Bulletin # 1018

January 29, 2020

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective January 29, 2020.

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.

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

Regular Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Fulvestrant (Teva-fulvestrant)	250 mg / 5 mL prefilled syringe	02460130	TEV	ADEFGV	MAP
Special Authorization No Longer Required					
Tobramycin (Tobi® and generic brands)	300 mg / 5 mL solution for inhalation	See NB Drug Plans Formulary or MAP List for Products		ABDEFGV	MAP

Special Authorization Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Asfotase alfa (Strensiq®)	18 mg / 0.45 mL single-use vial 28 mg / 0.7 mL single-use vial 40 mg / 1 mL single-use vial 80 mg / 0.8 mL single-use vial	02444615 02444623 02444631 02444658	ALX	(SA)	MLP
	For the treatment of patients with perinatal, infantile, or juvenile-onset hypophosphatasia (HPP). Clinical Note: • Eligibility for the treatment of HPP is determined by the Canadian HPP Clinical Expert Committee. Please contact the NB Drug Plans at 1-800-332-3691 for the request form. Claim Note: • Must be prescribed by a metabolic specialist with expertise in the diagnosis and management of HPP.				
Daptomycin (Cubicin® RF)	500 mg / 10 mL single-use vial	02465493	CBP	(SA)	MLP
	For the treatment of patients with resistant gram-positive infections, including methicillin-resistant *Staphylococcus aureus* (MRSA) who failed to respond, or have a contraindication or intolerance to vancomycin, or for whom IV vancomycin is not appropriate. Clinical Note: • Daptomycin is inhibited by pulmonary surfactant and should not be used to treat respiratory tract infections. Claim Note: • Must be prescribed by, or in consultation with, an infectious disease specialist or medical microbiologist.				

Ribociclib (Kisqali™)	200 mg tablet	02473569	NVO	(SA)	MLP

In combination with an aromatase inhibitor for the treatment of hormone receptor positive, HER2 negative advanced or metastatic breast cancer in postmenopausal women or men who:

- have not received prior therapy for advanced or metastatic disease, and
- are not resistant to prior (neo)adjuvant non-steroidal aromatase inhibitor (NSAI) therapy, and
- do not have active or uncontrolled metastases to the central nervous system.

Renewal Criteria:

- Written confirmation that the patient has responded to treatment and there is no evidence of disease progression.

Clinical Notes:

1. For patients who received (neo)adjuvant NSAI therapy, a minimum disease-free interval of twelve months after stopping therapy is required.
2. Patients must have a good performance status.
3. Treatment should be discontinued upon disease progression or unacceptable toxicity.

Claim Notes:

- Requests for women with chemically-induced menopause will be considered.
- Patients with disease progression on ribociclib are not eligible for reimbursement of further CDK4/6 inhibitor therapy or everolimus.
- Initial approval period: 1 year.
- Renewal approval period: 1 year.

Changes to Existing Special Authorization Benefits

Product	Strength	DIN	MFR	Plans	Cost Base
Revised Criteria					
Cysteamine (Procysbi™)	25 mg delayed-release capsule 75 mg delayed-release capsule	02464705 02464713	HRZ	(SA)	MLP

For the treatment of infantile nephropathic cystinosis with documented cystinosin (lysosomal cystine transporter) gene mutation or elevated white blood cell cystine levels.

Claim Notes:

- Must be prescribed by, or in consultation with, a physician with experience in the diagnosis and management of cystinosis.
- Claims that exceed the maximum claim amount of $9,999.99 must be divided and submitted as separate transactions as outlined here.

New Indication					
Ivacaftor (Kalydeco®)	150 mg tablet	02397412	VTX	(SA)	MLP

For the treatment of cystic fibrosis in patients who are:

- age 6 years and older and have one of the following cystic fibrosis transmembrane

conductance regulator (CFTR) gene mutations: G551D, G1244E, G1349D, G178R, G551S, S1251N, S1255P, S549N or S549R; or
- age 18 years and older with an R117H mutation in the CFTR gene.

Renewal criteria:
Renewal requests will be considered in patients with documented response to treatment as evidenced by the following:

In cases where the baseline sweat chloride levels were greater than 60 mmol/L:
- the patient's sweat chloride level fell below 60 mmol/L; or
- the patient's sweat chloride level falls by at least 30%

In cases where the baseline sweat chloride levels were below 60 mmol/L:
- the patient's sweat chloride level falls by at least 30%; or
- the patient demonstrates a sustained absolute improvement in FEV1 of at least 5% when compared to the FEV_1 test conducted prior to starting therapy. FEV_1 will be compared with the baseline pre-treatment level one month and three months after starting treatment

Clinical Notes:
1. The patient's sweat chloride level and FEV_1 must be provided with each request.
2. A sweat chloride test must be performed within a few months of starting ivacaftor therapy to determine if sweat chloride levels are reducing.
   - If the expected reduction occurs, a sweat chloride test must be performed again 6 months after starting therapy to determine if the full reduction has been achieved. Thereafter, sweat chloride levels must be checked annually.
   - If the expected reduction does not occur, a sweat chloride test should be performed again one week later. If the criteria are not met, coverage will be discontinued.

Claim Notes:
- Requests will be considered for individuals enrolled in Plans ADEFGV.
- Approved dose: 150 mg every 12 hours.
- Approval period: 1 year.
- Claims that exceed the maximum claim amount of $9,999.99 must be divided and submitted as separate transactions as outlined here.

Revised Criteria

Ondansetron (Zofran® and generics)	4 mg tablet 8 mg tablet 4 mg / 5 mL oral liquid 4 mg orally disintegrating tablet 8 mg orally disintegrating tablet	See NB Drug Plans Formulary or MAP List for Products	(SA)	MAP

For the prevention of nausea and vomiting in patients receiving:
- highly or moderately emetogenic chemotherapy / radiation therapy, or
- chemotherapy / radiation therapy who have had inadequate symptom control with other available antiemetics.

Claim Note:
- Prescription claims for tablets and orally disintegrating tablets written by an oncologist, an

oncology clinical associate, or a general practitioner in oncology do not require special authorization.

Revised Criteria

Palbociclib (Ibrance®)	75 mg capsule 100 mg capsule 125 mg capsule	02453150 02453169 02453177	PFI	(SA)	MLP

In combination with an aromatase inhibitor for the treatment of hormone receptor positive, HER2 negative advanced or metastatic breast cancer in postmenopausal women or men who:

- have not received prior therapy for advanced or metastatic disease, and
- are not resistant to prior (neo)adjuvant non-steroidal aromatase inhibitor (NSAI) therapy, and
- do not have active or uncontrolled metastases to the central nervous system.

Renewal Criteria:

- Written confirmation that the patient has responded to treatment and there is no evidence of disease progression.

Clinical Notes:

1. For patients who received (neo)adjuvant NSAI therapy, a minimum disease-free interval of twelve months after stopping therapy is required.
2. Patients must have a good performance status.
3. Treatment should be discontinued upon disease progression or unacceptable toxicity.

Claim Notes:

- Requests for women with chemically-induced menopause will be considered.
- Patients with disease progression on palbociclib are not eligible for reimbursement of further CDK4/6 inhibitor therapy or everolimus.
- Initial approval period: 1 year.
- Renewal approval period: 1 year.

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
Fluocinolone acetonide (Iluvien®)	0.19 mg intravitreal implant	02483157	KNI	For the treatment of diabetic macular edema.
Larotrectinib (Vitrakvi®)	20 mg/mL oral solution	02490331	BAY	For the treatment of adult and pediatric patients with locally advanced or metastatic solid tumours harbouring an NTRK gene fusion.
	25 mg capsule	02490315		
	100 mg capsule	02490323		

Bulletin #1019 January 30, 2020

NB Drug Plans Formulary Update

Drug product updates included in this bulletin:

- Drug product additions
  - New generic products will be reimbursed up to the category Maximum Allowable Price (MAP) effective January 30, 2020.
  - The original brand product will be reimbursed at the new category MAP effective February 13, 2020. Prior to February 13, 2020, the original brand product will be reimbursed up to the higher MAP indicated on the attached list.

- Drug price changes
  - Price decreases for products listed on the NB Drug Plans Formulary prior to January 30, 2020 will be reimbursed up to the new category MAP effective February 13, 2020. Prior to February 13, 2020, products in the category will be reimbursed up to the previous MAP.
  - Price increases for products listed on the NB Drug Plans Formulary prior to January 30, 2020 will be reimbursed up to the new category MAP effective January 30, 2020.

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Drug Product Additions

Drug/Form/Route/Strength	Tradename	DIN	MFR	Plans	MAP
Acetaminophen					
Tab Orl 325 mg	Acetaminophen	2252805	CCM	G	0.0121
500 mg	Acetaminophen	2252813	CCM	G	0.0143
Clindamycin					
Liq Top 1%	Clindamycin Phosphate Topical Solution	2483769	TLG	ADEFGV	0.2310
Efavirenz / Emtricitabine / Tenofovir					
Tab Orl 600 mg / 200 mg / 300 mg	pms-Efavirenz-Emtricitabine-Tenofovir	2487284	PMS	DU	11.3300
	Sandoz Efavirenz/Emtricitabine/Tenofovir	2484676	SDZ		
Everolimus					
Tab Orl 2.5 mg	Afinitor	2369257	NVR	(SA)	202.6540
	Teva-Everolimus	2463229	TEV		151.9905
5 mg	Afinitor	2339501	NVR	(SA)	202.6540
	Teva-Everolimus	2463237	TEV		151.9905
10 mg	Afinitor	2339528	NVR	(SA)	202.6540
	Teva-Everolimus	2463253	TEV		151.9905
Fulvestrant					
Liq IM 50 mg/mL	Teva-Fulvestrant	2460130	TEV	ADEFGV	58.2895
Latanoprost / Timolol					
Liq Oph 0.005% / 0.5%	Med-Latanoprost-Timolol	2454505	GMP	ADEFGV	4.4268
Levocarnitine					
Liq Orl 100 mg/mL	Carnitor	2144336	LBI	(SA)	0.5711
	Odan-Levocarnitine	2492105	ODN		0.4854

Drug Price Changes

Drug/Form/Route/Strength	Tradename	DIN	MFR	Plans	MAP
Buprenorphine / Naloxone					
Slt Orl 2 mg / 0.5 mg	Act Buprenorphine/Naloxone	2453908	TEV	(SA)	1.3350
	pms-Buprenorphine/Naloxone	2424851	PMS		
8 mg / 2 mg	Act Buprenorphine/Naloxone	2453916	TEV	(SA)	2.3650
	pms-Buprenorphine/Naloxone	2424878	PMS		
Calcitriol					
Cap Orl 0.25 mcg	Calcitriol-Odan	2431637	ODN	ADEFGV	0.3536
	Taro-Calcitriol	2485710	TAR		
	Calcitriol-Odan	2431645	ODN	ADEFGV	0.5623
	Taro-Calcitriol	2485729	TAR		

Drug Price Changes

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Chloroquine							
Tab	Orl	250 mg	Teva-Chloroquine	21261	TEV	ADEFGV	0.3208
Chlorpromazine							
Tab	Orl	25 mg	Teva-Chlorpromazine	232823	TEV	ADEFGVW	0.1365
		50 mg	Teva-Chlorpromazine	232807	TEV	ADEFGVW	0.1565
		100 mg	Teva-Chlorpromazine	232831	TEV	ADEFGVW	0.3200
Clobazam							
Tab	Orl	10 mg	Teva-Clobazam	2238334	TEV	ADEFGV	0.2197
Desmopressin							
Tab	Orl	0.2 mg	Desmopressin	2284049	AAP	DEF-18G (SA)	1.3216
Moclobemide							
Tab	Orl	150 mg	Moclobemide	2232150	AAP	ADEFGV	0.5295
Quinapril							
Tab	Orl	5 mg	Apo-Quinapril	2248499	APX	ADEFGV	0.4642
			pms-Quinapril	2340550	PMS		
Ramipril / Hydrochlorothiazide							
Tab	Orl	5 mg / 25 mg	Ran-Ramipril HCTZ	2449463	RAN	ADEFGV	0.2872

Bulletin # 1020

February 26, 2020

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective February 26, 2020.

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

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Regular Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Special Authorization No Longer Required					
Sevelamer hydrochloride (Renagel®)	800 mg tablet	02244310	SAV	ADEFGV	MLP

Special Authorization Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Cysteamine (Cystadrops®)	0.37% ophthalmic solution	02485605	RRD	(SA)	MLP

For the treatment of corneal cystine crystal deposits (CCCDs) in patients 2 years of age and older with cystinosis.

Clinical Note:

- Diagnosis of cystinosis confirmed by cystinosin (lysosomal cystine transporter) gene mutation or elevated white blood cell cystine levels. Documentation must be provided.

Claim Note:

- Must be prescribed by an ophthalmologist experienced in the treatment of CCCDs.

Tofacitinib (Xeljanz XR®)	11 mg extended-release tablet	02470608	PFI	(SA)	MLP

For the treatment of moderately to 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 (Xeljanz) or 11 mg once daily (Xeljanz XR).
- Initial approval period: 6 months.
- Renewal approval period: 1 year. Confirmation of continued response is required.

