practitioner with a specialty in nephrology.
- The maximum dose that will be reimbursed is 510mg.

Iron dextran (DexIron™) Now requires special authorization	50mg/mL injection	02205963	LUI	(SA)	MLP
Iron sucrose (Venofer®)	20mg/mL injection	02243716	LUI	(SA)	MLP
Sodium ferric gluconate complex (Ferrlecit®)	12.5mg/mL injection	02243333	SAV	(SA)	MLP

For the treatment of iron deficiency anemia in patients who
- are intolerant to oral iron replacement products, or
- have not responded to adequate therapy with oral iron.

Changes to Existing Special Authorization Benefits

Product	Strength	DIN	MFR	Plans	Cost Base
New Strengths					
Tinzaparin (Innohep®)	8,000 IU/0.4mL pre-filled syringe	02429462	LEO	W (SA)	MLP
	12,000 IU/0.6mL pre-filled syringe	02429470			
	16,000 IU/0.8mL pre-filled syringe	02429489			

Refer to the NB Drug Plans Formulary for the special authorization criteria.

Drugs Reviewed and Not Listed

The review of the following products found that they did not offer a significant therapeutic and/or cost advantage over existing therapies. Requests for special authorization will not be considered.

Product	Strength	Indication	DIN	MFG
Betamethasone (Luxiq®)	0.12% foam	Moderate to severe psoriasis of the scalp	02366924	GSK
Guanfacine (Intuniv XR™)	1mg delayed release tablet	Attention deficit hyperactivity disorder	02409100	SHI
	2mg delayed release tablet		02409119	
	3mg delayed release tablet		02409127	
	4mg delayed release tablet		02409135	
Ingenol mebutate (Picato®)	0.015% gel	Actinic keratosis	02400987	LEO
	0.05% gel		02400995	
Standardized Allergen Extract, Timothy Grass (*Phleum pratense*) (Grastek®)	2800 BAU sublingual tablet	Allergic rhinitis	02418304	FRS

New Brunswick Drug Plans
Régimes de médicaments du
Nouveau-Brunswick

Bulletin # 908 June 29, 2015

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective June 29, 2015.

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

Product	Strength	DIN	MFR	Plans	Cost Base
Dolutegravir sodium (Tivicay®)	50mg film-coated tablet	02414945	VIV	DU	MLP
Lamivudine/ Dolutegravir/ Abacavir (Triumeq™)	300mg/600mg/50mg tablet	02430932	VIV	DU	MLP

Special Authorization Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Aflibercept (Eylea®)	40mg/mL solution for intravitreal injection	02415992	BAY	(SA)	MLP

1. Neovascular (wet) age-related macular degeneration (AMD)

Initial Coverage:
For the treatment of patients with neovascular (wet) age-related macular degeneration (AMD) where all of the following apply to the eye to be treated:

- Best Corrected Visual Acuity (BCVA) is between 6/12 and 6/96
- The lesion size is less than or equal to 12 disc areas in greatest linear dimension
- There is evidence of recent (< 3 months) presumed disease progression (blood vessel growth, as indicated by fluorescein angiography, or optical coherence tomography (OCT)
- Administration is to be done by a qualified ophthalmologist experienced in intravitreal injections.
- The interval between doses should not be shorter than 1 month.

Continued Coverage:
Treatment should be continued only in people who maintain adequate response to therapy.

Clinical Notes:

- Coverage will not be approved for patients:
  - With permanent retinal damage as defined by the Royal College of Ophthalmology guidelines
  - Receiving concurrent treatment with verteporfin.
- Aflibercept should be permanently discontinued if any one of the following occurs:
  - Reduction in BCVA in the treated eye to less than 15 letters (absolute) on 2 consecutive visits in the treated eye, attributed to AMD in the absence of other pathology
  - Reductions in BCVA of 30 letters or more compared to either baseline and/or best recorded level since baseline as this may indicate either poor treatment effect, adverse events or both.
  - There is evidence of deterioration of the lesion morphology despite optimum treatment over 3 consecutive visits.

Claim Notes:

- An initial claim of up to two vials of aflibercept (1 vial per eye treated) will be automatically reimbursed when prescribed by an ophthalmologist. If additional medication is required, a request should be made through special authorization.
- Reimbursement will be limited to a maximum of 1 vial of aflibercept per eye treated every 30 days. Claims submitted for greater than 1 vial, or submitted within 30 days of a previous claim, will not be reimbursed.
- Please refer to Quantities for Claims Submissions for the correct unit of measure.

2. Diabetic macular edema (DME)

Initial coverage:
For the treatment of visual impairment due to diabetic macular edema (DME) in patients who meet all of the following criteria:

- clinically significant centre-involving macular edema for whom laser photocoagulation is also indicated
- hemoglobin A1c test in the past 6 months with a value of less than or equal to 11%
- best corrected visual acuity of 20/32 to 20/400
- central retinal thickness greater than or equal to 250 micrometers

Renewal Criteria:

- confirm that a hemoglobin A1c test in the past 6 months had a value of less than or equal to 11%
- date of last visit and results of best corrected visual acuity at that visit
- date of last OCT and central retinal thickness on that examination
- if aflibercept is being administered monthly, please provide details on the rationale

Clinical Notes:

- Treatment should be given monthly until maximum visual acuity is achieved (i.e. stable visual acuity for three consecutive months while on aflibercept). Thereafter, visual acuity should be monitored monthly.
- Treatment should be resumed when monitoring indicates a loss of visual acuity due to DME and continued until stable visual acuity is reached again for three consecutive months.

Claim Notes:

- Approval Period: 1 year
- Please refer to Quantities for Claims Submissions for the correct unit of measure.

3. Central retinal vein occlusion (CRVO)

For the treatment of visual impairment due to macular edema secondary to central retinal vein occlusion (CRVO).

Clinical Notes:

- Treatment should be given monthly until maximum visual acuity is achieved (i.e. stable visual acuity for three consecutive months while on aflibercept). Thereafter, visual acuity should be monitored monthly.
- Treatment should be resumed when monitoring indicates a loss of visual acuity due to macular edema secondary to central retinal vein occlusion and continued until stable visual acuity is reached again for three consecutive months.

Claim Notes:

- Approval Period: 1 year
- Please refer to Quantities for Claims Submissions for the correct unit of measure.

Lisdexamfetamine dimesylate (Vyvanse®)	10mg capsule 20mg capsule 30mg capsule 40mg capsule 50mg capsule 60mg capsule	02439603 02347156 02322951 02347164 02322978 02347172	SHI	(SA)	MLP

For treatment of Attention Deficit Hyperactivity Disorder (ADHD) in patients age 6 to 25 years who:

- Demonstrate significant and problematic disruptive behaviour or who have problems with inattention that interfere with learning; and
- Have been tried on methylphenidate (immediate release or long-acting formulation) or dexamphetamine with unsatisfactory results.

Claim Notes:

- Requests will be considered from specialists in pediatric psychiatry, pediatricians or general practitioners with expertise in ADHD.
- The maximum dose reimbursed is 60mg daily.

Vilanterol / Umeclidinium (Anoro™ Ellipta®)	25mcg/62.5mcg powder for inhalation	02418401	GSK	(SA)	MLP

For the treatment of moderate to severe chronic obstructive pulmonary disease (COPD), as defined by spirometry, in patients with an inadequate response to a long-acting beta-2 agonist (LABA) or long-acting anticholinergic (LAAC).

Clinical Notes:

- Moderate to severe COPD is defined by spirometry (post-bronchodilator) FEV_1 < 60% predicted and FEV_1/FVC ratio of < 0.70. Spirometry reports from any point in time will be accepted.

  If spirometry cannot be obtained, reasons must be clearly explained and other evidence regarding COPD severity must be provided for consideration (i.e. Medical Research Council (MRC) Dyspnea Scale score of at least Grade 3). MRC Grade 3 is described as: walks slower than people of same age on the level because of shortness of breath (SOB) from COPD or has to stop for breath when walking at own pace on the level.

- Inadequate response is defined as persistent symptoms after at least 2 months of long-acting beta-2 agonist (LABA) or long-acting anticholinergic therapy (LAAC).

Changes to Existing Special Authorization Benefits

Product	Strength	DIN	MFR	Plans	Cost Base
New Indication Adalimumab (Humira®)	40mg/0.8mL pre-filled syringe	02258595	ABV	(SA)	MLP

Polyarticular Juvenile Idiopathic Arthritis (pJIA)

For the treatment of children (age 4-17) with moderately to severely active polyarticular juvenile idiopathic arthritis (pJIA) who have had inadequate response to one or more disease modifying antirheumatic drugs (DMARDs).

Claim Note:

- Must be prescribed by a rheumatologist.

New Strength

Lurasidone (Latuda®)	20mg film-coated tablet 60mg film-coated tablet	02422050 02413361	SNV	(SA)	MLP

For the treatment of schizophrenia and related psychotic disorders (not dementia related) in patients with a history of failure, intolerance, or contraindication to at least one less expensive antipsychotic agent.

Drugs Reviewed and Not Listed

The review of the following products found that they did not offer a significant therapeutic and/or cost advantage over existing therapies. Requests for special authorization will not be considered.

Product	Strength	Indication	DIN	MFG
Alogliptin (Nesina™)	6.25mg tablet 12.5mg tablet 25mg tablet	Type 2 Diabetes Mellitus	02417189 02417197 02417200	TAK
Alogliptin/Metformin (Kazano™)	12.5mg/500mg tablet 12.5mg/850mg tablet 12.5mg/1000mg tablet	Type 2 Diabetes Mellitus	02417219 02417227 02417235	TAK
Aripiprazole (Abilify™)	2mg tablet 5mg tablet 10mg tablet 15mg tablet 20mg tablet 30mg tablet	Major Depressive Disorder	02322374 02322382 02322390 02322404 02322412 02322455	BRI
Ustekinumab (Stelara®)	45mg/0.5mL prefilled syringe 90mg/1mL prefilled syringe	Psoriatic Arthritis	02320673 02320681	JAN

Bulletin # 909 June 30, 2015

NB Drug Plans Formulary Update

Please find attached a list of **generic drug product additions** to the New Brunswick Drug Plans Formulary.

Existing generic drug product categories

- New products will be reimbursed at the current category MAP.

New generic drug product categories

- New products, other than the original brand product, will be reimbursed at the new category MAP effective June 30, 2015.
- The original brand product will be reimbursed at the new category MAP effective July 21, 2015. Prior to July 21, 2015 the original brand product will be reimbursed at a higher MAP as indicated on the attached list.

To unsubscribe from the NB Drug Plans emailed announcements, please send a message to info@nbdrugs-medicamentsnb.ca. The Updates are available on the NBPDP webpage: http://www.gnb.ca/0212/BenefitUpdates-e.asp

NB Drug Plans Generic Drug Product Additions
Ajouts de médicaments génériques aux Régimes de médicaments du N.-B.

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Cefotaxime Céfotaxime							
Pws Pds.	Inj	1g	Claforan Cefotaxime Sodium	2225093 2434091	SAV STR	ADEFGW	9.8000 8.3300
		2g	Claforan Cefotaxime Sodium	2225107 2434105	SAV STR	ADEFGW	19.6300 16.6855
Ciprofloxacin Ciprofloxacine							
Tab Co.	Orl	250mg	Mint-Ciproflox	2423553	MNT	BW (SA)	0.6186
Dutasteride Dutastéride							
Cap Caps	Orl	0.5mg	Med-Dutasteride	2416298	GMP	ADEFGVW	0.4205
Galantamine							
ERC Cap.L.P.	Orl	8mg	Mar-Galantamine ER	2420821	MAR	(SA)	1.1475
		16mg	Mar-Galantamine ER	2420848	MAR	(SA)	1.1475
		24mg	Mar-Galantamine ER	2420856	MAR	(SA)	1.1475
Telmisartan/Hydrochlorothiazide							
Tab Co.	Orl	80mg/12.5mg	Telmisartan-HCTZ	2433214	PMS	ADEFGVW	0.2824
		80mg/25mg	Telmisartan-HCTZ	2433222	PMS	ADEFGVW	0.2824

New Brunswick Drug Plans
Régimes de médicaments du
Nouveau-Brunswick

Bulletin # 910 July 23, 2015

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective July 23, 2015.

Included in this bulletin:

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

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

Regular Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Escitalopram (Cipralex®) and generic brands	10mg tablet 20mg tablet	See NB Drug Plans Formulary or MAP List for products		ADEFGVW	MAP
Special authorization no longer required					
Topiramate (Topamax®) and generic brands	25mg tablet 50mg tablet 100mg tablet 200mg tablet	See NB Drug Plans Formulary or MAP List for products		ADEFGVW	MAP

Special Authorization Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Grass pollen allergen extract (Oralair)	100IR sublingual tablet 300IR sublingual tablet	02381885 02381893	STA	(SA)	MLP

For the seasonal treatment of grass pollen allergic rhinitis in patients who have not adequately responded to, or tolerated, conventional pharmacotherapy.

Clinical Notes:

- Treatment with grass pollen allergen extract must be initiated by physicians with adequate training and experience in the treatment of respiratory allergic diseases.
- Treatment should be initiated four months before the onset of pollen season and should only be continued until the end of the season
- Treatment should not be taken for more than three consecutive years

Product	Strength	DIN	MFR	Plans	Cost Base
Metformin / Saxagliptin (Komboglyze®)	500mg/2.5mg tablet 850mg/2.5mg tablet 1000mg/2.5mg tablet	02389169 02389177 02389185	AZE	(SA)	MLP

For the treatment of type 2 diabetes mellitus in patients:

- for whom insulin is not an option, and
- who are already stabilized on therapy with metformin, a sulfonylurea and saxagliptin, to replace the individual components of saxagliptin and metformin.

Riociguat (Adempas®)	0.5mg film-coated tablet	02412764			
	1mg film-coated tablet	02412772			
	1.5mg film-coated tablet	02412799	BAY	(SA)	MLP
	2mg film-coated tablet	02412802			
	2.5mg film-coated tablet	02412810			

For the treatment of inoperable chronic thromboembolic pulmonary hypertension (CTEPH) World Health Organization [WHO] Group 4) or persistent or recurrent CTEPH after surgical treatment in adult patients (18 years of age or older) with WHO Functional Class II or III pulmonary hypertension.

Clinical Note:

- Requests will be considered from physicians with experience in the diagnosis and treatment of CTEPH.

Claim Note:

- Approval duration: 1 year

Saxagliptin (Onglyza®)	2.5mg tablet	02375842	AZE	(SA)	MLP
	5mg tablet	02333554			

For the treatment of type 2 diabetes mellitus, in addition to metformin and a sulfonylurea, in patients with inadequate glycemic control on metformin and a sulfonylurea and for whom insulin is not an option.

Changes to Existing Special Authorization Benefits

Product	Strength	DIN	MFR	Plans	Cost Base
New Indication					
Somatropin (Nutropin AQ Pen®)	10mg/2mL injection	02249002	HLR	(SA)	MLP
Somatropin (Nutropin AQ NuSpin®)	5mg/2mL injection	02399091	HLR		
	10mg/2mL injection	02376393	HLR	(SA)	MLP
	20mg/2mL injection	02399083	HLR		
Somatropin (Saizen®)	3.33mg vial	02215136	EMD	(SA)	MLP
	5mg vial	02237971	EMD	(SA)	MLP
	8.8mg vial	02272083	EMD	(SA)	MLP
	6mg cartridge	02350122	EMD	(SA)	MLP
	12mg cartridge	02350130	EMD	(SA)	MLP
	20mg cartridge	02350149	EMD	(SA)	MLP

For the treatment of children with growth failure associated with chronic renal insufficiency, up to the time of renal transplantation, who meet the following criteria:

- A glomerular filtration rate less than or equal to 1.25 mL/s/1.73m² (75 mL/min/1.73m²)
- Evidence of growth impairment:
  - Z score (HSDS) less than -1.88 (HSDS = height standard deviation score, a statistical comparison to the average of normal values for age and sex) or height-for-age at the 3rd percentile

OR

- Height velocity-for-age SDS less than -1.88 or height velocity-for-age less than 3rd percentile, persisting for greater than 3 months despite treatment of nutritional deficiencies and metabolic abnormalities.

Claim Note:

- Somatropin must be prescribed by, or in consultation with, a specialist in pediatric nephrology.

Drugs Reviewed and Not Listed

The review of the following products found that they did not offer a significant therapeutic and/or cost advantage over existing therapies. Requests for special authorization will not be considered.

Product	Strength	Indication	DIN	MFG
Everolimus (Afinitor®)	2.5mg tablet 5mg tablet 10mg tablet	Subependymal giant cell astrocytoma associated with tuberous sclerosis complex	02369257 02339501 02339528	NVR
Lomitapide (Juxtapid®)	5mg capsule 10mg capsule 20mg capsule	Hypercholesterolemia, Homozygous Familial	02420341 02420376 02420384	AEG
OnabotulinumtoxinA (Botox®)	50 Allergan unit vial 100 Allergan unit vial 200 Allergan unit vial	Chronic migraine	01981501 01981501 01981501	ALL
Pasireotide (Signifor®)	0.3mg/mL ampoule 0.6mg/mL ampoule 0.9mg/mL ampoule	Cushing disease	02413299 02413302 02413310	NVR

Claim Submission Information

Information on claim submissions by participating providers has been consolidated on one webpage. The requirements for the following are now located here:

- Claim Submission Fields
- Prescriber ID Numbers
- Quantities for Claim Submissions
- Submission of Claims over $9,999.99
- Offline (Manual) Claims

Bulletin # 911 July 24, 2015

NB Drug Plans Formulary Update

Please find attached a list of **generic drug product additions** to the New Brunswick Drug Plans Formulary.

Existing generic drug product categories

- New products will be reimbursed at the current category MAP.

New generic drug product categories

- New products, other than the original brand product, will be reimbursed at the new category MAP effective July 24, 2015.
- The original brand product will be reimbursed at the new category MAP effective August 14, 2015. Prior to August 14, 2015 the original brand product will be reimbursed at a higher MAP as indicated on the attached list.

To unsubscribe from the NB Drug Plans emailed announcements, please send a message to info@nbdrugs-medicamentsnb.ca. The Updates are available on the NBPDP webpage: http://www.gnb.ca/0212/BenefitUpdates-e.asp

Generic Drug Product Additions
Ajouts de médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Donepezil Donépézil							
Tab Co.	Orl	5mg	Jamp-Donepezil	2416948	JPC	(SA)	1.1806
		10mg	Jamp-Donepezil	2416956	JPC	(SA)	1.1806
Escitalopram							
Tab Co.	Orl	10mg	Act Escitalopram	2313561	ATV	ADEFGVW	0.4318
			Apo-Escitalopram	2295016	APX		
			Auro-Escitalopram	2397358	ARO		
			Escitalopram	2430118	SAS		
			Jamp-Escitalopram	2429780	JPC		
			Mar-Escitalopram	2423480	MAR		
			Mylan-Escitalopram	2309467	MYL		
			Ran-Escitalopram	2385481	RAN		
			Sandoz Escitalopram	2364077	SDZ		
			Teva-Escitalopram	2318180	TEV		
		20mg	Act Escitalopram	2313588	ATV	ADEFGVW	0.4597
			Apo-Escitalopram	2295024	APX		
			Auro-Escitalopram	2397374	ARO		
			Escitalopram	2430126	SAS		
			Jamp-Escitalopram	2429799	JPC		
			Mar-Escitalopram	2423502	MAR		
			Mylan-Escitalopram	2309475	MYL		
			Ran-Escitalopram	2385503	RAN		
			Sandoz Escitalopram	2364085	SDZ		
			Teva-Escitalopram	2318202	TEV		
Ezetimibe Ézétimibe							
Tab Co.	Orl	10mg	Ezetimibe	2431300	SAS	(SA)	0.4612
Ferrous Fumarate Fumarate Ferreux							
Cap Caps	Orl	300mg	Jamp-Fer	80024232	JPC	AEFGVW	0.1057
Fluconazole							
Cap Caps	Orl	150mg	Jamp-Fluconazole	2432471	JPC	ADEFGVW	3.9400
Imatinib mesylate Imatinib (mésylate d')							
Tab Co.	Orl	100mg	pms-Imatinib	2431114	PMS	(SA)	6.8186
		400mg	pms-Imatinib	2431122	PMS	(SA)	27.2743

Generic Drug Product Additions
Ajouts de médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Irbesartan							
Tab Co.	Orl	75mg	Mint-Irbesartan	2422980	MNT	ADEFGVW	0.3073
		150mg	Mint-Irbesartan	2422999	MNT	ADEFGVW	0.3073
		300mg	Mint-Irbesartan	2423006	MNT	ADEFGVW	0.3073
Irbesartan / Hydrochlorothiazide							
Tab Co.	Orl	150mg/12.5mg	Jamp-Irbesartan/Hydrochlorothiazide	2418223	JPC	ADEFGVW	0.3073
		300mg/12.5mg	Jamp-Irbesartan/Hydrochlorothiazide	2418231	JPC	ADEFGVW	0.3073
		300mg/25mg	Jamp-Irbesartan/Hydrochlorothiazide	2418258	JPC	ADEFGVW	0.3052
Nystatin Nystatine							
Susp Susp.	Oral	100 000IU/mL	Jamp-Nystatin	2433443	JPC	ABDEFGVW	0.0518
Pantoprazole sodium Pantoprazole sodique							
ECT Co.Ent	Orl	40mg	Pantoprazole	2437945	PMS	(SA)	0.3628
Topiramate							
Tab Co.	Orl	25mg	Jamp-Topiramate	2435608	JPC	ADEFGVW	0.3128
		100mg	Jamp-Topiramate	2435616	JPC	ADEFGVW	0.5929
		200mg	Jamp-Topiramate	2435624	JPC	ADEFGVW	0.8854

Delisted Generic Drug Products
Produits génériques retirés du formulaire

The following products will be delisted from the NB Drug Plans Formulary effective August 21, 2015
Les produits suivants seront retirés du formulaire des Régimes de médicaments du N.-B. à compter du 21 août 2015 :

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes
Galantamine hydrobromide Galantamine (bromhydrate de)						
ERC Caps.L.P	Orl	8mg	Mylan-Galantamine	2339439	MYL	(SA)
			Pat-Galantamine	2316943	PPH	
		16mg	Mylan-Galantamine	2339447	MYL	(SA)
			Pat-Galantamine	2316951	PPH	
		24mg	Mylan-Galantamine	2339455	MYL	(SA)
			Pat-Galantamine	2316978	PPH	

Bulletin # 912

August 28, 2015

NB Drug Plans Formulary Update

Please find attached a list of **generic drug product additions** to the New Brunswick Drug Plans Formulary.

Existing generic drug product categories

- New products will be reimbursed at the current category MAP.

New generic drug product categories

- New products, other than the original brand product, will be reimbursed at the new category MAP effective August 28, 2015.
- The original brand product will be reimbursed at the new category MAP effective September 18, 2015. Prior to September 18, 2015 the original brand product will be reimbursed at a higher MAP as indicated on the attached list.

To unsubscribe from the NB Drug Plans emailed announcements, please send a message to info@nbdrugs-medicamentsnb.ca. The Updates are available on the NBPDP webpage: http://www.gnb.ca/0212/BenefitUpdates-e.asp

Generic Drug Product Additions
Ajouts de médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Montelukast Sodium Montélukast sodique							
TabC Co.C.	Orl	4mg	Auro-Montelukast Chewable	2422867	ARO	(SA)	0.3646
Norethindrone Noréthindrone							
Tab	Orl	0.35mg	Micronor	37605	JAN	DEFGV	0.7850
Co.			Movisse	2410303	MYL		0.5888
Sodium chloride Chlorure de sodium							
Ont	Oph	5%	Muro 128	750816	BSH	AEFGVW	2.8086
Ont			Odan-Sodium Chloride	80046696	ODN		2.3874

Bulletin # 913 September 30, 2015

NB Drug Plans Formulary Update

Please find attached a list of **generic drug product additions** to the New Brunswick Drug Plans Formulary.

Existing generic drug product categories

- New products will be reimbursed at the current category MAP.

New generic drug product categories

- New products, other than the original brand product, will be reimbursed at the new category MAP effective September 30, 2015.
- The original brand product will be reimbursed at the new category MAP effective October 21, 2015. Prior to October 21, 2015 the original brand product will be reimbursed at a higher MAP as indicated on the attached list.

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Generic Drug Product Additions
Ajouts de médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Alprazolam							
Tab Co.	Orl	0.25mg	Nat-Alprazolam	2417634	NAT	ADEFGVW	0.0609
		0.5mg	Nat-Alprazolam	2417642	NAT	ADEFGVW	0.0728
Amlodipine besylate Amlodipine (bésylate d')							
Tab Co.	Orl	5mg	Amlodipine	2429217	JPC	ADEFVW	0.2417
		10mg	Amlodipine	2429225	JPC	ADEFVW	0.3587
Atorvastatin Atorvastatine							
Tab Co.	Orl	10mg	Reddy-Atorvastatin	2417936	RCH	ADEFGVW	0.3138
		20mg	Reddy-Atorvastatin	2417944	RCH	ADEFGVW	0.3922
		40mg	Reddy-Atorvastatin	2417952	RCH	ADEFGVW	0.4216
		80mg	Reddy-Atorvastatin	2417960	RCH	ADEFGVW	0.4216
Celecoxib Célécoxib							
Cap Caps	Orl	100mg	SDZ Celecoxib	2442639	SDZ	W (SA)	0.1759
		200mg	SDZ Celecoxib	2442647	SDZ	W (SA)	0.3518
Citalopram hydrobromide Citalopram (bromhydrate de)							
Tab Co.	Orl	10mg	Citalopram	2430517	JPC	ADEFGVW	0.1432
		20mg	Citalopram	2430541	JPC	ADEFGVW	0.2397
		40mg	Citalopram	2430568	JPC	ADEFGVW	0.2397
Dextroamphetamine Dextroamphétamine							
Tab	Orl	5mg	Dexedrine	1924516	PAL	DEF<18G	0.6909
Co.			Apo-Dextroamphetamine	2443236	APX		0.5081
Diclofenac Diclofénac							
Liq	Oph	0.1%	Voltaren	1940414	ALC	ADEFGVW	3.5420
Liq			Apo-Diclofenac	2441020	APX		2.6565
Donepezil Donépézil							
Tab	Orl	5mg	Nat-Donepezil	2439557	NAT	(SA)	1.1806
		10mg	Nat-Donepezil	2439565	NAT	(SA)	1.1806

Generic Drug Product Additions
Ajouts de médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Escitalopram							
Tab Co.	Orl	10mg	Escitalopram Nat-Escitalopram	2429039 2440296	SIV NAT	ADEFGVW	0.4318
		20mg	Escitalopram Nat-Escitalopram	2429047 2440318	SIV NAT	ADEFGVW	0.4597
Galantamine							
ERC Caps.L.P.	Orl	8mg	Mylan-Galantamine ER	2339439	MYL	(SA)	1.1475
		16mg	Mylan-Galantamine ER	2339447	MYL	(SA)	1.1475
		24mg	Mylan-Galantamine ER	2339455	MYL	(SA)	1.1475
Hydrocortisone							
Lot Lot	Top	1%	Emo-Cort Jamp-Hydrocortisone	192600 80057191	STI JPC	ADEFGVW	0.1587 0.1191
Lansoprazole							
SRC Caps.L.L.	Orl	15mg	Lansoprazole	2385767	SIV	(SA)	0.5000
Meropenem Méropénem							
Pws Pds.	Inj	1g	Merrem Meropenem	2218496 2436507	AZE STR	W	52.7000 44.7950
Omeprazole Oméprazole							
SRT Co. L.L.	Orl	20mg	Nat-Omeprazole DR	2439549	NAT	ABDEFGVW	0.4117
Quetiapine Quétiapine							
Tab Co.	Orl	25mg	Nat-Quetiapine	2439158	NAT	ADEFGVW	0.1235
		100mg	Nat-Quetiapine	2439166	NAT	ADEFGVW	0.3295
		200mg	Nat-Quetiapine	2439182	NAT	ADEFGVW	0.6618
		300mg	Nat-Quetiapine	2439190	NAT	ADEFGVW	0.9656
Rizatriptan							
ODT Co.D.O.	Orl	5mg	Mint-Rizatriptan ODT	2439573	MNT	(SA)	3.7050
		10mg	Mint-Rizatriptan ODT	2439581	MNT	(SA)	3.7050

Generic Drug Product Additions
Ajouts de médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Solifenacin Solifénacine							
Tab Co.	Orl	5mg	Vesicare Teva-Solifenacin	2277263 2397900	ASL TEV	(SA)	1.5450 1.2669
		10mg	Vesicare Teva-Solifenacin	2277271 2397919	ASL TEV	(SA)	1.5450 1.2669
Tranexamic Acid Acide Tranexamique							
Tab Co.	Orl	500mg	GD-Tranexamic Acid	2409097	GMD	ADEFGVW	0.5934

Bulletin # 914 October 14, 2015

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective October 14, 2015.

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.

To unsubscribe from the NB Drug Plans Formulary emailed announcements, please send a message to info@nbdrugs-medicamentsnb.ca. The Updates are available on the NBPDP webpage: http://www.gnb.ca/0212/BenefitUpdates-e.asp.

Special Authorization Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Aripiprazole (Abilify Maintena™)	300mg vial 400mg vial	02420864 02420872	OTS	(SA)	MLP
	For the treatment of schizophrenia in patients: • for whom compliance with oral antipsychotics presents problems, or • who are currently receiving a typical depot antipsychotic and experiencing significant side effects (e.g. extrapyramidal symptoms or tardive dyskinesia) or lack of efficacy.				
Canagliflozin (Invokana™)	100mg tablet 300mg tablet	02425483 02425491	JAN	(SA)	MLP
	For the treatment of type 2 diabetes mellitus, in addition to metformin and a sulfonylurea, in patients with inadequate glycemic control on metformin and a sulfonylurea and for whom insulin is not an option.				
Eplerenone (Inspra™)	25mg tablet 50mg tablet	02323052 02323060	PFI	(SA)	MLP
	For the treatment of patients with New York Heart Association (NYHA) class II chronic heart failure with left ventricular systolic dysfunction (with ejection fraction ≤ 35%), as a complement to standard therapy. <u>Clinical Note:</u> • Patients must be on optimal therapy with an angiotensin-converting–enzyme (ACE) inhibitor, an angiotensin-receptor blocker (ARB), or both and a beta-blocker (unless contraindicated) at the recommended dose or maximal tolerated dose.				
Ibrutinib (Imbruvica®)	140mg capsule	02434407	JAN	(SA)	MLP
	For the treatment of patients with chronic lymphocytic leukemia (CLL)/small lymphocytic lymphoma (SLL) who have received at least one prior therapy and are considered inappropriate for treatment or retreatment with a fludarabine-based regimen.				
Mirabegron (Myrbetriq®)	25mg extended-release tablet 50mg extended-release tablet	02402874 02402882	ASL	(SA)	MLP
	For the treatment of overactive bladder (OAB) with symptoms of urgency, urgency incontinence, and urinary frequency, in patients who have an intolerance or inadequate response to an adequate trial of immediate-release oxybutynin.				

Clinical Notes:
1. Requests for the treatment of stress incontinence will not be considered.
2. Not to be used in combination with other pharmacological treatments of OAB.

Claim Note:
- If the patient has had a claim for oxybutynin in the previous 24 months, the adjudication system will recognize this information and the claim for mirabegron will be automatically reimbursed without the need for a written special authorization request.

Dasabuvir + Ombitasvir/ Paritaprevir/ Ritonavir (Holkira™ Pak)

250mg + 12.5mg/75mg/50mg film-coated tablets	02436027	ABV	(SA)	MLP

For the treatment of chronic hepatitis C genotype 1 infection in adult patients.

Genotype 1 Patient Population	Approval period
Treatment naïve and experienced genotype 1b, non-cirrhotic*	12 weeks
Treatment naïve and experienced genotype 1a, non-cirrhotic	12 weeks in combination with RBV
Treatment naïve and experienced genotype 1b, cirrhotic	12 weeks in combination with RBV
Treatment naïve and experienced (prior relapsers and prior partial responders) genotype 1a, cirrhotic	12 weeks in combination with RBV
Treatment experienced genotype 1a, with cirrhosis AND who have had a previous null response to PegIFN and RBV	24 weeks in combination with RBV

*Holkira Pak with ribavirin (RBV) is recommended in patients with an unknown genotype 1 subtype or with mixed genotype 1 infection.

Patients must also meet all of the following criteria:
1. Prescribed by a hepatologist, gastroenterologist or an infectious disease specialist (or other physician experienced in treating hepatitis C).
2. Lab-confirmed hepatitis C genotype 1, subtype 1a or 1b required.
3. Patient has a quantitative HCV RNA value within the last 6 months.
4. Fibrosis stage F2 or greater (Metavir scale or equivalent).

Exclusion Criteria:
- Patients currently being treated with another HCV antiviral agent.
- Patients who have received a previous treatment course of Holkira Pak (re-treatment requests will not be considered).
- Decompensated patients.
- Patients with a hepatitis C infection with a genotype other than 1a or 1b.
- Patients who have received previous NS3/4A protease inhibitor-based regimens (i.e. boceprevir, telaprevir and simeprevir based regimens).

- Patients who have received previous sofosbuvir-based regimens (including ledispavir/sofosbuvir).

Clinical notes:
1. Treatment-experienced patients are patients who have previously been treated with peginterferon / ribavirin (PegIFN/RBV) regimen, including regimens containing HCV protease inhibitors and did not receive adequate response.
2. Compensated cirrhosis is defined as cirrhosis with a Child Pugh Score = A (5-6).
3. HIV-HCV co-infected patients may be considered as per criteria listed above.
4. For patients who require RBV (Moderiba™) as outlined above, it will be provided at no cost through AbbVie Care when prescribed in combination with Holkira Pak. RBV will not be covered by New Brunswick Drug Plans. Please contact AbbVie Care for more information at 1-844-471-CARE (2273).

Claim notes:
- Requests will be considered for individuals enrolled in Plans ADEFGV.
- 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

Product	Strength	DIN	MFR	Plans	Cost Base
New Indication					
Apixaban (Eliquis®)	2.5mg tablet 5mg tablet	02377233 02397714	BRI	(SA)	MLP

For the treatment of VTE (deep vein thrombosis (DVT) or pulmonary embolism (PE)).

Clinical Notes:
1. The recommended dose of apixaban for patients initiating DVT or PE treatment is 10mg twice daily for 7 days, followed by 5 mg twice daily.
2. Drug plan coverage for apixaban is an alternative to heparin/warfarin for up to 6 months. When used for greater than 6 months, apixaban 2.5mg twice daily is more costly than heparin/warfarin. As such, patients with an intended duration of therapy greater than 6 months should be considered for initiation on heparin/warfarin.
3. Since renal impairment can increase bleeding risk, it is important to monitor renal function regularly. Other factors that increase bleeding risks should also be assessed and monitored (see product monograph).

Claim Note:
- Approval Period: Up to 6 months

Enoxaparin (Lovenox® and Lovenox® HP)	See NB Drug Plans Formulary or MLP List for products			(SA)	MLP

For the prophylaxis of venous thromboembolism (VTE) post abdominal or pelvic surgery for management of a malignant tumor for up to 28 days.

Enzalutamide (Xtandi®)	40mg capsule	02407329	ASL	(SA)	MLP

For the treatment of patients with metastatic castration-resistant prostate cancer who:

- are asymptomatic or mildly symptomatic after failure of androgen depravation therapy and have not received prior chemotherapy, or
- have progressed on docetaxel-based chemotherapy and would be an alternative to abiraterone for patients in the post-docetaxel setting.

Clinical Notes:

1. Patient must have no risk factors for seizures.
2. When used as first line treatment, patient must have an ECOG performance status < 1.
3. When used as second line treatment, patient must have an ECOG performance status ≤2.
4. Will not be reimbursed in combination with abiraterone.

New Strength Dalteparin (Fragmin®)	3,500IU/0.28mL pre-filled syringe	02430789	PFI	W (SA)	MLP

Refer to the NB Drug Plans Formulary for the special authorization criteria.

Drugs Reviewed and Not Listed

The review of the following products found that they did not offer a significant therapeutic and/or cost advantage over existing therapies. Requests for special authorization will not be considered.

Product	Strength	Indication	DIN	MFR
Hydrocortisone / Urea (Dermaflex® HC)	1% / 10% cream 1% / 10% lotion	Minor skin irritations and itching	00681989 00681997	PAL
Rotigotine (Neupro®)	1mg transdermal system (patch)	Parkinson's disease	02403897	UCB
	2mg transdermal system (patch)		02403900	
	3mg transdermal system (patch)		02403919	
	4mg transdermal system (patch)		02403927	
	6mg transdermal system (patch)		02403935	
	8mg transdermal system (patch)		02403943	

Bulletin #915 October 30, 2015

NB Drug Plans Formulary Update

Please find attached a list of **generic drug product updates** for the New Brunswick Drug Plans Formulary.

Generic drug product additions

- New generic products will be reimbursed up to the category Maximum Allowable Price (MAP) effective October 30, 2015.
- The original brand product will be reimbursed at the new category MAP effective November 23, 2015. Prior to November 23, 2015 the original brand product will be reimbursed up to the higher MAP indicated on the attached list.

Generic drug price changes

- Products listed prior to October 30, 2015 will be reimbursed up to the new category MAP effective November 23, 2015. Prior to November 23, 2015 products in the category will be reimbursed up to the previous MAP.

Delisted generic drug products

- Manufacturers which did not confirm prices to the new lower MAP will have impacted products removed from the NB Drug Plans Formulary effective November 23, 2015.