Changes to Existing Special Authorization Benefits

Product	Strength	DIN	MFR	Plans	Cost Base
Revised Criteria					
Ulipristal acetate (Fibristal®)	5 mg tablet	02408163	ALL	(SA)	MLP

For the treatment of adult women of reproductive age with moderate to severe uterine fibroids as either:

- Pre-operative treatment in patients who are eligible for surgery; or
- Intermittent treatment in patients who are not eligible for surgery.

Clinical Note:

- Each course of treatment is three months in duration.

Claim Notes:

- The maximum quantity reimbursed is limited to four courses of treatment.
- The patient must be under the care of a physician experienced in the management of gynecological conditions such as uterine fibroids.

Benefit Status Changes

Product	Strength	DIN	MFR	Plans	Cost Base
Delisted					
Ipratropium (Ipravent)	0.06% nasal spray	02246084	AAP		

Effective February 26, 2020, ipratropium 0.06% nasal spray will be delisted as a benefit under the New Brunswick Drug Plans Formulary. Requests for special authorization will not be considered.

There is insufficient evidence of efficacy for ipratropium 0.06% nasal spray for its approved indication, the symptomatic relief of rhinorrhea associated with the common cold.

Ipratropium 0.03% nasal spray is currently listed as a regular benefit under the New Brunswick Drug Plans Formulary and is indicated for the treatment of allergic and non-allergic perennial rhinitis.

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
Ertugliflozin / metformin (Segluromet®)	2.5 mg / 500 mg tablet 2.5 mg / 1000 mg tablet 7.5 mg / 500 mg tablet 7.5 mg / 1000 mg tablet	02476215 02476223 02476231 02476258	FRS	For the treatment of type 2 diabetes mellitus.
Ertugliflozin (Steglatro™)	5 mg tablet 15 mg tablet	02475510 02475529	FRS	For the treatment of type 2 diabetes mellitus.

Bulletin #1021 February 27, 2020

NB Drug Plans Formulary Update

Drug product updates included in this bulletin:

- Drug product additions
  - New generic products will be reimbursed up to the category Maximum Allowable Price (MAP) effective February 27, 2020.
  - The original brand product will be reimbursed at the new category MAP effective March 19, 2020. Prior to March 19, 2020, the original brand product will be reimbursed up to the higher MAP indicated on the attached list.

- Drug price changes
  - Price decreases for products listed on the NB Drug Plans Formulary prior to February 27, 2020 will be reimbursed up to the new category MAP effective March 19, 2020. Prior to March 19, 2020, products in the category will be reimbursed up to the previous MAP.
  - Price increases for products listed on the NB Drug Plans Formulary prior to February 27, 2020 will be reimbursed up to the new category MAP effective February 27, 2020.

- Delisted 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 19, 2020.
  - Manufacturers who did not confirm prices with the pan-Canadian Pharmaceutical Alliance (pCPA) will have impacted products removed from the NB Drug Plans Formulary effective March 31, 2020.

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Drug Product Additions

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Bisoprolol							
Tab	Orl	5 mg	Sandoz Bisoprolol	2494035	SDZ	ADEFGV	0.0715
		10 mg	Sandoz Bisoprolol	2494043	SDZ	ADEFGV	0.1044
Clobazam							
Tab	Orl	10 mg	Apo-Clobazam	2244638	APX	ADEFGV	0.2197
Dasatinib							
Tab	Orl	20 mg	Sprycel	2293129	BRI	(SA)	38.6850
			Apo-Dasatinib	2470705	APX		29.0138
		50 mg	Sprycel	2293137	BRI	(SA)	77.8567
			Apo-Dasatinib	2470713	APX		58.3925
		70 mg	Sprycel	2293145	BRI	(SA)	85.8042
			Apo-Dasatinib	2481499	APX		64.3532
		80 mg	Sprycel	2360810	BRI	(SA)	138.0300
			Apo-Dasatinib	2481502	APX		117.3255
		100 mg	Sprycel	2320193	BRI	(SA)	155.6083
			Apo-Dasatinib	2470721	APX		116.7062
Dorzolamide							
Liq	Oph	2%	Jamp-Dorzolamide	2453347	JPC	ADEFGV	2.1081
Dorzolamide / Timolol							
Liq	Oph	2% / 0.5%	Jamp-Dorzolamide-Timolol	2457539	JPC	ADEFGV	1.9887
Sevelamer							
Tab	Orl	800 mg	Renagel	2244310	SAV	ADEFGV	1.7000
			Accel- Sevelamer	2461501	ACC		1.2634
Valsartan / Hydrochlorothiazide							
Tab	Orl	320 mg / 12.5 mg	Valsartan HCT	2384760	SIV	ADEFGV	0.2235
Venlafaxine							
SRC	Orl	75 mg	Act Venlafaxine XR	2304325	TEV	ADEFGV	0.1825

Drug Price Changes

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Bromazepam							
Tab	Orl	3 mg	Teva-Bromazepam	2230584	TEV	ADEFGV	0.0375
		6 mg	Teva-Bromazepam	2230585	TEV	ADEFGV	0.0548

Drug Price Changes

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Dimethyl Sulfoxide							
Liq	ITV	500 mg/g	Rimso-50	493392	MYL	ADEFGV	1.7000

Delisted Drug Products

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans
Price Not Confirmed by Manufacturer with NB Drug Plans						
Bromazepam						
Tab	Orl	3 mg	Apo-Bromazepam	2177161	APX	ADEFGV
		6 mg	Apo-Bromazepam	2177188	APX	ADEFGV
Price Not Confirmed by Manufacturer with the pan-Canadian Pharmaceutical Alliance						
Amlodipine						
Tab	Orl	2.5 mg	Jamp-Amlodipine	2357186	JPC	ADEFGV
		10 mg	Jamp-Amlodipine	2357208	JPC	ADEFGV
Atenolol						
Tab	Orl	50 mg	Septa-Atenolol	2368641	SPT	ADEFGV
		100 mg	Septa-Atenolol	2368668	SPT	ADEFGV
Candesartan						
Tab	Orl	8 mg	Apo-Candesartan	2365359	APX	ADEFGV
		16 mg	Apo-Candesartan	2365367	APX	ADEFGV
		32 mg	Apo-Candesartan Co Candesartan	2399105 2376555	APX COB	ADEFGV
Celecoxib						
Cap	Orl	100 mg	Celecoxib	2436299	SAS	ADEFGV
		200 mg	Celecoxib	2436302	SAS	ADEFGV
Ciprofloxacin						
Tab	Orl	250 mg	Septa-Ciprofloxacin	2379627	SPT	BW (SA)
		500 mg	Mint-Ciproflox Septa-Ciprofloxacin	2423561 2379635	MNT SPT	BW (SA)
		750 mg	Septa-Ciprofloxacin	2379643	SPT	BW (SA)
Citalopram						
Tab	Orl	10 mg	Septa-Citalopram	2431629	SPT	ADEFGV

Delisted Drug Products

Drug/Form/Route/Strength		Tradename	DIN	MFR	Plans
Citalopram					
Tab Orl	20 mg	Act Citalopram	2248050	SNV	ADEFGV
	40 mg	Act Citalopram	2248051	SNV	ADEFGV
		Ran-Citalo	2285630	RAN	
Clonazepam					
Tab Orl	2 mg	Clonazepam	2442051	SIV	ADEFGV
Donepezil					
Tab Orl	5 mg	Jamp-Donepezil	2404419	JPC	(SA)
	10 mg	Jamp-Donepezil	2404427	JPC	(SA)
Dutasteride					
Cap Orl	0.5 mg	Act Dutasteride	2412691	TEV	ADEFGV
Fluoxetine					
Cap Orl	10 mg	Mint-Fluoxetine	2380560	MNT	ADEFGV
	20 mg	Mint-Fluoxetine	2380579	MNT	ADEFGV
Gabapentin					
Cap Orl	100 mg	Ran-Gabapentin	2319055	RAN	ADEFGVW
	400 mg	Ran-Gabapentin	2319071	RAN	ADEFGVW
Lamotrigine					
Tab Orl	25 mg	Teva-Lamotrigine	2248232	TEV	ADEFGV
	100 mg	Teva-Lamotrigine	2248233	TEV	ADEFGV
	150 mg	Teva-Lamotrigine	2248234	TEV	ADEFGV
Metformin					
Tab Orl	500 mg	ratio-Metformin	2242974	RPH	ADEFGV
		Septa-Metformin	2379767	SPT	
	850 mg	Apo-Metformin	2229785	APX	ADEFGV
		ratio-Metformin	2242931	RPH	
		Septa-Metformin	2379775	SPT	
Minocycline					
Cap Orl	50 mg	Teva-Minocycline	2108143	TEV	ABDEFGVW
Montelukast					
TabC Orl	4 mg	Montelukast	2379317	SAS	ADEFGV
	5 mg	Montelukast	2379325	SAS	ADEFGV

Delisted Drug Products

Drug/Form/Route/Strength		Tradename	DIN	MFR	Plans
Olanzapine					
ODT Orl	5 mg	Act Olanzapine ODT	2327562	TEV	ADEFGVW
		Olanzapine ODT	2352974	SAS	
	10 mg	Olanzapine ODT	2352982	SAS	ADEFGVW
	20 mg	Ran-Olanzapine ODT	2414120	RAN	ADEFGVW
Paroxetine					
Tab Orl	10 mg	Paroxetine	2282844	SAS	ADEFGV
Pramipexole					
Tab Orl	0.25 mg	pms-Pramipexole	2290111	PMS	ADEFV
	1 mg	pms-Pramipexole	2290146	PMS	ADEFV
Pregabalin					
Cap Orl	25 mg	Mar-Pregabalin	2417529	MAR	ADEFGVW
	50 mg	Mar-Pregabalin	2417537	MAR	ADEFGVW
	75 mg	Mar-Pregabalin	2417545	MAR	ADEFGVW
	150 mg	Mar-Pregabalin	2417561	MAR	ADEFGVW
Rabeprazole					
ECT Orl	10 mg	Apo-Rabeprazole	2345579	APX	ABDEFGV
Ramipril					
Cap Orl	1.25 mg	pms-Ramipril	2295369	PMS	ADEFGV
		Jamp-Ramipril	2331101	JPC	
Risperidone					
Tab Orl	0.5 mg	Teva-Risperidone	2264188	TEV	ADEFGV
Rosuvastatin					
Tab Orl	5 mg	Mar-Rosuvastatin	2413051	MAR	ADEFGV
		Mint-Rosuvastatin	2397781	MNT	
	10 mg	Mar-Rosuvastatin	2413078	MAR	ADEFGV
		Mint-Rosuvastatin	2397803	MNT	
	20 mg	Mar-Rosuvastatin	2413086	MAR	ADEFGV
		Mint-Rosuvastatin	2397811	MNT	
	40 mg	Mar-Rosuvastatin	2413108	MAR	ADEFGV
		Mint-Rosuvastatin	2397838	MNT	
Sertraline					
Cap Orl	25 mg	Sandoz Sertraline	2245159	SDZ	ADEFGV

Delisted Drug Products

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans
Sertraline						
Cap	Orl	50 mg	Sandoz Sertraline	2245160	SDZ	ADEFGV
Simvastatin						
Tab	Orl	5 mg	Mar-Simvastatin	2375036	MAR	ADEFGV
		10 mg	pms-Simvastatin	2269260	PMS	ADEFGV
		80 mg	Mar-Simvastatin	2375079	MAR	ADEFGV
Solifenacin						
Tab	Orl	5 mg	Med-Solifenacin	2428911	GMP	
			Mint-Solifenacin	2443171	MNT	ADEFGV
			Solifenacin Succinate	2448335	MDN	
		10 mg	Med-Solifenacin	2428938	GMP	
			Mint-Solifenacin	2443198	MNT	ADEFGV
			Solifenacin Succinate	2448343	MDN	
Sumatriptan						
Tab	Orl	100 mg	Act Sumatriptan	2257904	ATV	ADEFGV
Topiramate						
Tab	Orl	25 mg	Mar-Topiramate	2432099	MAR	ADEFGV
		100 mg	Mar-Topiramate	2432102	MAR	ADEFGV
		200 mg	Mar-Topiramate	2432110	MAR	ADEFGV
Valacyclovir						
Tab	Orl	500 mg	Mar-Valacyclovir	2441586	MAR	ADEFGV
Valsartan						
Tab	Orl	40 mg	Valsartan	2367726	PDL	
			Valsartan	2366940	SAS	ADEFGV
			Valsartan	2384523	SIV	
		80 mg	Valsartan	2367734	PDL	
			Valsartan	2366959	SAS	ADEFGV
			Valsartan	2384531	SIV	
		160 mg	Valsartan	2367742	PDL	
			Valsartan	2366967	SAS	ADEFGV
			Valsartan	2384558	SIV	
		320 mg	Valsartan	2367750	PDL	
			Valsartan	2366975	SAS	ADEFGV
			Valsartan	2384566	SIV	

Delisted Drug Products

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans
Zopiclone						
Tab	Orl	5 mg	Sandoz Zopiclone	2257572	SDZ	ADEFVW
			Septa-Zopiclone	2386909	SPT	
		7.5 mg	Septa-Zopiclone	2386917	SPT	ADEFVW

Bulletin # 1022

March 19, 2020

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective March 19, 2020.