To unsubscribe from the NB Drug Plans emailed announcements, please send a message to info@nbdrugs-medicamentsnb.ca. The Updates are available on the NBPDP webpage: http://www.gnb.ca/0212/BenefitUpdates-e.asp

Generic Drug Product Additions
Ajouts de médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Anastrozole							
Tab Co.	Orl	1mg	Anastrozole	2442736	SAS	ADEFVW	1.2729
Dutasteride Dutastéride							
Cap Caps	Orl	0.5mg	Dutasteride	2443058	SAS	ADEFGVW	0.4205
Gliclazide							
ERT Co.L.P.	Orl	30mg	Mylan-Gliclazide MR	2438658	MYL	ADEFGVW	0.0931
Lamivudine/Zidovudine							
Tab Co.	Orl	150mg/300mg	Auro-Lamivudine/Zidovudine	2414414	ARO	DU	2.6103
Latanoprost/Timolol							
Liq Liq	Oph	0.005%/0.5%	Act Latanoprost/Timolol	2436256	ATV	ADEFGVW	4.4268
Montelukast Montélukast							
TabC Co.C.	Orl	5mg	Auro-Montelukast Chewable	2422875	ARO	(SA)	0.4280
Olanzapine							
Tab Co.	Orl	2.5mg	Jamp-Olanzapine FC	2417243	JPC	W (SA)	0.3189
		5mg	Jamp-Olanzapine FC	2417251	JPC	W (SA)	0.6379
		7.5mg	Jamp-Olanzapine FC	2417278	JPC	W (SA)	0.9568
		10mg	Jamp-Olanzapine FC	2417286	JPC	W (SA)	1.2758
		15mg	Jamp-Olanzapine FC	2417294	JPC	W (SA)	1.9136
Pregabalin Prégabaline							
Cap Caps	Orl	25mg	Auro-Pregabalin	2433869	ARO	W (SA)	0.2058
		50mg	Auro-Pregabalin	2433877	ARO	W (SA)	0.3228
		75mg	Auro-Pregabalin	2433885	ARO	W (SA)	0.4176
		150mg	Auro-Pregabalin	2433907	ARO	W (SA)	0.5757

Generic Drug Product Additions
Ajouts de médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Solifenacin Solifénacine							
Tab Co.	Orl	5mg	Act Solifenacin Sandoz Solifenacin	2422239 2399032	ATV SDZ	(SA)	0.4223
		10mg	Act Solifenacin Sandoz Solifenacin	2422247 2399040	ATV SDZ	(SA)	0.4223
Temozolomide Témozolomide							
Cap Caps	Orl	5mg	Temodal Act Temozolomide Taro-Temozolomide	2241093 2441160 2443473	FRS ATV TAR	(SA)	7.8000 3.9000
		20mg	Taro-Temozolomide	2443481	TAR	(SA)	15.6000
		100mg	Taro-Temozolomide	2443511	TAR	(SA)	78.0030
		140mg	Taro-Temozolomide	2443538	TAR	(SA)	109.2050
		250mg	Taro-Temozolomide	2443554	TAR	(SA)	195.0020
Valacyclovir							
Tab Co.	Orl	500mg	Valtrex Apo-Valacyclovir Co Valacyclovir Jamp-Valacyclovir Mar-Valacyclovir Mylan-Valacyclovir pms-Valacyclovir Sandoz Valacyclovir Teva-Valacyclovir	2219492 2295822 2331748 2441454 2441586 2351579 2298457 2347091 2357534	GSK APX ATV JPC MAR MYL PMS SDZ TEV	ADEFGVW	3.4437 0.8481

Generic Drug Price Changes
Changements de prix des médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Lamivudine/Zidovudine							
Tab	Orl	150mg/300mg	Apo-Lamivudine/Zidovudine	2375540	APX	DU	2.6103
Co.			Teva-Lamivudine/Zidovudine	2387247	TEV		
Latanoprost/Timolol							
Liq	Oph	0.005%/0.5%	Apo-Latanoprost-Timop	2414155	APX		
Liq			GD-Latanoprost/Timolol	2373068	GMD	ADEFGVW	4.4268
			Sandoz Latanoprost/Timolol	2394685	SDZ		
Montelukast Montélukast							
TabC	Orl	5mg	Apo-Montelukast	2377616	APX		
Co.C.			Mar-Montelukast	2399873	MAR		
			Montelukast	2379325	SAS		
			pms-Montelukast	2354985	PMS	(SA)	0.4280
			Ran-Montelukast	2402807	RAN		
			Sandoz Montelukast	2330393	SDZ		
			Teva-Montelukast	2355515	TEV		
Solifenacin Solifénacine							
Tab	Orl	5mg	Teva-Solifenacin	2397900	TEV	(SA)	0.4223
Co.							
		10mg	Teva-Solifenacin	2397919	TEV	(SA)	0.4223
Temozolomide Témozolomide							
Cap	Orl	20mg	Act Temozolomide	2395274	ATV	(SA)	15.6000
Caps							
		100mg	Act Temozolomide	2395282	ATV	(SA)	78.0030
		140mg	Act Temozolomide	2395290	ATV	(SA)	109.2050
		250mg	Act Temozolomide	2395312	ATV	(SA)	195.0020

Delisted Generic Drug Products
Produits génériques retirés du formulaire

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes
Montelukast Montélukast						
TabC Co.C.	Orl	5mg	Mint-Montelukast	2408635	MNT	
			Montelukast	2382466	SIV	(SA)
			Mylan-Montelukast	2380757	MYL	

Bulletin #916 November 24, 2015

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective November 24, 2015.

Included in this bulletin:

- Regular Benefit Additions
- Special Authorization Benefit Additions
- Changes to Existing Special Authorization Benefits
- Smoking Cessation Therapies

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

To unsubscribe from the NB Drug Plans Formulary emailed announcements, please send a message to info@nbdrugs-medicamentsnb.ca. The Updates are available on the NBPDP webpage: http://www.gnb.ca/0212/BenefitUpdates-e.asp.

Regular Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Brinzolamide / Brimonidine (Simbrinza®)	1% / 0.2% ophthalmic suspension	02435411	ALC	ADEFGV	MLP

Special Authorization Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Stiripentol (Diacomit™)	250mg capsule 500mg capsule 250mg powder for suspension 500mg powder for suspension	02398958 02398966 02398974 02398982	BOX	(SA)	MLP

For use in combination with clobazam and valproate as adjunctive therapy of refractory generalized tonic-clonic seizures in patients with severe myoclonic epilepsy in infancy (Dravet syndrome), whose seizures are not adequately controlled with clobazam and valproate alone.

Clinical Note:

- The patient must be under the care of a neurologist or a pediatrician.

Changes to Existing Special Authorization Benefits

Product	Strength	DIN	MFR	Plans	Cost Base
New Indication Duloxetine (Cymbalta®)	30mg capsule 60mg capsule	02301482 02301490	LIL	(SA)	MLP

Major Depressive Disorder
For the treatment of major depressive disorder in patients 18 years and older, who have failed treatment with at least one less costly antidepressant.

Claim Note:

- The maximum dose reimbursed is 60mg daily.

Smoking Cessation Therapies

The New Brunswick Drug Plans is expanding the coverage of smoking cessation therapies.

A maximum of 12 weeks of standard therapy will be reimbursed annually without special authorization (SA) for either:

Option 1: Non-Nicotine Smoking Cessation Therapies

Product	Strength	DIN	Drug Cost	Maximum Quantity without SA
Bupropion SR				
Zyban®	150mg	02238441	MLP	168 tablets
or				
Varenicline				
Champix®	0.5mg	02291177	MLP	168 tablets
Champix®	1mg	02291185	MLP	
Champix® Starter Kit	0.5mg/1mg	02298309	MLP	

or

Option 2: Nicotine Replacement Therapies

Product	Strength	NPN	Drug Cost	Maximum Quantity without SA
Gum	2mg	See the NB Drug Plans Formulary or MAP list for products	MAP	945 pieces
Patch	7mg		MAP	84 patches
	14mg		MAP	
	21mg		MAP	

Only those products for which prices have been confirmed are eligible benefits.

Please refer to the NB Drug Plans webpage in the section titled “Information for Health Care Professionals”, for more details on the coverage of smoking cessation therapies.

Bulletin #917 November 27, 2015

NB Drug Plans Formulary Update

Please find attached a list of **generic drug product updates** for the New Brunswick Drug Plans Formulary.

Generic drug product additions

- New generic products will be reimbursed up to the category Maximum Allowable Price (MAP) effective November 27, 2015.
- The original brand product will be reimbursed at the new category MAP effective December 18, 2015. Prior to December18, 2015 the original brand product will be reimbursed up to the higher MAP indicated on the attached list.

Generic drug price changes

- Products listed prior to November 27, 2015 will be reimbursed up to the new category MAP effective December 18, 2015. Prior to December 18, 2015 products in the category will be reimbursed up to the previous MAP.

Delisted generic drug products

- Manufacturers which did not confirm prices to the new lower MAP will have impacted products removed from the NB Drug Plans Formulary effective December 18, 2015.

To unsubscribe from the NB Drug Plans emailed announcements, please send a message to info@nbdrugs-medicamentsnb.ca. The Updates are available on the NBPDP webpage: http://www.gnb.ca/0212/BenefitUpdates-e.asp

Generic Drug Product Additions
Ajouts de médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Repaglinide							
Tab Co.	Orl	0.5mg	Auro-Repaglinide	2424258	ARO	(SA)	0.0808
		1mg	Auro-Repaglinide	2424266	ARO	(SA)	0.0840
		2mg	Auro-Repaglinide	2424274	ARO	(SA)	0.0873
Rivastigmine							
Cap Caps	Orl	1.5mg	Med-Rivastigmine	2401614	GMD	(SA)	0.6515
		3mg	Med-Rivastigmine	2401622	GMD	(SA)	0.6515
		4.5mg	Med-Rivastigmine	2401630	GMD	(SA)	0.6515
		6mg	Med-Rivastigmine	2401649	GMD	(SA)	0.6515
Rizatriptan							
Tab Co.	Orl	5mg	Jamp-Rizatriptan IR	2429233	JPC	(SA)	3.7050
		10mg	Jamp-Rizatriptan IR	2429241	JPC	(SA)	3.7050
ODT Co.D.O.	Orl	5mg	Rizatriptan ODT	2442906	SAS	(SA)	3.7050
		10mg	Rizatriptan ODT	2442914	SAS	(SA)	3.7050
Solifenacin Solifénacine							
Tab Co.	Orl	5mg	pms-Solifenacin	2417723	PMS	(SA)	0.4223
		10mg	pms-Solifenacin	2417731	PMS	(SA)	0.4223
Tolterodine Toltérodine							
ERC Caps.L.P.	Orl	2mg	Detrol LA	2244612	PFI	(SA)	1.9877
			Mylan-Tolterodine ER	2404184	MYL		1.4733
		4mg	Detrol LA	2244613	PFI	(SA)	1.9877
			Mylan-Tolterodine ER	2404192	MYL		1.4733
Valganciclovir							
Tab Co.	Orl	450mg	Auro-Valganciclovir	2435179	ARO	(SA)	5.8553

Generic Drug Price Changes
Changements de prix des médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Repaglinide							
Tab Co.	Orl	0.5mg	Act-Repaglinide	2321475	ATV	(SA)	0.0808
			pms-Repaglinide	2354926	PMS		
			Sandoz Repaglinide	2357453	SDZ		
		1mg	Act-Repaglinide	2321483	ATV	(SA)	0.0840
			pms-Repaglinide	2354934	PMS		
			Sandoz Repaglinide	2357461	SDZ		
		2mg	Act-Repaglinide	2321491	ATV	(SA)	0.0873
			pms-Repaglinide	2354942	PMS		
			Sandoz Repaglinide	2357488	SDZ		
Rizatriptan							
Tab Co.	Orl	5mg	Apo-Rizatriptan	2393468	APX	(SA)	3.7050
			Jamp-Rizatriptan	2380455	JPC		
		10mg	Act-Rizatriptan	2381702	ATV	(SA)	3.7050
			Apo-Rizatriptan	2393476	APX		
			Jamp-Rizatriptan	2380463	JPC		
			Mar-Rizatriptan	2379678	MAR		
Valganciclovir							
Tab Co.	Orl	450mg	Apo-Valganciclovir	2393824	APX	(SA)	5.8553
			Teva-Valganciclovir	2413825	TEV		

Delisted Generic Drug Products
Produits génériques retirés du formulaire

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes
Repaglinide						
Tab Co.	Orl	0.5mg	Apo-Repaglinide	2355663	APX	(SA)
		1mg	Apo-Repaglinide	2355671	APX	(SA)
		2mg	Apo-Repaglinide	2355698	APX	(SA)
Rizatriptan						
Tab Co.	Orl	5mg	Mar-Rizatriptan	2379651	MAR	(SA)

Bulletin #918 December 18, 2015

NB Drug Plans Formulary Update

Please find attached a list of **generic drug product updates** for the New Brunswick Drug Plans Formulary.

Generic drug product additions

- New generic products will be reimbursed up to the category Maximum Allowable Price (MAP) effective December 18, 2015.
- The original brand product will be reimbursed at the new category MAP effective January 8, 2016. Prior to January 8, 2016 the original brand product will be reimbursed up to the higher MAP indicated on the attached list.

To unsubscribe from the NB Drug Plans emailed announcements, please send a message to info@nbdrugs-medicamentsnb.ca. The Updates are available on the NBPDP webpage: http://www.gnb.ca/0212/BenefitUpdates-e.asp

Generic Drug Product Additions
Ajouts de médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Azithromycin Azithromycine							
Tab Co.	Orl	250mg	Azithromycin	2442434	SIV	ABDEFGVW	1.2313
Calcitriol							
Cap Caps	Orl	0.25mcg	Rocaltrol Calcitriol-Odan	481823 2431637	HLR ODN	ADEFGVW	0.9364 0.6960
Clarithromycin Clarithromycine							
Tab Co.	Orl	250mg	Clarithromycin	2442469	SIV	ABDEFGVW	0.4122
Clonazepam Clonazépam							
Tab Co.	Orl	0.5mg	Clonazepam	2442035	SIV	ADEFGVW	0.0496
		2mg	Clonazepam	2442051	SIV	ADEFGVW	0.0854
Enalapril Énalapril							
Tab Co.	Orl	2.5mg	Enalapril	2442957	SIV	ADEFGVW	0.1919
		5mg	Enalapril	2442965	SIV	ADEFGVW	0.2270
		10mg	Enalapril	2442973	SIV	ADEFGVW	0.2727
		20mg	Enalapril	2442981	SIV	ADEFGVW	0.3291
Metoprolol Métoprolol							
Tab Co.	Orl	50mg	Metoprolol-L	2442124	SIV	ADEFGVW	0.0639
		100mg	Metoprolol-L	2442132	SIV	ADEFGVW	0.1394
Moxifloxacin Moxifloxacine							
Tab Co.	Orl	400mg	Avelox Auro-Moxifloxacin Jamp-Moxifloxacin Teva-Moxifloxacin	2242965 2432242 2443929 2375702	BAY ARO JPC TEV	VW(SA)	6.0920 1.5230
Naltrexone							
Tab Co.	Orl	50mg	Revia Apo-Naltrexone	2213826 2444275	TEV APX	(SA)	5.6150 4.7728
Nevirapine Névirapine							
ERT Co.L.P.	Orl	400mg	Viramune XR Apo-Nevirapine XR	2367289 2427931	BOE APX	DU	2.4690 1.8519

Generic Drug Product Additions
Ajouts de médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Ondansetron Ondansétron							
ODT Co.D.O	Slg	4mg	Sandoz Ondansetron ODT	2444674	SDZ	(SA)	3.2720
		8mg	Sandoz Ondansetron ODT	2444682	SDZ	(SA)	4.9930
Pantoprazole magnesium Pantoprazole magnésien							
ECT Co.Ent	Orl	40mg	Tecta	2267233	TAK	ABDEFGVW	0.7500
			Pantoprazole Magnesium	2441853	APR		
			Mylan-Pantoprazole T	2408570	MYL		0.1875
			Teva-Pantoprazole Magnesium	2440628	TEV		
Pregabalin Prégabaline							
Cap Caps	Orl	25mg	Jamp-Pregabalin	2435977	JPC	W (SA)	0.2058
		50mg	Jamp-Pregabalin	2435985	JPC	W (SA)	0.3228
		75mg	Jamp-Pregabalin	2435993	JPC	W (SA)	0.4176
		150mg	Jamp-Pregabalin	2436000	JPC	W (SA)	0.5757
		300mg	Jamp-Pregabalin	2436019	JPC	W (SA)	0.5757
Valacyclovir							
Tab Co.	Orl	500mg	Auro-Valacyclovir	2405040	ARO	ADEFGVW	0.8481
			Valacyclovir	2442000	SIV		

Bulletin # 919

December 21, 2015

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective December 21, 2015.

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.

To unsubscribe from the NB Drug Plans Formulary emailed announcements, please send a message to info@nbdrugs-medicamentsnb.ca. The Updates are available on the NBPDP webpage: http://www.gnb.ca/0212/BenefitUpdates-e.asp.

Regular Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Salbutamol/Ipratropium bromide (Combivent® Respimat®)	20mcg/100mcg inhalation solution	02419106	BOE	ADEFGVW	MLP
Special authorization no longer required					
Tizanidine (Zanaflex®) and generic brands	4mg tablet	See NB Drug Plans Formulary or MAP List for products		ADEFGV	MAP

Special Authorization Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Formoterol / Aclidinium bromide (Duaklir™ Genuair®)	12mcg/400mcg powder for inhalation	02439530	AZE	(SA)	MLP

For the treatment of moderate to severe chronic obstructive pulmonary disease (COPD), as defined by spirometry, in patients with an inadequate response to a long-acting beta-2 agonist (LABA) or long-acting anticholinergic (LAAC).

Clinical Notes:

- Moderate to severe COPD is defined by spirometry (post-bronchodilator) FEV_1 < 60% predicted and FEV_1/FVC ratio of < 0.70. Spirometry reports from any point in time will be accepted.

  If spirometry cannot be obtained, reasons must be clearly explained and other evidence regarding COPD severity must be provided for consideration (i.e. Medical Research Council (MRC) Dyspnea Scale score of at least Grade 3). MRC Grade 3 is described as: walks slower than people of same age on the level because of shortness of breath from COPD or has to stop for breath when walking at own pace on the level.

- Inadequate response is defined as persistent symptoms after at least 2 months of LABA or LAAC.

Umeclidinium (Incruse™ Ellipta®)	62.5mcg powder for inhalation	02423596	GSK	(SA)	MLP

Chronic Obstructive Pulmonary Disease
For the treatment of moderate to severe chronic obstructive pulmonary disease (COPD) as defined by spirometry, or in patients with an inadequate response to short acting bronchodilators.

See complete criteria on page 3

Changes to Existing Special Authorization Benefits

Revised Criteria – Drugs for COPD

The special authorization criteria for the listed long-acting beta-2 agonists (LABA), long-acting beta-2 agonists/inhaled corticosteroids (LABA/ICS), and long-acting anticholinergics (LAAC) for Chronic Obstructive Pulmonary Disease (COPD) have been revised as follows:

LABA	LABA/ICS	LAAC
Formoterol (Foradil®) Indacaterol (Onbrez® Breezhaler®) Salmeterol (Serevent® Diskus®) Salmeterol (Serevent® Diskhaler® Disk)	Formoterol/Budesonide (Symbicort® Turbuhaler®) Salmeterol/Fluticasone (Advair®) Salmeterol/Fluticasone (Advair® Diskus®) Vilanterol/Fluticasone (Breo® Ellipta®)	Aclidinium bromide (Tudorza® Genuair®) Glycopyrronium bromide (Seebri® Breezhaler®) Tiotropium bromide (Spiriva®)

Chronic Obstructive Pulmonary Disease
For the treatment of moderate to severe chronic obstructive pulmonary disease (COPD) as defined by spirometry, or in patients with an inadequate response to short acting bronchodilators.

- Combination therapy with a long-acting beta-2 agonist/inhaled corticosteroid (LABA/ICS) and a long acting anticholinergic (LAAC) inhalation device will be considered in patients with moderate to severe COPD, as defined by spirometry, a history of COPD exacerbation(s) and an inadequate response to LABA/ICS or LAAC.

Clinical Notes:

1. Moderate to severe COPD is defined by spirometry as a post bronchodilator FEV_1 < 60% predicted and FEV_1/FVC ratio of < 0.70. Spirometry reports from any point in time will be accepted.

   If spirometry cannot be obtained, reasons must be clearly explained and other evidence of COPD severity provided, i.e., Medical Research Council (MRC) Dyspnea Scale Score of at least Grade 3. MRC Grade 3 is described as: walks slower than people of same age on the level because of shortness of breath from COPD or has to stop for breath when walking at own pace on the level.

2. Inadequate response to short acting bronchodilators is defined as persistent symptoms, i.e., MRC of at least Grade 3, after at least 2 months of short acting bronchodilator at the following doses:
   - 8 puffs per day of short acting beta-2 agonist or
   - 12 puffs per day of ipratropium or
   - 6 puffs per day of ipratropium plus salbutamol combination product

   Inadequate response to LABA/ICS or LAAC is defined as persistent symptoms after at least 2 months of therapy.

3. COPD exacerbation is defined as an increase in symptoms requiring treatment with antibiotics and/or systemic (oral or intravenous) corticosteroids.

Claim Note:

- Combination therapy of single agent long-acting bronchodilators, i.e. long acting beta-2 agonist (LABA) and long acting anticholinergic (LAAC), will not be considered. Products which combine a LABA/LAAC in a single device are available as special authorization benefits with their own criteria.

Drugs Reviewed and Not Listed

The review of the following products found that they did not offer a significant therapeutic and/or cost advantage over existing therapies. Requests for special authorization will not be considered.

Product	Strength	Indication	DIN	MFR
Apremilast (Otezla®) Apremilast (Otezla®) Starter Kit	30mg tablet 10mg, 20mg and 30mg tablets	Plaque psoriasis	02434334 02434318	CEL
Azelastine/Fluticasone (Dymista®)	137mcg/50mcg nasal spray	Seasonal allergic rhinitis	02432889	MVL
Linaclotide (Constella™)	145mcg capsule 290mcg capsule	Irritable bowel syndrome	02417162 02417170	FLC

Bulletin #920 January 29, 2016

NB Drug Plans Formulary Update

Please find attached a list of **generic drug product updates** for the New Brunswick Drug Plans Formulary.

Generic drug product additions

- New generic products will be reimbursed up to the category Maximum Allowable Price (MAP) effective January 29, 2016.
- The original brand product will be reimbursed at the new category MAP effective February 19, 2016. Prior to February 19, 2016 the original brand product will be reimbursed up to the higher MAP indicated on the attached list.

Generic drug price changes

- Products listed on the NB Drug Plans Formulary prior to Janaury 29, 2016 will be reimbursed up to the new category MAP effective February 19, 2016. Prior to February 19, 2016 products in the category will be reimbursed up to the previous MAP.

Delisted generic drug products

- Manufacturers who did not confirm prices to the new lower MAP will have impacted products removed from the NB Drug Plans Formulary effective February 19, 2016.

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Generic Drug Product Additions
Ajouts de médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Indapamide							
Tab Co.	Orl	1.25mg	Indapamide	2445824	SAS	ADEFGVW	0.0745
		2.5mg	Indapamide	2445832	SAS	ADEFGVW	0.1218
Montelukast Montélukast							
TabC Co.C.	Orl	5mg	Montelukast	2382466	SIV	(SA)	0.4280
Moxifloxacin Moxifloxacine							
Tab Co.	Orl	400mg	Mar-Moxifloxacin	2447053	MAR	VW (SA)	1.5230
Ondansetron Ondansétron							
Liq Liq	Inj	2mg/mL	Jamp-Ondansetron (PF)	2420414	JPC	W	3.4552
Pantoprazole sodium Pantoprazole sodique							
ECT Co.Ent	Orl	40mg	Auro-Pantoprazole	2415208	ARO	(SA)	0.3628
Quinapril							
Tab Co.	Orl	5mg	GD-Quinapril	2290987	GMD	ADEFGVW	0.2278
		10mg	GD-Quinapril	2290995	GMD	ADEFGVW	0.2278
		20mg	GD-Quinapril	2291002	GMD	ADEFGVW	0.2278
		40mg	GD-Quinapril	2291010	GMD	ADEFGVW	0.2278
Rizatriptan							
ODT Co.D.O.	Orl	5mg	Nat-Rizatriptan ODT	2436604	NAT	(SA)	3.7050
		10mg	Nat-Rizatriptan ODT	2436612	NAT	(SA)	3.7050
Solifenacin Solifénacine							
Tab Co.	Orl	5mg	Jamp-Solifenacin Ran-Solifenacin	2424339 2437988	JPC RAN	(SA)	0.4223
		10mg	Jamp-Solifenacin Ran-Solifenacin	2424347 2437996	JPC RAN	(SA)	0.4223

Generic Drug Product Additions
Ajouts de médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Timolol/Dorzolamide							
Liq Liq	Oph	0.5%/2%	pms-Dorzolamide-Timolol	2442426	PMS	ADEFGV	1.9887
Tolterodine Toltérodine							
ERC Caps.L.P.	Orl	2mg	Sandoz Tolterodine LA Teva-Tolterodine LA	2413140 2412195	SDZ TEV	(SA)	0.4911
		4mg	Sandoz Tolterodine LA Teva-Tolterodine LA	2413159 2412209	SDZ TEV	(SA)	0.4911
Tab Co.	Orl	1mg	Detrol Mint-Tolterodine Teva-Tolterodine	2239064 2423308 2299593	PFI MNT TEV	(SA)	0.9938 0.4910
		2mg	Detrol Mint-Tolterodine Teva-Tolterodine	2239065 2423316 2299607	PFI MNT TEV	(SA)	0.9938 0.4910

Generic Drug Price Changes
Changements de prix des médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Ondansetron Ondansétron							
Liq Liq	Inj	2mg/mL	Ondansetron (PF)	2265524	TEV	W	3.4552
Quinapril							
Tab Co.	Orl	5mg	Apo-Quinapril	2248499	APX	ADEFGVW	0.2278
		10mg	Apo-Quinapril	2248500	APX	ADEFGVW	0.2278
		20mg	Apo-Quinapril	2248501	APX	ADEFGVW	0.2278
		40mg	Apo-Quinapril	2248502	APX	ADEFGVW	0.2278
Salbutamol							
Aem Aém	Inh	100mcg	Apo-Salvent CFC Free	2245669	APX	ABDEFGVW	0.0250
			Novo-Salbutamol HFA	2326450	TEV		
			Salbutamol HFA	2419858	SAS		
Timolol/Dorzolamide							
Liq Liq	Oph	0.5%/2%	Act Dorzotimolol	2404389	ATV	ADEFGV	1.9887
			Apo-Dorzo-Timop	2299615	APX		
			Sandoz Dorzolamide/Timolol	2344351	SDZ		
			Teva-Dorzotimol	2320525	TEV		
Tolterodine Toltérodine							
ERC Caps.L.P.	Orl	2mg	Mylan-Tolterodine ER	2404184	MYL	(SA)	0.4911
		4mg	Mylan-Tolterodine ER	2404192	MYL	(SA)	0.4911

Delisted Generic Drug Products
Produits génériques retirés du formulaire

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes
Ondansetron Ondansétron Liq Liq	Inj	2mg/mL	Ondansetron (PF)	2390019	MYL	W

Bulletin #921 February 26, 2016

NB Drug Plans Formulary Update

Please find attached a list of **generic drug product updates** for the New Brunswick Drug Plans Formulary.

Generic drug product additions

- New generic products will be reimbursed up to the category Maximum Allowable Price (MAP) effective February 26, 2016.
- The original brand product will be reimbursed at the new category MAP effective March 18, 2016. Prior to March 18, 2016 the original brand product will be reimbursed up to the higher MAP indicated on the attached list.

Generic drug price changes

- Products listed on the NB Drug Plans Formulary prior to February 26, 2016 will be reimbursed up to the new category MAP effective March 18, 2016. Prior to March 18, 2016 products in the category will be reimbursed up to the previous MAP.

Delisted generic drug products

- Manufacturers who did not confirm prices to the new lower MAP will have impacted products removed from the NB Drug Plans Formulary effective March 18, 2016.

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Generic Drug Product Additions
Ajouts de médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Diltiazem							
CDC Caps.L.C.	Orl	120mg	Diltiazem CD	2445999	SIV	ADEFGVW	0.3529
		180mg	Diltiazem CD	2446006	SIV	ADEFGVW	0.4684
		240mg	Diltiazem CD	2446014	SIV	ADEFGVW	0.6213
		300mg	Diltiazem CD	2446022	SIV	ADEFGVW	0.7766
Losartan							
Tab Co.	Orl	25mg	Septa-Losartan	2424967	SPT	ADEFGVW	0.3148
		50mg	Septa-Losartan	2424975	SPT	ADEFGVW	0.3148
		100mg	Septa-Losartan	2424983	SPT	ADEFGVW	0.3148
Moxifloxacin Moxifloxacine							
Tab Co.	Orl	400mg	Apo-Moxifloxacin Jamp-Moxifloxacin	2404923 2447061	APX JPC	VW (SA)	1.5230
Rizatriptan							
ODT Co.D.O.	Orl	5mg	Rizatriptan ODT	2446111	SIV	(SA)	3.7050
		10mg	Rizatriptan ODT	2446138	SIV	(SA)	3.7050
Timolol/Dorzolamide							
Liq Liq	Oph	0.5%/2%	Mint-Dorzolamide/Timolol	2443090	MNT	ADEFGV	1.9887
Zidovudine/Lamivudine/Abacavir							
Tab Co.	Orl	300mg/150mg/300mg	Trizivir Apo-Abacavir-Lamivudine-Zidovudine	2244757 2416255	VIV APX	DU	18.1898 13.6425
Zolmitriptan							
ODT Co.D.O.	Orl	2.5mg	Mint-Zolmitriptan ODT Septa-Zolmitriptan ODT	2419513 2428474	MNT SPT	(SA)	3.4313

Generic Drug Price Changes
Changements de prix des médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Hydroxychloroquine							
Tab Co.	Orl	200mg	Apo-Hydroxyquine	2246691	APX	ADEFGVW	0.1576
Timolol							
Dps Gttes	Oph	0.5%	Apo-Timop	755834	APX	ADEFGV	1.2145
			pms-Timolol	2083345	PMS		
			Sandoz Timolol	2166720	SDZ		
Zolmitriptan							
Tab Co.	Orl	2.5mg	Jamp-Zolmitriptan	2421623	JPC	(SA)	3.4292
			Mar-Zolmitriptan	2399458	MAR		
			Mylan-Zolmitriptan	2369036	MYL		
			pms-Zolmitriptan	2324229	PMS		
			Sandoz Zolmitriptan	2362988	SDZ		
			Teva-Zolmitriptan	2313960	TEV		
ODT Co.D.O.	Orl	2.5mg	Jamp-Zolmitriptan ODT	2428237	JPC	(SA)	3.4313
			Mylan-Zolmitriptan ODT	2387158	MYL		
			pms-Zolmitriptan ODT	2324768	PMS		
			Sandoz Zolmitriptan ODT	2362996	SDZ		
			Teva-Zolmitriptan OD	2342545	TEV		

Delisted Generic Drug Products
Produits génériques retirés du formulaire

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes
Diclofenac/Misoprostol Diclofénac/Misoprostol						
Tab Co.	Orl	50mg/200mcg	Act Diclo-Miso	2397145	ATV	ADEFGVW
		75mg/200mcg	Act Diclo-Miso	2397153	ATV	ADEFGVW
Hydroxychloroquine						
Tab Co.	Orl	200mg	Mylan-Hydroxychloroquine	2252600	MYL	ADEFGVW

Bulletin # 922 March 1, 2016

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective March 1, 2016.

Included in this bulletin:

- Regular Benefit Additions
- Special Authorization Benefit Additions
- Changes to Existing Special Authorization Benefits
- Drugs Reviewed and Not Listed
- REMINDER: Frequency of Dispensing and Payment Policy

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

To unsubscribe from the NB Drug Plans Formulary emailed announcements, please send a message to info@nbdrugs-medicamentsnb.ca. The Updates are available on the NBPDP webpage: http://www.gnb.ca/0212/BenefitUpdates-e.asp.

Regular Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Estradiol (Divigel®)	0.1% gel (0.25mg per packet) 0.1% gel (0.5mg per packet) 0.1% gel (1mg per packet)	02424924 02424835 02424843	TEV	ADEFGV	MLP
Trandolapril (Mavik®)	0.5mg capsule	02231457	BGP	ADEFGV	MLP

Special Authorization Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Eslicarbazepine (Aptiom™)	200mg tablet 400mg tablet 600mg tablet 800mg tablet	02426862 02426870 02426889 02426897	SNV	(SA)	MLP

For the adjunctive treatment of refractory partial-onset seizures in patients who are currently receiving two or more antiepileptic drugs, and have had an inadequate response or intolerance to at least three other antiepileptic drugs.

Claim Notes:

- The patient must be under the care of a physician experienced in the treatment of epilepsy.
- Any combination of lacosamide, perampanel or eslicarbazepine will not be reimbursed.

Product	Strength	DIN	MFR	Plans	Cost Base
Icatibant (Firazyr®)	30mg/3mL pre-filled syringe	02425696	SHI	(SA)	MLP

For the treatment of acute attacks of type I or type II hereditary angioedema (HAE) in adults with lab confirmed c1-esterase inhibitor deficiency if the following conditions are met:

- Non-laryngeal attacks of at least moderate severity, or
- Acute laryngeal attacks.

Clinical Notes:

1. Using more than three doses in a 24 hour period is not recommended.
2. The safety of more than eight injections per month has not been investigated in clinical trials.

Claim Notes:

- Must be prescribed by, or in consultation with, physicians experienced in the treatment of HAE.
- Coverage is limited to a single dose per attack.
- The maximum quantity that may be dispensed at one time is two doses.

Changes to Existing Special Authorization Benefits

Product	Strength	DIN	MFR	Plans	Cost Base
Revised Criteria					
Lacosamide (Vimpat®)	50mg film-coated tablet 100mg film-coated tablet 150mg film-coated tablet 200mg film-coated tablet	02357615 02357623 02357631 02357658	UCB	(SA)	MLP
Perampanel (Fycompa™)	2mg tablet 4mg tablet 6mg tablet 8mg tablet 10mg tablet 12mg tablet	02404516 02404524 02404532 02404540 02404559 02404567	EIS	(SA)	MLP

For the adjunctive treatment of refractory partial-onset seizures in patients who are currently receiving two or more antiepileptic drugs, and who have had an inadequate response or intolerance to at least three other antiepileptic drugs.

Claim Notes:

- The patient must be under the care of a physician experienced in the treatment of epilepsy.
- Any combination of lacosamide, perampanel or eslicarbazepine will not be reimbursed.

Drugs Reviewed and Not Listed

The review of the following products found that they did not offer a significant therapeutic and/or cost advantage over existing therapies. Requests for special authorization will not be considered.

Product	Strength	Indication	DIN	MFR
Fusidic acid (Fucithalmic®)	1% ophthalmic drops 1% ophthalmic drops (PF)	Conjunctivitis	02243862 02243861	MTP

REMINDER: Frequency of Dispensing and Payment Policy

As outlined in the Frequency of Dispensing and Payment Policy, pharmacies are eligible for one dispensing fee every 28 days or more for drugs taken continuously. The policy permits exceptions but they must be documented. In order to avoid an audit recovery, pharmacies must complete and retain all documents required by the policy, and must have them readily available for audit purposes.

- The appropriate Frequent Dispensing Authorization Form must be completed:
  - For daily dispensing, the pharmacy must complete the "Frequent Dispensing Authorization Form for Daily Dispensing". Because the form is valid for one month, a new form must be completed each month.
  - In cases where the patient's drug therapy cannot be managed when dispensed as a 28-day supply, but daily dispensing is not required, the pharmacy must complete the "Frequent Dispensing Authorization Form for Less Than 28 Day Supply". The form is valid for one year.

- The Frequent Dispensing Authorization Form must include:
  - Patient's name and the Plan ID number
  - Rationale for frequent or daily dispensing, including any supporting details
  - List of all applicable drugs
  - Signature of the pharmacist

- Frequent Dispensing Authorization Forms must be retained by the pharmacy in compliance with the *Pharmacy Act*/Regulations, and related bylaws/guidelines. The forms must be available for audit purposes.

- Frequent Dispensing Authorization Forms completed after a pharmacy has been notified of an audit will not be accepted. All forms must be provided during the auditor's on-site visit. **There will be no opportunity to provide these at a later date.**

- Documentation is still required when frequent dispensing has been prescribed or requested by a physician.

Exceptions are not permitted for drugs dispensed to patients living in nursing homes, special care homes or adult residential facilities whose drugs are managed for them, regardless if weekly dispensing has been prescribed or requested.

Payments made for dispensing fees that do not comply with this policy are subject to audit and recovery. Please review the full policy at:
http://www2.gnb.ca/content/gnb/en/departments/health/MedicarePrescriptionDrugPlan/NBDrugPlan/ForHealthCareProfessionals/FrequencyDispensingPaymentPolicy.html

Bulletin #923 March 31, 2016

NB Drug Plans Formulary Update

Please find attached a list of **generic drug product updates** for the New Brunswick Drug Plans Formulary.

Generic drug product additions

- New generic products will be reimbursed up to the category Maximum Allowable Price (MAP) effective March 31, 2016.
- The original brand product will be reimbursed at the new category MAP effective April 21, 2016. Prior to April 21, 2016 the original brand product will be reimbursed up to the higher MAP indicated on the attached list.

Delisted generic drug products

- Manufacturers who did not confirm prices to the new lower MAP will have impacted products removed from the NB Drug Plans Formulary effective April 21, 2016.

To unsubscribe from the NB Drug Plans emailed announcements, please send a message to info@nbdrugs-medicamentsnb.ca. The Updates are available on the NBPDP webpage: http://www.gnb.ca/0212/BenefitUpdates-e.asp

Generic Drug Product Additions
Ajouts de médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Citalopram							
Tab Co.	Orl	10mg	Mint-Citalopram	2429691	MNT	ADEFGVW	0.1432
		20mg	Mint-Citalopram	2429705	MNT	ADEFGVW	0.2397
		40mg	Mint-Citalopram	2429713	MNT	ADEFGVW	0.2397
Galantamine							
ERC Caps.L.P.	Orl	8mg	Galantamine ER	2443015	SAS	(SA)	1.1475
		16mg	Galantamine ER	2443023	SAS	(SA)	1.1475
		24mg	Galantamine ER	2443031	SAS	(SA)	1.1475
Hydroxychloroquine							
Tab Co.	Orl	200mg	Mint-Hydroxychloroquine	2424991	MNT	ADEFGVW	0.1576
Hypertonic Sodium Chloride Chlorure de Sodium, Hypertonique							
Liq	Inh	7%	Hyper-Sal	80029414	KEG	BDEFG	0.2458
Liq			Nebusal	80029758	STR	BDEFG	0.2213
Montelukast Montélukast							
TabC Co.C.	Orl	4mg	Jamp-Montelukast	2442353	JPC	(SA)	0.3646
		5mg	Jamp-Montelukast	2442361	JPC	(SA)	0.4280
Telmisartan/Hydrochlorothiazide							
Tab Co.	Orl	80mg/12.5mg	Apo-Telmisartan/HCTZ	2420023	APX	ADEFGVW	0.2824
		80mg/25mg	Apo-Telmisartan/HCTZ	2420031	APX	ADEFGVW	0.2824

Delisted Generic Drug Products
Produits génériques retirés du formulaire

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes
Captopril						
Tab Co.	Orl	12.5mg	Apo-Capto	893595	APX	ADEFGVW
		25mg	Apo-Capto	893609	APX	ADEFGVW
		50mg	Apo-Capto	893617	APX	ADEFGVW
		100mg	Apo-Capto	893625	APX	ADEFGVW
Clobazam						
Tab Co.	Orl	10mg	Apo-Clobazam	2244638	APX	ADEFGV
Metoprolol Métoprolol						
SRT Co.L.L.	Orl	100mg	Apo-Metoprolol SR	2285169	APX	ADEFGVW
		200mg	Apo-Metoprolol SR	2285177	APX	ADEFGVW
Naproxen Naproxène						
ECT Co.Ent	Orl	250mg	Apo-Naproxen EC	2246699	APX	ADEFGVW
Paroxetine Paroxétine						
Tab Co.	Orl	40mg	pms-Paroxetine	2293749	PMS	AEFGVW
Piroxicam						
Cap Caps	Orl	10mg	Apo-Piroxicam	642886	APX	ADEFGVW
		20mg	Apo-Piroxicam	642894	APX	ADEFGVW
Prazosin Prazosine						
Tab Co.	Orl	1mg	Apo-Prazo	882801	APX	ADEFGVW
		2mg	Apo-Prazo	882828	APX	ADEFGVW
		5mg	Apo-Prazo	882836	APX	ADEFGVW
Risperidone Rispéridone						
Liq Liq	Orl	1mg/mL	Apo-Risperidone	2280396	APX	ADEFGVW
Sucralfate						
Tab Co.	Orl	1g	Apo-Sucralfate	2125250	APX	ADEFGVW
Trazodone						
Tab Co.	Orl	150mg	Apo-Trazodone	2147653	APX	ADEFGVW

Bulletin # 924

April 4, 2016

NB Drug Plans Update

Changes to Prescriber Identification

The way in which prescribers are identified by the NB Drug Plans is changing. This change aligns with the ongoing implementation of the provincial Drug Information System (DIS) and the Prescription Monitoring Program (NB PMP). It also ensures prescribers will be identified by their license number, as required by the *Prescription Monitoring Act*.