Included in this bulletin:

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

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

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

Special Authorization Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Alteplase (Cathflo®)	2 mg vial	02245859	HLR	(SA)	MLP
	For the treatment of central venous catheter occlusion in home hemodialysis patients.				
Dolutegravir and lamivudine (Dovato®)	50 mg / 300 mg tablet	02491753	VIV	(SA)	MLP
	For the treatment of HIV-1 infection in patients 12 years of age or older and weighing at least 40kg, who meet the following criteria: • HIV-1 treatment-naïve • Viral load less than or equal to 500,000 copies/mL Claim Note: • Prescriptions written for beneficiaries of Plan U by infectious disease specialists and medical microbiologists who are licensed by the College of Physicians and Surgeons of New Brunswick, do not require special authorization.				
Isavuconazole (Cresemba™)	100 mg capsule 200 mg vial	02483971 02483998	AVI	(SA)	MLP
	• For the treatment of adult patients with invasive aspergillosis who have a contraindication, intolerance or have failed to respond to oral voriconazole and caspofungin. • For the treatment of adult patients with invasive mucormycosis. Claim Notes: • Must be prescribed by an infectious disease specialist or medical microbiologist. • Initial requests will be approved for a maximum of 3 months. • Claims that exceed the maximum claim amount of $9,999.99 must be divided and submitted as separate transactions as outlined here.				
Risankizumab (Skyrizi®)	75 mg / 0.83 mL prefilled syringe	02487454	ABV	(SA)	MLP
	For the treatment of patients with chronic moderate to severe plaque psoriasis who meet all of the following criteria: • Psoriasis Area Severity Index (PASI) > 10 and Dermatology Life Quality Index (DLQI) > 10, or major involvement of visible areas, scalp, genitals, or nails • Refractory, intolerant or unable to access phototherapy • Refractory, intolerant or have contraindications to one of the following: – Methotrexate (oral or parenteral) at a dose of ≥ 20 mg weekly (≥ 15 mg if patient is ≥ 65 years of age) for a minimum of 12 weeks – Cyclosporine for a minimum of 6 weeks				

Clinical Notes:

1. For patients who do not demonstrate a clinical response to oral methotrexate, or who experience gastrointestinal intolerance, a trial of parenteral methotrexate must be considered.
2. Refractory is defined as lack of effect at the recommended doses and for duration of treatments specified above.
3. Intolerant is defined as demonstrating serious adverse effects to treatments. The nature of intolerance(s) must be clearly documented.

Claim Notes:

- Must be prescribed by a dermatologist.
- Combined use of more than one biologic DMARD will not be reimbursed.
- Approvals will be for a maximum of 150 mg at weeks 0 and 4, then every 12 weeks thereafter.
- Initial approval period: 16 weeks.
- Renewal approval period: 1 year. Confirmation of continued response is required.

Changes to Existing Special Authorization Benefits

Product	Strength	DIN	MFR	Plans	Cost Base
New Indication					
Osimertinib (Tagrisso®)	40 mg tablet 80 mg tablet	02456214 02456222	AZE	(SA)	MLP

1. For the first-line treatment of patients with locally advanced (not amenable to curative intent therapy) or metastatic non-small cell lung cancer (NSCLC) whose tumors have epidermal growth factor receptor (EGFR) exon 19 deletions or exon 21 (L858R) substitution mutations.
2. For the treatment of patients with locally advanced (not amenable to curative therapy) or metastatic EGFR T790M mutation-positive NSCLC who have progressed on EGFR tyrosine kinase inhibitor therapy.

Renewal Criteria:

- Written confirmation that the patient is responding to treatment.

Clinical Note:

- Treatment should be discontinued upon clinically meaningful disease progression or unacceptable toxicity.

Claim Notes:

- Requests for first-line therapy will be considered for patients with de novo EGFR T790M mutation-positive NSCLC.
- Initial approval period: 1 year.
- Renewal approval period: 1 year.

Co-Payment Policy – New Brunswick Drug Plans (COVID-19)

New Brunswick Department of Health

March 20, 2020

Policy to Eliminate the Collection of Excess Co-Payments in Community Pharmacies under the New Brunswick Drug Plans

Background:

In support of the directive recently issued by the New Brunswick College of Pharmacists to provide patients with medication for 30 days only (30 days supply limit) to protect the drug supply, the Pharmaceutical Services Branch at the Department of Health is issuing a directive to community pharmacies which will address the issue of excess co-pays being charged to patients.

Policy Directive:

- This policy directive applies to New Brunswick Drug Plans members who would normally fill original prescriptions and refills in excess of 30 days.

- Where pharmacists have to decrease the days' supply for these prescriptions to 30 days due to the directive issued by the College, the initial copay will still apply to the first 30 days fill. For subsequent claims for the same prescription, the pharmacist will identify these claims in order for the co-pays to be reduced to zero (maximum of 2 refills with a zero co-payment per 100 days).

- The Pharmaceutical Services Branch is working on pharmacy adjudication system enhancements that will allow pharmacists to identify claims for which the co-pay should be reduced to zero at the time the second and third refills are submitted. In the interim period, we ask pharmacies to track claims in which the copayment should be zero and re-submit these claims once the system enhancements are in place.

- The policy directive applies to all New Brunswick public drug plans, takes effect immediately and is retroactive to the date the directive of the NB College of Pharmacists to provide patients with medication for 30 days only was issued.

- The policy directive will be in effect until the declared emergency under the New Brunswick *Emergency Measures Act* is rescinded.

Kevin Pothier, Acting Executive Director
Pharmaceutical Services Branch
Department of Health

Bulletin # 1 March 25, 2020

NB Drug Plans Special Bulletin
COVID-19

This update supplements the Policy Directive that was issued on March 20, 2020 ("*Policy to Eliminate the Collection of Excess Co-payments in Community Pharmacies under the New Brunswick Drug Plans"*).

In order to manage potential drug shortages due to stockpiling of medications by patients, pharmacies have been directed by the NB College of Pharmacists to limit days' supply to 30 days. Where pharmacists have to decrease the days' supply to 30 days due to this directive, the New Brunswick Drug Plans will **only charge a co-payment to members for their initial 30 day prescription fill or refill** to offset the cost to members.

The second and third fill on the same prescription may be waived for members who, based on their claim history, normally fill their prescriptions and refills in excess of 30 days. Co-payment amounts may therefore be waived to a maximum of 2 refills per 100 days.

Applicable Plans

- Seniors (Plan A) *including the Medavie Blue Cross Seniors' Prescription Drug Program*
- New Brunswick Drug Plan (Plan D)
- Social Development Clients (Plan F)
- Adults in Licensed Residential Facilities (Special Care Homes) Plan E)
- Growth Hormone Deficiency (Plan T)
- Cystic Fibrosis (Plan B)
- Organ Transplant Recipients (Plan R)
- Extra Mural Program (EMP) (Plan W)

** Multiple Sclerosis Plan (Plan H) members are excluded due to the standard 30 days' supply restriction already in place for this plan.*

Exclusions

This process does not apply to drugs that are not typically dispensed in excess of 30 days and drugs that are unable to be dispensed in excess of 30 days (e.g. designated high cost drugs, narcotics, controlled and other targeted substances).

Claim submission

Pharmacies will continue to be paid a dispensing fee for each prescription fill.

The Pharmaceutical Services Branch is currently working on pharmacy adjudication system enhancements to accommodate these changes. In the meantime, pharmacies are asked to not collect a co-payment from members on the second and third fill on the same prescription.

Pharmacies must track any claims that should have a waived co-payment and re-submit the claims for reimbursement once system enhancements are in place. All claims submitted to the Plans for reimbursement are subject to audit and recovery.

We will continue to actively monitor information regarding COVID-19 as it is received and will assess these changes on an ongoing basis.

For further assistance, or if you have any questions regarding this change, you may call our toll-free Inquiry Line at 1-855-540-7325 (Monday – Friday, 8 a.m to 5 p.m.).

Bulletin # 2

March 25, 2020

NB Drug Plans Special Bulletin
COVID-19

The health and wellbeing of our members and providers continues to be a high priority during the COVID-19 pandemic. For the safety of members and health care providers, and to ensure that members continue to have uninterrupted access to prescribed drugs, the NB Drug Plans will be implementing the following changes, effective **March 25, 2020:**

Special Authorization Extensions

- Special authorization approvals for members of the NB Drug Plans that were due for renewal between March 1, 2020 and May 31, 2020 will be **extended until August 31, 2020.**
- Select drugs are excluded from this process, including drugs with a fixed duration of approval, as outlined in the special authorization criteria (e.g. Hepatitis C drugs).
- This update only applies to special authorization renewals. New requests for drugs that require special authorization approval are not impacted and must be submitted to the NB Drug Plans according to the standard process.

Controlled Substances

- In response to Health Canada's recent exemptions for prescriptions of controlled substances under the *Controlled Drugs and Substances Act*, pharmacy and prescriber restrictions for narcotics, controlled and other targeted substances will be removed for all members currently subject to restrictions. As such, the "Consent for Restricted Prescription Drug Services Form" is **no longer required.**
- Methadone and buprenorphine/naloxone (Suboxone® and generic brands) for opioid use disorder will no longer require special authorization and will be temporarily changed to regular benefits on the NB Drug Plans Formulary.
- The Prescription Monitoring Program will continue to support the appropriate prescribing of monitored drugs, including methadone and buprenorphine products and will actively monitor their usage to reduce potential patient harm.

We will continue to actively monitor information regarding COVID-19 as it is received and will assess these changes on an ongoing basis.

For further assistance, or if you have any questions regarding this change, you may call our toll-free Inquiry Line at 1-855-540-7325 (Monday – Friday, 8 a.m to 5 p.m.).

Bulletin # 3

March 27, 2020

NB Drug Plans Special Bulletin
COVID-19

In response to the COVID-19 pandemic certain medical testing may not be available to support NB Drug Plans drug eligibility decisions:

- For those who are self-isolating;
- For individuals who are considered high-risk (e.g. the elderly and immunocompromised) and must stay isolated; or
- If the test is no longer available in an RHA due to other COVID-19 priorities.

- **Requests for Direct Oral Anticoagulants (DOACs)**
  - The special authorization criteria for DOACs (e.g. dabigatran, rivaroxaban, apixaban and edoxaban) for atrial fibrillation requires patients to trial warfarin for at least 2 months, have a contraindication to warfarin or, be unable to receive warfarin due to an inability to regularly monitor through International Normalized Ratio (INR) testing.
  - If INR testing cannot be obtained, the reason must be clearly indicated on the special authorization request.

- **Chronic Obstructive Pulmonary Disease (COPD) inhalers and Pulmonary Function Testing (PFT)**
  - The special authorization criteria for many COPD drugs (e.g. inhalers containing long-acting beta-agonists, long-acting anticholinergics or inhaled corticosteroids) requires PFT/spirometry.
  - Spirometry reports from any point in time are accepted, however, if spirometry cannot be obtained, the reason must be explained and evidence of COPD severity must be provided (i.e. MRC Dyspnea Scale Grade) on the special authorization request.

In these instances where a medical test is not available, **you must include details of your patient's inability to obtain testing on the special authorization request.**

Exceptions to special authorization criteria for other drugs that require medical testing may be considered, provided details on the patient's inability to obtain testing are included in the request. We will continue to actively monitor information regarding COVID-19 and will assess the need for additional changes to special authorization criteria on an ongoing basis.

For further assistance, or if you have any questions regarding this change, you may call our toll-free Inquiry Line at 1-855-540-7325 (Monday – Friday, 8 a.m to 5 p.m.).

Bulletin #1023 March 31, 2020

NB Drug Plans Formulary Update

Maximum Allowable Price (MAP) List

Included in this bulletin:

- Drug product additions
  - New products will be reimbursed up to the category MAP effective March 31, 2020.
  - Products that were already listed on the NB Drug Plans Formulary will be reimbursed up to the new category MAP effective April 21, 2020. Prior to April 21, 2020, these products will be reimbursed up to the higher MAP indicated on the attached list.

- Drug price changes
  - Price decreases for products that were already listed on the NB Drug Plans Formulary will be reimbursed up to the new category MAP effective April 21, 2020. Prior to April 21, 2020, these products will be reimbursed up to the previous MAP.
  - Price increases for products that were already listed on the NB Drug Plans Formulary will be reimbursed up to the new category MAP effective March 31, 2020.

- Drug category changes
  - Products in categories where there is no longer a generic brand will be moved to the Manufacturer List Price (MLP) List effective April 21, 2020.

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

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

Drug Product Additions

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Atorvastatin							
Tab	Orl	10 mg	Mint-Atorvastatin	2479508	MNT	ADEFGV	0.1743
		20 mg	Mint-Atorvastatin	2479516	MNT	ADEFGV	0.2179
		40 mg	Mint-Atorvastatin	2479524	MNT	ADEFGV	0.2342
Acarbose							
Tab	Orl	50 mg	Glucobay	2190885	BAY	ADEFGV	0.2695
			Mar-Acarbose	2494078	MAR		0.2021
		100 mg	Glucobay	2190893	BAY	ADEFGV	0.3733
			Mar-Acarbose	2494086	MAR		0.2799
Candesartan							
Tab	Orl	8 mg	Apo-Candesartan	2365359	APX	ADEFGV	0.2281
		16 mg	Apo-Candesartan	2365367	APX	ADEFGV	0.2281
		32 mg	Apo-Candesartan	2399105	APX	ADEFGV	0.2281
Darunavir							
Tab	Orl	600 mg	Prezista	2324024	JAN	DU	16.7200
			Apo-Darunavir	2487241	APX		12.8910
		800 mg	Prezista	2393050	JAN	DU	22.7000
			Apo-Darunavir	2487268	APX		17.4885
Eletriptan							
Tab	Orl	20 mg	Apo-Eletriptan	2386054	APX	ADEFGV	2.6172
		40 mg	Apo-Eletriptan	2386062	APX	ADEFGV	2.6172
Entecavir							
Tab	Orl	0.5 mg	Mint-Entecavir	2485907	MNT	ADEFGV	5.5000
Fluticasone / Salmeterol							
Pwr	Inh	100 mcg / 50 mcg	Advair Diskus	2240835	GSK	(SA)	1.4135
			pms-Fluticasone Propionate/Salmeterol	2494507	PMS		0.7068
			Wixela Inhub	2495597	MYL		
		250 mcg / 50 mcg	Advair Diskus	2240836	GSK	(SA)	1.6920
			pms-Fluticasone Propionate/Salmeterol	2494515	PMS		0.8460
			Wixela Inhub	2495600	MYL		
		500 mcg / 50 mcg	Advair Diskus	2240837	GSK	(SA)	2.4020
			pms-Fluticasone Propionate/Salmeterol	2494523	PMS		1.2010
			Wixela Inhub	2495619	MYL		

Drug Product Additions

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Fulvestrant							
Liq	IM	50 mg/mL	Fulvestrant Injection	2483610	SDZ	ADEFGV	58.2895
Hydroxychloroquine							
Tab	Orl	200 mg	Jamp-Hydroxychloroquine Sulfate	2491427	JPC	ADEFGV	0.1576
Latanoprost							
Liq	Oph	0.005%	Jamp-Latanoprost	2453355	JPC	ADEFGV	3.6320
Latanoprost / Timolol							
Liq	Oph	0.005% / 0.5%	Jamp-Latanoprost-Timolol	2453770	JPC	ADEFGV	4.4268
Ondansetron							
ODT	Orl	4 mg	Mint-Ondansetron ODT	2487330	MNT	(SA)	3.2720
		8 mg	Mint-Ondansetron ODT	2487349	MNT	(SA)	4.9930
Spironolactone							
Tab	Orl	25 mg	Mint-Spironolactone	2488140	MNT	ADEFGV	0.0810
		100 mg	Mint-Spironolactone	2488159	MNT	ADEFGV	0.1910

Drug Price Changes

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Ergocalciferol							
Dps	Orl	8 288 IU	Erdol (Drisodan)	80003615	ODN	AEFGV	0.2189
Famotidine							
Tab	Orl	20 mg	Famotidine	2351102	SAS	ADEFGV	0.2657
			Teva-Famotidine	2022133	TEV		
		40 mg	Famotidine	2351110	SAS	ADEFGV	0.4833
			Teva-Famotidine	2022141	TEV		
Fenofibrate							
Tab	Orl	100 mg	Apo-Feno-Super	2246859	APX	ADEFGV	0.5406
			Sandoz Fenofibrate S	2288044	SDZ		
Fluvoxamine							
Tab	Orl	100 mg	Act Fluvoxamine	2255537	TEV	ADEFGV	0.3783
			Apo-Fluvoxamine	2231330	APX		
Fosinopril							
Tab	Orl	10 mg	Apo-Fosinopril	2266008	APX	ADEFGV	0.2177
			Fosinopril	2459388	SAS		
			Jamp-Fosinopril	2331004	JPC		
			Ran-Fosinopril	2294524	RAN		
			Teva-Fosinopril	2247802	TEV		

Drug Price Changes

Drug/Form/Route/Strength	Tradename	DIN	MFR	Plans	MAP
Glyburide					
Tab Orl 5 mg	Apo-Glyburide	1913662	APX		
	Glyburide	2350467	SAS	ADEFGV	0.0573
	Teva-Glyburide	1913689	TEV		
Hydrocortisone / Pramoxine / Zinc					
Ont Rt 0.5% / 1% / 0.5%	Proctodan-HC Ointment	2234466	ODN	ADEFGV	0.7314
Loxapine					
Tab Orl 2.5 mg	Xylac	2242868	PDP	ADEFGV	0.2256
Spironolactone					
Tab Orl 25 mg	Teva-Spironolactone	613215	TEV	ADEFGV	0.0810
100 mg	Teva-Spironolactone	613223	TEV	ADEFGV	0.1910
Spironolactone / Hydrochlorothiazide					
Tab Orl 50 mg / 50 mg	Teva-Spironolactone HCTZ	657182	TEV	ADEFGV	0.2276

Drug Category Changes

Drug/Form/Route/Strength	Tradename	DIN	MFR	Plans
Amoxicillin / Clavulanic Acid				
Pws Orl 125 mg / 31.25 mg / 5 mL	Clavulin 125-F	1916882	GSK	ABDEFGVW
250 mg / 62.5 mg / 5 mL	Clavulin 250-F	1916874	GSK	ABDEFGVW
400 mg / 57 mg / 5 mL	Clavulin 400	2238830	GSK	ABDEFGVW
Cyclosporine				
Liq Orl 100 mg/mL	Neoral	2150697	NVR	ADEFGRV

Bulletin # 4

April 8, 2020

NB Drug Plans Special Bulletin
COVID-19

In response to the current COVID-19 pandemic, the New Brunswick Drug Plans will temporarily suspend mailing the following printed materials, effective **April 8, 2020** until further notice:

Application Forms and Letters

Applicants may obtain copies of the application forms for all of the New Brunswick Drug Plans by accessing the Department of Health's website or may contact the Inquiry Line to request an application form via email. Application forms may be submitted to the New Brunswick Drug Plans for processing via mail, fax or over the telephone.

Applicants may contact the Inquiry Line to obtain information regarding the status of their application or existing coverage (e.g. effective date of coverage, identification number, premium amounts, requests for premium receipts, etc.).

The mailing of identification cards for the New Brunswick Prescription Drug Program will temporarily be suspended. Members must use their New Brunswick Medicare number in place of their identification card at the pharmacy.

Special Authorization Decisions

Special authorization **approvals** may be confirmed by contacting the New Brunswick Drug Plans via telephone or pharmacies may attempt to submit the claim electronically for processing. Special authorization requests that **do not meet criteria or that are missing information** will be faxed to the prescriber.

We will continue to actively monitor information regarding COVID-19 as it is received and will assess these changes on an ongoing basis. For further assistance, or if you have any questions regarding this change, you may call our toll-free Inquiry Line at 1-855-540-7325 (Monday – Friday, 8 a.m to 5 p.m.).

Bulletin # 5

April 9, 2020

NB Drug Plans Special Bulletin
COVID-19

This update supplements the NB Drug Plans COVID-19 Special Bulletin #1 that was issued on March 24, 2020 (*"Co-payment Support for Members"*).

As outlined in Bulletin #1, where pharmacists must decrease the days' supply to 30 days due to the directive from the NB College of Pharmacists, the New Brunswick Drug Plans will only charge a co-payment to members for their initial 30-day prescription fill or refill to offset the cost to members.

Pharmacies were required to track any claims that should have the co-payment waived and re-submit the claims for reimbursement once the pharmacy adjudication system enhancements are in place to accommodate this change.

Update to Claim Submissions

To eliminate the need for pharmacies to manually track these claims, pharmacies must now use **Intervention Code "EV"** for any claims with a waived co-payment because of the directive. Please note that the Intervention Code "EV" will not automatically reduce the co-payment to zero.

Once the pharmacy adjudication system enhancements are completed, the NB Drug Plans will re-adjudicate eligible claims that were submitted with Intervention Code "EV". No further action will be required by pharmacies. When these claim adjustments are completed they will appear on the pharmacy's payment summary.

Work on pharmacy adjudication system enhancements is in progress and will be completed as soon as possible. The timeline for these changes will be communicated closer to the implementation date.

If you have any questions, please call our toll-free Inquiry Line at 1-855-540-7325 (Monday to Friday, 8 a.m. to 5 p.m.).

Bulletin # 6

April 21, 2020

NB Drug Plans Special Bulletin
COVID-19

Frequently Asked Questions
Collection of Extra Co-Payments in Pharmacies under the New Brunswick Drug Plans

This update supplements the Policy Directive that was issued on March 20, 2020 ("Policy to Eliminate the Collection of Extra Co-Payments in Community Pharmacies under the New Brunswick Drug Plans").

Which claims are <u>eligible</u> to have the co-payment reduced to zero?

Patients should only be charged a co-payment on their initial 30 day prescription fill if, based on their claim history, they **normally fill their prescriptions in excess of 30 days (e.g. 60, 90 or 100 days)**.

The co-payment on the second and third fill of the same prescription should be reduced to zero dollars if the pharmacy is reducing the days' supply to 30 days based on the directive from the NB College of Pharmacists. Co-payments may be reduced to zero to a maximum of 2 refills per 100 days.

	Patient's normal fill is 60 days' supply	**Patient's normal fill is 90 or 100 days' supply**
First Claim	Co-payment applied	Co-payment applied
Second Claim	Co-payment reduced to zero	Co-payment reduced to zero
Third Claim	Co-payment applied	Co-payment reduced to zero
Fourth Claim	Co-payment reduced to zero	Co-payment applied

Which claims are <u>ineligible</u> to have their co-payment reduced to zero?

- If the patient normally filled the same prescription for a 30 days' supply or less, based on their claim history, or
- If it is a new prescription for the patient, or
- If this is the initial fill of a prescription for a 60, 90 or 100-days' supply, or
- If the drug is provided as a benefit under the Multiple Sclerosis Plan (Plan H).

Examples:

- If the patient has a prescription for a designated high cost drug, narcotic or other controlled substance, the patient should be charged their regular co-payment amount each time they obtain a refill.
- If the patient regularly fills their prescriptions every 30 days (based on their claim history), the patient should be charged a co-payment every time they obtain a refill. This policy only applies to patients who regularly fill their prescriptions more than 30 days (e.g. every 60, 90 or 100 days).
- If the patient requires a prescription to be filled on March 25th for a drug for which they would normally receive a 90 days' supply, the patient should be charged their regular co-payment amount on March 25th. When they return for a refill on April 24th and May 28th, they should not be charged the co-payment. **Pharmacies must use Intervention Code "EV" for the April 24th and May 28th claims to identify that they are eligible for their co-payment to be reduced to zero.**

How do pharmacies flag eligible claims in order to reduce the copay to zero?

The Intervention Code "EV" must be used. Use of this code will not immediately reduce the co-payment to zero. The code is being used to track claims for re-submission which will be processed at a later date.

Once pharmacy adjudication system enhancements are completed, the New Brunswick Drug Plans will reverse and re-submit eligible claims that were submitted with Intervention Code "EV" by pharmacies. No further work will be required by pharmacies.

When will pharmacies be reimbursed for the co-payments not collected from members?

Work on pharmacy adjudication system enhancements is in progress and will be completed as soon as possible. The timeline for reimbursements will be communicated to pharmacies in the coming weeks.

If you have any questions, please call the New Brunswick Drug Plans toll-free Inquiry Line at 1-855-540-7325 (Monday to Friday, 8 a.m. to 5 p.m.).

Bulletin # 1024

April 23, 2020

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective April 23, 2020.

Included in this bulletin:

- Regular Benefit Additions
- Special Authorization Benefit Additions
- Changes to Existing Special Authorization Benefits
- Update on Cholinesterase Inhibitors Special Authorization Request Forms

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

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

Regular Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Baclofen (Lioresal® Intrathecal and generic brand)	0.05 mg/mL injection 0.5 mg/mL injection 2 mg/mL injection	See NB Drug Plans Formulary or MAP List for Products		ADEFGV	MAP
Latanoprostene bunod (Vyzulta™)	0.024% ophthalmic solution	02484218	BSH	ADEFGV	MLP

Special Authorization Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Cladribine (Mavenclad™)	10 mg tablet	02470179	EMD	(SA)	MLP

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

- Confirmed diagnosis based on McDonald criteria
- Has experienced one or more disabling relapses or new MRI activity in the past year
- Ambulatory with or without aid (i.e. has a recent Expanded Disability Status Scale (EDSS) score of less than or equal to 6.5)
- Refractory or intolerant to at least one disease modifying therapy (e.g., interferon, glatiramer, dimethyl fumarate, teriflunomide, ocrelizumab)

Clinical Notes:

1. Treatment should be discontinued for patients with an EDSS score of greater than or equal to 7.
2. A relapse is defined as the appearance of new or worsening 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:

- Must be prescribed by a neurologist with experience in the treatment of multiple sclerosis.
- Requests will be considered for individuals enrolled in Plans ADEFGV.
- Approvals will be for 1.75 mg/kg to a maximum of 200 mg per treatment year.
- Approval period: 2 years.
- 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 - Cholinesterase Inhibitors					
Donepezil (Aricept® and generic brands)	5 mg tablet 10 mg tablet	See NB Drug Plans Formulary or MAP List for Products		(SA)	MAP
	For the treatment of patients with mild to moderate dementia who meet the following criteria: • Mini-Mental State Exam (MMSE) score of 10 to 30 • Functional Assessment Staging Test (FAST) score of 4 to 5 <u>Clinical Note:</u> • A recent MMSE and FAST score must be provided. <u>Claim Note:</u> • Approval period: 1 year.				
Galantamine (generic brands)	8 mg extended-release capsule 16 mg extended-release capsule 24 mg extended-release capsule	See NB Drug Plans Formulary or MAP List for Products		(SA)	MAP
Rivastigmine (Exelon® and generic brands)	1.5 mg capsule 3 mg capsule 4.5 mg capsule 6 mg capsule	See NB Drug Plans Formulary or MAP List for Products		(SA)	MAP
	For the treatment of patients with mild to moderate dementia who have had an intolerance to donepezil and who meet the following criteria: • Mini-Mental State Exam (MMSE) score of 10 to 30 • Functional Assessment Staging Test (FAST) score of 4 to 5 <u>Clinical Notes:</u> 1. A recent MMSE and FAST score must be provided. 2. The nature of the intolerance must be described. <u>Claim Note:</u> • Approval period: 1 year.				
Rivastigmine (Exelon®)	2 mg/mL oral solution	02245240	NVR	(SA)	MLP
	For the treatment of patients with mild to moderate dementia for whom oral tablets or capsules are not an option and who meet the following criteria: • Mini-Mental State Exam (MMSE) score of 10 to 30 • Functional Assessment Staging Test (FAST) score of 4 to 5 <u>Clinical Note:</u> • A recent MMSE and FAST score must be provided.				