Currently, a unique identification (ID) number is assigned to each prescriber by the NB Drug Plans. These prescriber IDs are included in prescription claims submitted by pharmacies for payment.

Effective May 3, 2016, the prescriber ID number assigned by the NB Drug Plans will no longer be used. Instead, prescription claims submitted to the NB Drug Plans must include the prescriber's license number, as well as the corresponding Prescriber ID Reference code which identifies their licensing body. These identifiers are already used for pharmacists when they are the prescriber and will be required to correctly identify physicians, nurse practitioners, dentists, and optometrists.

Cross Reference File

To assist with the change, a cross reference file listing current prescribers' assigned number and license number has been provided to pharmacy software vendors. The cross reference table may be accessed through the New Brunswick Health Portal (https://hpsdis.gnb.ca). If you do not already have access, contact privsectaccess@gnb.ca to request access.

How to Find License Numbers

As of May 3, 2016, the list of the assigned prescriber IDs will no longer be posted on the NB Drug Plans' webpage. If prescriber license numbers are not provided by a pharmacy software vendor, they can be obtained by accessing the Electronic Health Record (EHR), contacting the prescriber's office directly, or accessing the licensing body's webpage.

Default IDs for Unidentified Prescribers

NB Drug Plans currently use default prescriber IDs (e.g., 99999) to identify prescribers that do not have an assigned number. As of May 3, 2016, the current numbers will no longer be accepted by the NB Drug Plans as a default prescriber ID. Instead, the following default IDs will be used:

	Provider Type	Default ID	Prescriber ID Reference code
In Province	Dentist	D1	45
	Physician	D3	41
	Pharmacist	D5	46
	Nurse Practitioner	D7	48
	Optometrist	D9	47
Out-of-Province	Dentist	Information will be provided on the NB Drug Plans' webpage	
	Physician		
	Pharmacist		
	Nurse Practitioner		
	Optometrist		

Quantitative Limits

The existing prescriber ID numbers are used by prescribers when adjusting or overriding the quantitative limits of narcotics, controlled drugs and benzodiazepines covered by the NB Drug Plans. Given the change in prescriber IDs and implementation of DIS/PMP, the quantitative limits initiative in its current form will be discontinued. Therefore, pharmacies will no longer receive messages when a beneficiary is nearing or has reached a maximum amount for these drugs. Drug utilization will be reviewed by the NB Drug Plans.

Bulletin # 925

April 12, 2016

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective April 12, 2016.

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.

To unsubscribe from the NB Drug Plans Formulary emailed announcements, please send a message to info@nbdrugs-medicamentsnb.ca. The Updates are available on the NBPDP webpage: http://www.gnb.ca/0212/BenefitUpdates-e.asp.

Regular Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Lidocaine (Lidodan™ Jelly)	2% gel	02143879	ODN	AEFGV	MLP

Special Authorization Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Atomoxetine (Strattera®) and generic brands	10mg capsule 18mg capsule 25mg capsule 40mg capsule 60mg capsule 80mg capsule 100mg capsule	See NB Drug Plans MAP List for products		(SA)	MAP

For the treatment of Attention-Deficit Hyperactivity Disorder (ADHD) in patients for whom stimulant medications are ineffective, not tolerated or not appropriate due to contraindication or concern of substance abuse.

Claim Note:

- Requests will be considered from specialists in pediatric psychiatry, pediatricians or general practitioners with expertise in ADHD.

Bosutinib (Bosulif™)	100mg film-coated tablet 500mg film-coated tablet	02419149 02419157	PFI	(SA)	MLP

For the treatment of patients with chronic, accelerated or blast phase Philadelphia chromosome positive (Ph+) chronic myelogenous leukemia (CML) who:

- have resistance/disease progression after prior use of two tyrosine kinase inhibitors (TKIs) where bosutinib would be the third line therapy, or
- have resistance or intolerance to prior TKI therapy and for whom subsequent treatment with imatinib, nilotinib and dasatinib is not clinically appropriate.

Clinical Notes:

1. Patients must have an ECOG performance status of 0-2.
2. Patients may be considered inappropriate for dasatinib or nilotinib if they have a genetic mutation that predicts reduced efficacy or if patients have co-morbidities that may predispose them to a drug-related adverse event.

Certolizumab pegol (Cimzia®)	200mg/mL pre-filled syringe	02331675	UCB	(SA)	MLP

Ankylosing Spondylitis

- For the treatment of patients with moderate to severe ankylosing spondylitis (e.g. Bath AS Disease Activity Index (BASDAI) score ≥ 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 3 months 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 3 months 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 alone.

Claim Notes:
- Must be prescribed by a rheumatologist or internist.
- Combined use of more than one biologic DMARD will not be reimbursed
- Approvals will be for a maximum dose of 400mg at weeks 0, 2, and 4, then 200mg every 2 weeks (or 400mg every 4 weeks).
- Initial Approval: 6 months
- Renewal Approval: 1 year

Psoriatic Arthritis
- For the treatment of active psoriatic arthritis in patients who:
  - Have at least three active and tender joints, and
  - Have not responded to an adequate trial of two DMARDs or have an intolerance or contraindication to DMARDs.

Claim Notes:
- Must be prescribed by a rheumatologist.
- Combined use of more than one biologic DMARD will not be reimbursed.
- Approvals will be for a maximum dose of 400mg at weeks 0, 2, and 4, then 200mg every 2 weeks (or 400mg every 4 weeks)
- Initial Approval: 6 months
- Renewal Approval: 1 year. Confirmation of continued response is required.

Rheumatoid Arthritis
- For the treatment of severely active rheumatoid arthritis, in combination with methotrexate or other disease-modifying antirheumatic drugs (DMARDs), in adult patients who are refractory or intolerant to:
  - Methotrexate (oral or parenteral) at a dose of ≥ 20mg weekly (≥15mg if patient is ≥ 65 years of age) for a minimum of 12 weeks, followed by methotrexate in combination with at least two other DMARDs, such as hydroxychloroquine and sulfasalazine, for a minimum of 12 weeks; or
  - Initial use of triple DMARD therapy with methotrexate in combination with at least two other DMARDs such as hydroxychloroquine and sulfasalazine, for a minimum of 24 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. Optimal treatment response may take up to 6 months, however if no improvement is seen after 3 months of triple DMARD use, therapy should be changed.

3. If the patient is intolerant to triple DMARD therapy, then dual therapy with DMARDs (methotrexate, hydroxychloroquine, leflunomide, sulfasalazine) must be considered.
4. Refractory is defined as lack of effect at the recommended doses and for duration of treatments specified above.
5. Intolerant is defined as demonstrating serious adverse effects or contraindications to treatments as defined in product monographs. The nature of intolerance(s) must be clearly documented.

Claim Notes:
- Must be prescribed by a rheumatologist.
- Combined use of more than one biologic DMARD will not be reimbursed.
- Approvals will be for a maximum dose of 400mg at weeks 0, 2, and 4, then 200mg every 2 weeks (or 400mg every 4 weeks)
- Initial requests: 6 months
- Renewal Approval: 1 year. Confirmation of continued response is required.

Olodaterol/Tiotropium bromide (Inspiolto™ Respimat®)

2.5mcg/2.5mcg inhalation solution	02441888	BOE	(SA)	MLP

For the treatment of moderate to severe chronic obstructive pulmonary disease (COPD), as defined by spirometry, in patients with an inadequate response to a long-acting beta-2 agonist (LABA) or long-acting anticholinergic (LAAC).

Clinical Notes:
1. Moderate to severe COPD is defined by spirometry (post-bronchodilator) FEV1 < 60% predicted and FEV1/FVC ratio of < 0.70. Spirometry reports from any point in time will be accepted.

   If spirometry cannot be obtained, reasons must be clearly explained and other evidence regarding COPD severity must be provided for consideration (i.e. Medical Research Council (MRC) Dyspnea Scale score of at least Grade 3). MRC Grade 3 is described as: walks slower than people of same age on the level because of shortness of breath from COPD or has to stop for breath when walking at own pace on the level.

2. Inadequate response is defined as persistent symptoms after at least 2 months of LABA or LAAC.

Tiotropium bromide (Spiriva® Respimat®)

2.5mcg inhalation solution	02435381	BOE	(SA)	MLP

For the treatment of moderate to severe chronic obstructive pulmonary disease (COPD) as defined by spirometry, or in patients with an inadequate response to short acting bronchodilators.

- Combination therapy with a long-acting beta-2 agonist/inhaled corticosteroid (LABA/ICS) and a long acting anticholinergic (LAAC) inhalation device will be considered in patients with moderate to severe COPD, as defined by spirometry, a history of COPD exacerbation(s) and an inadequate response to LABA/ICS or LAAC.

Clinical Notes:

1. Moderate to severe COPD is defined by spirometry as a post bronchodilator FEV_1 < 60% predicted and FEV_1/FVC ratio of < 0.70. Spirometry reports from any point in time will be accepted.

   If spirometry cannot be obtained, reasons must be clearly explained and other evidence of COPD severity provided, i.e., Medical Research Council (MRC) Dyspnea Scale Score of at least Grade 3. MRC Grade 3 is described as: walks slower than people of same age on the level because of shortness of breath from COPD or has to stop for breath when walking at own pace on the level.

2. Inadequate response to short acting bronchodilators is defined as persistent symptoms, i.e., MRC of at least Grade 3, after at least 2 months of short acting bronchodilator at the following doses:
   - 8 puffs per day of short acting beta-2 agonist or
   - 12 puffs per day of ipratropium or
   - 6 puffs per day of ipratropium plus salbutamol combination product

   Inadequate response to LABA/ICS or LAAC is defined as persistent symptoms after at least 2 months of therapy.

3. COPD exacerbation is defined as an increase in symptoms requiring treatment with antibiotics and/or systemic (oral or intravenous) corticosteroids.

Claim Note:

- Combination therapy of single agent long-acting bronchodilators, i.e. long acting beta-2 agonist (LABA) and long acting anticholinergic (LAAC), will not be considered. Products which combine a LABA/LAAC in a single device are available as special authorization benefits with their own criteria.

Ulipristal (Fibristal™)	5mg tablet	02408163	ASP	(SA)	MLP

For the treatment of moderate to severe signs and symptoms of uterine fibroids in adult women of reproductive age who are eligible for surgery.

Claim Notes:

- The maximum quantity reimbursed is limited to three months per lifetime.
- The patient must be under the care of a physician experienced in the management of gynecological conditions such as uterine fibroids.

Changes to Existing Special Authorization Benefits

Product	Strength	DIN	MFR	Plans	Cost Base
New Indication					
Crizotinib (Xalkori®)	200mg capsule 250mg capsule	02384256 02384264	PFI	(SA)	MLP

- First-line therapy for patients with anaplastic lymphoma kinase (ALK)-positive non-small cell lung cancer (NSCLC) with an ECOG performance status of 0-2.
- Second-line therapy for patients with anaplastic lymphoma kinase (ALK)-positive advanced non-small cell lung cancer (NSCLC) with an ECOG performance status of 0-2.

Renewal Criteria:

- Requests for continued coverage will be considered if tumour regression continues or the disease is stable and cancer related symptoms have improved. Coverage will not be considered for "psychological" palliation of progressive disease.

Claim Notes:

- Initial approval period: 6 month trial
- Renewal period: 6 months

New Indication and Formulation

Tocilizumab (Actemra®)	162mg/0.9mL pre-filled syringe 02424770 80mg/4mL single-use vial 02350092 200mg/10mL single-use vial 02350106 400mg/20mL single-use vial 02350114	HLR	(SA)	MLP

Rheumatoid Arthritis

- For the treatment of severely active rheumatoid arthritis, in combination with methotrexate or other disease-modifying antirheumatic drugs (DMARDs), in adult patients who are refractory or intolerant to:
  - Methotrexate (oral or parenteral) at a dose of ≥ 20mg weekly (≥15mg if patient is ≥ 65 years of age) for a minimum of 12 weeks, followed by methotrexate in combination with at least two other DMARDs, such as hydroxychloroquine and sulfasalazine, for a minimum of 12 weeks; or
  - Initial use of triple DMARD therapy with methotrexate in combination with at least two other DMARDs such as hydroxychloroquine and sulfasalazine, for a minimum of 24 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. Optimal treatment response may take up to 6 months, however if no improvement is seen after 3 months of triple DMARD use, therapy should be changed.
3. If the patient is intolerant to triple DMARD therapy, then dual therapy with DMARDs (methotrexate, hydroxychloroquine, leflunomide, sulfasalazine) must be considered.
4. Refractory is defined as lack of effect at the recommended doses and for duration of treatments specified above.
5. Intolerant is defined as demonstrating serious adverse effects or contraindications to treatments as defined in product monographs. The nature of intolerance(s) must be clearly documented.

Claim Notes:

- Must be prescribed by a rheumatologist.
- Combined use of more than one biologic DMARD will not be reimbursed.
- Intravenous infusion: Initial approvals will be for 4mg/kg/dose every four weeks, with a maximum maintenance dose escalation up to 8mg/kg, to a maximum of 800mg per infusion for patients >100kg.
- Subcutaneous injection: Initial approvals will be for 162mg every other week for patients <100kg, with a maximum maintenance dose escalation to weekly dosing permitted. Patients ≥100kg will be approved for 162mg every week, with no dose escalation permitted.
- Initial Approval: 16 weeks
- Renewal Approval: 1 year. Confirmation of continued response is required.

Polyarticular Juvenile Idiopathic Arthritis

- For the treatment of children (age 2-17) with moderately to severely active polyarticular juvenile idiopathic arthritis (pJIA) who have had inadequate response to one or more disease-modifying antirheumatic drugs (DMARDs).

Claim Notes:

- Must be prescribed by, or in consultation with, a rheumatologist who is familiar with the use of biologic DMARDs in children.
- Intravenous infusion: Approvals will be for 10mg/kg for patients <30kg or 8mg/kg for patients ≥ 30kg, to a maximum of 800mg, administered every four weeks.
- Initial approval period: 16 weeks
- Renewal Approval: 1 year. Confirmation of continued response is required.

Systemic Juvenile Idiopathic Arthritis (sJIA)

- For the treatment of active systemic juvenile idiopathic arthritis (sJIA), in patients 2 years of age or older, who have responded inadequately to non-steroidal anti-inflammatory drugs (NSAIDs) and systemic corticosteroids (with or without methotrexate) due to intolerance or lack of efficacy.

Claim Notes:

- Must be prescribed by, or in consultation with, a rheumatologist, who is familiar with the use of biologic DMARDs in children.
- Intravenous infusion: Approvals will be for 12 mg/kg for patients < 30kg or 8 mg/kg for patients ≥ 30kg, to a maximum of 800mg, administered every two weeks.
- Initial approval period: 16 weeks
- Renewal Approval: 1 year. Confirmation of continued response is required.

Drugs Reviewed and Not Listed

The review of the following products found that they did not offer a significant therapeutic and/or cost advantage over existing therapies. Requests for special authorization will not be considered.

Product	Strength	Indication	DIN	MFR
Taliglucerase alfa (Elelyso®)	200 unit vial	Gaucher disease	02425637	PFI

Bulletin #926 April 29, 2016

NB Drug Plans Formulary Update

Please find attached a list of **generic drug product updates** for the New Brunswick Drug Plans Formulary.

Generic drug product additions

- New generic products will be reimbursed up to the category Maximum Allowable Price (MAP) effective April 29, 2016.
- The original brand product will be reimbursed at the new category MAP effective May 20, 2016. Prior to May 20, 2016 the original brand product will be reimbursed up to the higher MAP indicated on the attached list.

Generic drug price changes

- Products listed on the NB Drug Plans Formulary prior to April 29, 2016 will be reimbursed up to the new category MAP effective May 20, 2016. Prior to May 20, 2016 products in the category will be reimbursed up to the previous MAP.

To unsubscribe from the NB Drug Plans emailed announcements, please send a message to info@nbdrugs-medicamentsnb.ca. The Updates are available on the NBPDP webpage: http://www.gnb.ca/0212/BenefitUpdates-e.asp

Generic Drug Product Additions
Ajouts de médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Abacavir							
Tab Co.	Orl	300mg	Ziagen Apo-Abacavir	2240357 2396769	VIV APX	DU	7.1745 5.2241
Atomoxetine Atomoxétine							
Cap Caps	Orl	10mg	Sandoz Atomoxetine	2386410	SDZ	(SA)	1.4040
		18mg	Sandoz Atomoxetine	2386429	SDZ	(SA)	1.6093
		25mg	Sandoz Atomoxetine	2386437	SDZ	(SA)	1.7767
		40mg	Sandoz Atomoxetine	2386445	SDZ	(SA)	2.0250
		60mg	Sandoz Atomoxetine	2386453	SDZ	(SA)	2.2463
		80mg	Sandoz Atomoxetine	2386461	SDZ	(SA)	2.4246
		100mg	Sandoz Atomoxetine	2386488	SDZ	(SA)	2.6406
Citalopram							
Tab Co.	Orl	10mg	Citalopram	2445719	SAS	ADEFGVW	0.1432
Donepezil Donépézil							
Tab Co.	Orl	5mg	Septa-Donepezil	2428482	SPT	(SA)	0.8255
		10mg	Septa-Donepezil	2428490	SPT	(SA)	0.8255
Finasteride Finastéride							
Tab Co.	Orl	5mg	Finasteride	2447541	SIV	ADEFGVW	0.4633
Lamivudine/Abacavir							
Tab Co.	Orl	300mg/600mg	Kivexa	2269341	VIV	DU	24.6680
			Apo-Abacavir-Lamivudine	2399539	APX		
			Mylan-Abacavir/Lamivudine	2450682	MYL		5.9875
			Teva-Abacavir/Lamivudine	2416662	TEV		
Mefenamic Acid Acide méfénamique							
Cap Caps	Orl	250mg	Ponstan	155225	ERF	ADEFGVW	0.3990
Neostigmine Néostigmine							
Liq Liq	Inj	1mg/mL	Neostigmine Omega	2230592	OMG	V	1.0700
		2.5mg/mL	Neostigmine Omega	2387166	OMG	V	3.4300

Generic Drug Product Additions
Ajouts de médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Quetiapine Quétiapine							
Tab Co.	Orl	25mg	Mint-Quetiapine	2438003	MNT	ADEFGVW	0.0889
		100mg	Mint-Quetiapine	2438011	MNT	ADEFGVW	0.2372
		200mg	Mint-Quetiapine	2438046	MNT	ADEFGVW	0.4764
		300mg	Mint-Quetiapine	2438054	MNT	ADEFGVW	0.6953
Tobramycin Tobramycine							
Liq	Inh	300mg/5mL	Tobi	2239630	NVR	(SA)	11.2427
Liq			Tobramycin Inhalation Solution	2443368	SDZ		5.3242
Tolterodine Toltérodine							
Tab Co.	Orl	1mg	Apo-Tolterodine	2369680	APX	(SA)	0.2455
		2mg	Apo-Tolterodine	2369699	APX		0.2455

Generic Drug Price Changes
Changements de prix des médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Mefenamic Acid Acide méfénamique							
Cap Caps	Orl	250mg	Mefenamic	2229452	AAP	ADEFGVW	0.3990
Tolterodine Toltérodine							
Tab Co.	Orl	1mg	Mint-Tolterodine Teva-Tolterodine	2423308 2299593	MNT TEV	(SA)	0.2455
		2mg	Mint-Tolterodine Teva-Tolterodine	2423316 2299607	MNT TEV	(SA)	0.2455

Bulletin #927 May 31, 2016

NB Drug Plans Formulary Update

Please find attached a list of **generic drug product updates** for the New Brunswick Drug Plans Formulary.

Generic drug product additions

- New generic products will be reimbursed up to the category Maximum Allowable Price (MAP) effective May 31, 2016.
- The original brand product will be reimbursed at the new category MAP effective June 21, 2016. Prior to June 21, 2016 the original brand product will be reimbursed up to the higher MAP indicated on the attached list.

To unsubscribe from the NB Drug Plans emailed announcements, please send a message to info@nbdrugs-medicamentsnb.ca. The Updates are available on the NBPDP webpage: http://www.gnb.ca/0212/BenefitUpdates-e.asp

Generic Drug Product Additions
Ajouts de médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Atomoxetine Atomoxétine							
Cap Caps	Orl	80mg	Apo-Atomoxetine	2318075	APX	(SA)	2.4246
		100mg	Apo-Atomoxetine	2318083	APX	(SA)	2.6406
Calcitriol							
Cap Caps	Orl	0.5mcg	Rocaltrol	481815	HLR	ADEFGVW	1.4891
			Calcitriol-Odan	2431645	ODN		1.1168
Candesartan / Hydrochlorothiazide Candésartan / Hydrochlorothiazide							
Tab Co.	Orl	16mg/12.5mg	Auro-Candesartan HCT	2421038	ARO	ADEFGVW	0.2995
		32mg/12.5mg	Auro-Candesartan HCT	2421046	ARO	ADEFGVW	0.3008
		32mg/25mg	Auro-Candesartan HCT	2421054	ARO	ADEFGVW	0.3008
Duloxetine Duloxétine							
CDR Caps.L.R.	Orl	30mg	Cymbalta	2301482	LIL	(SA)	1.9254
			Apo-Duloxetine	2440423	APX		0.4814
			Auro-Duloxetine	2436647	ARO		
			Jamp-Duloxetine	2451913	JPC		
			Mar-Duloxetine	2446081	MAR		
			Mint-Duloxetine	2438984	MNT		
			pms-Duloxetine	2429446	PMS		
			Ran-Duloxetine	2438259	RAN		
			Sandoz Duloxetine	2439948	SDZ		
			Duloxetine	2453630	SIV		
			Duloxetine DR	2437082	TEV		
		60mg	Cymbalta	2301490	LIL	(SA)	3.9075
			Apo-Duloxetine	2440431	APX		0.9769
			Auro-Duloxetine	2436655	ARO		
			Jamp-Duloxetine	2451921	JPC		
			Mar-Duloxetine	2446103	MAR		
			Mint-Duloxetine	2438992	MNT		
			pms-Duloxetine	2429454	PMS		
			Ran-Duloxetine	2438267	RAN		
			Sandoz Duloxetine	2439956	SDZ		
			Duloxetine	2453649	SIV		
			Duloxetine DR	2437090	TEV		
Ferrous Fumarate Fumarate Ferreux							
Cap Caps	Orl	300mg	Euro-Fer	2237556	EUR	AEFGVW	0.1057

Generic Drug Product Additions
Ajouts de médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Galantamine							
ERC Caps.L.P.	Orl	8mg	Auro-Galantamine ER	2425157	ARO	(SA)	1.1475
		16mg	Auro-Galantamine ER	2425165	ARO	(SA)	1.1475
		24mg	Auro-Galantamine ER	2425173	ARO	(SA)	1.1475
Metformin							
Metformine							
Tab Co.	Orl	500mg	Auro-Metformin	2438275	ARO	ADEFGVW	0.0444
		850mg	Auro-Metformin	2438283	ARO	ADEFGVW	0.0610
Tobramycin							
Tobramycine							
Liq Liq	Inh	300mg/5mL	Teva-Tobramycin	2389622	TEV	(SA)	5.3242

Bulletin # 928

June 1, 2016

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective June 1, 2016.

Included in this bulletin:

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

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

To unsubscribe from the NB Drug Plans Formulary emailed announcements, please send a message to info@nbdrugs-medicamentsnb.ca. The Updates are available on the NBPDP webpage: http://www.gnb.ca/0212/BenefitUpdates-e.asp.

Regular Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Triamcinolone (Kenalog®-10)	10mg/mL injection	01999761	BRI	ADEFGVW	MLP
Triamcinolone (Kenalog®-40) and generic brand	40mg/mL injection	01999869 01977563	BRI STR	ADEFGVW	MAP
Special authorization no longer required					
Pantoprazole sodium (Pantoloc®) and generic brands	20mg enteric-coated tablet 40mg enteric-coated tablet	See NB Drug Plans Formulary or MAP List for products		ADEFGVW	MAP

Special Authorization Benefit Additions

Special Authorization Coverage of Infliximab (Inflectra™)

Inflectra™ is a subsequent entry biologic (SEB) or "biosimilar" version of infliximab based upon the reference product Remicade®. It was approved by Health Canada and supported by the national Common Drug Review for rheumatology and dermatology indications based upon data demonstrating similarity and no meaningful differences compared to the reference product.

In 2015-16, total expenditures for Remicade® for all indications covered by the NB Drug Plans were approximately $8 million. Through the pan-Canadian Pharmaceutical Alliance (pCPA), provincial and territorial public drug plans negotiated a significantly lower transparent list price for Inflectra™, enabling savings that can be reinvested into other priorities.

Effective June 1, 2016, infliximab (Inflectra™) will be added to the formulary for the treatment of severe rheumatoid arthritis, ankylosing spondylitis, psoriatic arthritis, and plaque psoriasis according to the Special Authorization (SA) criteria, which are listed below.

All SA requests for coverage of infliximab for infliximab-naïve patients for the indications listed above will be approved for the Inflectra™ brand of infliximab only. Patients who received SA approval for the Remicade® brand of infliximab before June 1, 2016 will continue to have this brand covered. They will also be eligible for coverage of the Inflectra™ brand.

An Inflectra™ Patient Assistance Program (IPAP) is available through the manufacturer. The Inflectra™ Navigator for the program can assist with enrollment into the program and ensure treatment is initiated in a timely fashion. The Inflectra™ Navigator for NB can be contacted through the IPAP Call Center at 1-844-466-6627.

For information on Health Canada's decision, please see the Summary Basis of Decision available at:
http://www.hc-sc.gc.ca/dhp-mps/prodpharma/sbd-smd/drug-med/sbd_smd_2014_inflectra_159493- eng.php

For the Common Drug Review's review and recommendation, please see: https://www.cadth.ca/infliximab-18

Product	Strength	DIN	MFR	Plans	Cost Base
Infliximab (Inflectra™)	100mg vial	02419475	HOS	(SA)	MLP

Ankylosing Spondylitis

- For the treatment of patients with moderate to severe ankylosing spondylitis (e.g. Bath AS Disease Activity Index (BASDAI) score ≥ 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 3 months 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 3 months 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 alone.

Claim Notes:

- Must be prescribed by a rheumatologist or internist.
- Combined use of more than one biologic DMARD will not be reimbursed.
- All requests for coverage of infliximab for infliximab-naïve patients (including those on induction therapy) will be approved for Inflectra brand only.
- Approvals will be for 5mg/kg given at weeks 0, 2 and 6, then every 6 to 8 weeks.
- Initial Approval: 6 months.
- Renewal Approval: 1 year.
- Claims that exceed the maximum claim amount of $9,999.99 must be divided and submitted as separate transactions as outlined here.

Plaque Psoriasis

- Requests will be considered for treatment of patients with severe, debilitating chronic plaque psoriasis who meet all of the following criteria:
  - Body surface area (BSA) involvement of >10% and/or significant involvement of the face, hands, feet or genital region;
  - Failure to respond to, contraindications to or intolerance to methotrexate and cyclosporine;
  - Failure to respond to, intolerance to or unable to access phototherapy.
- Requests for renewal must include information demonstrating an adequate response, defined as:
  - ≥75% reduction in the Psoriasis Area and Severity Index (PASI) score from when treatment started (PASI 75), or
  - ≥50% reduction in the PASI score (PASI 50) with a ≥5 point improvement in the Dermatology Life Quality Index (DLQI) from when treatment started, or
  - A quantitative reduction in BSA affected with qualitative consideration of specific regions such as face, hands, feet, or genital region.

Claim Notes:
- Must be prescribed by a dermatologist.
- Combined use of more than one biologic DMARD will not be reimbursed.
- All requests for coverage of infliximab for infliximab-naïve patients (including those on induction therapy) will be approved for Inflectra brand only.
- Approvals will be for 5mg/kg given at weeks 0, 2 and 6, then every 8 weeks.
- Initial Approval: 12 weeks.
- Renewal Approval: 1 year.
- Claims that exceed the maximum claim amount of $9,999.99 must be divided and submitted as separate transactions as outlined here.

Psoriatic Arthritis
- For the treatment of active psoriatic arthritis in patients who:
  - Have at least three active and tender joints, and
  - Have not responded to an adequate trial of two DMARDs or have an intolerance or contraindication to DMARDs.

Claim Notes:
- Must be prescribed by a rheumatologist.
- Combined use of more than one biologic DMARD will not be reimbursed.
- All requests for coverage of infliximab for infliximab-naïve patients (including those on induction therapy) will be approved for Inflectra brand only.
- Approvals will be for 5mg/kg at weeks 0, 2 and 6, then every 8 weeks.
- Initial Approval: 6 months.
- Renewal Approval: 1 year. Confirmation of continued response is required.
- Claims that exceed the maximum claim amount of $9,999.99 must be divided and submitted as separate transactions as outlined here.

Rheumatoid Arthritis
- For the treatment of severely active rheumatoid arthritis, in combination with methotrexate or other disease-modifying antirheumatic drugs (DMARDs), in adult patients who are refractory or intolerant to:
  - Methotrexate (oral or parenteral), alone or in combination with another DMARD, at a dose of ≥20mg weekly (≥15mg if patient is ≥65 years of age) for a minimum of 12 weeks; and
  - Methotrexate in combination with at least two other DMARDs, such as hydroxychloroquine and sulfasalazine, 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. Optimal treatment response to DMARDs may take up to 24 weeks, however coverage of a biologic therapy can be considered if no improvement is seen after 12 weeks of triple DMARD use.
3. For patients who have intolerances preventing the use of triple DMARD therapy, these must be described and dual therapy with DMARDs must be tried.
4. Refractory is defined as lack of effect at the recommended doses and for duration of treatments specified above.
5. Intolerant is defined as demonstrating serious adverse effects or contraindications to treatments as defined in product monographs. The nature of intolerance(s) must be clearly documented.

Claim Notes:
- Must be prescribed by a rheumatologist.
- Combined use of more than one biologic DMARD will not be reimbursed.
- All requests for coverage of infliximab for infliximab-naïve patients (including those on induction therapy) will be approved for Inflectra brand only.

- Approvals will be for 3mg/kg given at 0, 2 and 6 weeks then every 8 weeks.
- Initial Approval: 6 months.
- Renewal Approval: 1 year. Confirmation of continued response is required.
- 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

Product	Strength	DIN	MFR	Plans	Cost Base
New Strength					
Ruxolitinib (Jakavi®)	10mg tablet	02434814	NVR	(SA)	MLP
	For patients with intermediate to high risk symptomatic Myelofibrosis (MF) as assessed using the Dynamic International Prognostic Scoring System (DIPSS) Plus or patients with symptomatic splenomegaly. Patients should have ECOG performance status ≤3 and be either previously untreated or refractory to other treatment.				

Revised Rheumatoid Arthritis Criteria – Biologic Disease-Modifying Antirheumatic Drugs

The special authorization criteria for the listed biologic disease-modifying antirheumatic drugs (DMARDs) have been revised as follows:

Product	Strength	DIN	MFR	Plans	Cost Base
Abatacept (Orencia®)	125mg/mL pre-filled syringe 250mg/15mL vial	02402475 02282097	BRI	(SA)	MLP
Adalimumab (Humira®)	40mg/0.8mL pen 40mg/0.8mL pre-filled syringe	02258595 02258595	ABV	(SA)	MLP
Certolizumab pegol (Cimzia®)	200mg/mL pre-filled syringe	02331675	UCB	(SA)	MLP
Etanercept (Enbrel®)	25mg/mL vial 50mg/mL autoinjector 50mg/mL pre-filled syringe	02242903 02274728 02274728	AGA	(SA)	MLP
Golimumab (Simponi®)	50mg/0.5mL autoinjector 50mg/0.5mL pre-filled syringe	02324784 02324776	JAN	(SA)	MLP
Infliximab (Remicade®)	100mg vial	02244016	JAN	(SA)	MLP
Tocilizumab (Actemra®)	162mg/0.9mL pre-filled syringe 80mg/4mL single-use vial 200mg/10mL single-use vial 400mg/20mL single-use vial	02424770 02350092 02350106 02350114	HLR	(SA)	MLP

Rheumatoid Arthritis

- For the treatment of severely active rheumatoid arthritis, in combination with methotrexate or other disease-modifying antirheumatic drugs (DMARDs), in adult patients who are refractory or intolerant to:
  - Methotrexate (oral or parenteral), alone or in combination with another DMARD, at a dose of ≥20mg weekly (≥15mg if patient is ≥65 years of age) for a minimum of 12 weeks; and
  - Methotrexate in combination with at least two other DMARDs, such as hydroxychloroquine and sulfasalazine, 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. Optimal treatment response to DMARDs may take up to 24 weeks, however coverage of a biologic therapy can be considered if no improvement is seen after 12 weeks of triple DMARD use.
3. For patients who have intolerances preventing the use of triple DMARD therapy, these must be described and dual therapy with DMARDs must be tried.
4. Refractory is defined as lack of effect at the recommended doses and for duration of treatments specified above.
5. Intolerant is defined as demonstrating serious adverse effects or contraindications to treatments as defined in product monographs. The nature of intolerance(s) must be clearly documented.

Claim Notes:

- Must be prescribed by a rheumatologist.
- Combined use of more than one biologic DMARD will not be reimbursed.
- All requests for coverage of infliximab for infliximab-naïve patients (including those on induction therapy) will be approved for Inflectra brand only.
- Initial Approval: 16 weeks for Tocilizumab, 6 months for others.
- Maximum Dosage Approved:
  - Abatacept Intravenous infusion: 500mg for patients <60 kg, 750mg for patients 60-100 kg and 1000mg for patients >100 kg, given at 0, 2, and 4 weeks then every 4 weeks thereafter. Subcutaneous injection: a single IV loading dose of up to 1,000mg may be given, followed by 125mg subcutaneous injection within a day, then once-weekly 125mg subcutaneous injections.
  - Adalimumab: 40mg every two weeks with no dose escalation permitted.
  - Certolizumab pegol: 400mg at weeks 0, 2, and 4, then 200mg every 2 weeks (or 400mg every 4 weeks).
  - Etanercept: 25mg twice a week or 50mg once a week with no dose escalation permitted.
  - Golimumab: 50mg once a month with no dose escalation permitted.
  - Infliximab (Remicade): 3mg/kg/dose at 0, 2 and 6 weeks, then every 8 weeks thereafter.
  - Infliximab (Inflectra): 3mg/kg/dose at 0, 2 and 6 weeks, then every 8 weeks thereafter.
  - Tocilizumab Intravenous infusion: Initial approvals will be for 4mg/kg/dose every four weeks, with a maximum maintenance dose escalation up to 8mg/kg, to a maximum of 800mg per infusion for patients >100kg. Subcutaneous injection: Initial approvals will be for 162mg every other week for patients <100kg, with a maximum maintenance dose escalation to weekly dosing permitted. Patients ≥100kg will be approved for 162mg every week, with no dose escalation permitted.

Benefit Deletions

Product	Strength	DIN	MFR
Hydrochlorothiazide (Apo-Hydro)	100mg tablet	00644552	APX
Procainamide (Procan™ SR)	250mg sustained release tablet	00638692	ERF

Bulletin #929 June 29, 2016

NB Drug Plans Formulary Update

Please find attached a list of **generic drug product updates** for the New Brunswick Drug Plans Formulary.

Generic drug product additions

- New generic products will be reimbursed up to the category Maximum Allowable Price (MAP) effective June 29, 2016.
- The original brand product will be reimbursed at the new category MAP effective July 20, 2016. Prior to July 20, 2016 the original brand product will be reimbursed up to the higher MAP indicated on the attached list.

Generic drug price changes

- Products listed on the NB Drug Plans Formulary prior to June 29, 2016 will be reimbursed up to the new category MAP effective July 20, 2016. Prior to July 20, 2016 products in the category will be reimbursed up to the previous MAP.

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Generic Drug Product Additions
Ajouts de médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Citalopram							
Tab Co.	Orl	10mg	Septa-Citalopram	2431629	SPT	ADEFGVW	0.1432
Estradiol							
Tab Co.	Orl	0.5mg	Estrace	2225190	TML	ADEFGV	0.1410
			Lupin-Estradiol	2449048	LUP		0.1199
		1mg	Estrace	2148587	TML	ADEFGV	0.2721
			Lupin-Estradiol	2449056	LUP		0.2313
		2mg	Estrace	2148595	TML	ADEFGV	0.4804
			Lupin-Estradiol	2449064	LUP		0.4083
Felodipine Félodipine							
ERT Co.L.P.	Orl	2.5mg	Apo-Felodipine	2452367	APX	ADEFVW	0.4050
Gabapentin Gabapentine							
Tab Co.	Orl	600mg	Gabapentin	2410990	GLM	ADEFGVW	0.3256
		800mg	Gabapentin	2411008	GLM	ADEFGVW	0.4341
Granisetron Granisétron							
Tab Co.	Orl	1mg	Nat-Granisetron	2452359	NAT	W (SA)	9.0000
Nicotine							
Pth Pth	Trd	7mg	Equate Transdermal Nicotine Patch	2241227	WAL	(SA)	2.2857
		14mg	Equate Transdermal Nicotine Patch	2241226	WAL	(SA)	2.2857
		21mg	Equate Transdermal Nicotine Patch	2241228	WAL	(SA)	2.2857
Norethindrone Noréthindrone							
Tab Co.	Orl	0.35mg	Jencycla	2441306	LUP	DEFGV	0.3925
Pantoprazole Sodium Pantoprazole sodique							
ECT Co.Ent	Orl	20mg	Pantoprazole-20	2428172	SIV	ADEFGVW	0.3246
		40mg	Pantoprazole-40	2428180	SIV	ADEFGVW	0.3628

Generic Drug Product Additions
Ajouts de médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Ramipril							
Cap	Orl	1.25mg	Ramipril	2308363	SIV	ADEFGVW	0.1274
Caps							
		2.5mg	Ramipril	2287927	SIV	ADEFGVW	0.1470
		5mg	Ramipril	2287935	SIV	ADEFGVW	0.1470
		10mg	Ramipril	2287943	SIV	ADEFGVW	0.1862
Solifenacin							
Solifénacine							
Tab	Orl	5mg	Med-Solifenacin	2428911	GMP	(SA)	0.4223
Co.			Mint-Solifenacin	2443171	MNT		
		10mg	Med-Solifenacin	2428938	GMP	(SA)	0.4223
			Mint-Solifenacin	2443198	MNT		
Timolol / Dorzolamide							
Liq	Oph	0.5% / 2%	Med-Dorzolamide-Timolol	2437686	GMP	ADEFGV	1.9887
Liq							

Generic Drug Price Changes
Changements de prix des médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Calcitriol							
Cap Caps	Orl	0.5mcg	Calcitriol-Odan	2431645	ODN	ADEFGVW	1.1069
Felodipine Félodipine							
ERT Co.L.P.	Orl	5mg	Sandoz Felodipine	2280264	SDZ	ADEFVW	0.3398
		10mg	Sandoz Felodipine	2280272	SDZ	ADEFVW	0.5098
Granisetron Granisétron							
Tab Co.	Orl	1mg	Granisetron	2308894	AAP	W (SA)	9.0000
Norethindrone Noréthindrone							
Tab Co.	Orl	0.35mg	Movisse	2410303	MYL	DEFGV	0.3925
Scopolamine							
Liq	Inj	20mg/mL	Buscopan	363839	BOE	ADEFGVW	4.3000
Liq			Hyoscine Butylbromide	2229868	SDZ		
Ursodiol							
Tab Co.	Orl	250mg	pms-Ursodiol C	2273497	PMS	(SA)	0.6168
		500mg	pms-Ursodiol C	2273500	PMS	(SA)	1.1700

Bulletin # 930

July 7, 2016

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective July 7, 2016.