Claim Note:

- Approval period: 1 year.

New Indication and Revised Criteria

Dabrafenib (Tafinlar®)

50 mg capsule 75 mg capsule	02409607 02409615	NVR	(SA)	MLP

Adjuvant Melanoma

In combination with trametinib for the adjuvant treatment of patients with cutaneous melanoma who meet all of the following criteria:

- Stage IIIA (limited to lymph node metastases of greater than 1 mm) to stage IIID disease (AJCC 8th edition)
- BRAF V600-mutation positive
- Completely resected disease including in-transit metastases

Clinical Notes:

1. Patients must have a good performance status.
2. Treatment should continue until disease recurrence, unacceptable toxicity, or up to a maximum of 12 months.

Claim Notes:

- Requests will be considered for patients with regional lymph nodes with micrometastases after sentinel lymph node biopsy.
- Requests will not be considered for patients who received adjuvant immunotherapy for greater than three months. Patients may switch to BRAF targeted therapy within the first three months of initiating immunotherapy to complete a total of 12 months of adjuvant treatment.
- Approval period: Up to 12 months.

Metastatic Melanoma

For the treatment of patients with BRAF V600 mutation-positive unresectable or metastatic melanoma when used alone or in combination with trametinib.

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:

- Dabrafenib will not be reimbursed in patients who have progressed on BRAF targeted therapy.
- Requests will be considered for patients who received adjuvant BRAF targeted therapy if disease progression occurred at least 6 months following completion of therapy.

- Initial approval period: 6 months.
- Renewal approval period: 6 months.

New Indication and Revised Criteria

Trametinib (Mekinist®)

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

Adjuvant Melanoma

In combination with dabrafenib for the adjuvant treatment of patients with cutaneous melanoma who meet all of the following criteria:

- Stage IIIA (limited to lymph node metastases of greater than 1 mm) to stage IIID disease
- (AJCC 8th edition)
- BRAF V600-mutation positive
- Completely resected disease including in-transit metastases

Clinical Notes:

1. Patients must have a good performance status.
2. Treatment should continue until disease recurrence, unacceptable toxicity, or up to a maximum of 12 months.

Claim Notes:

- Requests will be considered for patients with regional lymph nodes with micrometastases after sentinel lymph node biopsy.
- Requests will not be considered for patients who received adjuvant immunotherapy for greater than three months. Patients may switch to BRAF targeted therapy within the first three months of initiating immunotherapy to complete a total of 12 months of adjuvant treatment.
- Approval period: Up to 12 months.

Metastatic Melanoma

For the treatment of patients with BRAF V600 mutation-positive unresectable or metastatic melanoma when used alone or in combination with dabrafenib.

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:

- Trametinib will not be reimbursed in patients who have progressed on BRAF targeted therapy.
- Requests will be considered for patients who received adjuvant BRAF targeted therapy if disease progression occurred at least 6 months following completion of therapy.

- Initial approval period: 6 months.
- Renewal approval period: 6 months.

Revised Criteria

Lansoprazole (Prevacid® and generic brands)	15 mg delayed-release capsule 30 mg delayed-release capsule	See NB Drug Plans Formulary or MAP List for Products	(SA)	MLP

- For patients who have had a therapeutic failure with all proton pump inhibitors listed as regular benefits (e.g. omeprazole, pantoprazole, rabeprazole).
- When compounded as an oral suspension for patients 18 years and younger, who require the use of a proton pump inhibitor and cannot use a tablet or capsule.

Clinical Note:

- Patients who have failed a minimum eight week trial of standard dose therapy may be considered for an eight week trial of double dose therapy. Coverage beyond eight weeks will be considered if step down to standard dose therapy is not successful.

Update on Cholinesterase Inhibitor Special Authorization Request Forms

The cholinesterase inhibitor special authorization forms to request coverage of donepezil, rivastigmine or galantamine should no longer be used. Requests for donepezil, rivastigmine or galantamine must now be submitted on the standard Special Authorization Request Form which can be found at: https://www.gnb.ca/SAonlineform.pdf

Bulletin # 7

April 24, 2020

NB Drug Plans Special Bulletin
COVID-19

On April 23, 2020, the Government of New Brunswick announced the elimination of the directive of the New Brunswick College of Pharmacists regarding the 30-day supply limit on prescription drugs.

The "Policy to Eliminate the Collection of Excess Co-payments in Community Pharmacies Under the New Brunswick Drug Plans" will continue to be in effect until end of day June 23rd, 2020. All eligible co-payments waived by community pharmacies under this policy between March 17th and June 23rd will be reimbursed by the NB Drug Plans.

Effective Wednesday, June 24th, standard co-payments will apply to all prescriptions and refills as per existing NB Drug Plans policies. No further waiving of co-payments will be required, nor will they be reimbursed by the NB Drug Plans.

If you have any questions, please call the New Brunswick Drug Plans toll-free Inquiry Line at 1-855-540-7325 (Monday to Friday, 8 a.m. to 5 p.m.).

Bulletin # 6 (Revised) April 27, 2020

Frequently Asked Questions
COVID-19

Collection of Extra Co-Payments in Pharmacies under the New Brunswick Drug Plans

Q.1 Which claims are <u>eligible</u> to have the co-payment reduced to zero?

Where a pharmacist had to decrease the days' supply of a patient's prescription to 30 days due to the directive of the New Brunswick College of Pharmacists, in place from March 17th to April 23rd, patients should only be charged a co-payment on their initial 30-day prescription fill if, based on their claim history, they normally fill their prescription in excess of 30 days (e.g. 60, 90 or 100 days).

The co-payment on the second or third fill of the same prescription should be reduced to zero if the pharmacy previously had to reduce the days' supply to 30 days or if the prescriber modified the prescription to a 30-day supply to accommodate the directive from the NB College of Pharmacists. Co-payments may be reduced to zero to a maximum of 2 refills per 100 days and prescription claims must be submitted prior to June 23rd.

Patients who normally fill their prescriptions for 60, 90- or 100-days' supply	**Pharmacy action on subsequent fill(s)**
The days' supply was decreased to 30 days on the initial fill and the co-payment was applied. The patient **received** their 2nd fill prior to April 24th and the co-payment was reduced to zero.	May reduce co-payment to zero.
The days' supply was decreased to 30 days on the initial fill and the co-payment was applied. The patient has **not received** their 2nd fill prior to April 24th.	May reduce co-payment to zero.
The patient presents a prescription for a 30 days' supply (no refills) for a drug that they normally fill for more than 30 days (e.g. 60, 90 or 100 days), and the patient returns with a second and third 30-day prescription **prior to June 23rd.**	May reduce the co-payment on the second and third 30-day fill to zero.

Q.2 Which claims are <u>ineligible</u> to have their co-payment reduced to zero

- If the patient normally filled the same prescription for a 30 days' supply or less, based on their claim history, or
- If it is a new prescription for the patient, or
- If this is the initial fill of a prescription for a 60, 90- or 100-days' supply, or
- If the drug is provided as a benefit under the Multiple Sclerosis Plan (Plan H).

Examples:

- If the patient has a prescription for a designated high cost drug, narcotic or other controlled substance, the patient should be charged their regular co-payment amount each time they obtain a refill.
- If the patient regularly fills their prescriptions every 30 days (based on their claim history), the patient should be charged a co-payment every time they obtain a refill.

Q.3 How do pharmacies flag eligible claims in order to reduce the co-payment to zero?

The Intervention Code "EV" must be used. Use of this code will not immediately reduce the co-payment to zero. This code is being used to track claims for re-submission which will be processed at a later date.

Once pharmacy adjudication system enhancements are completed, the New Brunswick Drug Plans will reverse and re-submit eligible claims that were submitted using Intervention Code "EV" by pharmacies. No further work will be required by pharmacies. **Eligible claims must be submitted prior to June 23, 2020.**

Q.4 When will pharmacies be reimbursed for the co-payments not collected from members?

Work on pharmacy adjudication system enhancements is in progress and will be completed as soon as possible. The timeline for reimbursements will be communicated to pharmacies in the coming weeks.

If you have any questions, please call the New Brunswick Drug Plans toll-free Inquiry Line at 1-855-540-7325 (Monday to Friday, 8 a.m. to 5 p.m.).

Bulletin #1025

April 30, 2020

NB Drug Plans Formulary Update

Maximum Allowable Price (MAP) List

Included in this bulletin:

- Drug product additions
  - Products that were already listed on the NB Drug Plans Formulary will be reimbursed up to the new category MAP effective May 21, 2020. Prior to May 21, 2020, these products will be reimbursed up to the higher MAP indicated on the attached list.

- Drug price changes
  - Price decreases for products that were already listed on the NB Drug Plans Formulary will be reimbursed up to the new category MAP effective May 21, 2020. Prior to May 21, 2020, these products will be reimbursed up to the previous MAP.
  - Price increases for products that were already listed on the NB Drug Plans Formulary will be reimbursed up to the new category MAP effective April 30, 2020.

- Delisted drug products
  - Products will be removed from the NB Drug Plans Formulary effective August 21, 2019.

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

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Drug Product Additions

Drug/Form/Route/Strength	Tradename	DIN	MFR	Plans	MAP
Azithromycin					
Pws Orl 100 mg / 5 mL	Auro-Azithromycin	2482363	ARO	ABDEFGVW	0.3726
200 mg / 5 mL	Auro-Azithromycin	2482371	ARO	ABDEFGVW	0.5280
Tab Orl 250 mg	NRA-Azithromycin	2479680	NRA	ABDEFGVW	0.9410
Clopidogrel					
Tab Orl 75 mg	NRA-Clopidogrel	2482037	NRA	ADEFV	0.2631
Diclofenac					
Liq Oph 0.1%	Diclofenac	2475065	PST	ADEFGV	1.2397
Febuxostat					
Tab Orl 80 mg	Jamp-Febuxostat	2490870	JPC	(SA)	0.7950
Lacosamide					
Tab Orl 50 mg	Jamp-Lacosamide	2488388	JPC	(SA)	0.6313
100 mg	Jamp-Lacosamide	2488396	JPC	(SA)	0.8750
150 mg	Jamp-Lacosamide	2488418	JPC	(SA)	1.1763
200 mg	Jamp-Lacosamide	2488426	JPC	(SA)	1.4500
Olmesartan					
Tab Orl 20 mg	Olmesartan	2481057	SAS	ADEFGV	0.2763
40 mg	Olmesartan	2481065	SAS	ADEFGV	0.2763
Pravastatin					
Tab Orl 10 mg	Ach-Pravastatin	2440644	AHI	ADEFGV	0.2916
20 mg	Ach-Pravastatin	2440652	AHI	ADEFGV	0.3440
40 mg	Ach-Pravastatin	2440660	AHI	ADEFGV	0.4143
Zolmitriptan					
Tab Orl 2.5mg	Jamp-Zolmitriptan	2477106	JPC	ADEFGV	3.4292

Drug Price Changes

Drug/Form/Route/Strength	Tradename	DIN	MFR	Plans	MAP
Febuxostat					
Tab Orl 80 mg	Mar-Febuxostat	2473607	MAR	(SA)	0.7950

Drug Price Changes

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Hydromorphone							
Syr	Orl	1 mg/mL	pms-Hydromorphone	1916386	PMS	ADEFGVW	0.0698
Tab	Orl	2 mg	Apo-Hydromorphone	2364123	APX	ADEFGVW	0.1416
			pms-Hydromorphone	885436	PMS		
Ipratropium Bromide							
Liq	Inh	250 mcg/mL	Apo-Ipravent	2126222	APX	BEF-18GVW	0.3155
			pms-Ipratropium	2231136	PMS		
Levodopa / Carbidopa							
SRT	Orl	100 mg / 25 mg	Apo-Levocarb CR	2272873	AAP	ADEFGV	0.3857
		200 mg / 50 mg	Apo-Levocarb CR	2245211	AAP	ADFEGV	0.7115
Lisinopril / Hydrochlorothiazide							
Tab	Orl	10 mg / 12.5 mg	Lisinopril HCTZ (Type Z)	2362945	SAS	ADEFGV	0.2083
			Sandoz Lisinopril HCT	2302365	SDZ		
			Teva-Lisinopril HCTZ (Type Z)	2301768	TEV		
		20 mg / 12.5 mg	Lisinopril HCTZ (Type Z)	2362953	SAS	ADEFGV	0.2503
			Sandoz Lisinopril HCT	2302373	SDZ		
			Teva-Lisinopril HCTZ (Type Z)	2301776	TEV		
Quinapril							
Tab	Orl	10 mg	Apo-Quinapril	2248500	APX	ADEFGV	0.4642
			pms-Quinapril	2340569	PMS		
		20 mg	Apo-Quinapril	2248501	APX	ADEFGV	0.4642
			pms-Quinapril	2340577	PMS		
		40 mg	Apo-Quinapril	2248502	APX	ADEFGV	0.4642
			pms-Quinapril	2340585	PMS		

Delisted Drug Products

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans
Product No Longer Marketed						
Hydromorphone						
Tab	Orl	2 mg	Teva-Hydromorphone	2319411	TEV	ADEFGVW
Lisinopril / Hydrochlorothiazide						
Tab	Orl	20 mg / 12.5 mg	Teva-Lisinopril HCTZ (Type P)	2302144	TEV	ADEFGV

Bulletin #1026 May 20, 2020

NB Drug Plans Formulary Update

Maximum Allowable Price (MAP) List

Included in this bulletin:

- Drug product additions
  - New products will be reimbursed up to the category MAP effective May 20, 2020.
  - Products that were already listed on the NB Drug Plans Formulary will be reimbursed up to the new category MAP effective June 10, 2020. Prior to June 10, 2020, these products will be reimbursed up to the higher MAP indicated on the attached list.

- Temporary drug product additions
  - Under the interim order in relation to COVID-19, Health Canada is allowing certain drugs that may not fully meet regulatory requirements to be imported and sold in Canada. Eligible drugs are those designated as a Tier 3 shortage.
  - These products will be listed as temporary benefits on the NB Drug Plans Formulary and will be reimbursed up to the category MAP effective May 20, 2020.

- Drug price changes
  - Price decreases for products that were already listed on the NB Drug Plans Formulary will be reimbursed up to the new category MAP effective June 10, 2020. Prior to June 10, 2020, these products will be reimbursed up to the previous MAP.

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

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Drug Product Additions

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Aripiprazole							
Tab	Orl	2 mg	Mint-Aripiprazole	2483556	MNT	(SA)	0.8092
		5 mg	Mint-Aripiprazole	2483564	MNT	(SA)	0.9046
		10 mg	Mint-Aripiprazole	2483572	MNT	(SA)	1.0754
		15 mg	Mint-Aripiprazole	2483580	MNT	(SA)	1.2692
		20 mg	Mint-Aripiprazole	2483599	MNT	(SA)	1.0017
		30 mg	Mint-Aripiprazole	2483602	MNT	(SA)	1.0017
Atorvastatin							
Tab	Orl	10 mg	pms-Atorvastatin	2477149	PMS	ADEFGV	0.1743
		20 mg	pms-Atorvastatin	2477157	PMS	ADEFGV	0.2179
		40 mg	pms-Atorvastatin	2477165	PMS	ADEFGV	0.2342
		80 mg	pms-Atorvastatin	2477173	PMS	ADEFGV	0.2342
Celecoxib							
Cap	Orl	100 mg	NRA-Celecoxib	2479737	NRA	ADEFGV	0.1279
		200 mg	NRA-Celecoxib	2479745	NRA	ADEFGV	0.2558
Cyclobenzaprine							
Tab	Orl	10 mg	Flexeril	2495422	ORI	ADEFGV	0.1022
Darunavir							
Tab	Orl	600 mg	Auro-Darunavir	2486121	ARO	DU	8.5940
		800 mg	Auro-Darunavir	2486148	ARO	DU	11.6590
Dienogest							
Tab	Orl	2 mg	Visanne	2374900	BAY	(SA)	2.0461
			Aspen-Dienogest	2493055	APN		1.5346
Diltiazem							
CDC	Orl	120 mg	Mar-Diltiazem CD	2484064	MAR	ADEFGV	0.3529
		180 mg	Mar-Diltiazem CD	2484072	MAR	ADEFGV	0.4684
		240 mg	Mar-Diltiazem CD	2484080	MAR	ADEFGV	0.6213
		300 mg	Mar-Diltiazem CD	2484099	MAR	ADEFGV	0.7766

Drug Product Additions

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Efavirenz / Emtricitabine / Tenofovir							
Tab	Orl	600 mg / 200 mg / 300 mg	Auro-Efavirenz-Emtricitabine-Tenofovir	2478404	ARO	DU	11.3300
Escitalopram							
Tab	Orl	10 mg	NRA-Escitalopram	2476851	NRA	ADEFGV	0.3109
		20 mg	NRA-Escitalopram	2476878	NRA	ADEFGV	0.3310
Ezetimibe							
Tab	Orl	10 mg	NRA-Ezetimibe	2481669	NRA	ADEFGV	0.1811
Montelukast							
Tab	Orl	10 mg	NRA-Montelukast	2489821	NRA	ADEFGV	0.4231
Perindopril							
Tab	Orl	2 mg	NRA-Perindopril	2489015	NRA	ADEFGV	0.1632
		4 mg	NRA-Perindopril	2489023	NRA	ADEFGV	0.2042
		8 mg	NRA-Perindopril	2489031	NRA	ADEFGV	0.2831
Telmisartan							
Tab	Orl	40 mg	Mint-Telmisartan	2486369	MNT	ADEFGV	0.2161
		80 mg	Mint-Telmisartan	2486377	MNT	ADEFGV	0.2161
Norgestimate / Ethinyl Estradiol							
Tab	Orl	0.18 mg, 0.215 mg, 0.25 mg / 0.035 mg	Tri-Cyclen (28) Tri-Jordyna (28)	2029421 2486318	JAN GLM	DEFGV	1.0279 0.7709
Venlafaxine							
SRC	Orl	37.5 mg	pms-Venlafaxine XR	2278545	PMS	ADEFGV	0.0913
		75 mg	pms-Venlafaxine XR	2278553	PMS	ADEFGV	0.1825
		150 mg	pms-Venlafaxine XR	2278561	PMS	ADEFGV	0.1927

Temporary Benefit Additions

Drug/Form/Route/Strength			Tradename	PIN	MFR	Plans	MAP
Salbutamol							
Aem	Inh	100 mcg	Salamol CFC-Free	9858115	TEV	ABDEFGVW	0.0250

Drug Price Changes

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Darunavir							
Tab	Orl	600 mg	Apo-Darunavir	2487241	APX	DU	8.5940
		800 mg	Apo-Darunavir	2487268	APX	DU	11.6590

Bulletin # 1027

May 21, 2020

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective May 21, 2020.

Included in this bulletin:

- Special Authorization Benefit Additions
- Drugs Reviewed and Not Listed

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
Buprenorphine (Sublocade™)	100 mg / 0.5 mL prefilled syringe 300 mg / 1.5 mL prefilled syringe	02483084 02483092	IUK	(SA)	MLP

For the treatment of patients with opioid use disorder who have been stabilized on a dose of 8 mg to 24 mg per day of sublingual buprenorphine for a minimum of seven days.

Clinical Note:

- The patient must be under the care of a prescriber certified under the Sublocade Certification Program.

Claim Note:

- Approvals will be for one prefilled syringe per month. A minimum of 26 days is required between claims.

Doravirine (Pifeltro®)	100 mg tablet	02481545	FRS	(SA)	MLP

For use in combination with other antiretrovirals in adult patients with HIV-1 infection, who have no known mutations associated with resistance to doravirine.

Claim Note:

- Prescriptions written for beneficiaries of Plan U by infectious disease specialists and medical microbiologists who are licensed by the College of Physicians and Surgeons of New Brunswick, do not require special authorization.

Doravirine / Lamivudine / Tenofovir Disoproxil Fumarate (Delstrigo®)	100 mg / 300 mg / 300 mg tablet	02482592	FRS	(SA)	MLP

For the treatment of adult patients with HIV-1 infection with no known mutations associated with resistance to the individual components of Delstrigo.

Claim Note:

- Prescriptions written for beneficiaries of Plan U by infectious disease specialists and medical microbiologists who are licensed by the College of Physicians and Surgeons of New Brunswick, do not require special authorization.

Lixisenatide (Adlyxine™)	0.05 mg/mL prefilled pen 0.1 mg/mL prefilled pen	02464276 02464284	SAV	(SA)	MLP

For the treatment of type 2 diabetes as a:

- second drug added to basal insulin for patients who have inadequate glycemic control on basal insulin; or
- third drug added to basal insulin and metformin for patients who have inadequate glycemic control on metformin and basal insulin.

Drugs Reviewed and Not Listed

Requests for special authorization of the following products will not be considered.

Product	Strength	DIN	MFR	Indication
Abemaciclib (Verzenio™)	50 mg tablet	02487098	LIL	For patients with hormone receptor positive, HER2-negative advanced or metastatic breast cancer when used in combination with a non-steroidal aromatase inhibitor as initial endocrine-based therapy or in combination with fulvestrant following disease progression on endocrine therapy.
	100 mg tablet	02487101		
	150 mg tablet	02487128		
	200 mg tablet	02487136		
Dacomitinib (Vizimpro™)	15 mg tablet	02486024	PFI	As first-line treatment for adult patients with unresectable locally advanced or metastatic non-small cell lung cancer with confirmed EGFR (exon 19 deletion or exon 21 L858R substitution) mutations.
	30 mg tablet	02486032		
	45 mg tablet	02486040		
Lorlatinib (Lorbrena™)	25 mg tablet	02485966	PFI	For adult patients with ALK-positive metastatic non-small cell lung cancer who have progressed on crizotinib and at least one other ALK inhibitor, or patients who have progressed on ceritinib or alectinib.
	100 mg tablet	02485974		
Methylphenidate hydrochloride (Foquest®)	25 mg CR capsule	02470292	PFR	For the treatment of Attention Deficit Hyperactivity Disorder (ADHD) in patients ≥18 years of age.
	35 mg CR capsule	02470306		
	45 mg CR capsule	02470314		
	55 mg CR capsule	02470322		
	70 mg CR capsule	02470330		
	85 mg CR capsule	02470349		
	100 mg CR capsule	02470357		
Neratinib (Nerlynx®)	40 mg tablet	02490536	KNI	For patients with hormone receptor positive, HER2-positive breast cancer who have completed trastuzumab-based therapy within the past 12 months.

Bulletin # 1028

May 26, 2020

NB Drug Plans Special Bulletin
Provider Audit and Recovery Policy and Guide

As a result of changes to the Acts and Regulations that govern the NB Drug Plans, the Provider Audit and Recovery Policy has been updated. In addition, a Provider Audit Guide has been developed to inform participating providers of their audit rights and obligations.

The Provider Audit and Recovery Policy and Provider Audit Guide are available on the Department of Health's website.

For further assistance, or if you have any questions regarding these updates, you may call our toll-free Inquiry Line at 1-855-540-7325 (Monday – Friday, 8 a.m to 5 p.m.).

Bulletin # 8 May 29, 2020

NB Drug Plans Special Bulletin
COVID-19

The "Policy to Eliminate the Collection and Excess Co-payments in Community Pharmacies Under the NB Drug Plans" will continue to be in effect **until end of day June 23, 2020**.

The pharmacy adjudication system enhancements have been completed. This means that as of May 29, 2020, co-payments will now be reduced to zero when the claim is submitted using Intervention Code "EV". Please note that claims submitted using the Intervention Code "EV" are not validated by the adjudication system as to whether they are eligible under the policy.

Claims submitted between March 17, 2020 and May 28, 2020
The NB Drug Plans will adjust all claims that were submitted with the Intervention Code "EV" prior to May 29, 2020. No further work will be required by pharmacies for these claims.

The adjustment amount will appear on the Pharmacy Payment Summary for the Claim Submission Period from May 26, 2020 to June 8, 2020. Pharmacies may email info@nbdrugs-medicamentsnb.ca or call the Inquiry Line at 1-855-540-7325 to obtain a detailed report.

Claims submitted after May 28, 2020
Pharmacies must continue to use Intervention Code "EV" for any claims dispensed between March 17, 2020 and June 23, 2020 that are eligible to have the co-payment reduced to zero.

Pharmacy Provider Audit

All claims submitted to the NB Drug Plans, including those submitted using the Intervention Code "EV", are subject to audit and recovery.

Based on an initial review of claims, the following examples are the most common claims submitted using the Intervention Code "EV" that are not eligible under the policy:

- Claims for initial fills of prescriptions for 60, 90- or 100-days' supplies,
- Claims for prescriptions in which the patient normally fills the same prescription for a 30 days' supply or less, based on claim history, and
- Claims for new prescriptions for the patient, based on claim history.

If you have any questions, please call the NB Drug Plans Inquiry Line at 1-855-540-7325 (Monday to Friday, 8 a.m. to 5 p.m.).