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.

To unsubscribe from the NB Drug Plans Formulary emailed announcements, please send a message to info@nbdrugs-medicamentsnb.ca. The Updates are available on the NBPDP webpage: http://www.gnb.ca/0212/BenefitUpdates-e.asp.

Regular Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Special authorization no longer required					
Nabilone (Cesamet®) and generic brands	0.25mg capsule 0.5mg capsule 1mg capsule	See NB Drug Plans Formulary or MAP List for products		ADEFVW	MAP

Special Authorization Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Empagliflozin (Jardiance™)	10mg tablet 25mg tablet	02443937 02443945	BOE	(SA)	MLP
	For the treatment of type 2 diabetes mellitus, in addition to metformin and a sulfonylurea, in patients who have inadequate glycemic control on, or intolerance to, metformin and a sulfonylurea and for whom insulin is not an option.				
Rifaximin (Zaxine®)	550mg tablet	02410702	SAX	(SA)	MLP
	For reducing the risk of overt hepatic encephalopathy (HE) recurrence in patients who have had two or more episodes and are unable to achieve adequate control of HE with maximum tolerated doses of lactulose alone. <u>Clinical Note:</u> • Must be used in combination with lactulose unless lactulose is not tolerated.				
Secukinumab (Cosentyx®)	150mg/mL pre-filled syringe 150mg/mL SensoReady pen	02438070 02438070	NVR	(SA)	MLP
	• For the treatment of patients with severe, debilitating chronic plaque psoriasis who meet all of the following criteria: – Body surface area (BSA) involvement of >10% and/or significant involvement of the face, hands, feet or genital region; – Failure to respond to, contraindications to or intolerance to methotrexate and cyclosporine; – Failure to respond to, intolerance to or unable to access phototherapy. • Requests for renewal must include information demonstrating an adequate response, defined as: – ≥75% reduction in the Psoriasis Area and Severity Index (PASI) score from when treatment started (PASI 75), or – ≥50% reduction in the PASI score (PASI 50) with a ≥5 point improvement in the Dermatology Life Quality Index (DLQI) from when treatment started, or – A quantitative reduction in BSA affected with qualitative consideration of specific regions such as face, hands, feet, or genital region.				

Claim Notes:

- Must be prescribed by a dermatologist.
- Combined use of more than one biologic DMARD will not be reimbursed.
- Approvals will be for 300mg given at weeks 0, 1, 2 and 3, then monthly starting at week 4.
- Initial Approval: 12 weeks.
- Renewal Approval: 1 year.

Changes to Existing Special Authorization Benefits

Product	Strength	DIN	MFR	Plans	Cost Base
New Format					
Insulin detemir (Levemir® FlexTouch®)	100U/mL pre-filled pen	02412829	NNO	(SA)	MLP

For the treatment of patients who have been diagnosed with Type 1 or Type 2 diabetes requiring insulin and have previously taken insulin NPH and/or pre-mix daily at optimal dosing, and

1. Have experienced unexplained nocturnal hypoglycemia at least once a month despite optimal management, or
2. Have documented severe or continuing systemic or local allergic reaction to existing insulin(s).

Claim Note:

- Requests should be submitted on the long-acting insulin analogue special authorization request form.

New Strength					
Lenalidomide (Revlimid®)	20mg capsule	02440601	CEL	(SA)	MLP

Same criteria as the other listed Revlimid strengths. Please see NB Drug Plans Formulary.

Drugs Reviewed and Not Listed

The review of the following products found that they did not offer a significant therapeutic and/or cost advantage over existing therapies. Requests for special authorization will not be considered.

Product	Strength	Indication	DIN	MFG
Regorafenib (Stivarga®)	40mg film-coated tablet	Metastatic Colorectal Cancer (CRC)	02403390	BAY
Sorafenib (Nexavar®)	200mg film-coated tablet	Metastatic Progressive Differentiated Thyroid Carcinoma (DTC)	02284227	BAY

Bulletin #931 July 29, 2016

NB Drug Plans Formulary Update

Please find attached a list of **generic drug product updates** for the New Brunswick Drug Plans Formulary.

Generic drug product additions

- New generic products will be reimbursed up to the category Maximum Allowable Price (MAP) effective July 29, 2016.
- The original brand product will be reimbursed at the new category MAP effective August 19, 2016. Prior to August 19, 2016 the original brand product will be reimbursed up to the higher MAP indicated on the attached list.

Generic drug price changes

- Products listed on the NB Drug Plans Formulary prior to July 29, 2016 will be reimbursed up to the new category MAP effective August 19, 2016. Prior to August 19, 2016 products in the category will be reimbursed up to the previous MAP.

Delisted generic drug products

- Manufacturers who did not confirm prices to the new lower MAP will have impacted products removed from the NB Drug Plans Formulary effective August 19, 2016.

To unsubscribe from the NB Drug Plans emailed announcements, please send a message to info@nbdrugs-medicamentsnb.ca. The Updates are available on the NBPDP webpage: http://www.gnb.ca/0212/BenefitUpdates-e.asp

Generic Drug Product Additions
Ajouts de médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Betahistine Bétahistine Tab Co.	Orl	8mg	Auro-Betahistine	2449145	ARO	(SA)	0.1232
		16mg	Auro-Betahistine	2449153	ARO	(SA)	0.1106
		24mg	Auro-Betahistine	2449161	ARO	(SA)	0.1659
Bupropion ERT Co.L.P.	Orl	150mg	Act Bupropion XL	2439654	ATV	ADEFGVW	0.2844
		300mg	Act Bupropion XL	2439662	ATV	ADEFGVW	0.5688
Felodipine Félodipine ERT Co.L.P.	Orl	5mg	Apo-Felodipine	2452375	APX	ADEFGVW	0.3398
		10mg	Apo-Felodipine	2452383	APX	ADEFGVW	0.5098
Nicotine Pth Pth	Trd	7mg	Pharmasave Nicotine Patch	2241227	PSV	(SA)	2.2857
		14mg	Pharmasave Nicotine Patch	2241226	PSV	(SA)	2.2857
		21mg	Pharmasave Nicotine Patch	2241228	PSV	(SA)	2.2857
Repaglinide Tab Co.	Orl	0.5mg	Apo-Repaglinide	2355663	APX	(SA)	0.0808
		1mg	Apo-Repaglinide	2355671	APX	(SA)	0.0840
		2mg	Apo-Repaglinide	2355698	APX	(SA)	0.0873
Ursodiol Tab Co.	Orl	250mg	Ursodiol	2426900	GLM	(SA)	0.6168
		500mg	Ursodiol	2426919	GLM	(SA)	1.1700

Generic Drug Price Changes
Changements de prix des médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Betahistine Bétahistine							
Tab Co.	Orl	8mg	Teva-Betahistine	2280183	TEV	(SA)	0.1232
		16mg	Act Betahistine	2374757	ATV		
			Teva-Betahistine	2280191	TEV	(SA)	0.1106
			pms-Betahistine	2330210	PMS		
		24mg	Act Betahistine	2374765	ATV		
			Teva-Betahistine	2280205	TEV	(SA)	0.1659
			pms-Betahistine	2330237	PMS		

Delisted Generic Drug Products
Produits génériques retirés du formulaire

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	
Bupropion ERT Co.L.P.	Orl	150mg	Mylan-Bupropion XL	2382075	MYL	ADEFGVW	0.2844
		300mg	Mylan-Bupropion XL	2382083	MYL	ADEFGVW	0.5688

Bulletin # 932

August 24, 2016

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective August 24, 2016.

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.

To unsubscribe from the NB Drug Plans Formulary emailed announcements, please send a message to info@nbdrugs-medicamentsnb.ca. The Updates are available on the NBPDP webpage: http://www.gnb.ca/0212/BenefitUpdates-e.asp.

Regular Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Calcipotriol/Betamethasone (Dovobet® Gel Applicator)	50mcg/0.5mg gel	02319012	LEO	ADEFGVW	MLP
Colesevelam (Lodalis™)	3.75g powder for oral suspension	02432463	VLN	ADEFGVW	MLP
Special authorization no longer required					
Celecoxib (Celebrex® and generic brands)	100mg capsule 200mg capsule	See NB Drug Plans Formulary or MAP List for products		ADEFGV	MAP
Ethinyl Estradiol / Etonogestrel (NuvaRing®)	2.6mg/11.4mg vaginal ring	02253186	FRS	DEFG	MLP

Special Authorization Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Alemtuzumab (Lemtrada™)	12mg/1.2mL single-use vial	02418320	GZM	(SA)	MLP

For the treatment of relapsing-remitting multiple sclerosis (RRMS) in adult patients who meet all the following criteria:

- Inadequate response to a full and adequate course (at least 6 months) of interferon beta or other disease modifying therapies.
- Experienced one or more clinically disabling relapses in the previous year.
- Current Expanded Disability Status Scale (EDSS) score of less than or equal to 5.

Documentation must be submitted outlining details of the patient's most recent neurological examination within 90 days of the submitted request. This must include a description of any recent attacks, the dates of the attacks and the neurological findings.

Clinical Note:

- Combination therapy of alemtuzumab with other disease modifying therapies (e.g. interferon beta, glatiramer, fingolimod, natalizumab, teriflunomide, dimethyl fumarate) will not be funded.

Claim Notes:

- Must be prescribed by a neurologist with experience in the treatment of multiple sclerosis.
- Requests will be considered for individuals enrolled in Plans ADEFGV.
- Maximum approval quantity and period: 8 vials in 2 years (5 vials approved in year 1 and 3 vials approved in year 2).
- For information regarding re-treatment, please contact the NB Drug Plans.

Aztreonam (Cayston®)	75mg powder for inhalation	02329840	GIL	(SA)	MLP

For the treatment of chronic pulmonary *Pseudomonas aeruginosa* infections, when used as a cyclic treatment, in patients with moderate to severe cystic fibrosis and deteriorating clinical condition despite treatment with inhaled tobramycin.

Clinical Note:

- Cyclic treatment measured in 28-day cycles is defined as 28 days of treatment, followed by 28 days without treatment.

Claim Notes:

- Combined use of aztreonam and tobramycin for inhalation will not be reimbursed.
- Requests will be considered for individuals enrolled in Plans ADEFGV.

Somatropin (Norditropin NordiFlex®)	5mg/1.5mL pre-filled pen	02334852			
	10mg/1.5mL pre-filled pen	02334860	NNO	T (SA)	MLP
	15mg/1.5mL pre-filled pen	02334879			

Growth Hormone Deficiency in Children
For the treatment of growth hormone deficiency in children under the age of 19.

Claim Notes:

- Must be prescribed by, or in consultation with, an endocrinologist.
- Somatropin is a regular benefit for Plan T

Tofacitinib (Xeljanz™)	5mg film-coated tablet	02423898	PFI	(SA)	MLP

- For the treatment of severely active rheumatoid arthritis, alone or in combination with methotrexate, in adult patients who are refractory or intolerant to:
  - Methotrexate (oral or parenteral), alone or in combination with another DMARD, at a dose of ≥ 20 mg weekly (≥15mg if patient is ≥65 years of age) for a minimum of 12 weeks; and
  - Methotrexate in combination with at least two other DMARDs, such as hydroxychloroquine and sulfasalazine, 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. Optimal treatment response to DMARDs may take up to 24 weeks, however coverage of a biologic therapy can be considered if no improvement is seen after 12 weeks of triple DMARD use.
3. For patients who have intolerances preventing the use of triple DMARD therapy, these must be described and dual therapy with DMARDs must be tried.
4. Refractory is defined as lack of effect at the recommended doses and for duration of treatments specified above.
5. Intolerant is defined as demonstrating serious adverse effects or contraindications to treatments as defined in product monographs. The nature of intolerance(s) must be clearly documented.

Claim Notes:

- Must be prescribed by a rheumatologist.
- Combined use of more than one biologic DMARD will not be reimbursed.
- Approvals will be for a maximum dose of 5 mg twice daily.
- Initial Approval: 6 months.
- Renewal Approval: 1 year. Confirmation of continued response is required.

Changes to Existing Special Authorization Benefits

Product	Strength	DIN	MFR	Plans	Cost Base
New Indication and Strength					
Vilanterol/Fluticasone (Breo® Ellipta®)	25mcg/100mcg powder for inhation 25mcg/200mcg powder for inhation	02408872 02444186	GSK	(SA)	MLP

Asthma

For patients with reversible obstructive airways disease who are:

- Stabilized on an inhaled corticosteroid and a long-acting beta-2 agonist, or
- Using optimal doses of inhaled corticosteroids but are still poorly controlled.

Revised Criteria					
Sevelamer (Renagel®)	800mg tablet	02244310	SAV	(SA)	MLP

For the treatment of hyperphosphatemia (>1.8 mmol/L) in patients with end-stage renal disease (eGFR < 15 mL/min) who have:

- Inadequate control of phosphate levels on a calcium based phosphate binder, or
- Hypercalcemia (corrected for albumin), or
- Calciphylaxis (calcific arteriolopathy)

Claim Notes:

- Initial Approval: 6 months.
- Renewal Approval: 1 year. Confirmation of improvement of phosphate levels is required (lab values must be provided).

Drugs Reviewed and Not Listed

The review of the following products found that they did not offer a significant therapeutic and/or cost advantage over existing therapies. Requests for special authorization will not be considered.

Product	Strength	Indication	DIN	MFG
Ceritinib (Zykadia™)	150mg capsule	Anaplastic lymphoma kinase-positive locally advanced or metastatic non-small cell lung cancer	02436779	NVR

Bulletin #933 August 31, 2016

NB Drug Plans Formulary Update

Please find attached a list of **generic drug product updates** for the New Brunswick Drug Plans Formulary.

Generic drug product additions

- New generic products will be reimbursed up to the category Maximum Allowable Price (MAP) effective August 31, 2016.
- The original brand product will be reimbursed at the new category MAP effective September 21, 2016. Prior to September 21, 2016 the original brand product will be reimbursed up to the higher MAP indicated on the attached list.

Generic drug price changes

- Products listed on the NB Drug Plans Formulary prior to August 31, 2016 will be reimbursed up to the new category MAP effective September 21, 2016. Prior to September 21, 2016 products in the category will be reimbursed up to the previous MAP.

Delisted generic drug products

- Manufacturers who did not confirm prices to the new lower MAP will have impacted products removed from the NB Drug Plans Formulary effective September 21, 2016.

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Generic Drug Product Additions
Ajouts de médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Alendronate / Cholecalciferol Alendronate / Cholécalciférol							
Tab Co.	Orl	70mg/5600IU	Apo-Alendronate/Vitamin D3	2454475	APX	ADEFGVW	1.2174
Azithromycin Azithromycine							
Tab Co.	Orl	250mg	Jamp-Azithromycin	2452308	JPC	ABDEFGVW	1.2313
Erlotinib							
Tab Co.	Orl	100mg	pms-Erlotinib	2454386	PMS	(SA)	26.4000
		150mg	pms-Erlotinib	2454394	PMS	(SA)	39.6000
Finasteride Finastéride							
Tab Co.	Orl	5mg	Finasteride	2445077	SAS	ADEFGVW	0.4633
Zolmitriptan							
Tab Co.	Orl	2.5mg	Nat-Zolmitriptan	2421534	NAT	(SA)	3.4292
ODT Co.D.O.		2.5mg	Apo-Zolmitriptan Rapid	2381575	APX	(SA)	3.4313

Generic Drug Price Changes
Changements de prix des médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Alendronate / Cholecalciferol Alendronate sodique / Cholécalciférol							
Tab Co.	Orl	70mg/5600IU	Sandoz Alendronate/Cholcalciferol Teva-Alendronate-Cholecalciferol	2429160 2403641	SDZ TEV	ADEFGVW	1.2174
Erlotinib							
Tab Co.	Orl	100mg	Teva-Erlotinib	2377705	TEV	(SA)	26.4000
		150mg	Teva-Erlotinib	2377713	TEV	(SA)	39.6000
Levetiracetam Lévétiracétam							
Tab Co.	Orl	250mg	Act Levetiracetam	2274183	ATV		
			Apo-Levetiracetam	2285924	APX		
			Auro-Levetiracetam	2375257	ARO		
			Jamp-Levetiracetam	2403005	JPC	(SA)	0.4000
			Levetiracetam	2353342	SAS		
			pms-Levetiracetam	2296101	PMS		
			Ran-Levetiracetam	2396106	RAN		
		500mg	Act Levetiracetam	2274191	ATV		
			Apo-Levetiracetam	2285932	APX		
			Auro-Levetiracetam	2375265	ARO		
			Jamp-Levetiracetam	2403021	JPC	(SA)	0.4875
			Levetiracetam	2353350	SAS		
			pms-Levetiracetam	2296128	PMS		
			Ran-Levetiracetam	2396114	RAN		
		750mg	Act Levetiracetam	2274205	ATV		
			Apo-Levetiracetam	2285940	APX		
			Auro-Levetiracetam	2433869	ARO		
			Jamp-Levetiracetam	2403048	JPC	(SA)	0.6750
			Levetiracetam	2353369	SAS		
			pms-Levetiracetam	2296136	PMS		
			Ran-Levetiracetam	2396122	RAN		

Delisted Generic Drug Products
Produits génériques retirés du formulaire

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Levetiracetam Lévétiracétam							
Tab Co.	Orl	250mg	Levetiracetam	2399776	AHI	(SA)	
		500mg	Levetiracetam	2399784	AHI	(SA)	
		750mg	Levetiracetam	2399792	AHI	(SA)	

Bulletin # 934 September 29, 2016

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective September 29, 2016.

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.

To unsubscribe from the NB Drug Plans Formulary emailed announcements, please send a message to info@nbdrugs-medicamentsnb.ca. The Updates are available on the NBPDP webpage: http://www.gnb.ca/0212/BenefitUpdates-e.asp.

Regular Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Danazol (Cyclomen®)	50mg capsule	02018144	SAV	ADEFVW	MLP
Fluticasone furoate (Arnuity™ Ellipta®)	100mcg powder for inhalation 200mcg powder for inhalation	02446561 02446588	GSK	ABDEFGVW	MLP
Podofilox (Condyline®)	0.5% topical solution	01945149	SAV	ADEFGV	MLP
Praziquantel (Biltricide®)	600mg film-coated tablet	02230897	BAY	ADEFGV	MLP
Special authorization no longer required					
Estradiol (Estradot®)	25mcg transdermal patch 37.5mcg transdermal patch	02245676 02243999	NVR	ADEFGV	MLP
Estradiol (Estradot® and generic brand)	50mcg transdermal patch 75mcg transdermal patch 100mcg transdermal patch	See NB Drug Plans Formulary or MAP List for products		ADEFGV	MAP
Insulin glulisine (Apidra®)	100U/mL cartridge 100U/mL SoloSTAR 100U/mL vial	02279479 02294346 02279460	SAV	ADEFGVW	MLP
Norethindrone/Estradiol (Estalis®)	140mcg/50mcg transdermal patch 250mcg/50mcg transdermal patch	02241835 02241837	NVR	ADEFGV	MLP

Special Authorization Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Darunavir/Cobicistat (Prezcobix™)	800mg/150mg film-coated tablet	02426501	JAN	(SA)	MLP

For treatment of human immunodeficiency virus (HIV) infection in treatment-naïve and treatment-experienced patients without darunavir resistance-associated mutations.

Claim Note:

- Prescriptions written by NB Infectious Disease Specialists and Medical Microbiologists experienced in treating patients with HIV/AIDS, do not require special authorization.

Ponatinib (Iclusig®)	15mg film-coated tablet 45mg film-coated tablet	02437333 02437341	ARI	(SA)	MLP

For the treatment of patients with chronic, accelerated or blast phase chronic myelogenous leukemia (CML) or Philadelphia chromosome positive acute lymphoblastic leukemia (Ph+ALL) who have:

- resistance or intolerance to two or more tyrosine kinase inhibitors (TKIs), or
- confirmed T315i mutation positive 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 an ECOG performance status of 0-2.
2. Treatment should be discontinued upon disease progression or unacceptable toxicity.

Claim Notes:

- Initial approval duration: 1 year.
- Renewal approval duration: 1 year.

Tazarotene (Tazorac® Cream)	0.05% cream 0.1% cream	02243894 02243895	ALL	(SA)	MLP
Tazarotene (Tazorac™ Gel)	0.05% gel 0.1% gel	02230784 02230785			

For the treatment of patients with plaque psoriasis in whom conventional therapies have been ineffective or are inappropriate.

Changes to Existing Special Authorization Benefits

Product	Strength	DIN	MFR	Plans	Cost Base
New Format					
Tobramycin (TOBI® Podhaler®)	28mg powder for inhalation	02365154	NVR	(SA)	MLP

For the treatment of chronic pulmonary *Pseudomonas aeruginosa* infections, when used as a cyclic treatment, in patients with cystic fibrosis.

Clinical Note:

- Cyclic treatment measured in 28-day cycles is defined as 28 days of treatment, followed by 28 days without treatment.

Claim Note:

- Requests will be considered for individuals enrolled in Plans ABDEFGV

New Strength

Ribavirin (Ibavyr™)	200mg tablet	02439212	PDP	(SA)	MLP

For use in combination with other drugs for the treatment of chronic hepatitis C. The applicable criteria for the combination regimen must be met.

Revised Criteria

Tobramycin (TOBI® and generic brands)	300mg/5mL inhalation solution	See NB Drug Plans Formulary or MAP List for products		(SA)	MAP

For the treatment of chronic pulmonary *Pseudomonas aeruginosa* infections, when used as a cyclic treatment, in patients with cystic fibrosis.

Clinical Note:

- Cyclic treatment measured in 28-day cycles is defined as 28 days of treatment, followed by 28 days without treatment.

Claim Note:

- Requests will be considered for individuals enrolled in Plans ABDEFGV

Drugs Reviewed and Not Listed

The review of the following products found that they did not offer a significant therapeutic and/or cost advantage over existing therapies. Requests for special authorization will not be considered.

Product	Strength	Indication	DIN	MFG
Paromomycin (Humatin®)	250mg capsule	Amebic colitis	02078759	ERF
Tolvaptan (Jinarc™)	45mg+15mg tablets 60mg+30mg tablets 90mg+30mg tablets	Autosomal dominant polycystic kidney disease (ADPKD)	02437503 02437511 02437538	OTS

Bulletin #935 September 30, 2016

NB Drug Plans Formulary Update

Please find attached a list of **generic drug product updates** for the New Brunswick Drug Plans Formulary.

Generic drug product additions

- New generic products will be reimbursed up to the category Maximum Allowable Price (MAP) effective September 30, 2016.

Generic drug price changes

- Products listed on the NB Drug Plans Formulary prior to September 30, 2016 will be reimbursed up to the new category MAP effective October 21, 2016. Prior to October 21, 2016 products in the category will be reimbursed up to the previous MAP.

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Generic Drug Product Additions
Ajouts de médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Bupropion ERT Co.L.P.	Orl	150mg	Mylan-Bupropion XL	2382075	MYL	ADEFGVW	0.2844
		300mg	Mylan-Bupropion XL	2382083	MYL	ADEFGVW	0.5688
Solifenacin Solifénacine Tab Co.	Orl	5mg	Auro-Solifenacin	2446375	ARO	(SA)	0.4223
		10mg	Auro-Solifenacin	2446383	ARO	(SA)	0.4223
Zolmitriptan Tab Co.	Orl	2.5mg	Apo-Zolmitriptan	2380951	APX	(SA)	3.4292

Generic Drug Price Changes
Changements de prix des médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Ramipril Tab Co.	Orl	1.25mg	Sandoz Ramipril	2291398	SDZ	ADEFGVW	0.1274
		2.5mg	Sandoz Ramipril	2291401	SDZ	ADEFGVW	0.1470
		5mg	Sandoz Ramipril	2291428	SDZ	ADEFGVW	0.1470
		10mg	Sandoz Ramipril	2291436	SDZ	ADEFGVW	0.1862

Bulletin # 936

October 28, 2016

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective October 28, 2016.

Included in this bulletin:

- Regular Benefit Additions
- Special Authorization Benefit Additions

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

To unsubscribe from the NB Drug Plans Formulary emailed announcements, please send a message to info@nbdrugs-medicamentsnb.ca. The Updates are available on the NBPDP webpage: http://www.gnb.ca/0212/BenefitUpdates-e.asp.

Regular Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Acyclovir (Zovirax®)	200mg/5mL oral suspension	00886157	GSK	ADEFGV	MLP
Amphotericin B (Fungizone®)	50mg vial	00029149	BRI	ADEFGV	MLP
Special authorization no longer required					
Nafarelin (Synarel™)	2mg/mL nasal spray	02188783	PFI	ADEFGV	MLP
Olanzapine (Zyprexa® and generic brands)	2.5mg tablet 5mg tablet 7.5mg tablet 10mg tablet 15mg tablet 20mg tablet	See NB Drug Plans Formulary or MAP List for products		ADEFGV	MAP
Olanzapine (Zyprexa® Zydis® and generic brands)	5mg orally disintegrating tablet 10mg orally disintegrating tablet 15mg orally disintegrating tablet 20mg orally disintegrating tablet	See NB Drug Plans Formulary or MAP List for products		ADEFGV	MAP

Special Authorization Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Metformin/Linagliptin (Jentadueto™)	500mg/2.5mg tablet 850mg/2.5mg tablet 1000mg/2.5mg tablet	02403250 02403269 02403277	BOE	(SA)	MLP
	For the treatment of type 2 diabetes mellitus in patients: • for whom insulin is not an option, and • who are already stabilized on therapy with metformin, a sulfonylurea and linagliptin, to replace the individual components of linagliptin and metformin.				
Sodium Bicarbonate (generic brands)	500mg tablet	80030520 80022194	JPC SDZ	(SA)	MAP
	For the treatment of metabolic acidosis in patients with chronic kidney disease who have a serum bicarbonate (CO_2) < 22mmol/L.				

Bulletin #937 October 31, 2016

NB Drug Plans Formulary Update

Please find attached a list of **generic drug product updates** for the New Brunswick Drug Plans Formulary.

Generic drug product additions

- New generic products will be reimbursed up to the category Maximum Allowable Price (MAP) effective October 31, 2016.

To unsubscribe from the NB Drug Plans emailed announcements, please send a message to info@nbdrugs-medicamentsnb.ca. The Updates are available on the NBPDP webpage: http://www.gnb.ca/0212/BenefitUpdates-e.asp

Generic Drug Product Additions
Ajouts de médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Azithromycin Azithromycine Tab Co.	Orl	250mg	Mar-Azithromycin	2452324	MAR	ABDEFGVW	1.2313
Levetiracetam Lévétiracétam Tab Co.	Orl	250mg	Nat-Levetiracetam Levetiracetam	2440202 2442531	NAT SIV	(SA)	0.4000
		500mg	Nat-Levetiracetam Levetiracetam	2440210 2442558	NAT SIV	(SA)	0.4875
		750mg	Nat-Levetiracetam Levetiracetam	2440229 2442566	NAT SIV	(SA)	0.6750

Bulletin #938 November 29, 2016

NB Drug Plans Formulary Update

Please find attached a list of **generic drug product updates** for the New Brunswick Drug Plans Formulary.

Generic drug product additions

- New generic products will be reimbursed up to the category Maximum Allowable Price (MAP) effective November 29, 2016.
- The original brand product will be reimbursed at the new category MAP effective December 20, 2016. Prior to December 20, 2016 the original brand product will be reimbursed up to the higher MAP indicated on the attached list.

Generic drug price changes

- Products listed on the NB Drug Plans Formulary prior to November 29, 2016 will be reimbursed up to the new category MAP effective December 20, 2016. Prior to December 20, 2016 products in the category will be reimbursed up to the previous MAP.

To unsubscribe from the NB Drug Plans emailed announcements, please send a message to info@nbdrugs-medicamentsnb.ca. The Updates are available on the NBPDP webpage: http://www.gnb.ca/0212/BenefitUpdates-e.asp

Generic Drug Product Additions
Ajouts de médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Entacavir Entécavir Tab Co.	Orl	0.5mg	Auro-Entecavir	2448777	ARO	(SA)	5.5000
Oseltamivir Cap Caps	Orl	75mg	Tamiflu Nat-Oseltamivir	2241472 2457989	HLR NAT	(SA)	4.1570 3.0563
Verapamil Vérapamil SRT Co.L.L.	Orl	240mg	Mylan-Verapamil SR	2450496	MYL	ADEFGVW	0.5075

Generic Drug Price Changes
Changements de prix des médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Entacavir Entécavir Tab Co.	Orl	0.5mg	Apo-Entecavir pms-Entecavir	2396955 2430576	APX PMS	(SA)	5.5000

Bulletin # 939

November 30, 2016

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective November 30, 2016.

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.

To unsubscribe from the NB Drug Plans Formulary emailed announcements, please send a message to info@nbdrugs-medicamentsnb.ca. The Updates are available on the NBPDP webpage: http://www.gnb.ca/0212/BenefitUpdates-e.asp.

Regular Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Insulin Aspart (NovoRapid® FlexTouch®)	100U/mL pre-filled pen	02377209	NNO	ADEFGV	MLP
Special authorization no longer required					
Etidronic Acid	200mg tablet	See NB Drug Plans Formulary or MAP List for products		ADEFGV	MAP
Etidronic Acid / Calcium	400mg/500mg tablet	See NB Drug Plans Formulary or MAP List for products		ADEFGV	MAP
Insulin Aspart (NovoRapid®, NovoRapid® Penfill®)	100U/mL vial 100U/mL penfill cartridge	02245397 02244353	NNO	ADEFGV	MLP
Levetiracetam (Keppra® and generic brands)	250mg tablet 500mg tablet 750mg tablet	See NB Drug Plans Formulary or MAP List for products		ADEFGV	MAP

Special Authorization Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Dapagliflozin (Forxiga®)	5mg tablet 10mg tablet	02435462 02435470	AZE	(SA)	MLP
	For the treatment of type 2 diabetes mellitus, in addition to metformin or a sulfonylurea, in patients who have inadequate glycemic control on, or intolerance to, metformin or a sulfonylurea and for whom insulin is not an option.				
Nintedanib (Ofev™)	100mg capsule 150mg capsule	02443066 02443074	BOE	(SA)	MLP
	For the treatment of adult patients with mild to moderate idiopathic pulmonary fibrosis (IPF) confirmed by a respirologist and a high-resolution CT scan within the previous 24 months. <u>Initial renewal criteria:</u> Patients must not demonstrate progression of disease defined as an absolute decline in percent predicted forced vital capacity (FVC) of ≥10% from initiation of therapy until renewal (initial 6 month treatment period). If a patient has experienced progression as defined above, then the results should be validated with a confirmatory pulmonary function test conducted 4 weeks later.				

Subsequent renewal criteria:
Patients must not demonstrate progression of disease defined as an absolute decline in percent predicted FVC of ≥10% within any 12 month period. If a patient has experienced progression as defined above, then the results should be validated with a confirmatory pulmonary function test conducted 4 weeks later.

Clinical notes:

- Mild to moderate IPF is defined as a FVC ≥ 50% predicted.
- All other causes of restrictive lung disease (e.g. collagen vascular disorder or hypersensitivity pneumonitis) should be excluded before initiating treatment.

Claim notes:

- Must be prescribed by, or in consultation with, physicians experienced in the treatment of IPF.
- Combination therapy of pirfenidone with nintedanib will not be reimbursed.
- Initial approval period: 7 months (allow 4 weeks for repeat pulmonary function tests)
- Initial renewal approval period: 6 months
- Subsequent renewal approval period: 12 months

Changes to Existing Special Authorization Benefits

Special Authorization Coverage of Infliximab (Inflectra®)

Inflectra® (infliximab) is a "biosimilar" version of Remicade® (infliximab). Inflectra® was approved by Health Canada and supported by the national Common Drug Review for the treatment of Crohn's disease and ulcerative colitis based on data demonstrating similarity and no meaningful differences compared to Remicade®.

In 2015-16, total expenditures for Remicade® for all indications covered by the NB Drug Plans were approximately $8 million. Through the pan-Canadian Pharmaceutical Alliance (pCPA), federal, provincial and territorial public drug plans negotiated a significantly lower list price for Inflectra®, enabling savings that can be reinvested into other priorities.

Effective November 30, 2016, Inflectra® will be added to the Formulary for the treatment of Crohn's disease and ulcerative colitis according to the Special Authorization (SA) criteria which are listed below.

Requests for coverage of infliximab for infliximab-naïve patients for Crohn's disease will be approved for Inflectra® only. Patients who received SA approval for Remicade® for the treatment of Crohn's disease before November 30, 2016 will continue to have Remicade® covered; they will also be eligible for coverage of Inflectra®. Requests for coverage of infliximab for the treatment of ulcerative colitis will be approved for Inflectra® only since Remicade® is not listed for this indication.

An Inflectra® Patient Assistance Program (IPAP) is available through the manufacturer. The Inflectra® Navigator for the program can assist with enrollment into the program and ensure treatment is initiated in a timely fashion. The Inflectra® Navigator for NB can be contacted through the IPAP Call Center at 1-844-466-6627.

For information on Health Canada's decision, please see the Summary Basis of Decision available at:
http://www.hc-sc.gc.ca/dhp-mps/prodpharma/rds-sdr/drug-med/rds-sdr-infectra-184564-eng.php

For the Common Drug Review's review and recommendation, please see: https://www.cadth.ca/infliximab-19

Product	Strength	DIN	MFR	Plans	Cost Base
New Indication					
Infliximab (Inflectra®)	100mg vial	02419475	HOS	(SA)	MLP

Crohn's Disease

- For the treatment of moderately to severely active Crohn's disease in patients who are refractory, or have contraindications, to an adequate course of 5-aminosalicylic acid and corticosteroids and other immunosuppressive therapy.

Claim Notes:

- Must be prescribed by a gastroenterologist or physician with a specialty in gastroenterology.
- Combined use of more than one biologic DMARD will not be reimbursed.
- All requests for coverage for infliximab-naïve patients (including those on induction therapy) will be approved for Inflectra only.
- Initial Approval: 12 weeks.
- Renewal Approval: 1 year. Confirmation of continued response is required.
- Claims that exceed the maximum claim amount of $9,999.99 must be divided and submitted as separate transactions as outlined here.

Ulcerative Colitis

- For the treatment of adult patients with moderately to severely active ulcerative colitis who have a partial Mayo score > 4, and a rectal bleeding subscore ≥ 2 and are:
  - refractory or intolerant to conventional therapy (i.e. aminosalicylates for a minimum of four weeks, and prednisone ≥ 40mg daily for two weeks or IV equivalent for one week); or
  - corticosteroid dependent (i.e. cannot be tapered from corticosteroids without disease recurrence; or have relapsed within three months of stopping corticosteroids; or require two or more courses of corticosteroids within one year).
- Renewal requests must include information demonstrating the beneficial effects of the treatment, specifically:
  - a decrease in the partial Mayo score ≥ 2 from baseline, and
  - a decrease in the rectal bleeding subscore ≥1.

Clinical Notes:

1. Consideration will be given for patients who have not received a four week trial of aminosalicylates if disease is severe (partial Mayo score > 6).
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 or contraindications to treatments as defined in product monographs. The nature of the intolerance(s) must be clearly documented.

Claim Notes:

- Must be prescribed by a gastroenterologist or physician with a specialty in gastroenterology.
- Combined use of more than one biologic DMARD will not be reimbursed.
- All requests will be approved for Inflectra only; requests for coverage of Remicade will not be considered.
- Initial Approval: 12 weeks.

- Renewal Approval: 1 year.
- 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

The review of the following products found that they did not offer a significant therapeutic and/or cost advantage over existing therapies. Requests for special authorization will not be considered.

Product	Strength	Indication	DIN	MFG
Dapagliflozin (Forxiga®)	5mg tablet 10mg tablet	For the treatment of type 2 diabetes mellitus to improve glycemic control in combination with metformin and a sulfonylurea	02435462 02435470	AZE
Ivermectin (Rosiver™)	1% cream	Rosacea	02440342	GAC
Macitentan (Opsumit®)	10mg film-coated tablet	Pulmonary arterial hypertension	02415690	ACT

Bulletin # 940

December 21, 2016

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective December 21, 2016.

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.

To unsubscribe from the NB Drug Plans Formulary emailed announcements, please send a message to info@nbdrugs-medicamentsnb.ca. The Updates are available on the NBPDP webpage: http://www.gnb.ca/0212/BenefitUpdates-e.asp.

Regular Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Hydrocortisone sodium succinate (Solu-Cortef®)	250mg Act-O-Vial® 500mg Act-O-Vial® 1g Act-O-Vial®	00030619 00030627 00030635	PFI	ADEFGVW	MLP
Methylprednisolone sodium succinate (Solu-Medrol®)	40mg Act-O-Vial® 500mg vial 1g Act-O-Vial® 1g vial	02367947 00030678 02367971 00036137	PFI	ADEFGVW	MLP
Special authorization no longer required					
Tretinoin (Vesanoid®)	10mg capsule	02145839	XPI	ADEFGVW	MLP

Special Authorization Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Deferiprone (Ferriprox™)	100mg/mL oral solution 1000mg tablet	02436523 02436558	APX	(SA)	MLP
	For the treatment of patients with transfusional iron overload due to thalassemia syndromes when current chelation therapy is inadequate. Claim Note: • Combined use of more than one iron chelating therapy will not be reimbursed.				
Fluconazole (Diflucan™)	50mg/5mL powder for oral suspension	02024152	PFI	(SA)	MLP
	For the treatment of patients who have: • oropharyngeal candidiasis which failed to respond to nystatin, or • systemic infections and oral fluconazole tablets are not an option.				
Idelalisib (Zydelig®)	100mg film-coated tablet 150mg film-coated tablet	02438798 02438801	GIL	(SA)	MLP
	For the treatment of patients with relapsed chronic lymphocytic leukemia (CLL), in combination with rituximab. 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:

- Idelalisib will not be reimbursed for patients whose disease has progressed on ibrutinib therapy in the relapsed setting.
- Initial approval: 6 months.
- Renewal approval: 12 months

Changes to Existing Special Authorization Benefits

Product	Strength	DIN	MFR	Plans	Cost Base
New Indication					
Lenalidomide (Revlimid®)	5mg capsule 10mg capsule 15mg capsule 20mg capsule 25mg capsule	02304899 02304902 02317699 02440601 02317710	CEL	(SA)	MLP

For the treatment of multiple myeloma, in combination with dexamethasone, in patients who are not candidates for autologous stem cell transplant and have:

- had no prior treatment, and
- an ECOG performance status of ≤ 2.

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:

- Lenalidomide will not be reimbursed for patients who have had disease progression on prior lenalidomide therapy.
- Initial approval: 1 year
- Renewal approval: 1 year
- Claims that exceed the maximum claim amount of $9,999.99 must be divided and submitted as separate transactions as outlined here.

Revised Criteria Buprenorphine/naloxone (Suboxone® and generic brands)	2mg/0.5mg sublingual tablet 8mg/2mg sublingual tablet	See NB Drug Plans Formulary or MAP List for products		(SA)	MAP

For the treatment of patients with opioid use disorder.