Bulletin # 1029

June 18, 2020

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective June 18, 2020.

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.

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

Regular Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Special Authorization No Longer Required					
Aripiprazole (Abilify® and generic brands)	2 mg tablet 5 mg tablet 10 mg tablet 15 mg tablet 20 mg tablet 30 mg tablet	See NB Drug Plans Formulary or MAP List for Products		ADEFGV	MAP
Riluzole (Rilutek® and generic brands)	50 mg film-coated tablet	See NB Drug Plans Formulary or MAP List for Products		ADEFGV	MAP

Special Authorization Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Edaravone (Radicava™)	0.3 mg/mL solution for injection	02475472	MBT	(SA)	MLP

For the treatment of patients with probable or definite amyotrophic lateral sclerosis (ALS) who meet all the following criteria:

- ALS Functional Rating Scale – Revised (ALSFRS-R) score of at least two points on each item
- Forced vital capacity (FVC) greater than or equal to 80% of predicted
- ALS symptoms for two years or less
- Permanent non-invasive or invasive ventilation is not required

Discontinuation Criteria:

- The patient is non-ambulatory (ALSFRS-R score less than or equal to 1 for item 8) and unable to cut food and feed themself without assistance, irrespective of whether a gastrostomy tube is in place (ALSFRS-R score less than 1 for item 5a or 5b); or
- The patient requires permanent non-invasive or invasive ventilation.

Clinical Note:

- Baseline and biannual ALSFRS-R scores and FVC must be provided.

Claim Notes:

- Must be prescribed by, or in consultation with, a physician with experience in the diagnosis and management of ALS.
- Approval period: 6 months.
- Claims that exceed the maximum claim amount of $9,999.99 must be divided and submitted as separate transactions as outlined here.

Pegfilgrastim (Fulphila™)	6 mg / 0.6 mL prefilled syringe	02484153	BGP	(SA)	MLP

For the prevention of febrile neutropenia in patients with non-myeloid malignancies 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 pegfilgrastim for prevention of febrile neutropenia.

Sucroferric oxyhydroxide (Velphoro®)	500 mg iron chewable tablet	02471574	VFM	(SA)	MLP

For the treatment of hyperphosphatemia (greater than 1.8 mmol/L) in patients with end-stage renal disease who are on dialysis.

Changes to Existing Special Authorization Benefits

Product	Strength	DIN	MFR	Plans	Cost Base
New Dosage Form					
Mepolizumab (Nucala)	100 mg / mL prefilled autoinjector 100 mg / mL prefilled syringe	02492989 02492997	GSK	(SA)	MLP

For the adjunctive treatment of severe eosinophilic asthma in adult patients who are inadequately controlled with high-dose inhaled corticosteroids and one or more additional asthma controller(s) (e.g., a long-acting beta-agonist), and meets one of the following criteria:

- blood eosinophil count of ≥ 0.3 x 10^9 /L and has experienced two or more clinically significant asthma exacerbations in the past 12 months, or
- blood eosinophil count of ≥ 0.15 x 10^9 /L and is receiving treatment with daily oral corticosteroids (OCS).

Initial Discontinuation Criteria:

- Baseline asthma control questionnaire score has not improved at 12 months since the initiation of treatment, or
- No decrease in the daily maintenance OCS dose in the first 12 months of treatment, or
- Number of clinically significant asthma exacerbations has increased within the previous 12 months

Subsequent Discontinuation Criteria:

- Baseline asthma control questionnaire score achieved after the first 12 months of therapy has not been maintained subsequently, or
- Reduction in the daily maintenance OCS dose achieved after the first 12 months of treatment is not maintained subsequently, or

- Number of clinically significant asthma exacerbations has increased within the previous 12 months

Clinical Notes:

1. A baseline and annual assessment of asthma symptom control using a validated asthma control questionnaire must be provided.
2. High-dose inhaled corticosteroids is defined as greater than or equal to 500 mcg of fluticasone propionate or equivalent daily dose.
3. Significant clinical exacerbation is defined as worsening of asthma such that the treating physician elected to administer systemic glucocorticoids for at least 3 days or the patient visited an emergency department or was hospitalized.

Claim Notes:

- Must be prescribed by a respirologist, clinical immunologist, allergist or internist experienced in the treatment of severe eosinophilic asthma.
- Combined use of mepolizumab with other biologics used to treat asthma will not be reimbursed.
- Approvals will be for a maximum of 100mg every four weeks.
- Initial approval period: 1 year.
- Renewal approval period: 1 year.

New Indication and New Strength

Rivaroxaban (Xarelto®)	2.5 mg tablet	02480808	BAY	(SA)	MLP

For use in combination with acetylsalicylic acid (75 mg to 100 mg) for the prevention of atherothrombotic events in patients with concomitant coronary artery disease (CAD) and peripheral artery disease (PAD) who meet the following criteria:

- CAD defined as having one or more of the following:
  - Myocardial infarction within the last 20 years
  - Multi-vessel CAD with symptoms or history of angina
  - Multi-vessel percutaneous coronary intervention
  - Multi-vessel coronary artery bypass graft surgery
- PAD defined as having one or more of the following:
  - Previous aorto-femoral bypass surgery, limb bypass surgery, or percutaneous transluminal angioplasty revascularization of the iliac or infrainguinal arteries
  - Previous limb or foot amputation for arterial vascular disease
  - History of intermittent claudication and one or more of the following: an ankle-brachial index of less than 0.90 or peripheral artery stenosis greater than 50% as documented by angiography or duplex utrasound
  - Previous carotid revascularization or asymptomatic carotid artery stenosis greater than or equal to 50% diagnosed by angiography or duplex ultrasound

Clinical Notes:

1. Atherothrombotic events include stroke, myocardial infarction, cardiovascular death, acute. limb ischemia and mortality
2. Multivessel CAD is defined as stenosis of more than 50% in two or more coronary arteries, or in one coronary artery territory if at least one other territory has been revascularized

Claim Note:

- The maximum dose of rivaroxaban that will be reimbursed is 2.5 mg twice daily.

Drugs Reviewed and Not Listed

Requests for special authorization of the following products will not be considered.

Product	Strength	DIN	MFR	Indication
Buprenorphine/naloxone (Suboxone®)	12 mg / 3 mg sublingual tablet 16 mg / 4 mg sublingual tablet	02468085 02468093	IUK	For substitution treatment in adults with opioid drug dependence.
Sodium zirconium cyclosilicate (Lokelma™)	5 g powder for oral suspension 10 g powder for oral suspension	02490714 02490722	AZE	For the treatment of hyperkalemia in adult patients.

Bulletin #1030 June 30, 2020

NB Drug Plans Formulary Update

Maximum Allowable Price (MAP) List

Included in this bulletin:

- Drug product additions
  - New products will be reimbursed up to the category MAP effective June 30, 2020.
  - Products that were already listed on the NB Drug Plans Formulary will be reimbursed up to the new category MAP effective July 21, 2020. Prior to July 21, 2020, these products will be reimbursed up to the higher MAP indicated on the attached list.

- Temporary drug product additions
  - Under the interim order in relation to COVID-19, Health Canada is allowing certain drugs that may not fully meet regulatory requirements to be imported and sold in Canada. Eligible drugs are those designated as a Tier 3 shortage.
  - These products will be listed as temporary benefits on the NB Drug Plans Formulary and will be reimbursed up to the category MAP effective June 30, 2020.

- Drug price changes
  - Price decreases for products that were already listed on the NB Drug Plans Formulary will be reimbursed up to the new category MAP effective July 21, 2020. Prior to July 21, 2020, these products will be reimbursed up to the previous MAP.
  - Price increases for products that were already listed on the NB Drug Plans Formulary will be reimbursed up to the new category MAP effective June 30, 2020.

- Delisted drug products
  - Products will be removed from the NB Drug Plans Formulary effective July 21, 2020.

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

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

Drug Product Additions

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Bosentan							
Tab	Orl	62.5 mg	Nat-Bosentan	2467984	NAT	(SA)	16.0447
			Taro-Bosentan	2483130	TAR		
		125 mg	Nat-Bosentan	2467992	NAT	(SA)	16.0447
			Taro-Bosentan	2483149	TAR		
Caspofungin							
Pws	IV	50 mg	Cancidas IV	2244265	FRS	ADEFGVW	222.0000
			Caspofungin for Injection	2460947	MDN		188.7000
		70 mg	Cancidas IV	2244266	FRS	ADEFGVW	188.7000
			Caspofungin for Injection	2460955	MDN		
Clomipramine							
Cap	Orl	25 mg	Taro-Clomipramine	2497506	TAR	ADEFGV	0.3417
		50 mg	Taro-Clomipramine	2497514	TAR	ADEFGV	0.6291
Clotrimazole / Betamethasone							
Crm	Top	1% / 0.05%	Lotriderm	611174	FRS	ADEFGV	1.2445
			Taro-Clotrimazole/Betamethasone Dipropionate	2496410	TAR		0.6964
Dorzolamide / Timolol							
Liq	Oph	2% / 0.5%	Dorzolamide and Timolol	2489635	TLG	ADEFGV	1.9887
Doxazosin							
Tab	Orl	1 mg	Jamp-Doxazosin	2489937	JPC	ADEFGV	0.1719
		2 mg	Jamp-Doxazosin	2489945	JPC	ADEFGV	0.2062
		4 mg	Jamp-Doxazosin	2489953	JPC	ADEFGV	0.2681
Duloxetine							
CDR	Orl	30 mg	NRA-Duloxetine	2482126	NRA	(SA)	0.4814
			Teva-Duloxetine	2456753	TEV		
		60 mg	NRA-Duloxetine	2482134	NRA	(SA)	0.9769
			Teva-Duloxetine	2456761	TEV		
Mesalazine							
Sup	Rt	1 g	Salofalk	2242146	AXC	ADEFGV	2.3282
			Mezera	2474018	AVI		1.8000
Methadone							
Liq	Orl	10 mg/mL	Methadose	2394596	MAL	ADEFGV	0.0113
			Methadose Unflavoured	2394618	MAL		

Drug Product Additions

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Olmesartan							
Tab	Orl	20 mg	Ach-Olmesartan	2456311	AHI	ADEFGV	0.2763
		40 mg	Ach-Olmesartan	2456338	AHI	ADEFGV	0.2763
Ondansetron							
Liq	Orl	4 mg / 5 mL	Jamp Ondansetron	2490617	JPC	(SA)	1.1360
Oseltamivir							
Cap	Orl	75 mg	Mint-Oseltamivir	2497476	MNT	(SA)	2.0875
Paroxetine							
Tab	Orl	10 mg	NRA-Paroxetine	2479753	NRA	ADEFGV	0.3046
		20 mg	NRA-Paroxetine	2479761	NRA	ADEFGV	0.3250
		30 mg	NRA-Paroxetine	2479788	NRA	ADEFGV	0.3453
Pilocarpine							
Tab	Orl	5 mg	Salagen	2216345	MTP	(SA)	1.4727
			Accel- Pilocarpine	2496119	ACC		1.2445
Pregabalin							
Cap	Orl	25 mg	NRA-Pregabalin	2479117	NRA	ADEFGVW	0.1481
		50 mg	NRA-Pregabalin	2479125	NRA	ADEFGVW	0.2324
		75 mg	NRA-Pregabalin	2479133	NRA	ADEFGVW	0.3007
		150 mg	NRA-Pregabalin	2479168	NRA	ADEFGVW	0.4145
Timolol							
Liq	Oph	0.5%	Jamp-Timolol	2447800	JPC	ADEFGV	1.2145
Valsartan							
Tab	Orl	320 mg	Auro-Valsartan	2414244	ARO	ADEFGV	0.2098

Temporary Benefit Additions

Drug/Form/Route/Strength			Tradename	PIN	MFR	Plans	MAP
Salbutamol							
Aem	Inh	100 mcg	Salbutamol Aldo-Union	9858116	JPC	(SA)	0.0438

Drug Price Changes

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Clomipramine							
Tab	Orl	25 mg	Anafranil	324019	AAP	ADEFGV	0.3417
		50 mg	Anafranil	402591	AAP	ADEFGV	0.6291
Doxazosin							
Tab	Orl	1 mg	Apo-Doxazosin	2240588	APX	ADEFGV	0.1719
			Teva-Doxazosin	2242728	TEV		
		2 mg	Apo-Doxazosin	2240589	APX	ADEFGV	0.2062
			Teva-Doxazosin	2242729	TEV		
		4 mg	Apo-Doxazosin	2240590	APX	ADEFGV	0.2681
			Teva-Doxazosin	2242730	TEV		
Losartan / Hydrochlorothiazide							
Tab	Orl	50 mg / 12.5 mg	Auro-Losartan HCT	2423642	ARO	ADEFGV	0.3147
			Jamp-Losartan HCTZ	2408244	JPC		
			Losartan HCT	2388960	SIV		
			Losartan/HCTZ	2427648	SAS		
			Mint-Losartan/HCTZ	2389657	MNT		
			pms-Losartan-HCTZ	2392224	PMS		
			Sandoz Losartan HCT	2313375	SDZ		
			Teva-Losartan HCTZ	2358263	TEV		
		100 mg / 25 mg	Auro-Losartan HCT	2423669	ARO	ADEFGV	0.3147
			Jamp-Losartan HCTZ	2408252	JPC		
			Losartan HCT	2388987	SIV		
			Losartan/HCTZ	2427664	SAS		
			Mint-Losartan/HCTZ DS	2389673	MNT		
			pms-Losartan-HCTZ	2392240	PMS		
			Sandoz Losartan HCT	2313383	SDZ		
			Teva-Losartan HCTZ	2377152	TEV		
Losartan							
Tab	Orl	25mg	Act Losartan	2354829	ATV	ADEFGV	0.3147
			Apo-Losartan	2379058	APX		
			Auro-Losartan	2403323	ARO		
			Jamp-Losartan	2398834	JPC		
			Losartan	2388863	SAS		
			Losartan	2388790	SIV		
			Mint-Losartan	2405733	MNT		
			pms-Losartan	2309750	PMS		
			Sandoz Losartan	2313332	SDZ		
			Septa-Losartan	2424967	SPT		
			Teva-Losartan	2380838	TEV		