Drugs Reviewed and Not Listed

The review of the following products found that they did not offer a significant therapeutic and/or cost advantage over existing therapies. Requests for special authorization will not be considered.

Product	Strength	Indication	DIN	MFR
Tesamorelin (Egrifta™)	1mg vial 2mg vial	For the treatment of excess visceral adipose tissue (VAT) in treatment-experienced adult HIV-infected patients with lipodystrophy.	02438712 02423677	THT

Bulletin #941 December 22, 2016

NB Drug Plans Formulary Update

Please find attached a list of **generic drug product updates** for the New Brunswick Drug Plans Formulary.

Generic drug product additions

- New generic products will be reimbursed up to the category Maximum Allowable Price (MAP) effective December 22, 2016.

To unsubscribe from the NB Drug Plans emailed announcements, please send a message to info@nbdrugs-medicamentsnb.ca. The Updates are available on the NBPDP webpage: http://www.gnb.ca/0212/BenefitUpdates-e.asp

Generic Drug Product Additions
Ajouts de médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Lamivudine / Abacavir							
Tab Co.	Orl	300mg / 600mg	Auro-Abacavir/Lamivudine pms-Abacavir-Lamivudine	2454513 2458381	ARO PMS	DU	5.9875
Levetiracetam Lévétiracétam							
Tab Co.	Orl	250mg	Levetiracetam	2454653	PMS	ADEFGV	0.4000
		500mg	Levetiracetam	2454661	PMS	ADEFGV	0.4875
		750mg	Levetiracetam	2454688	PMS	ADEFGV	0.6750
Losartan / Hydrochlorothiazide							
Tab Co.	Orl	50mg / 12.5mg	Auro-Losartan HCT	2423642	ARO	ADEFGVW	0.3148
		100mg / 12.5mg	Auro-Losartan HCT	2423650	ARO	ADEFGVW	0.3082
		100mg / 25mg	Auro-Losartan HCT	2423669	ARO	ADEFGVW	0.3148
Olanzapine							
ODT Co.D.O.	Orl	5mg	Auro-Olanzapine ODT	2448726	ARO	ADEFGVW	0.6434
		10mg	Auro-Olanzapine ODT	2448734	ARO	ADEFGVW	1.2857
		15mg	Auro-Olanzapine ODT	2448742	ARO	ADEFGVW	1.9280
		20mg	Auro-Olanzapine ODT	2448750	ARO	ADEFGVW	2.5447
Telmisartan							
Tab Co.	Orl	40mg	Auro-Telmisartan	2453568	ARO	ADEFGVW	0.2824
		80mg	Auro-Telmisartan	2453576	ARO	ADEFGVW	0.2824
Telmisartan / Hydroclorothiazide							
Tab Co.	Orl	80mg / 12.5mg	Auro-Telmisartan HCTZ	2456389	ARO	ADEFGVW	0.2824
		80mg / 25mg	Auro-Telmisartan HCTZ	2456397	ARO	ADEFGVW	0.2824
Topiramate							
Tab Co.	Orl	25mg	Mar-Topiramate	2432099	MAR	ADEFGVW	0.3128
		100mg	Mar-Topiramate	2432102	MAR	ADEFGVW	0.5929
		200mg	Mar-Topiramate	2432110	MAR	ADEFGVW	0.8854
Valacyclovir							
Tab Co.	Orl	500mg	Valacyclovir	2454645	SAS	ADEFGVW	0.8481
		1000mg	Valtrex Apo-Valacyclovir pms-Valacyclovir	2246559 2354705 2381230	GSK APX PMS	ADEFGVW	1.7218

Bulletin #942 January 27, 2017

NB Drug Plans Formulary Update

Please find attached a list of **generic drug product updates** for the New Brunswick Drug Plans Formulary.

Generic drug product additions

- New generic products will be reimbursed up to the category Maximum Allowable Price (MAP) effective January 27, 2016.
- The original brand product will be reimbursed at the new category MAP effective February 17, 2017. Prior to February 17, 2017 the original brand product will be reimbursed up to the higher MAP indicated on the attached list.

Generic drug price changes

- Products listed on the NB Drug Plans Formulary prior to January 27, 2016 will be reimbursed up to the new category MAP effective February 17, 2017. Prior to February 17, 2017 products in the category will be reimbursed up to the previous MAP.

Delisted generic drug products

- Manufacturers who did not confirm prices to the new lower MAP will have impacted products removed from the NB Drug Plans Formulary effective February 17, 2017.

To unsubscribe from the NB Drug Plans emailed announcements, please send a message to info@nbdrugs-medicamentsnb.ca. The Updates are available on the NBPDP webpage: http://www.gnb.ca/0212/BenefitUpdates-e.asp

Generic Drug Product Additions
Ajouts de médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Bimatoprost							
Liq Liq	Oph	0.03%	Vistitan	2429063	SDZ	ADEFGV	9.1936
Cyanocobalamin Cyanocobalamine							
Liq Liq	Inj	1000mcg/mL	Cyanocobalamin Injection USP	626112	OMG	ADEFGVW	0.3063
Diphenhydramine							
Elx	Orl	12.5mg/5mL	Benadryl	2019736	JNJ	G	0.0540
Elx			Diphenhydramine HCl Elixir USP	2298503	JPC		0.0234
Levonorgestrel Lévonorgestrel							
Tab	Orl	1.5mg	Plan B	2293854	PAL	DEFGV	17.2000
Co.			Contingency One	2425009	MYL		8.6000
Methylphenidate Méthylphénidate							
ERT Co.L.P.	Orl	18mg	Apo-Methylphenidate ER	2452731	APX	(SA)	0.5246
		27mg	Apo-Methylphenidate ER	2452758	APX	(SA)	0.6055
		36mg	Apo-Methylphenidate ER	2452766	APX	(SA)	0.6863
		54mg	Apo-Methylphenidate ER	2330377	APX	(SA)	0.8479
Moxifloxacin Moxifloxacine							
Tab Co.	Orl	400mg	Med-Moxifloxacin	2457814	GMP	VW (SA)	1.5230
Potassium Chloride Chlorure de potassium							
Liq Liq	Orl	100mg/mL	Jamp-Potassium Chloride	80024835	JPC	ADEFGVW	0.0102
Pramipexole							
Tab Co.	Orl	0.25mg	Auro-Pramipexole	2424061	ARO	ADEFVW	0.2628
		0.5mg	Auro-Pramipexole	2424088	ARO	ADEFVW	0.5257
		1mg	Auro-Pramipexole	2424096	ARO	ADEFVW	0.5257
		1.5mg	Auro-Pramipexole	2424118	ARO	ADEFVW	0.5257
Venlafaxine							
SRC Caps.L.L.	Orl	37.5mg	Auro-Venlafaxine XR	2452839	ARO	ADEFGVW	0.1643
		75mg	Auro-Venlafaxine XR	2452847	ARO	ADEFGVW	0.3285
		150mg	Auro-Venlafaxine XR	2452855	ARO	ADEFGVW	0.3469

Generic Drug Price Changes
Changements de prix des médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Methylphenidate Méthylphénidate							
ERT Co.L.P.	Orl	18mg	pms-Methylphenidate ER Teva-Methylphenidate ER-C	2413728 2315068	PMS TEV	(SA)	0.5246
		27mg	pms-Methylphenidate ER Teva-Methylphenidate ER-C	2413736 2315076	PMS TEV	(SA)	0.6055
		36mg	pms-Methylphenidate ER Teva-Methylphenidate ER-C	2413744 2315084	PMS TEV	(SA)	0.6863
		54mg	pms-Methylphenidate ER Teva-Methylphenidate ER-C	2413752 2315092	PMS TEV	(SA)	0.8479
Potassium Chloride Chlorure de potassium							
Liq Liq	Orl	100mg/mL	K-10 pms-Potassium	80024360 2238604	GSK PMS	ADEFGVW	0.0102
Pramipexole							
Tab Co.	Orl	0.5mg	Act Pramipexole Apo-Pramipexole pms-Pramipexole Pramipexole Pramipexole Sandoz Pramipexole Teva-Pramipexole	2297310 2292386 2290138 2367610 2309130 2315270 2269317	ATV APX PMS SAS SIV SDZ TEV	ADEFVW	0.5257

Delisted Generic Drug Products
Produits génériques retirés du formulaire

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Pramipexole Tab Co.	Orl	0.5mg	Mylan-Pramipexole	2376369	MYL	ADEFVW	

Bulletin #943 February 28, 2017

NB Drug Plans Formulary Update

Please find attached a list of **generic drug product updates** for the New Brunswick Drug Plans Formulary.

Generic drug product additions

- New generic products will be reimbursed up to the category Maximum Allowable Price (MAP) effective February 28, 2017.
- The original brand product will be reimbursed at the new category MAP effective March 21, 2017. Prior to March 21, 2017 the original brand product will be reimbursed up to the higher MAP indicated on the attached list.

Generic drug price changes

- Products listed on the NB Drug Plans Formulary prior to February 28, 2017 will be reimbursed up to the new category MAP effective March 21, 2017. Prior to March 21, 2017 products in the category will be reimbursed up to the previous MAP.

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Generic Drug Product Additions
Ajouts de médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Atorvastatin Atorvastatine							
Tab Co.	Orl	10mg	Atorvastatin	2346486	PDL	ADEFGVW	0.3138
		20mg	Atorvastatin	2346494	PDL	ADEFGVW	0.3922
		40mg	Atorvastatin	2346508	PDL	ADEFGVW	0.4216
		80mg	Atorvastatin	2346516	PDL	ADEFGVW	0.4216
Clindamycin Clindamycine							
Cap Caps	Orl	300mg	Auro-Clindamycin	2436914	ARO	ABDEFGVW	0.4434
Levonorgestrel Lévonorgestrel							
Tab Co.	Orl	1.5mg	Backup Plan Onestep	2433532	APX	DEFGV	8.6000
Meropenem Méropénem							
Pws	Inj	500mg	Merrem	2218488	AZE	W	26.3500
Pds.			Meropenem	2378787	SDZ		13.6400
Mometasone Mométasone							
Asp Asp	Nas	0.1%	Sandoz Mometasone	2449811	SDZ	ADEFGV	0.1060
Phenobarbital Phénobarbital							
Liq Liq	Inj	30mg/mL	Phenobarbital Sodium	2304082	SDZ	ADEFGVW	14.0990
		120mg/mL	Phenobarbital Sodium	2304090	SDZ	ADEFGVW	15.7000
Quetiapine Quétiapine							
Tab Co.	Orl	150mg	Nat-Quetiapine	2439174	NAT	AEFGVW	1.0195
Rizatriptan							
Tab Co.	Orl	10mg	Auro-Rizatriptan	2441144	ARO	(SA)	3.7050
Rosuvastatin Rosuvastatine							
Tab Co.	Orl	5mg	Auro-Rosuvastatin	2442574	ARO	ADEFGVW	0.2311
		10mg	Auro-Rosuvastatin	2442582	ARO	ADEFGVW	0.2437
		20mg	Auro-Rosuvastatin	2442590	ARO	ADEFGVW	0.3046

Generic Drug Product Additions
Ajouts de médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Rosuvastatin Rosuvastatine Tab Co.	Orl	40mg	Auro-Rosuvastatin	2442604	ARO	ADEFGVW	0.3582
Solifenacin Solifénacine Tab Co.	Orl	5mg	Solifenacin	2458241	SAS	(SA)	0.4223
		10mg	Solifenacin	2458268	SAS	(SA)	0.4223
Valacyclovir Tab Co.	Orl	1000mg	Valacyclovir	2442019	SIV	ADEFGVW	1.7218
Verapamil Vérapamil SRT Co.L.L.	Orl	180mg	Mylan-Verapamil SR	2450488	MYL	ADEFGVW	0.5204

Generic Drug Price Changes
Changements de prix des médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Clindamycin Clindamycine Cap Caps	Orl	300mg	Apo-Clindamycin Mylan-Clindamycin Teva-Clindamycin	2245233 2258358 2241710	APX MYL TEV	ABDEFGVW	0.4434
Mometasone Mométasone Asp Asp	Nas	0.1%	Apo-Mometasone	2403587	APX	ADEFGVW	0.1060
Quetiapine Quétiapine Tab Co.	Orl	150mg	Teva-Quetiapine	2284251	TEV	AEFGVW	1.0195
Verapamil Vérapamil SRT Co.L.L.	Orl	180mg	Apo-Verap SR	2246894	APX	ADEFGVW	0.5204

Bulletin # 944 March 13, 2017

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective March 13, 2017.

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.

To unsubscribe from the NB Drug Plans Formulary emailed announcements, please send a message to info@nbdrugs-medicamentsnb.ca. The Updates are available on the NBPDP webpage: http://www.gnb.ca/0212/BenefitUpdates-e.asp.

Regular Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Hydrocortisone acetate / urea (Dermaflex® HC)	1% cream 1% lotion	00681989 00681997	PAL	ADEFGV	MLP
Naproxen (Naprosyn® SR)	750mg sustained-release tablet	02162466	MTP	ADEFGVW	MLP

Special Authorization Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Modified ragweed pollen allergen tyrosine adsorbate (Pollinex®-R)	105 PNU/0.5mL pre-filled syringe 250 PNU/0.5mL pre-filled syringe 700 PNU/0.5mL pre-filled syringe 2150 PNU/0.5mL pre-filled syringe	00464988	PAL	(SA)	MLP

For the treatment of patients with severe, seasonal (lasting two or more years) IgE dependent allergic rhinoconjunctivitis when optimal therapy (i.e. intranasal corticosteroids and H_1 antihistamines) and allergen avoidance have not been sufficiently effective in controlling symptoms.

Clinical Notes:

- Treatment with ragweed pollen allergen extract must be initiated by physicians with adequate training and experience in the treatment of respiratory allergic diseases.
- Treatment should be initiated one month before the onset of ragweed season.
- Optimal duration of therapy is unknown; therefore, if there is no improvement in symptoms after three years, treatment should be discontinued.

Changes to Existing Special Authorization Benefits

Product	Strength	DIN	MFR	Plans	Cost Base
New Indication Dabrafenib (Tafinlar®)	50mg capsule 75mg capsule	02409607 02409615	NVR	(SA)	MLP

For the treatment of patients with BRAF V600 mutation-positive unresectable or metastatic melanoma, when used:

- As first line therapy, alone or in combination with trametinib; or
- As second line monotherapy, following treatment with immunotherapy/chemotherapy.

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 an ECOG performance status ≤ 1.

2. If brain metastases are present, patients should be asymptomatic or have stable symptoms.
3. Treatment should be discontinued upon disease progression or unacceptable toxicity.

Claim Notes:
- Dabrafenib will not be reimbursed in patients who have progressed on BRAF targeted therapy.
- Initial approval duration: 6 months
- Renewal approval duration: 6 months

Trametinib (Mekinist®)

0.5mg tablet 02409623
2mg tablet 02409658
NVR (SA) MLP

For the treatment of patients with BRAF V600 mutation-positive unresectable or metastatic melanoma, when used:
- As first line therapy, alone or in combination with dabrafenib; or
- As second line monotherapy, following treatment with immunotherapy/chemotherapy.

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 an ECOG performance status ≤1.
2. If brain metastases are present, patients should be asymptomatic or have stable symptoms.
3. Treatment should be discontinued upon disease progression or unacceptable toxicity.

Claim Notes:
- Trametinib will not be reimbursed in patients who have progressed on BRAF targeted therapy.
- Initial approval duration: 6 months
- Renewal approval duration: 6 months

Drugs Reviewed and Not Listed

The review of the following products found that they did not offer a significant therapeutic and/or cost advantage over existing therapies. Requests for special authorization will not be considered.

Product	Strength	Indication	DIN	MFR
Cinacalcet hydrochloride (Sensipar® and generic brands)	30mg tablet 60mg tablet 90mg tablet	Primary and secondary hyperparathyroidism	02257130 02257149 02257157	AGA
Collagenase clostridium histolyticum (Xiaflex®)	0.9mg vial	Dupuytren's contracture with a palpable cord	02388316	PAL

Ibrutinib (Imbruvica®)	140mg capsule	Waldenström's macroglobulinemia after at least one prior therapy	02434407	JAN
Idelalisib (Zydelig®)	100mg film coated tablet	Follicular lymphoma after at least two prior regimens and refractory to both rituximab and an alkylating agent	02438798	GIL
	150mg film coated tablet		02438801	
Norethindrone acetate / ethinyl estradiol (Lolo™)	1mg/0.010mg tablet	Prevention of pregnancy	02417456	ALL

Bulletin # 945 March 29, 2017

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective March 29, 2017.

Included in this bulletin:

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

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

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Special Authorization Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Asunaprevir (Sunvepra™)	100mg capsule	02452294	BRI	(SA)	MLP

For treatment-naïve or treatment-experienced adult patients with chronic hepatitis C virus (HCV) who meet all of the following criteria:

	Approval Period and Regimen
Genotype 1b • Without cirrhosis or with compensated cirrhosis	24 weeks in combination with daclatasvir

Patients must also meet all of the following criteria:

- Prescribed by a hepatologist, gastroenterologist, or infectious disease specialist (or other physician experienced in treating a patient with hepatitis C infection)
- Lab-confirmed hepatitis C genotype 1b
- Quantitative HCV RNA value within the last 6 months
- Fibrosis stage F2 or greater (Metavir scale or equivalent) or Fibrosis stage less than F2 and at least one of the following poor prognostic factors:
  - Co-infected with HIV or hepatitis B virus
  - Post-organ transplant (liver and/or non-liver transplant)
  - Extra-hepatic manifestations
  - Chronic kidney disease stage 3, 4 or 5 as defined by the National Kidney Foundation Kidney Disease Outcomes Quality Initiative
  - Co-existent liver disease with diagnostic evidence of fatty liver disease (e.g., non-alcoholic steatohepatitis)
  - Patients with diabetes being treated with antihyperglycemic medications
  - Women of childbearing age who are planning a pregnancy within the next 12 months

Clinical Notes:

1. Treatment-experienced is defined as patients who have been previously treated with a peginterferon/ribavirin regimen and have not experienced an adequate response.
2. Acceptable methods for the measurement of fibrosis score include Fibrotest, liver biopsy, transient elastography (FibroScan®), serum biomarker panels (such as AST-to-Platelet Ratio Index or Fibrosis-4 score) either alone or in combination.
3. Extra-hepatic manifestations include but are not limited to: symptomatic vasculitis associated with HCV-related mixed cryoglobulinaemia, HCV immune complex-related nephropathy and non-Hodgkin B cell lymphoma, porphyria cutanea tarda, lichen planus, and glomerulonephritis.
4. Chronic kidney disease stage 3, 4 or 5 includes patients with glomerular filtration rate (GFR) <60 mL/min/1.73m^2 for ≥ 3 months.
5. Compensated cirrhosis is defined as a Child-Turcotte-Pugh (CTP) score of 5 to 6 (Class A).
6. Re-treatment for direct-acting antivirals failures will be considered on a case-by-case basis under the formulary exception process.

Claim Note:

- Requests will be considered for individuals enrolled in Plans ADEFGV.

Daclatasvir (Daklinza™)	30mg tablet 60mg tablet	02444747 02444755	BRI	(SA)	MLP

For treatment-naïve or treatment-experienced adult patients with chronic hepatitis C virus (HCV) who meet all of the following criteria:

	Approval Period and Regimen
Genotype 1b • Without cirrhosis or with compensated cirrhosis	24 weeks in combination with asunaprevir
Genotype 3 • Without cirrhosis	12 weeks in combination with sofosbuvir
Genotype 3 • With compensated or decompensated cirrhosis • Post-liver transplant with no cirrhosis or with compensated cirrhosis	12 weeks in combination with sofosbuvir and ribavirin

Patients must also meet all of the following criteria:

- Prescribed by a hepatologist, gastroenterologist, or infectious disease specialist (or other physician experienced in treating a patient with hepatitis C infection)
- Lab-confirmed hepatitis C genotype 1b and 3
- Quantitative HCV RNA value within the last 6 months
- Fibrosis stage F2 or greater (Metavir scale or equivalent) or Fibrosis stage less than F2 and at least one of the following poor prognostic factors:
  - Co-infected with HIV or hepatitis B virus
  - Post-organ transplant (liver and/or non-liver transplant)
  - Extra-hepatic manifestations
  - Chronic kidney disease stage 3, 4 or 5 as defined by the National Kidney Foundation Kidney Disease Outcomes Quality Initiative
  - Co-existent liver disease with diagnostic evidence of fatty liver disease (e.g., non-alcoholic steatohepatitis)
  - Patients with diabetes being treated with antihyperglycemic medications
  - Women of childbearing age who are planning a pregnancy within the next 12 months

Clinical Notes:

1. Treatment-experienced is defined as a patient who has been previously treated with a peginterferon/ribavirin regimen and has not experienced an adequate response.
2. Acceptable methods for the measurement of fibrosis score include Fibrotest, liver biopsy, transient elastography (FibroScan®), serum biomarker panels (such as AST-to-Platelet Ratio Index or Fibrosis-4 score) either alone or in combination.
3. Extra-hepatic manifestations include but are not limited to: symptomatic vasculitis associated with HCV-related mixed cryoglobulinaemia, HCV immune complex-related nephropathy and non-Hodgkin B cell lymphoma, porphyria cutanea tarda, lichen planus, and glomerulonephritis.
4. Chronic kidney disease stage 3, 4 or 5 includes patients with glomerular filtration rate (GFR) <60 mL/min/1.73m^2 for ≥ 3 months.
5. Compensated cirrhosis is defined as a Child-Turcotte-Pugh (CTP) score of 5 to 6 (Class A) and decompensated cirrhosis as a CTP score of 7 or above (Class B or C).

6. Re-treatment for direct-acting antivirals failures will be considered on a case-by-case basis under the formulary exception process.

Claim Notes:

- Requests will be considered for individuals enrolled in Plans ADEFGV.
- 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

Product	Strength	DIN	MFR	Plans	Cost Base
New Indication					
Duloxetine (Cymbalta® and generic brands)	30mg capsules 60mg capsules	See NB Drug Plans Formulary or MAP List for products		(SA)	MAP

For the treatment of chronic pain in patients who have had an inadequate response or intolerance to at least one first-line agent.

Clinical Note:

- First-line agents include tricyclic antidepressants for chronic neuropathic pain and non-steroidal anti-inflammatory drugs for chronic non-neuropathic pain.

Claim Note:

- The maximum dose reimbursed is 60mg daily.

Drugs Reviewed and Not Listed

The review of the following products found that they did not offer a significant therapeutic and/or cost advantage over existing therapies. Requests for special authorization will not be considered.

Product	Strength	DIN	MFR	Indication
Eltrombopag (Revolade®)	25mg tablet 50mg tablet	02361825 02361833	NVR	Thrombocytopenia associated with chronic hepatitis C infection
Canakinumab (Ilaris®)	150mg powder for solution	02344939	NVR	Systemic juvenile idiopathic arthritis

Bulletin #946 March 31, 2017

NB Drug Plans Formulary Update

Please find attached a list of **generic drug product updates** for the New Brunswick Drug Plans Formulary.

Generic drug product additions

- New generic products will be reimbursed up to the category Maximum Allowable Price (MAP) effective March 31, 2017.
- The original brand product will be reimbursed at the new category MAP effective April 21, 2017. Prior to April 21, 2017 the original brand product will be reimbursed up to the higher MAP indicated on the attached list.

Generic drug price changes

- Products listed on the NB Drug Plans Formulary prior to March 31, 2017 will be reimbursed up to the new category MAP effective April 21, 2017. Prior to April 21, 2017 products in the category will be reimbursed up to the previous MAP.

Delisted generic drug products

- Manufacturers who did not confirm prices to the new lower MAP will have impacted products removed from the NB Drug Plans Formulary effective April 21, 2017.

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Generic Drug Product Additions
Ajouts de médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Celecoxib Célécoxib							
Cap Caps	Orl	100mg	Auro-Celecoxib	2445670	ARO	ADEFGVW	0.1625
		200mg	Auro-Celecoxib	2445689	ARO	ADEFGVW	0.3250
Levodopa / Carbidopa Lévodopa / Carbidopa							
Tab Co.	Orl	100mg/10mg	Mint-Levocarb	2457954	MNT	ADEFVW	0.1087
		100mg/25mg	Mint-Levocarb	2457962	MNT	ADEFVW	0.1623
		250mg/25mg	Mint-Levocarb	2457970	MNT	ADEFVW	0.1812
Mesalazine Mésalazine							
ECT Co.Ent	Orl	400mg	Asacol Teva-5-ASA	1997580 2171929	WNC TEV	ADEFGVW	0.5597 0.3951
Metformin Metformine							
Tab Co.	Orl	500mg	Pro-Metformin	2314908	PDL	ADEFGVW	0.0444
		850mg	Pro-Metformin	2314894	PDL	ADEFGVW	0.0610
Mixed Salts Amphetamine Sels mixtes d'amphétamine							
ERC Caps.L.P.	Orl	5mg	Adderall XR Act Amphetamine XR pms-Amphetamines XR Sandoz Amphetamine XR	2248808 2439239 2440369 2457288	SHI ATV PMS SDZ	ADEFG	0.5372
		10mg	Adderall XR Act Amphetamine XR pms-Amphetamines XR Sandoz Amphetamine XR	2248809 2439247 2440377 2457296	SHI ATV PMS SDZ	ADEFG	0.6105
		15mg	Adderall XR Act Amphetamine XR pms-Amphetamines XR Sandoz Amphetamine XR	2248810 2439255 2440385 2457318	SHI ATV PMS SDZ	ADEFG	0.6838
		20mg	Adderall XR Act Amphetamine XR pms-Amphetamines XR Sandoz Amphetamine XR	2248811 2439263 2440393 2457326	SHI ATV PMS SDZ	ADEFG	0.7572
		25mg	Adderall XR Act Amphetamine XR pms-Amphetamines XR Sandoz Amphetamine XR	2248812 2439271 2440407 2457334	SHI ATV PMS SDZ	ADEFG	0.8305

Generic Drug Product Additions
Ajouts de médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Mixed Salts Amphetamine Sels mixtes d'amphétamine							
ERC Caps.L.P.	Orl	30mg	Adderall XR	2248813	SHI	ADEFG	0.9038
			Act Amphetamine XR	2539298	ATV		
			pms-Amphetamines XR	2440415	PMS		
			Sandoz Amphetamine XR	2457342	SDZ		
Mycophenolate Mofetil Mycophénolate Mofétil							
Cap Caps	Orl	250mg	Mycophenolate Mofetil	2457369	SAS	ADEFGRV	0.5155
Tab Co.	Orl	500mg	Mycophenolate Mofetil	2457377	SAS	ADEFGRV	1.0310
Olanzapine							
ODT Co.D.O.		5mg	Mint-Olanzapine ODT	2436965	MNT	ADEFGVW	0.6434
		10mg	Mint-Olanzapine ODT	2436973	MNT	ADEFGVW	1.2857
		15mg	Mint-Olanzapine ODT	2436981	MNT	ADEFGVW	1.9280
Quetiapine Quétiapine							
Tab Co.	Orl	25mg	Pro-Quetiapine	2317346	PDL	ADEFGVW	0.0889
		100mg	Pro-Quetiapine	2317354	PDL	ADEFGVW	0.2372
		200mg	Pro-Quetiapine	2317362	PDL	ADEFGVW	0.4764
		300mg	Pro-Quetiapine	2317370	PDL	ADEFGVW	0.6953
Rosuvastatin Rosuvastatine							
Tab Co.	Orl	5mg	Rosuvastatin	2381176	PDL	ADEFGVW	0.2311
		10mg	Rosuvastatin	2381184	PDL	ADEFGVW	0.2437
		20mg	Rosuvastatin	2381192	PDL	ADEFGVW	0.3046
		40mg	Rosuvastatin	2381206	PDL	ADEFGVW	0.3582
Tryptophan Tryptophane							
Tab Co.	Orl	750mg	Tryptan	2239327	VLN	ADEFGV	1.1634
			Apo-Tryptophan	2458721	APX		0.9889
Venlafaxine							
SRC Caps.L.L.	Orl	37.5mg	Venlafaxine XR	2339242	PDL	ADEFGVW	0.1643
		75mg	Venlafaxine XR	2339250	PDL	ADEFGVW	0.3285
		150mg	Venlafaxine XR	2339269	PDL	ADEFGVW	0.3469

Generic Drug Price Changes
Changements de prix des médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Celecoxib Célécoxib							
Cap Caps	Orl	100mg	Act Celecoxib	2420155	ATV	ADEFGVW	0.1625
			Apo-Celecoxib	2418932	APX		
			Celecoxib	2436299	SAS		
			Celecoxib	2429675	SIV		
			Jamp-Celecoxib	2424533	JPC		
			Mint-Celecoxib	2412497	MNT		
			Mylan-Celecoxib	2423278	MYL		
			pms-Celecoxib	2355442	PMS		
			Ran-Celecoxib	2412373	RAN		
			Sandoz Celecoxib	2321246	SDZ		
			SDZ Celecoxib	2442639	SDZ		
			Teva-Celecoxib	2288915	TEV		
		200mg	Act Celecoxib	2420163	ATV	ADEFGVW	0.3250
			Apo-Celecoxib	2418940	APX		
			Celecoxib	2436302	SAS		
			Celecoxib	2429683	SIV		
			Jamp-Celecoxib	2424541	JPC		
			Mint-Celecoxib	2412500	MNT		
			Mylan-Celecoxib	2399881	MYL		
			pms-Celecoxib	2355450	PMS		
			Ran-Celecoxib	2412381	RAN		
			Sandoz Celecoxib	2321254	SDZ		
			SDZ Celecoxib	2442647	SDZ		
			Teva-Celecoxib	2288923	TEV		
Levodopa / Carbidopa Lévodopa / Carbidopa							
Tab Co.	Orl	100mg/10mg	Apo-Levocarb	2195933	APX	ADEFVW	0.1087
			Teva-Levocarbidopa	2244494	TEV		
		100mg/25mg	Apo-Levocarb	2195941	APX	ADEFVW	0.1623
			Teva-Levocarbidopa	2244495	TEV		
		250mg/25mg	Apo-Levocarb	2195968	APX	ADEFVW	0.1812
			Teva-Levocarbidopa	2244496	TEV		

Delisted Generic Drug Products
Produits génériques retirés du formulaire

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes
Celecoxib Célécoxib Cap Caps	Orl	100mg	GD-Celecoxib Mar-Celecoxib	2291975 2420058	GMD MAR	ADEFGVW
		200mg	GD-Celecoxib Mar-Celecoxib	2291983 2420066	GMD MAR	ADEFGVW
Clobazam Tab Co.	Orl	10mg	Apo-Clobazam	2244638	APX	ADEFGV

Bulletin # 947

April 4, 2017

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective April 4, 2017.

Included in this bulletin:

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

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Special Authorization Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Sofosbuvir/velpatasvir (Epclusa™)	400mg/100mg tablet	02456370	GIL	(SA)	MLP

For treatment-naïve or treatment-experienced adult patients with chronic hepatitis C virus (HCV) who meet the following criteria:

	Approval Period and Regimen
Genotypes 1, 2, 3, 4, 5, 6 or mixed genotypes • Patients with compensated cirrhosis • Patients without cirrhosis	12 weeks
Genotypes 1, 2, 3, 4, 5, 6 or mixed genotypes • Patients with decompensated cirrhosis	12 weeks in combination with ribavirin

Patients must meet all of the following criteria:

- Prescribed by a hepatologist, gastroenterologist, or infectious disease specialist (or other physician experienced in treating a patient with hepatitis C infection).
- Lab-confirmed hepatitis C genotype 1, 2, 3, 4, 5, 6 or mixed genotypes
- Quantitative HCV RNA value within the last 6 months
- Fibrosis stage F2 or greater (Metavir scale or equivalent) or Fibrosis stage less than F2 and at least one of the following poor prognostic factors:
  - Co-infected with HIV or hepatitis B virus
  - Post-organ transplant (liver and/or non-liver transplant)
  - Extra-hepatic manifestations
  - Chronic kidney disease stage 3, 4 or 5 as defined by the National Kidney Foundation Kidney Disease Outcomes Quality Initiative
  - Co-existent liver disease with diagnostic evidence of fatty liver disease (e.g., non-alcoholic steatohepatitis)
  - Patients with diabetes receiving treatment with antihyperglycemic medications
  - Women of childbearing age who are planning pregnancy within the next 12 months

Clinical Notes:

1. Treatment-experienced is defined as a patient who has been previously treated with a peginterferon/ribavirin regimen, including regimens containing HCV protease inhibitors (for genotype 1) and who has not experienced an adequate response.
2. Acceptable methods for the measurement of fibrosis score include Fibrotest, liver biopsy, transient elastography (FibroScan®), serum biomarker panels (such as AST-to-Platelet Ratio Index or Fibrosis-4 score) either alone or in combination.
3. Extra-hepatic manifestations include but are not limited to: symptomatic vasculitis associated with HCV-related mixed cryoglobulinaemia, HCV immune complex-related nephropathy and non-Hodgkin B cell lymphoma, porphyria cutanea tarda, lichen planus, and glomerulonephritis.
4. Chronic kidney disease stage 3, 4 or 5 includes patients with glomerular filtration rate (GFR) <60 mL/min/1.73m2 for ≥ 3 months.

5. Compensated cirrhosis is defined as a Child-Turcotte-Pugh (CTP) score of 5 to 6 (Class A) and decompensated cirrhosis as a CTP score of 7 or above (Class B or C).
6. Re-treatment for direct-acting antivirals failures will be considered on a case-by-case basis under the formulary exception process.

Claim Notes:

- Requests will be considered for individuals enrolled in Plans ADEFGV.
- 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

Product	Strength	DIN	MFR	Plans	Cost Base
Revised Criteria Ledipasvir/sofosbuvir (Harvoni®)	90mg/400mg tablet	02432226	GIL	(SA)	MLP

For treatment-naïve or treatment-experienced adult patients with chronic hepatitis C virus (HCV) who meet the following criteria:

	Approval Period and Regimen
Genotype 1 • Treatment-naïve without cirrhosis, who have pre-treatment HCV RNA level < 6 million IU/mL and mono-HCV infected only	8 weeks
Genotype 1 • Treatment-naïve without cirrhosis, who have pre-treatment HCV RNA level ≥ 6 million IU/mL • Treatment-naïve with compensated cirrhosis • Treatment-naïve with advanced liver fibrosis (Fibrosis stage F3-F4) • Treatment-experienced without cirrhosis • HCV/HIV co-infected without cirrhosis or with compensated cirrhosis	12 weeks
Genotype 1 • Treatment-experienced with compensated cirrhosis	24 weeks
Genotype 1 • Decompensated cirrhosis • Liver transplant recipients without cirrhosis or with compensated cirrhosis	12 weeks in combination with ribavirin

Patients must also meet all of the following criteria:

- Prescribed by a hepatologist, gastroenterologist, or infectious disease specialist (or other physician experienced in treating a patient with hepatitis C infection).
- Lab-confirmed hepatitis C genotype 1
- Quantitative HCV RNA value within the last 6 months
- Fibrosis stage F2 or greater (Metavir scale or equivalent) or Fibrosis stage less than F2 and at least one of the following poor prognostic factors:
  - Co-infected with HIV or hepatitis B virus
  - Post-organ transplant (liver and/or non-liver transplant)
  - Extra-hepatic manifestations
  - Chronic kidney disease stage 3, 4 or 5 as defined by the National Kidney Foundation Kidney Disease Outcomes Quality Initiative
  - Co-existent liver disease with diagnostic evidence of fatty liver disease (e.g., non-alcoholic steatohepatitis)
  - Patients with diabetes being treated with antihyperglycemic medications
  - Women of childbearing age who are planning a pregnancy within the next 12 months

Clinical Notes:

1. Treatment-experienced is defined as a patient who has been previously treated with a peginterferon/ ribavirin regimen, including regimens containing HCV protease inhibitors, and has not experienced an adequate response.
2. Acceptable methods for the measurement of fibrosis score include Fibrotest, liver biopsy, transient elastography (FibroScan®), serum biomarker panels (such as AST-to-Platelet Ratio Index or Fibrosis-4 score) either alone or in combination.
3. Extra-hepatic manifestations include but are not limited to: symptomatic vasculitis associated with HCV-related mixed cryoglobulinaemia, HCV immune complex-related nephropathy and non-Hodgkin B cell lymphoma, porphyria cutanea tarda, lichen planus, and glomerulonephritis.
4. Chronic kidney disease stage 3, 4 or 5 includes patients with glomerular filtration rate (GFR) <60 mL/min/1.73m2 for ≥ 3 months.
5. Compensated cirrhosis is defined as a Child-Turcotte-Pugh (CTP) score of 5 to 6 (Class A) and decompensated cirrhosis as a CTP score of 7 or above (Class B or C).
6. Re-treatment for direct-acting antiviral failures will be considered on a case-by-case basis under the formulary exception process.

Claim Notes:

- Requests will be considered for individuals enrolled in Plans ADEFGV.
- Claims that exceed the maximum claim amount of $9,999.99 must be divided and submitted as separate transactions as outlined here.

Revised Criteria

Pirfenidone (Esbriet®)	267mg capsule	02393751	HLR	(SA)	MLP

For the treatment of adult patients with mild to moderate idiopathic pulmonary fibrosis (IPF) confirmed by a respirologist and a high-resolution CT scan within the previous 24 months.

Initial renewal criteria:
Patients must not demonstrate progression of disease defined as an absolute decline in percent predicted forced vital capacity (FVC) of ≥10% from initiation of therapy until renewal (initial 6 month treatment period). If a patient has experienced progression as defined above, then the results should be validated with a confirmatory pulmonary function test conducted 4 weeks later.

Subsequent renewal criteria:
Patients must not demonstrate progression of disease defined as an absolute decline in percent predicted FVC of ≥10% within any 12 month period. If a patient has experienced progression as defined above, then the results should be validated with a confirmatory pulmonary function test conducted 4 weeks later.

Clinical notes:
- Mild to moderate IPF is defined as a FVC ≥ 50% predicted.
- All other causes of restrictive lung disease (e.g. collagen vascular disorder or hypersensitivity pneumonitis) should be excluded before initiating treatment.

Claim notes:
- Must be prescribed by, or in consultation with, physicians experienced in the treatment of IPF.
- Combination therapy of pirfenidone with nintedanib will not be reimbursed.
- Initial approval period: 7 months (allow 4 weeks for repeat pulmonary function tests)
- Initial renewal approval period: 6 months
- Subsequent renewal approval period: 12 months

Revised Criteria

Sofosbuvir (Sovaldi®)	400mg tablet	02418355	GIL	(SA)	MLP

For treatment-naïve or treatment-experienced adult patients with chronic hepatitis C virus (HCV) who meet the following criteria:

	Approval Period and Regimen
Genotype 2 • Without cirrhosis • With compensated cirrhosis	12 weeks in combination with ribavirin (RBV)
Genotype 3 • Without cirrhosis • With compensated cirrhosis	24 weeks in combination with RBV
Genotype 3 • Without cirrhosis	12 weeks in combination with daclatasvir
Genotype 3 • With compensated or decompensated cirrhosis • Post-liver transplant without cirrhosis or with compensated cirrhosis	12 weeks in combination with daclatasvir and RBV

Patients must meet all of the following criteria:

- Prescribed by a hepatologist, gastroenterologist, or infectious disease specialist (or other physician experienced in treating a patient with hepatitis C infection)
- Lab-confirmed hepatitis C genotype 2 and 3
- Quantitative HCV RNA value within the last 6 months
- Fibrosis stage F2 or greater (Metavir scale or equivalent) or Fibrosis stage less than F2 and at least one of the following poor prognostic factors:
  - Co-infected with HIV or hepatitis B virus
  - Post-organ transplant (liver and/or non-liver transplant)
  - Extra-hepatic manifestations
  - Chronic kidney disease stage 3, 4 or 5 as defined by the National Kidney Foundation Kidney Disease Outcomes Quality Initiative
  - Co-existent liver disease with diagnostic evidence of fatty liver disease (e.g., non-alcoholic steatohepatitis)
  - Patients with diabetes being treated with antihyperglycemic medications
  - Women of childbearing age who are planning a pregnancy within the next 12 months

Clinical Notes:

1. Treatment-experienced is defined as patients who have been previously treated with a peginterferon/ribavirin regimen, and have not experienced an adequate response.
2. Acceptable methods for the measurement of fibrosis score include Fibrotest, liver biopsy, transient elastography (FibroScan®), serum biomarker panels (such as AST-to-Platelet Ratio Index or Fibrosis-4 score) either alone or in combination.
3. Extra-hepatic manifestations include but are not limited to: symptomatic vasculitis associated with HCV-related mixed cryoglobulinaemia, HCV immune complex-related nephropathy and non-Hodgkin B cell lymphoma, porphyria cutanea tarda, lichen planus, and glomerulonephritis.
4. Chronic kidney disease stage 3, 4 or 5 includes patients with glomerular filtration rate (GFR) <60 mL/min/1.73m2 for ≥ 3 months.
5. Compensated cirrhosis is defined as a Child-Turcotte-Pugh (CTP) score of 5 to 6 (Class A) and decompensated cirrhosis as a CTP score of 7 or above (Class B or C).
6. Re-treatment for direct-acting antivirals failures will be considered on a case-by-case basis under the formulary exception process.

Claim Notes:

- Requests will be considered for individuals enrolled in Plans ADEFGV
- Claims that exceed the maximum claim amount of $9,999.99 must be divided and submitted as separate transactions as outlined here.

Benefit Status Change

ombitasvir/paritaprevir/ritonavir and dasabuvir (Holkira® Pak)

12.5mg/75mg/50mg and 250mg film-coated tablets	02436027	ABV	(SA)	MLP

Effective April 4, 2017, new requests for coverage of ombitasvir/paritaprevir/ritonavir and dasabuvir (Holkira® Pak) will no longer be considered. For patients whose coverage of this drug was approved before April 4, 2017, coverage will continue until their current special authorization approval expires.

Drugs Reviewed and Not Listed

The review of the following products found that they did not offer a significant therapeutic and/or cost advantage over existing therapies. Requests for special authorization will not be considered.

Product	Strength	DIN	MFR	Indication
Ombitasvir/paritaprevir/ ritonavir (Technivie™)	12.5mg/75mg/50mg film coated tablet	02447711	ABV	Chronic hepatitis C virus infection

Bulletin # 948

April 13, 2017

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective April 13, 2017.

Included in this bulletin:

- Regular Benefit Additions
- Special Authorization Benefit Additions
- Drugs Reviewed and Not Listed

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

To unsubscribe from the NB Drug Plans Formulary emailed announcements, please send a message to info@nbdrugs-medicamentsnb.ca. The Updates are available on the NBPDP webpage: http://www.gnb.ca/0212/BenefitUpdates-e.asp.

Regular Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Lipase/amylase/protease (Creon Minimicrospheres® Micro)	5000 U/5100 U/320 U granules	02445158	BGP	ABDEFGV	MLP
Special authorization no longer required					
Zuclopenthixol (Clopixol®)	10mg tablet 25mg tablet	02230402 02230403	VLH	ADEFGV	MLP

Special Authorization Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Elbasvir/grazoprevir (Zepatier®)	50mg/100mg tablet	02451131	FRS	(SA)	MLP

For treatment-naïve or treatment-experienced adult patients with chronic hepatitis C virus (HCV) without cirrhosis or with compensated cirrhosis who meet the following criteria:

	Approval Period
Genotype 1 • Treatment-naïve • Treatment-experienced prior relapsers	12 weeks *(8 weeks may be considered in treatment-naïve genotype 1b patients without significant fibrosis or cirrhosis)*
Genotype 1b • Treatment-experienced on-treatment virologic failures	12 weeks
Genotype 4 • Treatment-naïve • Treatment-experienced prior relapsers	12 weeks

	Approval Period and Regimen
Genotype 1a • Treatment-experienced on-treatment virologic failures	16 weeks in combination with ribavirin
Genotype 4 • Treatment-experienced on-treatment virologic failures	16 weeks in combination with ribavirin

Patients must also meet all of the following criteria:

- Prescribed by a hepatologist, gastroenterologist, or infectious disease specialist (or other physician experienced in treating a patient with hepatitis C infection).
- Lab-confirmed hepatitis C genotype 1 or 4
- Quantitative HCV RNA value within the last 6 months
- Fibrosis stage F2 or greater (Metavir scale or equivalent) or Fibrosis stage less than F2 and at least one of the following poor prognostic factors:
  - Co-infection with HIV or hepatitis B virus
  - Post-organ transplant (liver and /or non-liver transplant)
  - Extra-hepatic manifestations
  - Chronic kidney disease stage 3, 4 or 5 as defined by the National Kidney Foundation Kidney Disease Outcomes Quality Initiative
  - Other co-existent liver disease with diagnostic evidence for fatty liver disease (e.g., non-alcoholic steatohepatitis)
  - Patients with diabetes receiving treatment with antihyperglycemic medications
  - Women of childbearing age who are planning pregnancy within the next 12 months

Clinical Notes:

1. Treatment-experienced is defined as a patient who has been previously treated with a peginterferon/ribavirin (PegIFN/RBV) based regimen, including regimens containing HCV protease inhibitors (for genotype 1) and who has not experienced an adequate response.
2. Treatment-experienced prior relapser is defined as a patient who has undetectable HCV RNA at the end of previous PegIFN/RBV therapy, including regimens containing NS3/4A protease inhibitors (for genotype 1), but with a subsequent detectable HCV RNA during follow-up.
3. Treatment-experienced on-treatment virologic failure is defined as a patient who has been previously treated with PegIFN/RBV regimen, including regimens containing HCV protease inhibitors (for genotype 1), and who has not experienced adequate response, including a null response, partial response, virologic breakthrough or rebound.
4. Acceptable methods for fibrosis score tests include liver biopsy, transient elastography (FibroScan®) fibrotest, serum biomarker panels (such as AST-to-Platelet Ratio Index or Fibrosis-4) either alone or in combination.
5. Extra-hepatic manifestations include but are not limited to: symptomatic vasculitis associated with HCV-related mixed cryoglobulinaemia, HCV immune complex-related nephropathy and non-Hodgkin B cell lymphoma, porphyria cutanea tarda, lichen planus, and glomerulonephritis.
6. Chronic kidney disease stage 3, 4 or 5 includes patients with glomerular filtration rate (GFR) <60 mL/min/1.73m2 for >3 months.
7. Compensated cirrhosis is defined as a Child-Turcotte-Pugh (CTP) score of 5 to 6 (Class A).
8. Re-treatment for direct-acting antiviral failures will be considered on a case-by-case basis under the formulary exception process.

Claim Notes:

- Requests will be considered for individuals enrolled in Plans ADEFGV.
- 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

The review of the following products found that they did not offer a significant therapeutic and/or cost advantage over existing therapies. Requests for special authorization will not be considered.

Product	Strength	DIN	MFR	Indication
Fentanyl citrate (Fentora®)	100mcg 200mcg 400mcg 600mcg 800mcg buccal/sublingual effervescent tablet	02408007 02408015 02408023 02408031 02408058	TEV	Breakthrough cancer pain
Lumacaftor/ivacaftor (Orkambi™)	200mg/125mg tablet	02451379	VTX	Cystic Fibrosis, F508del-CFTR mutation

Bulletin #949 April 28, 2017

NB Drug Plans Formulary Update

Please find attached a list of **generic drug product updates** for the New Brunswick Drug Plans Formulary.

Generic drug product additions

- New generic products will be reimbursed up to the category Maximum Allowable Price (MAP) effective April 28, 2017.

Generic drug price changes

- Products listed on the NB Drug Plans Formulary prior to April 28, 2017 will be reimbursed up to the new category MAP effective May 19, 2017. Prior to May 19, 2017 products in the category will be reimbursed up to the previous MAP.

Delisted generic drug products

- Manufacturers who did not confirm prices to the new lower MAP will have impacted products removed from the NB Drug Plans Formulary effective May 19, 2017.

To unsubscribe from the NB Drug Plans emailed announcements, please send a message to info@nbdrugs-medicamentsnb.ca. The Updates are available on the NBPDP webpage: http://www.gnb.ca/0212/BenefitUpdates-e.asp

Generic Drug Product Additions
Ajouts de médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Amlodipine							
Tab Co.	Orl	2.5mg	Amlodipine	2326795	PDL	ADEFGVW	0.1150
		5mg	Amlodipine	2326809	PDL	ADEFGVW	0.2014
		10mg	Amlodipine	2326817	PDL	ADEFGVW	0.2990
Citalopram							
Tab Co.	Orl	10mg	Citalopram-10	2325047	PDL	ADEFGVW	0.1432
		20mg	Citalopram-20	2257513	PDL	ADEFGVW	0.2397
		40mg	Citalopram-40	2257521	PDL	ADEFGVW	0.2397
Diclofenac Diclofénac							
Liq Liq	Oph	0.1%	Sandoz Diclofenac Ophtha	2454807	SDZ	ADEFGVW	1.7710
Ezetimibe Ézétimibe							
Tab Co.	Orl	10mg	Ezetimibe	2422549	PDL	(SA)	0.3260
Fluconazole							
Cap Caps	Orl	150mg	Mar-Fluconazole-150	2428792	MAR	ADEFGVW	3.9400
Haloperidol Halopéridol							
Liq Liq	Inj	5mg/mL	Haloperidol Injection	2366010	OMG	ADEFGVW	4.8300
Hydrocortisone							
Crm Cr.	Top	1%	Euro-Hydrocortisone	2412926	SDZ	ADEFGVW	0.0859
Irbesartan							
Tab Co.	Orl	75mg	Irbesartan	2365197	PDL	ADEFGVW	0.3073
		150mg	Irbesartan	2365200	PDL	ADEFGVW	0.3073
		300mg	Irbesartan	2365219	PDL	ADEFGVW	0.3073
Irbesartan / Hydrochlorothiazide							
Tab Co.	Orl	150mg / 12.5mg	Auro-Irbesartan HCT	2447878	ARO	ADEFGVW	0.3073
		300mg / 12.5mg	Auro-Irbesartan HCT	2447886	ARO	ADEFGVW	0.3073
		300mg / 25mg	Auro-Irbesartan HCT	2447894	ARO	ADEFGVW	0.3052

Generic Drug Product Additions
Ajouts de médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Levetiracetam Lévétiracétam							
Tab Co.	Orl	500mg	Pro-Levetiracetam	2311380	PDL	ADEFGV	0.4875
		750mg	Pro-Levetiracetam	2311399	PDL	ADEFGV	0.6750
Olanzapine							
ODT Co.D.O.	Orl	5mg	Olanzapine ODT	2338645	PDL	ADEFGVW	0.6434
		10mg	Olanzapine ODT	2338653	PDL	ADEFGVW	1.2857
		15mg	Olanzapine ODT	2338661	PDL	ADEFGVW	1.9280
		20mg	Olanzapine ODT	2425114	PDL	ADEFGVW	2.5447
Tab Co.	Orl	2.5mg	Olanzapine	2311968	PDL	ADEFGVW	0.3189
		5mg	Olanzapine	2311976	PDL	ADEFGVW	0.6379
		7.5mg	Olanzapine	2311984	PDL	ADEFGVW	0.9568
		10mg	Olanzapine	2311992	PDL	ADEFGVW	1.2758
		15mg	Olanzapine	2312018	PDL	ADEFGVW	1.9136
		20mg	Olanzapine	2421704	PDL	ADEFGVW	2.5880
Pantoprazole Sodium Pantoprazole sodique							
ECT Co.Ent	Orl	40mg	Pantoprazole	2318695	PDL	ADEFGVW	0.3024
Paroxetine Paroxétine							
Tab Co.	Orl	20mg	Paroxetine	2248914	PDL	ADEFGVW	0.4514
		30mg	Paroxetine	2248915	PDL	ADEFGVW	0.4796
Potassium Chloride Chlorure de potassium							
SRT Co.L.L.		600mg	Euro K 600	2246734	SDZ	ADEFGVW	0.0400
		1500mg	Euro K 20	2242261	SDZ	ADEFGVW	0.1995
Pravastatin Pravastatine							
Tab Co.	Orl	10mg	Pravastatin-10	2243824	PDL	ADEFGVW	0.4050
		20mg	Pravastatin-20	2243825	PDL	ADEFGVW	0.4778
		40mg	Pravastatin-40	2243826	PDL	ADEFGVW	0.5755

Generic Drug Product Additions
Ajouts de médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Pregabalin Prégabaline							
Caps Cap	Orl	25mg	Pregabalin	2396483	PDL	W (SA)	0.2058
		50mg	Pregabalin	2396505	PDL	W (SA)	0.3228
		75mg	Pregabalin	2396513	PDL	W (SA)	0.4176
		150mg	Pregabalin	2396521	PDL	W (SA)	0.5757
		300mg	Pregabalin	2396548	PDL	W (SA)	0.5757
Ramipril							
Caps Cap	Orl	1.25mg	Pro-Ramipril	2310023	PDL	ADEFGVW	0.1062
		2.5mg	Pro-Ramipril	2310066	PDL	ADEFGVW	0.1225
		5mg	Pro-Ramipril	2310074	PDL	ADEFGVW	0.1225
		10mg	Pro-Ramipril	2310104	PDL	ADEFGVW	0.1551
Simvastatin Simvastatine							
Tab Co.	Orl	10mg	Simvastatin-10	2247221	PDL	ADEFGVW	0.3035
		20mg	Simvastatin-20	2247222	PDL	ADEFGVW	0.3751
		40mg	Simvastatin-40	2247223	PDL	ADEFGVW	0.3751
		80mg	Simvastatin-80	2247224	PDL	ADEFGVW	0.3751

Generic Drug Price Changes
Changements de prix des médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Diclofenac Diclofénac							
Liq Liq	Oph	0.1%	Apo-Diclofenac	2441020	APX	ADEFGVW	1.7710
Haloperidol Halopéridol							
Liq Liq	Inj	5mg/mL	Haloperidol	808652	SDZ	ADEFGVW	4.8300
Hydrocortisone							
Crm Cr.	Top	1%	Emo-Cort Prevex HC Hyderm	192597 804533 716839	STI GSK TAR	ADEFGVW	0.0859
Potassium Chloride Chlorure de potassium							
SRT Co.L.L.		600mg	Slow-K Jamp-K 8	80040226 80013005	NVR JPC	ADEFGVW	0.0400
		1500mg	Jamp-K 20 Odan K-20	80013007 80004415	JPC ODN	ADEFGVW	0.1995

Delisted Generic Drug Products
Produits génériques retirés du formulaire

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage		Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Potassium Chloride Chlorure de potassium SRT Co.L.L.	600mg	Apo-K	602884	APX	ADEFGVW	

New Brunswick Drug Plans
Régimes de médicaments du
Nouveau-Brunswick

Bulletin # 950 May 29, 2017

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective May 29, 2017.

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

Product	Strength	DIN	MFR	Plans	Cost Base
Ropivacaine (Naropin®)	5mg/mL ampoules 10mg/mL ampoules	02229415 02229418	AZE	ADEFGV	MLP
Special authorization no longer required					
Atovaquone (Mepron®)	750mg/5mL suspension	02217422	GSK	ADEFGV	MLP

Special Authorization Benefit Additions

Special Authorization Coverage of filgrastim (Grastofil®)

Grastofil® is a subsequent entry biologic (SEB) or "biosimilar" version of filgrastim based upon the reference product Neupogen®. It was approved by Health Canada and supported by the national Common Drug Review based upon data demonstrating similarity and no meaningful differences compared to the reference product. For the Common Drug Review files on Grastofil® please visit: https://www.cadth.ca/filgrastim.

In 2015-16, total expenditures for Neupogen® for all indications covered by the NB Drug Plans were approximately $1 million. Through the pan-Canadian Pharmaceutical Alliance (pCPA) provincial, territorial and federal public drug plans negotiated a significantly lower price for Grastofil®.

Effective May 29, 2017 filgrastim (Grastofil®) will be added to the formulary with the Special Authorization (SA) criteria listed below. SA requests for filgrastim submitted after this date will be assessed for coverage of Grastofil® brand of filgrastim only. Patients who received SA approval for the Neupogen® brand of filgrastim prior to May 29, 2017 will continue to have this brand covered until the current special authorization approval expires. They will also be eligible for coverage of the Grastofil® brand.

Answers™ patient support program is available through the manufacturer of Grastofil®. The reimbursement specialist for the program can assist with program enrolment and the reimbursement process. The Answers™ reimbursement specialist can be reached by phone at 1-866-APO-1664 (1-866-276-1664) or email at ANSWERS@innomar-strategies.com.

Product	Strength	DIN	MFR	Plans	Cost Base
Filgrastim (Grastofil®)	300mcg/0.5mL pre-filled syringe 480mcg/0.8mL pre-filled syringe	02441489 02454548	APX	(SA)	MLP

Chemotherapy Support

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 filgrastim for prevention of febrile neutropenia.

Non-Malignant Indications

- To increase neutrophil count and reduce the incidence and duration of infection in patients with congenital, idiopathic or cyclic neutropenia.
- For the prevention and treatment of neutropenia in patients with HIV infection.

Stem Cell Transplantation Support

- For mobilization of peripheral blood progenitor cells for the purpose of stem cell transplantation.
- To enhance engraftment following stem cell transplantation.

Claim Notes:

- All requests for coverage of filgrastim for adult patients will be approved for Grastofil brand only.
- Patients who have existing coverage of the Neupogen brand will continue to have this brand covered until the current special authorization approval expires.

Vedolizumab (Entyvio™)	300mg vial	02436841	TAK	(SA)	MLP

Crohn's Disease

- For the treatment of adult patients with moderately to severely active Crohn's disease who have contraindications, or are refractory, to therapy with corticosteroids and other immunosuppressants.

Claim Notes:

- Must be prescribed by a gastroenterologist or physician with a specialty in gastroenterology.
- Combined use of more than one biologic DMARD will not be reimbursed.
- Initial Approval: 14 weeks.
- Renewal Approval: 1 year. Confirmation of continued response is required.

Ulcerative Colitis

- For the treatment of adult patients with moderately to severely active ulcerative colitis who have a partial Mayo score > 4, and a rectal bleeding subscore ≥ 2 and are:
  - refractory or intolerant to conventional therapy (i.e. aminosalicylates for a minimum of four weeks, and prednisone ≥ 40mg daily for two weeks or IV equivalent for one week); or
  - corticosteroid dependent (i.e. cannot be tapered from corticosteroids without disease recurrence; or have relapsed within three months of stopping corticosteroids; or require two or more courses of corticosteroids within one year).
- Renewal requests must include information demonstrating the beneficial effects of the treatment, specifically:
  - a decrease in the partial Mayo score ≥ 2 from baseline, and
  - a decrease in the rectal bleeding subscore ≥1.

Clinical Notes:

1. Consideration will be given for patients who have not received a four week trial of aminosalicylates if disease is severe (partial Mayo score > 6).
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 or contraindications to treatments as defined in product monographs. The nature of intolerance(s) must be clearly documented.

Claim Notes:

- Must be prescribed by a gastroenterologist or physician with a specialty in gastroenterology.
- Combined use of more than one biologic DMARD will not be reimbursed.
- Initial Approval: 10 weeks.
- Renewal Approval: 1 year.

Changes to Existing Special Authorization Benefits

Product	Strength	DIN	MFR	Plans	Cost Base
New Strength Abiraterone (Zytiga®)	500mg film-coated tablet	02457113	JAN	(SA)	MLP

In combination with prednisone for the treatment of metastatic prostate cancer (castration-resistant prostate cancer) in patients who:

- are asymptomatic or mildly symptomatic after failure of androgen deprivation therapy, or
- have received prior chemotherapy containing docetaxel after failure of androgen deprivation therapy.

New Indication and Strength Golimumab (Simponi®)	50mg/0.5mL autoinjector 50mg/0.5mL pre-filled syringe 100mg/mL autoinjector 100mg/mL pre-filled syringe	02324784 02324776 02413183 02413175	JAN	(SA)	MLP

- For the treatment of adult patients with moderately to severely active ulcerative colitis who have a partial Mayo score > 4, and a rectal bleeding subscore ≥ 2 and are:
  - refractory or intolerant to conventional therapy (i.e. aminosalicylates for a minimum of 4 weeks, and prednisone ≥ 40mg daily for two weeks or IV equivalent for one week); or
  - corticosteroid dependent (i.e. cannot be tapered from corticosteroids without disease recurrence; or have relapsed within three months of stopping corticosteroids; or require two or more courses of corticosteroids within one year).
- Renewal requests must include information demonstrating the beneficial effects of the treatment, specifically:
  - a decrease in the partial Mayo score ≥ 2 from baseline, and
  - a decrease in the rectal bleeding subscore ≥1.

Clinical Notes:

1. Consideration will be given for patients who have not received a four week trial of aminosalicylates if disease is severe (partial Mayo score > 6).
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 or contraindications to treatments as defined in product monographs. The nature of the intolerance(s) must be clearly documented.

Claim Notes:

- Must be prescribed by a gastroenterologist or physician with a specialty in gastroenterology.
- Combined use of more than one biologic DMARD will not be reimbursed.
- Approvals will be for a maximum of 200mg at week 0, 100mg at week 2 then 100mg every four weeks thereafter.
- Initial Approval: 3 months.
- Renewal Approval: 1 year.

Revised Criteria

Filgrastim (Neupogen®)	300mcg/mL vial 480mcg/1.6mL vial	01968017 00999001	AGA	W (SA)	MLP

As supportive therapy for pediatric oncology patients.

Claim Notes:

- All requests for coverage of filgrastim for adult patients will be approved for Grastofil brand only.
- Patients who have existing coverage of the Neupogen brand will continue to have this brand covered until the current special authorization approval expires.

Revised Criteria

Pegfilgrastim (Neulasta®)	6mg pre-filled syringe	02249790	AGA	(SA)	MLP

- Requests for coverage of Neulasta will no longer be considered.
- Patients who have existing coverage of Neulasta will continue to have coverage until the current special authorization approval expires.

Revised Criteria

Vigabatrin (Sabril®)	500mg sachet 500mg tablet	02068036 02065819	LBK	(SA)	MLP

1. For the treatment of epilepsy in those patients who respond inadequately to alternative treatment combinations or in whom other drug combinations have not been tolerated.
2. For the treatment of infantile spasms.

Clinical Note:

- Potential benefits conferred by the use of vigabatrin should outweigh the risk of ophthalmologic abnormalities.

Drugs Reviewed and Not Listed

The review of the following products found that they did not offer a significant therapeutic and/or cost advantage over existing therapies. Requests for special authorization will not be considered.

Product	Strength	DIN	MFR	Indication
Budesonide (Cortiment® MMX)	9mg delayed and extended release tablet	02455889	FEI	Mild to moderate ulcerative colitis

Bulletin #951 May 31, 2017

NB Drug Plans Formulary Update

Please find attached a list of **generic drug product updates** for the New Brunswick Drug Plans Formulary.

Generic drug product additions

- New generic products will be reimbursed up to the category Maximum Allowable Price (MAP) effective May 31, 2017.
- The original brand product will be reimbursed at the new category MAP effective June 21, 2017. Prior to June 21, 2017 the original brand product will be reimbursed up to the higher MAP indicated on the attached list.

Generic drug price changes

- Products listed on the NB Drug Plans Formulary prior to May 31, 2017 will be reimbursed up to the new category MAP effective June 21, 2017. Prior to June 21, 2017 products in the category will be reimbursed up to the previous MAP.

Delisted generic drug products

- Manufacturers who did not confirm prices to the new lower MAP will have impacted products removed from the NB Drug Plans Formulary effective June 21, 2017.

To unsubscribe from the NB Drug Plans emailed announcements, please send a message to info@nbdrugs-medicamentsnb.ca. The Updates are available on the NBPDP webpage: http://www.gnb.ca/0212/BenefitUpdates-e.asp

Generic Drug Product Additions
Ajouts de médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Alendronic Acid Acide Alendronique							
Tab Co.	Orl	70mg	Alendronate-70	2303078	PDL	ADEFGVW	2.5144
Cholestyramine							
Pws Pds.	Orl	4g	Cholestyramine-Odan	2455609	ODN	ADEFGVW	0.1319
Ciprofloxacin Ciprofloxacine							
Liq Liq	IV	2mg/mL	Ciprofloxacin Intravenous Infusion BP	2304759	SDZ	ADEFGVW	0.1540
Clopidogrel							
Tab Co.	Orl	75mg	Clopidogrel	2394820	PDL	W (SA)	0.3946
Diltiazem							
CDC Caps.L.C.	Orl	120mg	Diltiazem-CD	2231472	PDL	ADEFGVW	0.3529
		180mg	Diltiazem-CD	2231474	PDL	ADEFGVW	0.4684
		240mg	Diltiazem-CD	2231475	PDL	ADEFGVW	0.6213
		300mg	Diltiazem-CD	2231057	PDL	ADEFGVW	0.7766
ERC Caps.L.P.	Orl	120mg	Diltiazem TZ	2325306	PDL	ADEFVW	0.2133
		180mg	Diltiazem TZ	2325314	PDL	ADEFVW	0.2889
		240mg	Diltiazem TZ	2325322	PDL	ADEFVW	0.3832
		300mg	Diltiazem TZ	2325330	PDL	ADEFVW	0.4720
		360mg	Diltiazem TZ	2325349	PDL	ADEFVW	0.5778
Olmesartan Olmésartan							
Tab Co.	Orl	20mg	Olmetec	2318660	FRS	ADEFGVW	1.2075
			Act Olmesartan	2442191	ATV		0.2763
			Apo-Olmesartan	2453452	APX		
			Auro-Olmesartan	2443864	ARO		
			Jamp-Olmesartan	2461641	JPC		
			Sandoz Olmesartan	2443414	SDZ		
		40mg	Olmetec	2318679	FRS	ADEFGVW	1.2075
			Act Olmesartan	2442205	ATV		0.2763
			Apo-Olmesartan	2453460	APX		
			Auro-Olmesartan	2443872	ARO		
			Jamp-Olmesartan	2461668	JPC		
			Sandoz Olmesartan	2443422	SDZ		

Generic Drug Product Additions
Ajouts de médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Olmesartan / Hydrochlorothiazide Olmésartan / Hydrochlorothiazide							
Tab Co.	Orl	20mg / 12.5mg	Olmetec Plus	2319616	FRS	ADEFGVW	1.2075
			Act Olmesartan HCT	2443112	ATV		0.5525
			Apo-Olmesartan/HCTZ	2453606	APX		
		40mg / 12.5mg	Olmetec Plus	2319624	FRS	ADEFGVW	1.2075
			Act Olmesartan HCT	2443120	ATV		0.5525
			Apo-Olmesartan/HCTZ	2453614	APX		
		40mg / 25mg	Olmetec Plus	2319632	FRS	ADEFGVW	1.2075
			Act Olmesartan HCT	2443139	ATV		0.5525
			Apo-Olmesartan/HCTZ	2453622	APX		
Risedronate Risédronate							
Tab Co.	Orl	35mg	Risedronate	2347474	PDL	ADEFGVW	2.4275
Valsartan							
Tab Co.	Orl	40mg	Valsartan	2367726	PDL	ADEFGVW	0.2910
		80mg	Valsartan	2367734	PDL	ADEFGVW	0.2957
		160mg	Valsartan	2367742	PDL	ADEFGVW	0.2957
		320mg	Valsartan	2367750	PDL	ADEFGVW	0.2843

Generic Drug Price Changes
Changements de prix des médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Amitriptyline							
Tab Co.	Orl	10mg	Amitriptyline Apo-Amitriptyline	370991 2403137	PDL APX	ADEFGVW	0.0435
		25mg	Amitriptyline Apo-Amitriptyline	371009 2403145	PDL APX	ADEFGVW	0.0829
Amoxicillin / Clavulanic Acid Amoxiciline / Acide Clavulanique							
Tab Co.	Orl	500mg / 125mg	ratio-Aclavulanate	2243771	TEV	ABDEFGVW	0.6673
Betamethasone Valerate Valérate de Bétaméthasone							
Crm Cr.	Top	0.05%	ratio-Ectosone Mild	535427	TEV	ADEFGVW	0.0596
		0.1%	ratio-Ectosone	535435	TEV	ADEFGVW	0.0889
Cephalexin Céphalexine							
Cap Caps	Orl	250mg	Teva-Cephalexin	342084	TEV	ABDEFGVW	0.2250
		500mg	Teva-Cephalexin	342114	TEV	ABDEFGVW	0.4500
Cholestyramine							
Pws Pds.	Orl	4g	Olestyr	890960	PMS	ADEFGVW	0.1319
Clobetasol Clobétasol							
Crm Cr.	Top	0.05%	Mylan-Clobetasol	2024187	MYL	ADEFGVW	0.2279
Lot Lot.	Top	0.05%	Mylan-Clobetasol Propionate	2216213	MYL	ADEFGVW	0.1990
Ont Ont	Top	0.05%	Mylan-Clobetasol	2026767	MYL	ADEFGVW	0.2279
Clotrimazole							
Crm Cr.	Top	1%	Clotrimaderm	812382	TAR	ADEFGVW	0.2060
Dexamethasone Dexaméthasone							
Liq Liq	Inj	4mg/mL	Dexamethasone-Omega Dexamethasone sodium phosphate Dexamethasone sodium phosphate	2204266 664227 1977547	OMG SDZ STR	ADEFGVW	1.6060

Generic Drug Price Changes
Changements de prix des médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Ferrous Sulfate Sulfate Ferreux							
Liq Liq	Orl	15mg	Jamp Ferrous Sulfate	80008309	JPC	AEFGV	0.1432
Furosemide							
Liq Liq	Inj	10mg/mL	Furosemide	527033	SDZ	VW	0.8650
Hydrocortisone / Zinc							
Ont	Rt	0.5% / 0.5%	Anodan HC	2128446	ODN	ADEFGVW	0.3850
Ont			Jamp-Zinc-HC	2387239	JPC		
Lactulose							
Syr	Orl	667mg	Jamp-Lactulose	2295881	JPC	(SA)	0.0145
Sir.			pms-Lactulose	703486	PMS		
Loperamide Lopéramide							
Tab	Orl	2mg	Apo-Loperamide	2212005	APX		
Co.			Novo-Loperamide	2132591	TEV	AEFGVW	0.0952
			pms-Loperamide	2228351	PMS		
Methotrexate Méthotrexate							
Tab Co.	Orl	2.5mg	Methotrexate	2182963	APX	ADEFGVW	0.6325
Methylphenidate Méthylphenidate							
Tab Co.	Orl	5mg	pms-Methylphenidate	2234749	PMS	ADEFGV	0.0947
Piperacillin / Tazobactam Pipéracilline / Tazobactam							
Pws	Inj	2g / 0.25mg	Piperacillin & Tazobactam	2308444	APX	ABDEFGW	4.1720
Pds.			Piperacillin & Tazobactam	2299623	SDZ		
		3g / 0.375g	Piperacillin & Tazobactam	2308452	APX		
			Piperacillin & Tazobactam	2299631	SDZ	ABDEFGW	6.2591
			Piperacillin/Tazobactam	2370166	TEV		
		4g / 0.5g	Piperacillin & Tazobactam	2308460	APX		
			Piperacillin & Tazobactam	2299658	SDZ	ABDEFGW	8.3458
			Piperacillin/Tazobactam	2370174	TEV		

Generic Drug Price Changes
Changements de prix des médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Risedronate Risédronate							
Tab Co.	Orl	35mg	Apo-Risedronate	2353687	APX		
			Auro-Risedronate	2406306	ARO		
			Jamp-Risedronate	2368552	JPC		
			Mylan-Risedronate	2357984	MYL		
			pms-Risedronate	2302209	PMS	ADEFGVW	2.4275
			Risedronate	2370255	SAS		
			Risedronate	2411407	SIV		
			Sandoz Risedronate	2327295	SDZ		
			Teva-Risedronate	2298392	TEV		
Valsartan							
Tab Co.	Orl	40mg	Act Valsartan	2337487	ATV		
			Apo-Valsartan	2371510	APX		
			Auro-Valsartan	2414201	ARO		
			Mylan- Valsartan	2383527	MYL		
			Ran-Valsartan	2363062	RAN	ADEFGVW	0.2910
			Sandoz Valsartan	2356740	SDZ		
			Teva-Valsartan	2356643	TEV		
			Valsartan	2366940	SAS		
			Valsartan	2384523	SIV		
		80mg	Act Valsartan	2337495	ATV		
			Apo-Valsartan	2371529	APX		
			Auro-Valsartan	2414228	ARO		
			Mylan-Valsartan	2383535	MYL		
			Ran-Valsartan	2363100	RAN	ADEFGVW	0.2957
			Sandoz Valsartan	2356759	SDZ		
			Teva-Valsartan	2356651	TEV		
			Valsartan	2366959	SAS		
			Valsartan	2384531	SIV		
		160mg	Act Valsartan	2337509	ATV		
			Apo-Valsartan	2371537	APX		
			Auro-Valsartan	2414236	ARO		
			Mylan- Valsartan	2383543	MYL		
			Ran-Valsartan	2363119	RAN	ADEFGVW	0.2957
			Sandoz Valsartan	2356767	SDZ		
			Teva-Valsartan	2356678	TEV		
			Valsartan	2366967	SAS		
			Valsartan	2384558	SIV		
		320mg	Act Valsartan	2337517	ATV		
			Apo-Valsartan	2371545	APX		
			Mylan- Valsartan	2383551	MYL		
			Sandoz Valsartan	2356775	SDZ	ADEFGVW	0.2843
			Teva-Valsartan	2356686	TEV		
			Valsartan	2366975	SAS		
			Valsartan	2384566	SIV		

Generic Drug Price Changes
Changements de prix des médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Vancomycin Vancomycine							
Pws Pds.	Inj	500mg	Sterile Vancomycin HCL Val-Vancomycin	2139375 2342855	FKB VLN	ABDEFGVW	31.0500
		1g	Val-Vancomycin Vancomycin HCL	2342863 2139383	VLN FKB	ABDEFGVW	58.9900

Delisted Generic Drug Products
Produits génériques retirés du formulaire

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes
Azithromycin Azithromycine						
Pws Pds.	Orl	20mg	Phl-Azithromycin	2282380	PHL	ABDEFGVW
		40mg	Phl-Azithromycin	2282410	PHL	ABDEFGVW
Ciprofloxacin Ciprofloxacine						
Liq Liq	Inj	2mg/mL	Ciprofloxacin IV	2267462	TEV	W
Clobetasol Clobétasol						
Crm Cr.	Top	0.05%	Novo-Clobetasol	2093162	TEV	ADEFGVW
Ont Ont	Top	0.05%	Novo-Clobetasol	2126192	TEV	ADEFGVW
Dexamethasone Dexaméthasone						
Tab Co.	Orl	4mg	Dexasone	489158	VLN	ADEFGVW
Hydrocortisone / Zinc						
Ont	Rt	0.5% / 0.5%	Ratio-Hemcort HC	607789	TEV	ADEFGVW
Ont			Sandoz Anuzinc HC	2247691	SDZ	
Loperamide Lopéramide						
Tab Co.	Orl	2mg	Loperamide	2256452	JPC	AEFGVW
Morphine Hydrochloride Morphine (chlorhydrate de)						
SRT Co.L.L.	Orl	30mg	M.O.S. SR	776181	VLN	ADEFGVW
		60mg	M.O.S. SR	773203	VLN	ADEFGVW
Piperacillin / Tazobactam Pipéracilline / Tazobactam						
Pws Pds.	Inj	4g / 0.5g	Piperacillin and Tazobactam	2391546	MYL	ABDEFGW
Risedronate Risédronate						
Tab Co.	Orl	35mg	ratio-Risedronate	2319861	TEV	ADEFGVW
Valsartan						
Tab Co.	Orl	40mg	pms-Valsartan	2312999	PMS	ADEFGVW

Delisted Generic Drug Products
Produits génériques retirés du formulaire

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes
Valsartan Tab Co.	Orl	80mg	pms-Valsartan	2313006	PMS	ADEFGVW
		160mg	pms-Valsartan	2313014	PMS	ADEFGVW
		320mg	pms-Valsartan	2344564	PMS	ADEFGVW

New Brunswick Drug Plans
Régimes de médicaments du
Nouveau-Brunswick

Bulletin # 952 June 28, 2017

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective June 28, 2017.

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

Product	Strength	DIN	MFR	Plans	Cost Base
Special authorization no longer required					
Clopidogrel (Plavix®) and generic brands	75mg tablet	See NB Drug Plans Formulary or MAP List for products		ADEFV	MAP
Solifenacin (Vesicare®) and generic brands	5mg tablet 10mg tablet	See NB Drug Plans Formulary or MAP List for products		ADEFGV	MAP
Tolterodine (Detrol™) and generic brands	1mg tablet 2mg tablet	See NB Drug Plans Formulary or MAP List for products		ADEFGV	MAP
Tolterodine (Detrol LA™) and generic brands	2mg capsule 4mg capsule	See NB Drug Plans Formulary or MAP List for products		ADEFGV	MAP
Valganciclovir (Valcyte®) and generic brands	450mg tablet	See NB Drug Plans Formulary or MAP List for products		ADEFGV	MAP

Special Authorization Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Omalizumab (Xolair®)	150mg vial	02260565	NVR	(SA)	MLP

For the treatment of patients ≥ 12 years of age with moderate to severe chronic idiopathic urticaria (CIU) who remain symptomatic (presence of hives and/or associated itching) despite optimum management with H_1 antihistamines.

Requirement for Initial Requests:

- Documentation of the most recent urticaria activity score over 7 days (UAS7) must be provided on the submitted request.

Renewal Criteria:

- Requests for renewal will be considered if the patient has achieved:
  - complete symptom control for less than 12 consecutive weeks; or
  - partial response to treatment, defined as at least a ≥ 9.5 point reduction in baseline urticaria activity score over 7 days (UAS7)

Clinical Notes:

1. Treatment cessation could be considered for patients who experience complete symptom control for at least 12 consecutive weeks at the end of a 24 week treatment period.
2. In patients who discontinue treatment due to temporary symptom control, re-initiation can be considered if CIU symptoms reappear.

Claim Notes:

- Approvals will be for a maximum dose of 300mg every four weeks.
- Initial approval: 24 weeks

Changes to Existing Special Authorization Benefits

Product	Strength	DIN	MFR	Plans	Cost Base
Revised Criteria					
Risperidone (Risperdal M-Tab®) and generic brands	0.5mg orally disintegrating tablet 1mg orally disintegrating tablet 2mg orally disintegrating tablet 3mg orally disintegrating tablet 4mg orally disintegrating tablet	See NB Drug Plans Formulary or MAP List for products		W (SA)	MAP

For patients requiring an oral antipsychotic who are unable to be treated with regular oral tablets.

Claim Note:

- Prescriptions written by New Brunswick psychiatrists do not require special authorization. Subsequent refills ordered by other practitioners will not require special authorization.

Drugs Reviewed and Not Listed

The review of the following products found that they did not offer a significant therapeutic and/or cost advantage over existing therapies. Requests for special authorization will not be considered.

Product	Strength	DIN	MFR	Indication
Golimumab (Simponi® I.V.)	50mg/4mL vial	02417472	JAN	Rheumatoid arthritis

Bulletin #953 June 29, 2017

NB Drug Plans Formulary Update

Please find attached a list of **generic drug product updates** for the New Brunswick Drug Plans Formulary.

Generic drug product additions

- New generic products will be reimbursed up to the category Maximum Allowable Price (MAP) effective June 29, 2017.
- The original brand product will be reimbursed at the new category MAP effective July 20, 2017. Prior to July 20, 2017 the original brand product will be reimbursed up to the higher MAP indicated on the attached list.

Generic drug price changes

- Products listed on the NB Drug Plans Formulary prior to June 29, 2017 will be reimbursed up to the new category MAP effective July 20, 2017. Prior to July 20, 2017 products in the category will be reimbursed up to the previous MAP.

Delisted generic drug products

- Manufacturers who did not confirm prices to the new lower MAP will have impacted products removed from the NB Drug Plans Formulary effective July 20, 2017.

To unsubscribe from the NB Drug Plans emailed announcements, please send a message to info@nbdrugs-medicamentsnb.ca. The Updates are available on the NBPDP webpage: http://www.gnb.ca/0212/BenefitUpdates-e.asp

Generic Drug Product Additions
Ajouts de médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Atazanavir							
Cap	Orl	150mg	Reyataz	2248610	BRI		11.4132
Caps			Mylan-Atazanavir	2456877	MYL	DU	5.6771
			Teva-Atazanavir	2443791	TEV		
		200mg	Reyataz	2248611	BRI		11.4797
			Mylan-Atazanavir	2456885	MYL	DU	5.7104
			Teva-Atazanavir	2443813	TEV		
		300mg	Reyataz	2294176	BRI		22.4330
			Mylan-Atazanavir	2456893	MYL	DU	11.2165
			Teva-Atazanavir	2443821	TEV		
Cabergoline							
Tab	Orl	0.5mg	Apo-Cabergoline	2455897	APX	(SA)	12.3941
Co.							
Colchicine							
Tab	Orl	0.6mg	pms-Colchicine	2402181	PMS	ADEFGVW	0.2565
Co.							
Diphenhydramine							
Liq	Inj	50mg	Diphenhydramine HCl	596612	SDZ	VW	4.0400
Liq			Diphenist	2219336	OMG		
Divalproex							
ECT	Orl	125mg	Mylan-Divalproex	2458926	MYL	ADEFGVW	0.0724
Co.Ent.							
		250mg	Mylan-Divalproex	2458934	MYL	ADEFGVW	0.1301
		500mg	Mylan-Divalproex	2459019	MYL	ADEFGVW	0.2604
Duloxetine							
Duloxétine							
CDR	Orl	30mg	Mylan-Duloxetine	2426633	MYL	(SA)	0.4814
Caps.L.R.							
		60mg	Mylan-Duloxetine	2426641	MYL	(SA)	0.9769
Dutasteride							
Dutastéride							
Cap	Orl	0.5mg	Dutasteride	2421712	PDL	ADEFGVW	0.4205
Caps							
Fosinopril							
Tab	Orl	10mg	Fosinopril	2459388	SAS	ADEFGVW	0.2178
Co.							
		20mg	Fosinopril	2459396	SAS	ADEFGVW	0.2619
Gliclazide							
ERT		60mg	Mint-Gliclazide MR	2423294	MNT	ADEFGVW	0.1265
Co.L.P	Orl						

Generic Drug Product Additions
Ajouts de médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Indomethacin Indométhacine							
Cap Caps	Orl	25mg	Mint-Indomethacin	2461811	MNT	ADEFGVW	0.1519
		50mg	Mint-Indomethacin	2461536	MNT	ADEFGVW	0.2469

Generic Drug Price Changes
Changements de prix des médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Betamethasone Dipropionate Bétaméthasone (dipropionate de)							
Crm Cr.	Top	0.05%	Diprosone ratio-Topisone	323071 804991	FRS TEV	ADEFGVW	0.2046
			Diprolene Glycol ratio-Topilene Glycol	688622 849650	FRS TEV	ADEFGVW	0.5186
Lot Lot	Top	0.05%	Diprosone ratio-Topisone	417246 809187	FRS TEV	ADEFGVW	0.1990
			Diprolene Glycol ratio-Topilene Glycol	862975 1927914	FRS TEV	ADEFGVW	0.2696
Ont Ont	Top	0.05%	Diprosone ratio-Topisone	344923 805009	FRS TEV	ADEFGVW	0.2152
Betamethasone Valerate Bétaméthasone (valérate de)							
Lot Lot	Top	0.05%	ratio-Ectosone Mild	653209	TEV	ADEFGVW	0.2108
		0.1%	Betaderm Scalp Lotion ratio-Ectosone Scalp Lotion	716634 653217	TAR TEV	ADEFGVW	0.0852
		0.1%	ratio-Ectosone	750050	TEV	ADEFGVW	0.2588
Chloral Hydrate Chloral (hydrate de)							
Syr Sir.	Orl	100mg	Chloral Hydrate Syrup Odan pms-Chloral Hydrate	2247621 792659	ODN PMS	ADEFGVW	0.0433
Codeine Codéine							
Liq Liq	Inj	30mg	Codeine Phosphate	544884	SDZ	W	3.7939
Colchicine							
Tab Co.	Orl	0.6mg	Colchicine Colchicine Jamp-Colchicine	572349 287873 2373823	ODN SDZ JPC	ADEFGVW	0.2565
Diphenhydramine							
Tab Co.	Orl	25mg	Benadryl Diphenhydramine	2017849 2257548	JNJ JPC	G	0.0975
		50mg	Diphenhydramine	2257556	JPC	G	0.1297
Folic Acid Acide folique							
Tab Co.	Orl	5mg	Euro-Folic Jamp-Folic	2285673 2366061	EUR JPC	ADEFGVW	0.0198

Generic Drug Price Changes
Changements de prix des médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Gliclazide							
ERT		60mg	Apo-Gliclazide MR	2407124	APX	ADEFGVW	0.1265
Co.L.P	Orl						
Indomethacin							
Indométhacine							
Cap	Orl	25mg	Teva-Indomethacin	337420	TEV	ADEFGVW	0.1519
Caps							
		50mg	Teva-Indomethacin	337439	TEV	ADEFGVW	0.2469
Methotrexate							
Méthotrexate							
Liq	Inj	25mg	Methotrexate Inj USP	2182777	HOS	ADEFGVW	4.4600
Liq							
Penicillin V							
Pénicilline V							
Pws	Orl	25mg	Apo-Pen VK	642223	APX	ADEFGVW	0.0535
Pds.							
		60mg	Apo-Pen VK	642231	APX	ADEFGVW	0.0618
Phytomenadione							
Phytoménadione							
Liq	IM	2mg/mL	Vitamin K	781878	SDZ	ADEFGVW	10.3800
Liq							
		10mg/mL	Vitamin K	804312	SDZ	ADEFGVW	5.8800

Delisted Generic Drug Products
Produits génériques retirés du formulaire

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Betamethasone Valerate Bétaméthasone (valérate de)							
Lot Lot	Top	0.1%	Valisone Scalp Lotion	27944	VLN	ADEFGVW	
Cabergoline							
Tab Co.	Orl	0.5mg	Co-Cabergoline	2301407	COB	(SA)	
Dicyclomine							
Tab Co.	Orl	10mg	Jamp-Dicyclomine	2391619	JPC	ADEFGVW	
Folic Acid Acide folique							
Tab Co.	Orl	5mg	Apo-Folic Acid	426849	APX	ADEFGVW	

Bulletin #954 July 31, 2017

NB Drug Plans Formulary Update

Please find attached a list of **generic drug product updates** for the New Brunswick Drug Plans Formulary.

Generic drug product additions

- New generic products will be reimbursed up to the category Maximum Allowable Price (MAP) effective July 31, 2017.
- The original brand product will be reimbursed at the new category MAP effective August 21, 2017. Prior to August 21, 2017 the original brand product will be reimbursed up to the higher MAP indicated on the attached list.

Generic drug price changes

- Products listed on the NB Drug Plans Formulary prior to July 31, 2017 will be reimbursed up to the new category MAP effective August 21, 2017. Prior to August 21, 2017 products in the category will be reimbursed up to the previous MAP.

Delisted generic drug products

- Manufacturers who did not confirm prices to the new lower MAP will have impacted products removed from the NB Drug Plans Formulary effective August 21, 2017.

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Generic Drug Product Additions
Ajouts de médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Deferasirox Déférasirox							
Tab Co.	Orl	125mg	Exjade	2287420	NVR	(SA)	10.8504
			Apo-Deferasirox	2461544	APX		2.7126
			Taro-Deferasirox	2463520	TAR		
			Teva-Deferasirox	2407957	TEV		
		250mg	Exjade	2287439	NVR	(SA)	21.7004
			Apo-Deferasirox	2461552	APX		5.4251
			Taro-Deferasirox	2463539	TAR		
			Teva-Deferasirox	2407965	TEV		
		500mg	Exjade	2287447	NVR	(SA)	43.4011
			Apo-Deferasirox	2461560	APX		10.8503
			Taro-Deferasirox	2463547	TAR		
			Teva-Deferasirox	2407973	TEV		
Gliclazide							
ERT Co.L.P.	Orl	30mg	Sandoz Gliclazide MR	2461323	SDZ	ADEFGVW	0.0931
		60mg	Sandoz Gliclazide MR	2461331	SDZ	ADEFGVW	0.0632
Modafinil							
Tab Co.	Orl	100mg	Auro-Modafinil	2430487	ARO	(SA)	0.3427
			Mar-Modafinil	2432560	MAR		
			Teva-Modafinil	2420260	TEV		
Olmesartan							
Tab Co.	Orl	20mg	pms-Olmesartan	2461307	PMS	ADEFGVW	0.2763
		40mg	pms-Olmesartan	2461315	PMS	ADEFGVW	0.2763
Olopatadine							
Liq	Oph	0.1%	Patanol	2233143	NVR	ADEFGV	2.1714
Liq			Act Olopatadine	2403986	ATV		
		0.2%	Pataday	2362171	NVR	ADEFGV	12.4080
			Act Olopatadine	2404095	ATV		4.3428

Generic Drug Price Changes
Changements de prix des médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Acamprosate							
SRT Co.L.L.	Orl	333mg	Campral	2293269	MYL	(SA)	0.8000
Acetaminophen Acétaminophéne							
Tab Co.	Orl	325mg	Novo-Gesic	389218	TEV	G	0.0121
		500mg	Novo-Gesic	482323	TEV	G	0.0143
Acetylsalicylic Acid Acide Acétylsalicylique							
ECT Co.Ent	Orl	650mg	Novasen	229296	TEV	AEFGVW	0.0352
Amikacin Amikacine							
Liq Liq	Inj	250mg/mL	Amikacin	2242971	SDZ	W (SA)	38.5905
Ampicillin Ampicilline							
Pws Pds.	Inj	500mg	Ampicillin Sodium	872652	TEV	ADEFGW	2.1500
		1g	Ampicillin Sodium	1933345	TEV	ADEFGW	3.6000
		2g	Ampicillin Sodium	1933353	TEV	ADEFGW	7.2000
ASA/Caffeine/Butalbital AAS/Caféine/Butalbital							
Tab Co.	Orl	330mg/40mg/50mg	ratio-Tecnal	608211	RPH	W	0.5038
Benzatropine Benzytropine							
Tab Co.	Orl	1mg	pdp-Benztropine	706531	PDP	ADEFGVW	0.0491
Chlorphenamine Chlorphénamine							
Tab Co.	Orl	4mg	Chlor-Tripolon Novo-Pheniram	738972 21288	SCO TEV	G	0.0645
Gliclazide							
ERT Co.L.P.	Orl	60mg	Apo-Gliclazide MR	2407124	APX	ADEFGVW	0.0632
Imipenem/Cilastatin Imipénem/Cilastatine							
Pws Pds.	Inj	250mg/250mg	Ran-Imipenem-Cilastatin	2351692	OMG	W	11.7400
		500mg/500mg	Primaxin Ran-Imipenem-Cilastatin	717282 2351706	FRS OMG	W	21.9400

Generic Drug Price Changes
Changements de prix des médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Midazolam							
Liq	Inj	1mg/mL	Midazolam	2240285	SDZ	ADEFVW	0.7800
Liq			Midazolam for Injection	2382873			
		5mg/mL	Midazolam	2240286	SDZ	ADEFVW	4.1000
			Midazolam for Injection	2382903			
Modafinil							
Tab	Orl	100mg	Apo-Modafinil	2285398	APX	(SA)	0.3427
Co.							
Nystatin							
Nystatine							
Crm	Top	100000IU	Nyaderm	716871	TAR	ADEFGVW	0.0633
Cr.			ratio-Nystatin	2194236	RPH		
Ont	Top	100000IU	ratio-Nystatin	2194228	RPH	ADEFGVW	0.0903
Ont							
Oxybutynin							
Oxybutynine							
Tab	Orl	2.5mg	pms-Oxybutynin	2240549	PMS	ADEFGVW	0.1629
Co.							

Delisted Generic Drug Products
Produits génériques retirés du formulaire

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes
Acetaminophen Acétaminophéne						
Tab Co.	Orl	325mg	Acetaminophen Apo-Acetaminophen	1938088 544981	JPC APX	G
		500mg	Acetaminophen Apo-Acetaminophen Apo-Acetaminophen	1939122 545007 2229977	JPC APX	G
Acetylsalicylic Acid Acide Acétylsalicylique						
ECT Co.Ent	Orl	650mg	Jamp-ASA EC	794244	JPC	AEFGVW
Cefepime Céfepime						
Pws Pds.	Inj	2g	Cefepime	2319039	APX	W
Cefoxitin Céfoxitine						
Pws Pds.	Inj	10g	Cefoxitin	2240773	TEV	W
Gliclazide						
ERT Co.L.P.	Orl	60mg	Mint-Gliclazide MR	2423294	MNT	ADEFGVW
Midazolam						
Liq	Inj	1mg/mL	Midazolam	2242904	FKB	ADEFVW
Liq		5mg/mL	Midazolam	2242905	FKB	ADEFVW

Bulletin # 955

August 15, 2017

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective August 15, 2017.

Included in this bulletin:

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

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

To unsubscribe from the NB Drug Plans Formulary emailed announcements, please send a message to info@nbdrugs-medicamentsnb.ca. The Updates are available on the NBPDP webpage: http://www.gnb.ca/0212/BenefitUpdates-e.asp.

Regular Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Clindamycin (Dalacin Vaginal Cream)	20mg/g vaginal cream	02060604	PAL	ADEFGV	MLP
Metronidazole (Nidagel®)	0.75% vaginal gel	02125226	VLN	ADEFGV	MLP

Special Authorization Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Elvitegravir/cobicistat/ emtricitabine/tenofovir alafenamide (Genvoya®)	150mg/150mg/200mg/10mg tablet	02449498	GIL	(SA)	MLP

For the treatment of HIV-1 infection in patients 12 years of age and older (weighing ≥ 35kg) with no known mutations associated with resistance to the individual components of Genvoya.

Claim Note:

- Prescriptions written for beneficiaries of Plan U by NB infectious disease specialists and medical microbiologists experienced in treating patients with HIV/AIDS, do not require special authorization.

Methadone (Metadol-D®)	10mg/mL oral concentrate	02244290	PAL	(SA)	MAP

For the treatment of patients with opioid use disorder who are not taking other opioids.

Requests for coverage and pharmacy claims must meet the requirements in the NB Drug Plans policy on Methadone for the Treatment of Opioid Use Disorder.

Claim Note:

- Approvals will be for a maximum of 200mg per day.

Peginterferon beta-1a (Plegridy™) starter pack	63mcg/0.5mL, 94mcg/0.5mL prefilled pen 63mcg/0.5mL, 94mcg/0.5mL prefilled syringe	02444402	BIG	(SA)	MLP
Peginterferon beta-1a (Plegridy™)	125mcg/0.5mL prefilled pen 125mcg/0.5mL prefilled syringe	02444399			

For the treatment of adult patients with relapsing-remitting multiple sclerosis (RRMS) to reduce the frequency of clinical exacerbations and slow the progression of disability who meet the following criteria:

- Two disabling attacks/relapses of MS in the previous two years, and
- Ambulatory with or without aid (EDSS of less than or equal to 6.5)

Clinical Note:
- An attack/relapse is defined as the appearance of new or recurring neurological symptoms in the absence of fever or infection, lasting at least 24 hours yet preceded by stability for at least one month and accompanied by new objective neurological findings observed through evaluation by a neurologist.

Claim Notes:
- Requests will be considered for individuals enrolled in Plans ADEFGV.
- Prescriptions written by New Brunswick neurologists do not require special authorization.

Changes to Existing Special Authorization Benefits

Product	Strength	DIN	MFR	Plans	Cost Base
New Indication					
Adalimumab (Humira®)	40mg/0.8mL pre-filled pen 40mg/0.8mL pre-filled syringe	02258595	ABV	(SA)	MLP

- For the treatment of adult patients with moderately to severely active ulcerative colitis who have a partial Mayo score > 4, and a rectal bleeding subscore ≥ 2 , and are:
  - refractory or intolerant to conventional therapy (i.e. aminosalicylates for a minimum of four weeks, and prednisone ≥ 40mg daily for two weeks or IV equivalent for one week); or
  - corticosteroid dependent (i.e. cannot be tapered from corticosteroids without disease recurrence; or have relapsed within three months of stopping corticosteroids; or require two or more courses of corticosteroids within one year).
- Renewal requests must include information demonstrating the beneficial effects of the treatment, specifically:
  - a decrease in the partial Mayo score ≥ 2 from baseline, and
  - a decrease in the rectal bleeding subscore ≥1.

Clinical Notes:
1. Consideration will be given for patients who have not received a four week trial of aminosalicylates if disease is severe (partial Mayo score > 6).
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 or contraindications to treatments as defined in product monographs. The nature of intolerance(s) must be clearly documented.

Claim Notes:
- Must be prescribed by a gastroenterologist or physician with a specialty in gastroenterology.
- Combined use of more than one biologic DMARD will not be reimbursed.
- Approvals will be for a maximum of 160mg followed by 80mg two weeks later, then 40mg every two weeks.

- Initial Approval: 8 weeks.
- Renewal Approval: 1 year.

Revised Criteria

Methadone (Metadol®)	1mg/mL oral solution	02247694			
	10mg/mL oral concentrate	02241377			
	1mg tablet	02247698			
	5mg tablet	02247699	PAL	(SA)	MLP
	10mg tablet	02247700			
	25mg tablet	02247701			

For the management of severe cancer-related or chronic non-malignant pain.

Changes in Metadol® Claim Submissions and Special Authorization Approvals

Effective September 5, 2017, claims for Metadol® must be billed using the applicable Drug Identification Number (DIN). Metadol® solution and concentrate will no longer be reimbursed for opioid use disorder and claims with the existing Product Identification Numbers (PINs) will not be accepted. Beneficiaries who have a current special authorization approval for opioid use disorder will have their approvals changed to Metadol-D®.

Benefit Status Changes

Product	Strength	DIN	MFR
Quinine sulfate (Apo-Quinine)	200mg capsule	02254514	APX
	300mg capsule	02254522	
Quinine sulfate (Novo-Quinine)	200mg capsule	00021008	TEV
	300mg capsule	00021016	
Quinine Sulfate	200mg capsule	00695440	ODN
	300mg capsule	00695459	
	300mg tablet	00695432	

Although quinine sulfate has been marketed in Canada since 1951, there have been ongoing safety concerns with its use. Quinine is only approved by Health Canada for the treatment of malaria. Despite this, quinine is widely used “off label” to treat and prevent nocturnal leg cramps.

The efficacy of quinine for leg cramps is limited and outweighed by the risk of serious adverse reactions that may require hospital admission or be life-threatening. These adverse reactions are unpredictable and may occur at any time, even in individuals who have been taking quinine on a chronic basis without problems. For a summary of adverse reactions associated with the use of quinine, please see the Health Canada Adverse Reaction Newsletter.

Given these safety concerns, **quinine will no longer be listed as a regular benefit effective September 1, 2017**. Prescribers and pharmacists may wish to discuss the safety warnings associated with quinine with their patients and review other ways to manage nocturnal leg cramps.

For patients who have had a claim paid for quinine between September 1, 2016 and August 31, 2017, quinine will continue to be a benefit until March 1, 2018. After March 1, 2018, a special authorization request, documenting the rationale for continued use, will be required for coverage to be considered.

Requests for special authorization will not be considered for new patients or patients who have not had a claim paid for quinine between September 1, 2016 and August 31, 2017.

Drugs Reviewed and Not Listed

The review of the following products found that they did not offer a significant therapeutic and/or cost advantage over existing therapies. Requests for special authorization will not be considered.

Product	Strength	DIN	MFR	Indication
Perindopril arginine/amlodipine (Viacoram®)	3.5mg/2.5mg tablet 7mg/5mg tablet 14mg/10mg tablet	02451530 02451549 02451557	SEV	Mild to moderate essential hypertension

Bulletin #956 August 31, 2017

NB Drug Plans Formulary Update

Please find attached a list of **generic drug product updates** for the New Brunswick Drug Plans Formulary.

Generic drug product additions

- New generic products will be reimbursed up to the category Maximum Allowable Price (MAP) effective August 31, 2017.
- The original brand product will be reimbursed at the new category MAP effective September 21, 2017. Prior to September 21, 2017 the original brand product will be reimbursed up to the higher MAP indicated on the attached list.

Generic drug price changes

- Products listed on the NB Drug Plans Formulary prior to August 31, 2017 will be reimbursed up to the new category MAP effective September 21, 2017. Prior to September 21, 2017 products in the category will be reimbursed up to the previous MAP.

Delisted generic drug products

- Manufacturers who did not confirm prices to the new lower MAP will have impacted products removed from the NB Drug Plans Formulary effective September 21, 2017.

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Generic Drug Product Additions
Ajouts de médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Amlodipine							
Tab Co	Orl	5mg	Van-Amlodipine	2426986	VAN	ADEFGVW	0.2014
		10mg	Van-Amlodipine	2426994	VAN	ADEFGVW	0.2990
Bosentan							
Tab Co.	Orl	62.5mg	Apo-Bosentan	2399202	APX	(SA)	16.0447
		125mg	Apo-Bosentan	2399210	APX	(SA)	16.0447
Celecoxib Célécoxib							
Cap Caps	Orl	100mg	Mar-Celecoxib	2420058	MAR	ADEFGVW	0.1625
		200mg	Mar-Celecoxib	2420066	MAR	ADEFGVW	0.3250
Doxycycline							
Tab Co.	Orl	100mg	Doxycin	860751	RIV	ABDEFGVW	0.5860
Doxylamine / Pyridoxine							
SRT Co.L.L.	Orl	10mg / 10mg	Diclectin	609129	DUI	DEFG	1.2803
			pms-Doxylamine-Pyridoxine	2406187	PMS		0.6402
Efavirenz / Emtricitabine / Tenofovir Disoproxil Éfavirenz / Emtricitabine / Ténofovir Disoproxil							
Tab Co.	Orl	600mg / 200mg /300mg	Atripla	2300699	GIL	DU	44.5627
			Mylan-Efavirenz/Emtricitabine/Tenofovir Disoproxil Fumarate	2461412	MYL		21.8579
			Teva-Efavirenz/Emtricitabine/Tenofovir	2393549	TEV		
Emtricitabine / Tenofovir Disoproxil Emtricitabine / Ténofovir Disoproxil							
Tab Co.	Orl	200mg / 300mg	Truvada	2274906	GIL	(SA)	29.0797
			Mylan-Emtricitabine/Tenofovir Disoproxil	2443902	MYL		7.0582
			Teva-Emtricitabine/Tenofovir	2399059	TEV		
Fluoxetine Fluoxétine							
Cap Caps	Orl	10mg	Van-Fluoxetine	2432412	VAN	ADEFGVW	0.4595
		20mg	Van-Fluoxetine	2432420	VAN	ADEFGVW	0.4598
Mycophenolate Mycophénolate							
Cap Caps	Orl	250mg	Van-Mycophenolate	2433680	VAN	ADEFGRV	0.5155
Tab Co.	Orl	500mg	Van-Mycophenolate	2432625	VAN	ADEFGRV	1.0310
Omeprazole Oméprazole							
SRT Co.L.L.	Orl	20mg	Van-Omeprazole	2432404	VAN	ABDEFGVW	0.4117

Generic Drug Product Additions
Ajouts de médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Ondansetron Ondansétron							
Tab Co.	Orl	4mg	Van-Ondansetron	2448440	VAN	W (SA)	3.3495
		8mg	Van-Ondansetron	2448467	VAN	W (SA)	5.1110
Pioglitazone							
Tab Co.	Orl	15mg	Van-Pioglitazone	2434121	VAN	(SA)	0.5809
		30mg	Van-Pioglitazone	2434148	VAN	(SA)	0.8139
		45mg	Van-Pioglitazone	2434156	VAN	(SA)	1.2237
Rizatriptan							
ODT Co.D.O.	Orl	10mg	Van-Rizatriptan ODT	2448505	VAN	(SA)	3.7050
Tab Co.	Orl	5mg	Van-Rizatriptan	2428512	VAN	(SA)	3.7050
		10mg	Van-Rizatriptan	2428520	VAN	(SA)	3.7050
Tenofovir Disoproxil Ténofovir Disoproxil							
Tab Co.	Orl	300mg	Viread	2247128	GIL	(SA)	19.4667
			Apo-Tenofovir	2451980	APX		4.8884
			Auro-Tenofovir	2460173	ARO		
			Mylan-Tenofovir Disoproxil	2452634	MYL		
			Teva-Tenofovir	2403889	TEV		
Tenoxicam Ténoxicam							
Tab Co.	Orl	20mg	Tenoxicam	2230661	AAP	ADEFGVW	1.1783
Zolmitriptan							
ODT Co.D.O.	Orl	2.5mg	Van-Zolmitriptan ODT	2438763	VAN	(SA)	3.4313

Generic Drug Price Changes
Changements de prix des médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Bosentan							
Tab Co.	Orl	62.5mg	Mylan-Bosentan pms-Bosentan Sandoz Bosentan	2383497 2383012 2386275	MYL PMS SDZ	(SA)	16.0447
		125mg	Mylan-Bosentan pms-Bosentan Sandoz Bosentan	2383500 2383020 2386283	MYL PMS SDZ	(SA)	16.0447
Clonazepam Clonazépam							
Tab Co.	Orl	0.25mg	pms-Clonazepam	2179660	PMS	ADEFGVW	0.0825
Clozapine							
Tab Co.	Orl	50mg	Gen-Clozapine	2305003	MYL	ADEFGVW	1.3188
		200mg	Gen-Clozapine	2305011	MYL	ADEFGVW	5.2892
Diazepam Diazépam							
Liq Liq	Inj	5mg/mL	Diazepam (vial)	399728	SDZ	ADEFGVW	1.6415
Dihydroergotamine							
Liq Liq	Nas	4mg/mL	Migranal	2228947	STR	ADEFGVW	13.8833
Ferrous Sulphate Sulfate Ferreux							
Dps Gttes	Orl	75mg/mL	pms-Ferrous Sulphate	2222574	PMS	AEFGV	0.1432
		125mg/mL	pms-Ferrous Sulphate	816035	PMS	AEFGV	0.2966
Syr Sir.	Orl	150mg/5mL	Fer-In-Sol Ferodan pms-Ferrous sulphate	17884 758469 792675	MJO ODN PMS	AEFGV	0.0272
Fluconazole							
Cap Caps	Orl	150mg	Apo-Fluconazole Mar-Fluconazole-150 pms-Fluconazole	2241895 2428792 2282348	APX MAR PMS	ADEFGVW	3.6392
Ergocalciferol Ergocalciférol							
Cap Caps	Orl	5000IU	Osto-D2 D-Forte	2301911 2237450	PAL EUR	ADEFGV	0.1986
Fentanyl							
Pth Pth	Trd	37mcg	Sandoz Fentanyl	2327139	SDZ	W	8.5000

Generic Drug Price Changes
Changements de prix des médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Fluoxetine Fluoxétine							
Cap Caps	Orl	10mg	Ach-Fluoxetine	2393441	AHI	ADEFGVW	0.4595
			Act Fluoxetime	2242177	ATV		
			Apo-Fluoxetine	2216353	APX		
			Auro-Fluoxetine	2385627	ARO		
			Fluoxetine	2286068	SAS		
			Fluoxetine	2374447	SIV		
			Jamp-Fluoxetine	2401894	JPC		
			Mar-Fluoxetine	2392909	MAR		
			Mint-Fluoxetine	2380560	MNT		
			Mylan-Fluoxetine	2237813	MYL		
			pms-Fluoxetine	2177579	PMS		
			Teva-Fluoxetine	2216582	TEV		
Glycopyrronium							
Liq Liq	Inj	0.2mg/mL	Glycopyrrolate	2039508	SDZ	ADEFVW	3.9750
Lithium Citrate							
Liq Liq	Orl	8mmol/5mL	pms-Lithium Citrate	2074834	PMS	ADEFGVW	0.0708
Lorazepam							
Liq Liq	Ing	4mg/mL	Lorazepam	2243278	SDZ	ADEFVW	21.2000
Metoclopramide Métoclopramide							
Liq Liq	Inj	5mg/mL	Metoclopramide	2185431	SDZ	ADEFVW	3.3925
Procyclidine							
Elx Elx.	Orl	2.5mg/5mL	pdp-Procyclidine	587362	PDP	ADEFGVW	0.2750
Tab Co.	Orl	5mg	pdp-Procyclidine	587354	PDP	ADEFGVW	0.1406
Sulfamethoxasole/Trimethoprim Sulfaméthoxasole/Triméthoprime							
Sus Susp	Orl	40mg/8mg	Apo-Sulfatrim	445266	APX	ABDEFGVW	0.0911
Tar Goudrons							
Liq Liq	Top	20%	Odans LCD	358495	ODN	ADEFGV	0.0890
Topiramate							
Tab Co.	Orl	50mg	pms-Topiramate	2312085	PMS	ADEFGVW	1.1724

Generic Drug Price Changes
Changements de prix des médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage	Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Triamcinolone					
Pst Den 0.1% Pst	Oracort	1964054	TAR	ADEFGVW	1.4040
Triamcinolone/Neomycin/Nystatin/Gramicidin Triamcinolone/Néomycine/Nystatine/Gramicidine					
Crm Top 1mg/2.5mg/1000000IU/0.25mg Cr.	Viaderm K-C	717002	TAR	ADEFGVW	0.2571
Ont Top 1mg/2.5mg/1000000IU/0.25mg Ont	Viaderm K-C	717029	TAR	ADEFGVW	0.6230

Delisted Generic Drug Products
Produits génériques retirés du formulaire

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes
Bosentan						
Tab Co.	Orl	62.5mg	Act-Bosentan Teva-Bosentan	2386194 2398400	ATV TEV	(SA)
		125mg	Act-Bosentan Teva-Bosentan	2386208 2398419	ATV TEV	(SA)
Cloxacillin Cloxacilline						
Pws Pds.	Inj	500mg	Cloxacillin Sodium	1912429	TEV	ADEFGW
		1g	Cloxacillin Sodium	1975447	TEV	ADEFGW
		2g	Cloxacillin Sodium	1912410	TEV	ADEFGW
Diazepam Diazépam						
Liq Liq	Inj	5mg/mL	Diazepam (ampoule)	2386143	SDZ	ADEFGVW
Fluconazole						
Cap Caps	Orl	150mg	Jamp-Fluconazole	2432471	JPC	ADEFGVW
Fluoxetine Fluoxétine						
Cap Caps	Orl	10mg	Phl-Fluoxetine Ran-Fluoxetine Sandoz Fluoxetine	2223481 2405695 2243486	PHL RAN SDZ	ADEFGVW
Gentamicin Gentamicine						
Crm Cr.	Top	0.1%	ratio-Gentamicin Sulfate	805386	RPH	ADEFGVW
		0.2%	ratio-Gentamicin Sulfate	805025	RPH	ADEFGVW
Morphine Hydrochloride Morphine (chlorhydrate de)						
Syr Sir.	Orl	1mg/mL	ratio-Morphine	607762	RPH	ADEFGVW
		5mg/mL	ratio-Morphine	607770	RPH	ADEFGVW
		10mg/mL	ratio-Morphine	690783	RPH	ADEFGVW
		20mg/mL	ratio-Morphine	690791	RPH	ADEFGVW

Bulletin # 957

September 22, 2017

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective September 22, 2017.

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.

To unsubscribe from the NB Drug Plans Formulary emailed announcements, please send a message to info@nbdrugs-medicamentsnb.ca. The Updates are available on the NBPDP webpage: http://www.gnb.ca/0212/BenefitUpdates-e.asp.

Special Authorization Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Cobimetinib (Cotellic®)	20mg tablet	02452340	HLR	(SA)	MLP

For the treatment of patients with BRAF V600 mutation-positive unresectable or metastatic melanoma, when used as first line therapy, in combination with vemurafenib.

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. If brain metastases are present, patients should be asymptomatic or have stable symptoms.
3. Treatment should be discontinued upon disease progression or unacceptable toxicity.

Claim Notes:

- Cobimetinib will not be reimbursed in patients who have progressed on BRAF targeted therapy.
- Initial approval duration: 6 months
- Renewal approval duration: 6 months

Product	Strength	DIN	MFR	Plans	Cost Base
Nicotine (Nic-Hit)	1mg mini-lozenge	80061161	NHI	(SA)	MAP
	2mg mini-lozenge	80059877			
	3mg mini-lozenge	80060747			
	4mg mini-lozenge	80059869			

For smoking cessation.

A maximum of 12 weeks of standard therapy will be reimbursed annually without special authorization for either nicotine replacement therapy (patches/gum/lozenges) or a non-nicotine prescription smoking cessation drug (Champix or Zyban).

Claim Note:

- A maximum of 84 patches and 960 pieces of nicotine gum or nicotine lozenges will be reimbursed annually without special authorization.

Please refer to the NB Drug Plans webpage for more details on the coverage of smoking cessation therapies.

Sacubitril/valsartan (Entresto™)	24mg/26mg film-coated tablet	02446928			
	49mg/51mg film-coated tablet	02446936	NVR	(SA)	MLP
	97mg/103mg film-coated tablet	02446944			

For the treatment of patients with New York Heart Association (NYHA) class II or III heart failure to reduce the incidence of cardiovascular death and heart failure hospitalization who meet all of the following criteria:

- Left ventricular ejection fraction (LVEF) of < 40%.
- NYHA class II to III symptoms despite at least four weeks of treatment of the following:
  - a stable dose of an angiotensin-converting enzyme inhibitor (ACEI) or an angiotensin II receptor antagonist (ARB); and
  - a stable dose of a beta-blocker and other recommended therapies, including an aldosterone antagonist.
- Plasma B-type natriuretic peptide (BNP) ≥ 150 pg/mL or N-terminal prohormone B-type natriuretic peptide (NT-proBNP) ≥ 600 pg/mL.

Clinical Notes:

1. A plasma BNP ≥ 100 pg/mL or NT-proBNP ≥ 400 pg/mL will be considered if the patient has been hospitalized for heart failure within the past 12 months.
2. For patients who have not received four weeks of therapy with a beta blocker or aldosterone antagonist due to an intolerance or contraindication, details must be provided.

Changes to Existing Special Authorization Benefits

Product	Strength	DIN	MFR	Plans	Cost Base
New Indication					
Vemurafenib (Zelboraf®)	240mg film-coated tablet	02380242	HLR	(SA)	MLP

For the treatment of patients with BRAF V600 mutation-positive unresectable or metastatic melanoma, when used:

- As first line therapy, alone or in combination with cobimetinib; or
- As second line monotherapy, following treatment with immunotherapy/chemotherapy.

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. If brain metastases are present, patients should be asymptomatic or have stable symptoms.
3. Treatment should be discontinued upon disease progression or unacceptable toxicity.

Claim Notes:

- Vemurafenib will not be reimbursed in patients who have progressed on BRAF targeted therapy.
- Initial approval duration: 6 months
- Renewal approval duration: 6 months

Drugs Reviewed and Not Listed

The review of the following products found that they did not offer a significant therapeutic and/or cost advantage over existing therapies. Requests for special authorization will not be considered.

Product	Strength	DIN	MFR	Indication
Vandetanib (Caprelsa®)	100mg tablet 300mg tablet	02378582 02378590	SAV	Symptomatic and/or progressive medullary thyroid cancer with unresectable locally advanced or metastatic disease
Riociguat (Adempas®)	0.5mg film-coated tablet 1mg film-coated tablet 1.5mg film-coated tablet 2mg film-coated tablet 2.5mg film-coated tablet	02412764 02412772 02412799 02412802 02412810	BAY	Pulmonary arterial hypertension (WHO Group 1)

Bulletin #958 September 29, 2017

NB Drug Plans Formulary Update

Please find attached a list of **generic drug product updates** for the New Brunswick Drug Plans Formulary.

Generic drug product additions

- New generic products will be reimbursed up to the category Maximum Allowable Price (MAP) effective September 29, 2017.
- The original brand product will be reimbursed at the new category MAP effective October 20, 2017. Prior to October 20, 2017 the original brand product will be reimbursed up to the higher MAP indicated on the attached list.

Generic drug price changes

- Products listed on the NB Drug Plans Formulary prior to September 29, 2017 will be reimbursed up to the new category MAP effective October 20, 2017. Prior to October 20, 2017 products in the category will be reimbursed up to the previous MAP.

Delisted generic drug products

- Manufacturers who did not confirm prices to the new lower MAP will have impacted products removed from the NB Drug Plans Formulary effective October 20, 2017.

To unsubscribe from the NB Drug Plans emailed announcements, please send a message to info@nbdrugs-medicamentsnb.ca. The Updates are available on the NBPDP webpage: http://www.gnb.ca/0212/BenefitUpdates-e.asp

Generic Drug Product Additions
Ajouts de médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Clonidine							
Tab Co.	Orl	0.1mg	Mint-Clonidine	2462192	MNT	ADEFGV	0.0927
		0.2mg	Mint-Clonidine	2462206	MNT	ADEFGV	0.1653
Deferasirox Déférasirox							
Tab Co.	Orl	125mg	Sandoz Deferasirox	2464454	SDZ	(SA)	2.6204
		250mg	Sandoz Deferasirox	2464462	SDZ	(SA)	5.2410
		500mg	Sandoz Deferasirox	2464470	SDZ	(SA)	10.4824
Doxylamine / Pyridoxine							
SRT Co.L.L.	Orl	10mg / 10mg	Apo-Doxylamine/B6	2413248	APX	DEFG	0.6402
Erlotinib							
Tab Co	Orl	25mg	Apo-Erlotinib	2461862	APX	(SA)	6.9230
		100mg	Apo-Erlotinib	2461870	APX	(SA)	13.2000
		150mg	Apo-Erlotinib	2461889	APX	(SA)	19.8000
Emtricitabine / Tenofovir Disoproxil Emtricitabine / Ténofovir Disoproxil							
Tab Co.	Orl	200mg / 300mg	Apo-Emtricitabine-Tenofovir	2452006	APX	(SA)	7.0582
Gliclazide							
ERT Co.L.P.	Orl	60mg	Mint-Gliclazide MR Ran-Gliclazide MR	2423294 2439328	MNT RAN	ADEFGVW	0.0632
Hydralazine							
Tab Co.	Orl	10mg	Jamp-Hydralazine	2457865	JPC	ADEFGV	0.0709
		25mg	Jamp-Hydralazine	2457873	JPC	ADEFGV	0.1218
		50mg	Jamp-Hydralazine	2457881	JPC	ADEFGV	0.1912
Latanoprost							
Liq Liq	Oph	0.005%	Riva-Latanoprost	2341085	RIV	ADEFGV	3.6320
Levetiracetam Lévétiracétam							
Tab Co.	Orl	250mg	Sandoz Levetiracetam	2461986	SDZ	ADEFGV	0.4000
		500mg	Sandoz Levetiracetam	2461994	SDZ	ADEFGV	0.4875
		750mg	Sandoz Levetiracetam	2462001	SDZ	ADEFGV	0.6750

Generic Drug Product Additions
Ajouts de médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Olopatadine							
Liq	Oph	0.1%	Jamp-Olopatadine	2458411	JPC	ADEFGV	2.1714
Liq							
Phenytoin							
Phénytoïne							
Cap	Orl	100mg	Dilantin	22780	PFI	ADEFGVW	0.0846
Caps			Apo-Phenytoin Sodium	2460912	APX		0.0665
Pregabalin							
Prégabaline							
Cap	Orl	25mg	Mylan-Pregabalin	2382210	MYL	W (SA)	0.2058
Caps							
		50mg	Mylan-Pregabalin	2382229	MYL	W (SA)	0.3228
		75mg	Mylan-Pregabalin	2382237	MYL	W (SA)	0.4176
		150mg	Mylan-Pregabalin	2382245	MYL	W (SA)	0.5757
		300mg	Mylan-Pregabalin	2382253	MYL	W (SA)	0.5757

Generic Drug Price Changes
Changements de prix des médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Acetylsalicylic Acid / Oxycodone Acide Acétylsalicylique / Oxycodone							
Tab Co.	Orl	325mg / 5mg	ratio-Oxycodan	608157	TEV	ADEFGVW	0.3220
Clinidium / Chlordiazepoxide Clinidium / Chlordiazépoxide							
Cap Caps	Orl	5mg / 2.5mg	Librax Chlorax	115630 618454	VLN AAP	ADEFGVW	0.2451
Clonidine							
Tab Co.	Orl	0.1mg	Teva-Clonidine	2046121	TEV	ADEFGVW	0.0927
		0.2mg	Teva-Clonidine	2046148	TEV	ADEFGVW	0.1653
Deferasirox Déférasirox							
Tab Co.	Orl	125mg	Apo-Deferasirox Taro-Deferasirox Teva-Deferasirox	2461544 2463520 2407957	APX TAR TEV	(SA)	2.6204
		250mg	Apo-Deferasirox Taro-Deferasirox Teva-Deferasirox	2461552 2463539 2407965	APX TAR TEV	(SA)	5.2410
		500mg	Apo-Deferasirox Taro-Deferasirox Teva-Deferasirox	2461560 2463547 2407973	APX TAR TEV	(SA)	10.4824
Dexamethasone Dexaméthasone							
Tab Co.	Orl	2mg	pms-Dexamethasone	2279363	PMS	ADEFGVW	0.4942
Erlotinib							
Tab Co	Orl	25mg	Teva-Erlotinib	2377691	TEV	(SA)	6.9230
		100mg	pms-Erlotinib Teva-Erlotinib	2454386 2377705	PMS TEV	(SA)	13.2000
		150mg	pms-Erlotinib Teva-Erlotinib	2454394 2377713	PMS TEV	(SA)	19.8000
Hydralazine							
Tab Co.	Orl	10mg	Hydralazine	441619	AAP	ADEFGVW	0.0709
		25mg	Hydralazine	441627	AAP	ADEFGVW	0.1218
		50mg	Hydralazine	441635	AAP	ADEFGVW	0.1912

Generic Drug Price Changes
Changements de prix des médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Hydrocortisone / Zinc Sulfate Hydrocortisone / Zinc (sulfate de)							
Sup Supp.	Rt	0.5% / 0.5%	ratio-Hemcort HC	607797	TEV	ADEFGVW	0.5833
Imipramine							
Tab Co.	Orl	75mg	Imipramine	644579	AAP	ADEFGVW	0.6434
Ketoprofen Kétoprofène							
ECT Co.Ent.	Orl	50mg	Keto-E	790435	AAP	ADEFGVW	0.3440
		100mg	Keto-E	842664	AAP	ADEFGVW	0.6959
Latanoprost							
Liq Liq	Oph	0.005%	Act Latanoprost	2254786	ATV	ADEFGV	3.6320
			Apo-Latanoprost	2296527	APX		
			GD-Latanoprost	2373041	GMD		
			Latanoprost	2375508	PMS		
			pms-Latanoprost	2317125	PMS		
			Sandoz Latanoprost	2367335	SDZ		
Lidocaine Lidocaïne							
Gel Gel	Top	2%	Lidodan Jelly	2143879	ODN	AEFGV	0.3625
Nitrofurantoin Nitrofurantoïne							
Tab Co.	Orl	50mg	Nitrofurantoin	319511	AAP	ADEFGVW	0.1703
		100mg	Nitrofurantoin	312738	AAP	ADEFGVW	0.2272
Nystatin Nystatine							
Crm Cr.	Vag	100,000IU	ratio-Nystatin	2194163	TEV	ADEFGVW	0.2553
Oxycodone							
Sup Supp.	Rt	10mg	Supeudol	392480	SDZ	ADEFGVW	3.6313
Penicillin G Pénecilline G							
Pws Pds.	Inj	1,000,000IU	Penicillin G Sodium	1930672	TEV	ADEFGVW	2.4000
		5,000,000IU	Penicillin G Sodium	883751	TEV	ADEFGVW	5.1000
		10,000,000IU	Penicillin G Sodium	1930680	TEV	ADEFGVW	8.9000

Generic Drug Price Changes
Changements de prix des médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Perphenazine Perphénazine							
Tab Co.	Orl	2mg	Perphenazine	335134	AAP	ADEFGVW	0.0639
		4mg	Perphenazine	335126	AAP	ADEFGVW	0.0773
		8mg	Perphenazine	335118	AAP	ADEFGVW	0.0849
		10mg	Perphenazine	335096	AAP	ADEFGVW	0.1300
Phenytoin Phénytoïne							
Liq Liq	Inj	50mg/mL	Phenytoin Sodium	780626	SDZ	V	6.0785
Primidone							
Tab Co.	Orl	125mg	Primidone	399310	AAP	ADEFGVW	0.0564
		250mg	Primidone	396761	AAP	ADEFGVW	0.0887

Delisted Generic Drug Products
Produits génériques retirés du formulaire

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes
Erythromycin Érythromycine						
Tab Co.	Orl	500mg	Erythro-S	688568	AAP	ABDEFGVW
Fluoxetine Fluoxétine						
Cap Caps	Orl	10mg	Van-Fluoxetine	2432412	VAN	ADEFGVW
		20mg	Van-Fluoxetine	2432420	VAN	ADEFGVW
Morphine						
Liq Liq	Inj	25mg/mL	Morphine HP 25	676411	SDZ	ADEFGVW
Testosterone Cypionate Testostérone (cypionate de)						
Liq Liq	Inj	100mg	Sandoz Testosterone	2246063	SDZ	ADEFGVW

Bulletin # 959

October 24, 2017

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective October 24, 2017.

Included in this bulletin:

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

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

To unsubscribe from the NB Drug Plans Formulary emailed announcements, please send a message to info@nbdrugs-medicamentsnb.ca. The Updates are available on the NBPDP webpage: http://www.gnb.ca/0212/BenefitUpdates-e.asp.

Regular Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Emtricitabine/Tenofovir disoproxil (Truvada®) and generic brands	200mg/300mg tablet	See NB Drug Plans Formulary or MAP List for products		ADEFGUV	MAP

Effective October 24, 2017, insulin glargine (Basaglar™) will be added to the Formulary as a regular benefit on Plans ADEFGV.

New special authorization requests for coverage of the Lantus® brand of insulin glargine will not be considered. Lantus® will continue to be covered for patients who have had a claim paid for Lantus® between November 1, 2016 and October 31, 2017.

Product	Strength	DIN	MFR	Plans	Cost Base
Insulin glargine (Basaglar™)	100 unit/mL cartridge 100 unit/mL KwikPen	02444844 02444852	LIL	ADEFGV	MLP

Special Authorization Benefit Additions

Effective October 24, 2017, etanercept (Brenzys™) will be added to the Formulary for the treatment of ankylosing spondylitis and rheumatoid arthritis according to the special authorization (SA) criteria listed below.

All new SA requests for coverage of etanercept for these indications will be approved for the Brenzys™ brand of etanercept only. Patients who received SA approval for the Enbrel® brand of etanercept before October 24, 2017 will continue to have this brand covered. They will also be eligible for coverage of the Brenzys™ brand.

Product	Strength	DIN	MFR	Plans	Cost Base
Etanercept (Brenzys™)	50mg/mL pre-filled syringe 50mg/mL pre-filled auto-injector	02455323 02455331	FRS	(SA)	MLP

Ankylosing Spondylitis

- For the treatment of patients with moderate to severe ankylosing spondylitis (e.g. Bath AS Disease Activity Index (BASDAI) score ≥ 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 3 months 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 3 months 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 alone.

Claim Notes:

- Must be prescribed by a rheumatologist or internist.
- Combined use of more than one biologic DMARD will not be reimbursed.
- All new requests for coverage of etanercept received after October 23, 2017 will be approved for the Brenzys brand of etanercept only.
- Approvals will be for a maximum of 50mg per week.
- Initial Approval: 6 months.
- Renewal Approval: 1 year.

Rheumatoid Arthritis

- For the treatment of severely active rheumatoid arthritis, in combination with methotrexate or other disease modifying antirheumatic drugs (DMARDs), in adult patients who are refractory or intolerant to:
  - Methotrexate (oral or parenteral), alone or in combination with another DMARD, at a dose of ≥ 20 mg weekly (≥15mg if patient is ≥65 years of age) for a minimum of 12 weeks; and
  - Methotrexate in combination with at least two other DMARDs, such as hydroxychloroquine and sulfasalazine, 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. Optimal treatment response to DMARDs may take up to 24 weeks, however coverage of a biologic therapy can be considered if no improvement is seen after 12 weeks of triple DMARD use.
3. For patients who have intolerances preventing the use of triple DMARD therapy, these must be described and dual therapy with DMARDs must be tried.
4. Refractory is defined as lack of effect at the recommended doses and for duration of treatments specified above.
5. Intolerant is defined as demonstrating serious adverse effects or contraindications to treatments as defined in product monographs. The nature of intolerance(s) must be clearly documented.

Claim Notes:

- Must be prescribed by a rheumatologist.
- Combined use of more than one biologic DMARD will not be reimbursed.
- All new requests for coverage of etanercept received after October 23, 2017 will be approved for the Brenzys brand of etanercept only.
- Approvals will be for a maximum of 50mg per week.
- Initial Approval: 6 months.
- Renewal Approval: 1 year. Confirmation of continued response is required.

Dapagliflozin/Metformin (XigDuo®)	5mg/850mg film-coated tablet 5mg/1000mg film-coated tablet	02449935 02449943	AZE	(SA)	MLP

For the treatment of type 2 diabetes mellitus in patients who are already stabilized on therapy with dapagliflozin and metformin, to replace the individual components of dapagliflozin and metformin.

Rotigotine (Neupro®)	2mg transdermal patch 4mg transdermal patch 6mg transdermal patch 8mg transdermal patch	02403900 02403927 02403935 02403943	UCB	(SA)	MLP

For adjunctive treatment of patients with advanced stage Parkinson's disease who are currently receiving a levodopa-decarboxylase inhibitor combination.

Changes to Existing Special Authorization Benefits

Product	Strength	DIN	MFR	Plans	Cost Base
New Indication					
Aflibercept (Eylea®)	40mg/mL solution for intravitreal injection	02415992	BAY	(SA)	MLP

Retinal vein occlusion (RVO)
For the treatment of visual impairment due to macular edema secondary to central retinal vein occlusion (CRVO) or branch retinal vein occlusion (BRVO).

Clinical Notes:

1. Treatment should be given monthly until maximum visual acuity is achieved (i.e. stable visual acuity for three consecutive months while on aflibercept). Thereafter, visual acuity should be monitored monthly.
2. Treatment should be resumed when monitoring indicates a loss of visual acuity due to macular edema secondary to retinal vein occlusion and continued until stable visual acuity is reached again for three consecutive months.

Claim Notes:

- Approval Period: 1 year
- Please refer to Quantity for Claims Submissions for the correct unit of measure.

Revised Criteria					
Insulin glargine (Lantus®)	100 unit/mL cartridge 100 unit/mL SoloSTAR pre-filled pen 100 unit/mL vial	02251930 02294338 02245689	SAV	(SA)	MLP

For the treatment of patients who have been diagnosed with type 1 or type 2 diabetes requiring long-acting insulin.

Claim Note:

- New requests for coverage of Lantus will not be considered. Basaglar brand of insulin glargine is listed as a regular benefit.

Benefit Status Changes

Product	Strength	DIN	MFR
Delisted Ergotamine/Phenobarbital/ Belladonna (Bellergal® Spacetabs)	0.6mg/40mg/0.2mg extended release tablet	00176141	PAL

Effective October 24, 2017, ergotamine/phenobarbital/belladonna (Bellergal® Spacetabs) 0.6mg/40mg/0.2mg extended release tablets will be delisted as a benefit under the New Brunswick Drug Plans Formulary. Requests for special authorization will not be considered.

Bellergal® Spacetabs has no evidence of efficacy for the treatment of menopause and is associated with serious adverse reactions including stroke, heart attack, rare fibrotic complications, as well as the risk of dependence.

Delisted Meperidine (Demerol®)	50mg tablet	02138018	SAV

Effective October 24, 2017, meperidine (Demerol®) 50mg tablets will be delisted as a benefit of the Extra-Mural Program. Demerol® was previously delisted as a New Brunswick Prescription Drug Program benefit in 1994. Requests for special authorization will not be considered.

Demerol® is associated with an increased risk of adverse effects, such as neurotoxicity and anticholinergic effects, relative to other opioids.

Delisted Pentazocine (Talwin®)	50mg tablet	02137984	SAV

Effective October 24, 2017, pentazocine (Talwin®) 50mg tablets will be delisted as a benefit of the Extra-Mural Program. Talwin® was previously delisted as a New Brunswick Prescription Drug Program benefit in 1994. Requests for special authorization will not be considered.

Talwin® is associated with an increased risk of adverse effects, such as confusion and hallucinations, relative to other opioids, and has limited evidence of efficacy.

Bulletin #960 October 31, 2017

NB Drug Plans Formulary Update

Please find attached a list of **generic drug product updates** for the New Brunswick Drug Plans Formulary.

Generic drug product additions

- New generic products will be reimbursed up to the category Maximum Allowable Price (MAP) effective October 31, 2017.
- The original brand product will be reimbursed at the new category MAP effective November 21, 2017. Prior to November 21, 2017 the original brand product will be reimbursed up to the higher MAP indicated on the attached list.

Generic drug price changes

- Products listed on the NB Drug Plans Formulary prior to October 31, 2017 will be reimbursed up to the new category MAP effective November 21, 2017. Prior to November 21, 2017 products in the category will be reimbursed up to the previous MAP.

Delisted generic drug products

- Manufacturers who did not confirm prices to the new lower MAP will have impacted products removed from the NB Drug Plans Formulary effective November 21, 2017.

To unsubscribe from the NB Drug Plans emailed announcements, please send a message to info@nbdrugs-medicamentsnb.ca. The Updates are available on the NBPDP webpage: http://www.gnb.ca/0212/BenefitUpdates-e.asp

Generic Drug Product Additions
Ajouts de médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Capecitabine Capécitabine							
Tab Co.	Orl	150mg	Taro-Capecitabine	2457490	TAR	(SA)	0.4575
		500mg	Taro-Capecitabine	2457504	TAR	(SA)	1.5250
Citalopram							
Tab Co.	Orl	20mg	CCP-Citalopram	2459914	CCM	ADEFGVW	0.2397
		40mg	CCP-Citalopram	2459922	CCM	ADEFGVW	0.2397
Clindamycin Clindamycine							
Cap Caps	Orl	150mg	Auro-Clindamycin	2436906	ARO	ABDEFGVW	0.2217
Dorzolamide / Timolol							
Liq Liq	Oph	2% / 0.5%	Riva-Dorzolamide/Timolol	2441659	RIV	ADEFGV	1.9887
Itraconazole							
Cap Caps	Orl	100mg	Sporanox Mint-Itraconazole	2047454 2462559	JAN MNT	(SA)	4.6200 3.9270
Latanoprost /Timolol							
Liq Liq	Oph	0.005% / 0.5%	Riva-Latanoprost/Timolol	2459205	RIV	ADEFGV	4.4268
Nicotine							
Pth Pth	Trd	7mg	Pharmasave Nicotine Patch	80014321	PSV	(SA)	2.2857
		14mg	Pharmasave Nicotine Patch	80013549	PSV	(SA)	2.2857
		21mg	Pharmasave Nicotine Patch	80014250	PSV	(SA)	2.2857
Olopatadine							
Liq Liq	Oph	0.1%	Apo-Olopatadine	2305054	APX	ADEFGV	2.1714
		0.2%	Apo-Olopatadine	2402823	APX	ADEFGV	4.3428
Ondansetron Ondansétron							
Tab Co.	Orl	4mg	CCP-Ondansetron	2458810	CCM	W (SA)	3.2720
		8mg	CCP-Ondansetron	2458802	CCM	W (SA)	4.9930
Rosiglitazone							
Tab Co.	Orl	2mg	Avandia Apo-Rosiglitazone	2241112 2403366	GSK APX	(SA)	1.3967 1.0316
		4mg	Avandia Apo-Rosiglitazone	2241113 2403374	GSK APX	(SA)	2.1940 1.6188

Generic Drug Product Additions
Ajouts de médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Rosiglitazone							
Tab	Orl	8mg	Avandia	2241114	GSK	(SA)	3.1375
Co.			Apo-Rosiglitazone	2403382	APX		2.3150
Solifenacin Solifénacine							
Tab	Orl	5mg	Solifenacin Succinate	2448335	MDN	ADEFGV	0.4223
Co.		10mg	Solifenacin Succinate	2448343	MDN	ADEFGV	0.4223

Generic Drug Price Changes
Changements de prix des médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Acetylsalicylic Acid Acide Acétylsalicylique							
ECT Co.Ent	Orl	81mg	ASA EC	2426811	SAS	V	0.0530
			Exact Coated daily low dose ASA	2243896	PMS		
			Equate daily low dose EC	2243801	PMS		
			Praxis ASA	2283700	PMS		
			Rexall Coated low dose ASA	2243802	PMS		
		325mg	ASA Tab EC	2352427	ODN	AEFGVW	0.0280
			Enteric Coated ASA	2010526	TAN		
			Novasen	216666	TEV		
			pms-ASA EC	2284529	PMS		
Ceftazidime							
Pws Pds.	Inj	1g	Fortaz	2212218	GSK	ABDEFGVW	18.8500
			Ceftazidime	886971	FKB		
		2g	Fortaz	2212226	GSK	ABDEFGVW	37.1000
			Ceftazidime	886955	FKB		
Clindamycin Clindamycine							
Cap Caps	Orl	150mg	Apo-Clindamycin	2245232	APX	ABDEFGVW	0.2217
			Mylan-Clindamycin	2258331	MYL		
			Teva-Clindamycin	2241709	TEV		
Dicyclomine							
Cap Caps	Orl	10mg	Protylol	287709	PDL	ADEFGVW	0.0609
Tab Co.	Orl	20mg	Bentylol	2103095	AXC	ADEFGVW	0.2207
			Jamp-Dicyclomine	2366088	JPC		
Ondansetron Ondansétron							
Tab Co.	Orl	4mg	Act Ondansetron	2296349	ATV	W (SA)	3.2720
			Apo-Ondansetron	2288184	APX		
			Jamp-Ondansetron	2313685	JPC		
			Mar-Ondansetron	2371731	MAR		
			Mint-Ondansetron	2305259	MNT		
			Mylan-Ondansetron	2297868	MYL		
			Nat-Ondansetron	2417839	NAT		
			Ondansetron	2421402	SAS		
			pms-Ondansetron	2258188	PMS		
			Sandoz Ondansetron	2274310	SDZ		
			Septa-Ondansetron	2376091	SPT		
			Teva-Ondansetron	2264056	TEV		
			Van-Ondansetron	2448440	VAN		

Generic Drug Price Changes
Changements de prix des médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Ondansetron Ondansétron							
Tab Co.	Orl	8mg	Act Ondansetron	2296357	ATV		
			Apo-Ondansetron	2288192	APX		
			Jamp-Ondansetron	2313693	JPC		
			Mar-Ondansetron	2371758	MAR		
			Mint-Ondansetron	2305267	MNT		
			Mylan-Ondansetron	2297876	MYL		
			Nat-Ondansetron	2417847	NAT	W (SA)	4.9930
			Ondansetron	2421410	SAS		
			pms-Ondansetron	2258196	PMS		
			Sandoz Ondansetron	2274329	SDZ		
			Septa-Ondansetron	2376105	SPT		
			Teva-Ondansetron	2264064	TEV		
			Van-Ondansetron	2448467	VAN		

Delisted Generic Drug Products
Produits génériques retirés du formulaire

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes
Acetylsalicylic Acid Acide Acétylsalicylique						
ECT Co.Ent	Orl	325mg	Entrophen	10332	PDP	AEFGVW
Ondansetron Ondansétron						
Tab Co.	Orl	4mg	Ondansetron-Odan	2306212	ODN	
			Phl-Ondansetron	2278618	PHL	W (SA)
			Ran-Ondansetron	2312247	RAN	
		8mg	Ondansetron-Odan	2306220	ODN	
			Phl-Ondansetron	2278626	PHL	W (SA)
			Ran-Ondansetron	2312255	RAN	

Bulletin #961 November 30, 2017

NB Drug Plans Formulary Update

Please find attached a list of **generic drug product updates** for the New Brunswick Drug Plans Formulary.

Generic drug product additions

- New generic products will be reimbursed up to the category Maximum Allowable Price (MAP) effective November 30, 2017.
- The original brand product will be reimbursed at the new category MAP effective December 21, 2017. Prior to December 21, 2017 the original brand product will be reimbursed up to the higher MAP indicated on the attached list.

Generic drug price changes

- Products listed on the NB Drug Plans Formulary prior to November 30, 2017 will be reimbursed up to the new category MAP effective December 21, 2017. Prior to December 21, 2017 products in the category will be reimbursed up to the previous MAP.

Delisted generic drug products

- Manufacturers who did not confirm prices to the new lower MAP will have impacted products removed from the NB Drug Plans Formulary effective December 21, 2017.

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Generic Drug Product Additions / Ajouts de médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Ciprofloxacin Ciprofloxacine							
Tab Co.	Orl	750mg	Mint-Ciproflox	2423588	MNT	BW (SA)	1.2780
Flecainide Flécaïnide							
Tab Co.	Orl	50mg	Auro-Flecainide	2459957	ARO	ADEFGVW	0.2778
		100mg	Auro-Flecainide	2459965	ARO	ADEFGVW	0.5558
Pantoprazole Magnesium Pantoprazole magnésien							
ECT Co.Ent.	Orl	40mg	Pantoprazole T	2466147	SAS	ABDEFGVW	0.1875
Potassium Chloride Chlorure de potassium							
SRC Caps.L.L.	Orl	600mg	Micro-K Jamp-Potassium Chloride ER	2042304 80062704	PAL JPC	ADEFGVW	0.0979 0.0822
Sodium Chloride Chlorure de sodium							
Dps Gttes	Oph	5%	Muro 128 Odan-Sodium Chloride	750824 80046737	BSH ODN	AEFGVW	0.6880 0.5570

Generic Drug Price Changes / Changements de prix des médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Acetaminophen / Caffeine / Codeine Acétaminophène / Caféine / Codéine							
Tab Co.	Orl	325mg / 15mg / 15mg	Tylenol No. 2 ratio-Lenoltec #2	2163934 653241	JAN RPH	ADEFGVW	0.0847
		325mg / 15mg / 30mg	Tylenol No. 3 ratio-Lenoltec #3	2163926 653276	JAN RPH	ADEFGVW	0.0889
Acetaminophen / Codeine Acétaminophène / Codéine							
Tab Co.	Orl	300mg / 30mg	ratio-Emtec-30	608882	RPH	ADEFGVW	0.1300
		300mg / 60mg	Tylenol No. 4 ratio-Lenoltec #4	2163918 621463	JAN RPH	ADEFGVW	0.1605
Chlorpromazine							
Tab Co.	Orl	25mg	Teva-Chlorpromazine	232823	TEV	ADEFGVW	0.2454
		50mg	Teva-Chlorpromazine	232807	TEV	ADEFGVW	0.2808
		100mg	Teva-Chlorpromazine	232831	TEV	ADEFGVW	0.7475

Generic Drug Price Changes / Changements de prix des médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Codeine Codéine							
Tab Co.	Orl	15mg	ratio-Codeine	593435	RPH	ADEFGVW	0.0542
		30mg	ratio-Codeine	593451	RPH	ADEFGVW	0.0966
Dorzolamide							
Liq Liq	Oph	2%	Sandoz Dorzolamide	2316307	SDZ	ADEFGV	2.1081
Digoxin Digoxine							
Liq Liq	Orl	0.05mg/mL	Toloxin	2242320	PDP	ADEFGVW	1.1380
Tab Co.	Orl	0.0625mg	Toloxin	2335700	PDP	ADEFGVW	0.2617
		0.125mg	Toloxin	2335719	PDP	ADEFGVW	0.2617
		0.25mg	Toloxin	2335727	PDP	ADEFGVW	0.2617
Flecainide Flécaïnide							
Tab Co.	Orl	50mg	Flecainide	2275538	AAP	ADEFGVW	0.2778
		100mg	Flecainide	2275546	AAP	ADEFGVW	0.5558
Fluphenazine Fluphénazine							
Tab Co.	Orl	1mg	Fluphenazine	405345	AAP	ADEFGVW	0.1786
		2mg	Fluphenazine	410632	AAP	ADEFGVW	0.2297
		5mg	Fluphenazine	405361	AAP	ADEFGVW	0.3753
Morphine Sulfate Morphine (sulfate de)							
Liq Liq	Inj	10mg/mL	Morphine Sulfate	392588	SDZ	ADEFGVW	2.3860
		15mg/mL	Morphine Sulfate	392561	SDZ	ADEFGVW	2.5280
		50mg/mL	Morphine HP-50	617288	SDZ	ADEFGVW	7.1610
Phenobarbital Phénobarbital							
Tab Co.	Orl	15mg	Phenobarbital	178799	PDP	ADEFGVW	0.1251
		30mg	Phenobarbital	178802	PDP	ADEFGVW	0.1489
		60mg	Phenobarbital	178810	PDP	ADEFGVW	0.2020
		100mg	Phenobarbital	178829	PDP	ADEFGVW	0.2765

Generic Drug Price Changes / Changements de prix des médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Polystyrene Sulfonate Polystyrène Sulfonate							
Sus Susp	Orl	250mg/mL	Solystat	769541	PDP	ADEFGVW	0.1595
Prednisone							
Tab Co.	Orl	1mg	Winpred	271373	AAP	ADEFGRVW	0.1072
Prochlorperazine Prochlorpérazine							
Tab Co.	Orl	5mg	Prochlorazine	886440	AAP	ADEFGVW	0.1692
		10mg	Prochlorazine	886432	AAP	ADEFGVW	0.2066
Sulfasalazine							
ECT Co.Ent	Orl	500mg	Salazopyrin EN pms-Sulfasalazine EC	2064472 598488	PFI PMS	ADEFGVW	0.3641
Tab Co.	Orl	500mg	Salazopyrin pms-Sulfasalazine	2064480 598461	PFI PMS	ADEFGVW	0.2392
Theophylline Théophylline							
SRT Co.L.L.	Orl	100mg	Apo-Theo LA	692689	APX	ADEFGVW	0.1300
		200mg	Apo-Theo LA	692697	APX	ADEFGVW	0.1350
		300mg	Apo-Theo LA	692700	APX	ADEFGVW	0.1817

Delisted Generic Drug Products / Produits génériques retirés du formulaire

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes
Acetylsalicylic Acid / Caffeine / Codeine Acide acétylsalicylique / Caféine / Codéine						
Tab Co.	Orl	375mg / 30mg / 30mg	292	2238645	PDP	ADEFGVW

Bulletin # 962

December 14, 2017

2017 Holiday Schedule

Representatives of the New Brunswick Drug Plans will be available the following hours during the 2017 holiday season:

Date	Hours
Saturday, December 23	Closed
Sunday, December 24	Closed
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

Due to the holiday closures, the payment schedule for New Brunswick Drug Plans Participating Providers has been adjusted as follows:

- Payment for claims processed between December 12 and 28 will be deposited on January 3, 2018.
- Payment for claims processed between December 29 and January 8 will be deposited on January 12, 2018.

If you have any questions, please contact the New Brunswick Drug Plans at **1-800-332-3692**.

To unsubscribe from the NB Drug Plans Formulary emailed announcements, please send a message to info@nbdrugs-medicamentsnb.ca. The Updates are available on the NBPDP webpage: http://www.gnb.ca/0212/BenefitUpdates-e.asp.

Bulletin # 963

December 15, 2017

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective December 15, 2017.

Included in this bulletin:

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

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

To unsubscribe from the NB Drug Plans Formulary emailed announcements, please send a message to info@nbdrugs-medicamentsnb.ca. The Updates are available on the NBPDP webpage: http://www.gnb.ca/0212/BenefitUpdates-e.asp.

Special Authorization Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Fluoxetine (generic brands)	20mg/5mL oral solution	See NB Drug Plans Formulary or MAP List for products		(SA)	MAP
	For use in patients for whom oral capsules are not an option.				
Lenvatinib (Lenvima™)	10mg/dose compliance pack 14mg/dose compliance pack 20mg/dose compliance pack 24mg/dose compliance pack	02450321 02450313 02450305 02450291	EIS	(SA)	MLP
	For the treatment of patients with locally recurrent or metastatic, progressive, differentiated thyroid cancer (DTC) who meet the following criteria: • Pathologically confirmed papillary or follicular thyroid cancer, and • Disease that is refractory or resistant to radioactive iodine therapy, and • Radiological evidence of disease progression within the previous 13 months, and • Previous treatment with no more than one tyrosine kinase inhibitor (TKI). Renewal Criteria: • Written confirmation that the patient is responding to treatment and there is no evidence of disease progression. <u>Clinical Notes:</u> 1. Patients must have a good performance status. 2. Treatment should be discontinued upon disease progression or unacceptable toxicity. <u>Claim Notes:</u> • Initial approval: 1 year • Renewal approval: 1 year				

Changes to Existing Special Authorization Benefits

Product	Strength	DIN	MFR	Plans	Cost Base
Revised Criteria					
Axitinib (Inlyta®)	1mg tablet 5mg tablet	02389630 02389649	PFI	(SA)	MLP
	As second line therapy for the treatment of patients with metastatic renal cell carcinoma after failure of prior therapy with either a cytokine or 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 have a good performance status.
2. Treatment should be discontinued upon disease progression or unacceptable toxicity.

Claim Notes:

- Sequential use of axitinib and everolimus will not be reimbursed. Exceptions may be considered in cases of intolerance or contraindication without disease progression.
- Initial approval period: 6 months.
- Renewal period: 1 year.

Revised Criteria

Ciprofloxacin (Ciloxan®)	0.3% ophthalmic ointment	02200864	NVR	(SA)	MLP
Ciprofloxacin (Ciloxan® and generic brand)	0.3% ophthalmic solution	See NB Drug Plans Formulary or MAP List for products		(SA)	MAP

- For the treatment of ophthalmic infections caused by susceptible bacteria.
- For the prevention of ophthalmic infections associated with non-elective eye surgery.

Claim Note:

- Prescriptions written by New Brunswick ophthalmologists and prescribing optometrists do not require special authorization.

Revised Criteria

Entecavir (Baraclude™ and generic brands)	0.5mg tablet	See NB Drug Plans Formulary or MAP List for products		(SA)	MAP

For the treatment of hepatitis B.

Claim Note:

- Must be prescribed by a hepatologist, gastroenterologist, infectious disease specialist or other physician with experience in the treatment of hepatitis B.

New Indication and Revised Criteria

Imatinib (Gleevec® and generic brands)	100mg tablet 400mg tablet	See NB Drug Plans Formulary or MAP List for products		(SA)	MAP

Acute Lymphoblastic Leukemia – Philadelphia Chromosome Positive (Ph+ ALL)

For the treatment of patients with Ph+ ALL.

Chronic Myeloid Leukemia – Philadelphia Chromosome Positive (Ph+ CML)
For the treatment of patients in chronic phase, blast phase or accelerated phase Ph+ CML.

Gastrointestinal Stromal Tumor (GIST)
1. For the adjuvant treatment of patients who are at high risk of recurrence following complete surgical resection of c-Kit positive GIST, for a period of up to 3 years.
2. For the treatment of patients with unresectable and/or metastatic c-kit positive GIST.

Revised Criteria

Ofloxacin (Ocuflox® and generic brand)	0.3% ophthalmic solution	See NB Drug Plans Formulary or MAP List for products		(SA)	MAP

- For the treatment of ophthalmic infections caused by susceptible bacteria.
- For the prevention of ophthalmic infections associated with non-elective eye surgery.

Claim Note:
- Prescriptions written by New Brunswick ophthalmologists and prescribing optometrists do not require special authorization.

New Strength

Somatropin (Omnitrope®)	15mg/1.5mL pen cartridge	02459647	SDZ	(SA)	MLP

For the treatment of growth hormone deficiency in children under the age of 19.

Claim Notes:
- Must be prescribed by, or in consultation with, an endocrinologist.
- Somatropin is a regular benefit for Plan T.

Revised Criteria

Tenofovir disoproxil (Viread® and generic brands)	300mg tablet	See NB Drug Plans Formulary or MAP List for products		(SA)	MAP

For the treatment of hepatitis B.

Claim Note:
- Must be prescribed by a hepatologist, gastroenterologist, infectious disease specialist or other physician with experience in the treatment of hepatitis B.

Benefit Status Changes

Product	Strength	DIN	MFR
Delisted Oxtriphylline (Choledyl Elixir®)	100mg/5mL oral solution	00476366	ERF

Effective December 15, 2017, oxtriphylline (Choledyl Elixir®) 100mg/5mL oral solution will be delisted as a benefit under the New Brunswick Drug Plans Formulary. Requests for special authorization will not be considered.

There is no evidence for efficacy of Choledyl Elixir® and there are safer and more effective agents for the treatment of asthma and/or chronic obstructive pulmonary disease.

Delisted Vancomycin (Vancocin®)	250mg capsule	00788716	MRS
Jamp-Vancomycin	250mg capsule	02407752	JPC
Vancomycin Hydrochloride	250mg capsule	02377489	FKB

Effective December 15, 2017, vancomycin 250mg capsules will be delisted as a benefit under the NB Drug Plans Formulary. Requests for special authorization will not be considered.

There is no evidence that vancomycin 250mg four times daily is more effective than 125mg four times daily in the treatment of symptomatic Clostridium Difficile infections.

Drugs Reviewed and Not Listed

The review of the following products found that they did not offer a significant therapeutic and/or cost advantage over existing therapies. Requests for special authorization will not be considered.

Product	Strength	DIN	MFR	Indication
Apremilast (Otezla®)	10mg tablet 30mg tablet	02434318 02434334	CEL	Moderate-to-severe plaque psoriasis
Apremilast (Otezla®)	10mg tablet 30mg tablet	02434318 02434334	CEL	Psoriatic arthritis
Denosumab (Xgeva®)	120mg/1.7mL single-use vial	02368153	AGA	Prevention of skeletal-related events due to bone metastases from breast cancer

Denosumab (Xgeva®)	120mg/1.7mL single-use vial	02368153	AGA	Prevention of skeletal-related events due to bone metastases from solid tumours
Oxtriphylline and guaifenesin (Choledyl Expectorant® Elixir)	100mg/50mg/5mL oral solution	00476374	ERF	Symptomatic relief of reversible bronchoconstriction and loosen phlegm

Bulletin #964 December 21, 2017

NB Drug Plans Formulary Update

Please find attached a list of **generic drug product updates** for the New Brunswick Drug Plans Formulary.

Generic drug product additions

- New generic products will be reimbursed up to the category Maximum Allowable Price (MAP) effective December 21, 2017.
- The original brand product will be reimbursed at the new category MAP effective January 11, 2018. Prior to January 11, 2018 the original brand product will be reimbursed up to the higher MAP indicated on the attached list.

Generic drug price changes

- Products listed on the NB Drug Plans Formulary prior to December 21, 2017 will be reimbursed up to the new category MAP effective January 11, 2018. Prior to January 11, 2018 products in the category will be reimbursed up to the previous MAP.

Delisted generic drug products

- Manufacturers who did not confirm prices to the new lower MAP will have impacted products removed from the NB Drug Plans Formulary effective January 11, 2018.

To unsubscribe from the NB Drug Plans emailed announcements, please send a message to info@nbdrugs-medicamentsnb.ca. The Updates are available on the NBPDP webpage: http://www.gnb.ca/0212/BenefitUpdates-e.asp

Generic Drug Product Additions / Ajouts de médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Anastrozole							
Tab Co.	Orl	1mg	CCP-Anastrozole	2458799	CCM	ADEFVW	1.2729
Atenolol Aténolol							
Tab Co.	Orl	50mg	Atenolol	2466465	SAS	ADEFGVW	0.1437
		100mg	Atenolol	2466473	SAS	ADEFGVW	0.2362
Escitalopram							
Tab Co.	Orl	10mg	ACH-Escitalopram	2434652	AHI	ADEFGVW	0.4318
		20mg	ACH-Escitalopram	2434660	AHI	ADEFGVW	0.4597
Moxifloxacin Moxifloxacine							
Tab Co.	Orl	400mg	Sandoz Moxifloxacin	2383381	SDZ	VW (SA)	1.5230
Propafenone Propafénone							
Tab Co.	Orl	150mg	Mylan-Propafenone	2457172	MYL	ADEFGVW	0.2965
		300mg	Mylan-Propafenone	2457164	MYL	ADEFGVW	0.5227
Testosterone Testostérone							
Gel Gel	Top	25mg	AndroGel Packets Taro-Testosterone Gel	2245345 2463792	BGP TAR	(SA)	0.8920 0.6690
		50mg	AndroGel Packets Taro-Testosterone Gel	2245346 2463806	BGP TAR	(SA)	0.7887 0.5915

Generic Drug Price Changes / Changements de prix des médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Phenobarbital Phénobarbital							
Elx Elx	Orl	5mg/mL	Phenobarbital	645575	PDP	ADEFGVW	0.1275

Delisted Generic Drug Products / Produits génériques retirés du formulaire

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes
Codeine Codéine Syr Sir	Orl	5mg/mL	ratio-Codeine	779474	TEV	ADEFGVW