Drug Price Changes

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Losartan							
Tab	Orl	50 mg	Apo-Losartan	2353504	APX	ADEFGV	0.3147
			Auro-Losartan	2403331	ARO		
			Jamp-Losartan	2398842	JPC		
			Losartan	2388804	SIV		
			Losartan	2388871	SAS		
			Mint-Losartan	2405741	MNT		
			pms-Losartan	2309769	PMS		
			Sandoz Losartan	2313340	SDZ		
			Septa-Losartan	2424975	SPT		
			Teva-Losartan	2357968	TEV		
		100 mg	Apo-Losartan	2353512	APX	ADEFGV	0.3147
			Auro-Losartan	2403358	ARO		
			Jamp-Losartan	2398850	JPC		
			Losartan	2388898	SAS		
			Losartan	2388812	SIV		
			Mint-Losartan	2405768	MNT		
			pms-Losartan	2309777	PMS		
			Sandoz Losartan	2313359	SDZ		
			Septa-Losartan	2424983	SPT		
			Teva-Losartan	2357976	TEV		
Meropenem							
Pws	Inj	500 mg	Meropenem	2378787	SDZ	ADEFGVW	9.2225
		1 g	Meropenem	2436507	STR	ADEFGVW	18.4450
Mesalazine							
Sup	Rt	1 g	Pentasa	2153564	FEI	ADEFGV	1.8000
Methlyphenidate							
Tab	Orl	10 mg	Apo-Methylphenidate	2249324	APX	ADEFGV	0.2216
			pms-Methylphenidate	584991	PMS		
		20 mg	Apo-Methylphenidate	2249332	APX	ADEFGV	0.2735
			pms-Methylphenidate	585009	PMS		
Metoclopramide							
Tab	Orl	5 mg	Metonia	2230431	PDP	ADEFGVW	0.0622
Montelukast							
Gran	Orl	4 mg	Sandoz Montelukast	2358611	SDZ	ADEFGV	1.3139
Morphine							
Liq	Inj	15 mg/mL	Morphine Sulfate	392561	SDZ	ADEFGVW	2.0940
		50 mg/mL	Morphine HP 50	617288	SDZ	ADEFGVW	6.8195

Drug Price Changes

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Naratriptan							
Tab	Orl	2.5 mg	Sandoz Naratriptan	2322323	SDZ	(SA)	6.1436
			Teva-Naratriptan	2314304	TEV		
Ondansetron							
Liq	Orl	4 mg / 5 mL	Ondansetron	2291967	AAP	(SA)	1.1360
Oseltamivir							
Cap	Orl	75 mg	Nat-Oseltamivir	2457989	NAT	(SA)	2.0875
Ramipril / Hydrochlorothiazide							
Tab	Orl	10 mg / 12.5 mg	pms-Ramipril-HCTZ	2342154	PMS	ADEFGV	0.2634
			Taro-Ramipril HCTZ	2449455	SUN		
		10 mg / 25 mg	pms-Ramipril-HCTZ	2342170	PMS	ADEFGV	0.2634
			Taro-Ramipril HCTZ	2449471	SUN		
Sulfamethoxasole / Trimethoprim							
Tab	Orl	800 mg / 160 mg	Sulfatrim DS	445282	AAP	ABDEFGVW	0.2074

Delisted Drug Products

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans
Product No Longer Marketed						
Sulfamethoxasole / Trimethoprim						
Tab	Orl	800 mg / 160 mg	Teva-Trimel DS	510645	TEV	ABDEFGVW

Bulletin # 1031

July 16, 2020

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective July 16, 2020.

Included in this bulletin:

- Regular Benefit Additions
- Special Authorization Benefit Additions
- Changes to Existing Special Authorization Benefits
- Special Authorization Extensions Reminder
- Brand Drug Submission Process Update

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

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

Regular Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Special Authorization No Longer Required					
Buprenorphine / naloxone (Suboxone® and generic brands)	2 mg / 0.5 mg sublingual tablet 8 mg / 2 mg sublingual tablet	See NB Drug Plans Formulary or MAP List for Products		ADEFGV	MAP
Methadone (Metadol-D® and generic brands)	10 mg/mL oral concentrate	See NB Drug Plans Formulary or MAP List for Products		ADEFGV	MAP
Methadone	compounded oral solution for opioid dependence	00999734		ADEFGV	MAP

Please note the "Consent for Restricted Prescription Drug Services Form" was discontinued on March 25, 2020.

Special Authorization Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Apalutamide (Erleada®)	60 mg tablet	02478374	JAN	(SA)	MLP

In combination with androgen deprivation therapy (ADT) for the treatment of patients with castration-resistant prostate cancer (CRPC) who meet all of the following criteria:

- No detectable distant metastases by either CT, MRI or technetium-99m bone scan
- Prostate-specific antigen (PSA) doubling time of less than or equal to 10 months during continuous ADT (i.e., high risk of developing metastases)

Renewal Criteria:

- Written confirmation that the patient has responded to treatment and there is no evidence of radiographic disease progression.

Clinical Notes:

1. Castration-resistance must be demonstrated during continuous ADT and is defined as a minimum of three rises in PSA, measured at least one week apart, with the last PSA greater than 2 mcg/L.
2. Castrate levels of testosterone must be maintained throughout treatment with apalutamide.
3. Patients must have a good performance status and no risk factors for seizures.
4. Treatment should be discontinued upon radiographic disease progression or unacceptable toxicity.

Claim Notes:

- Requests for apalutamide will not be considered for patients who experience disease progression on enzalutamide.
- Initial approval period: 1 year.
- Renewal approval period: 1 year.

Cabozantinib (Cabometyx™)	20 mg tablet 40 mg tablet 60 mg tablet	02480824 02480832 02480840	IPS	(SA)	MLP

For the treatment of patients with advanced or metastatic renal cell carcinoma who have received at least one prior vascular endothelial growth factor receptor (VEGFR) tyrosine kinase inhibitor (TKI) therapy when used as:

- second-line therapy following disease progression on sunitinib or pazopanib; or
- third-line therapy following disease progression on immunotherapy and VEGF TKI (i.e., sunitinib or pazopanib), used in any sequence.

Renewal Criteria:

- Written confirmation that the patient has responded to treatment and there is no evidence of clinically meaningful disease progression.

Clinical Note:

- Treatment should be discontinued upon clinically meaningful disease progression or unacceptable toxicity.

Claim Notes:

- Requests for cabozantinib will not be considered for patients who experience disease progression on everolimus or axitinib monotherapy.
- Initial approval period: 1 year.
- Renewal approval period: 1 year.

Elosulfase alfa (Vimizim®)	5 mg /5 mL single-use vial	02427184	BMR	(SA)	MLP

For the treatment of patients with mucopolysaccharidosis type IVA (MPS IVA).

Clinical Note:

- Please contact the NB Drug Plans at 1-800-332-3691 for the complete criteria.

Letermovir (Prevymis®)	240 mg tablet 480 mg tablet 240 mg / 12 mL vial 480 mg / 24 mL vial	02469375 02469383 02469367 02469405	FRS	(SA)	MLP

For the prevention of cytomegalovirus (CMV) infection in adult CMV-seropositive recipients [R+] of an allogeneic hematopoietic stem cell transplant (HSCT) who have undetectable CMV viremia at baseline and meet one of the following criteria:

- umbilical cord blood as a stem cell source
- recipient of a haploidentical transplant
- recipient of T-cell depleted transplant
- treated with antithymocyte globulin (ATG) for conditioning
- requiring high-dose steroids or other immunosuppression for acute graft versus host disease (GVHD)
- treated with ATG for steroid-refractory acute GVHD
- documented history of CMV disease prior to transplantation

Clinical Note:

- High-dose steroids is defined as the use of greater than or equal to 1 mg/kg/day of prednisone or equivalent dose of another corticosteroid.

Claim Notes:

- Must be prescribed by a medical oncologist, hematologist, or infectious disease specialist or other physician with experience in the management of HSCT.
- Approvals will be for a maximum dose of 480 mg per day.
- Approval period: 100 days per HSCT.
- 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 Dosage Form					
Lisdexamfetamine dimesylate (Vyvanse®)	10 mg chewable tablet 20 mg chewable tablet 30 mg chewable tablet 40 mg chewable tablet 50 mg chewable tablet 60 mg chewable tablet	02490226 02490234 02490242 02490250 02490269 02490277	SHI	(SA)	MLP

For treatment of Attention Deficit Hyperactivity Disorder (ADHD) in patients 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.

New Indication					
Crizotinib (Xalkori®)	200 mg capsule 250 mg capsule	02384256 02384264	PFI	(SA)	MLP

As monotherapy for the first-line treatment of patients with ROS1-positive locally advanced (not amenable to curative therapy) or metastatic non-small cell lung cancer.

Renewal Criteria:

- Written confirmation that the patient is responding to treatment.

Clinical Note:

- Treatment should be discontinued upon clinically meaningful disease progression or unacceptable toxicity.

Claim Notes:

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

New Indication

Venetoclax (Venclexta®)	10 mg film-coated tablet	02458039	ABV	(SA)	MLP
	50 mg film-coated tablet	02458047			
	100 mg film-coated tablet	02458055			
Venetoclax (Venclexta®) starter kit	10 mg, 50 mg,100 mg film-coated tablets	02458063			

In combination with rituximab for the treatment of patients with chronic lymphocytic leukemia/small lymphocytic lymphoma who have received at least one prior therapy.

Renewal criteria:

- Written confirmation that the patient has responded to treatment and there is no evidence of disease progression.

Clinical Notes:

1. Patient must have a good performance status.
2. Treatment should be continued until disease progression or unacceptable toxicity, up to a maximum of 2 years.

Claim Notes:

- Requests will not be considered for patients previously treated with anti-CD20 therapy who have a treatment-free interval of less than 12 months since the last anti-CD20 treatment.
- Requests for re-treatment with venetoclax in combination with rituximab within the same line of therapy will be considered for patients who responded to and completed 2 years of therapy and have had a progression-free interval of at least 12 months.
- Initial approval period: 1 year.
- Renewal approval period: 1 year.

New Indication and Strengths

Lenvatinib (Lenvima®)	4 mg/dose compliance pack	02484056	EIS	SA	MLP
	8 mg/dose compliance pack	02468220			
	12 mg/dose compliance pack	02484129			

Advanced Hepatocellular Carcinoma

For the first-line treatment of adult patients with unresectable hepatocellular carcinoma who meet all of the following criteria:

- Child-Pugh class status of A
- ECOG performance status of 0 or 1
- Less than 50% liver involvement and no invasion of the bile duct or main portal vein
- No prior liver transplant
- No brain metastases

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:

- Requests for lenvatinib will not be considered for patients who have progressed on sorafenib.
- Initial approval period: 6 months.
- Renewal approval period: 1 year.

Revised Criteria

Axitinib (Inlyta®)

1 mg tablet 5 mg tablet	02389630 02389649	PFI	SA	MLP

For the treatment of patients with advanced or metastatic renal cell carcinoma when used as:

- second-line therapy following disease progression on a vascular endothelial growth factor receptor tyrosine kinase inhibitor (VEGFR TKI), or
- third-line therapy following disease progression on first line nivolumab and ipilimumab combination therapy and a second line VEGFR TKI.

Renewal Criteria:

- Written confirmation that the patient has responded to treatment and there is no evidence of disease progression.

Clinical Notes:

1. Patients must have a good performance status.
2. Treatment should be discontinued upon disease progression or unacceptable toxicity.

Claim Notes:

- Requests for axitinib will not be considered for patients who experience disease progression on everolimus or cabozantinib.
- Initial approval period: 1 year.
- Renewal approval period: 1 year.

Revised Criteria

Everolimus (Afinitor® and generic brands)

2.5 mg tablet 5 mg tablet 10 mg tablet	See NB Drug Plans Formulary or MAP List for Products	(SA)	MLP

Metastatic Renal Cell Carcinoma

For the treatment of patients with advanced or metastatic renal cell carcinoma following disease progression on tyrosine kinase inhibitor therapy.

Renewal Criteria:

- Written confirmation that the patient has responded to treatment and there is no evidence of disease progression.

Clinical Notes:

1. Patients must have a good performance status.
2. Treatment should be discontinued upon disease progression or unacceptable toxicity.

Claim Notes:

- Requests for everolimus will not be considered for patients who experience disease progression on axitinib, cabozantinib or nivolumab monotherapy.
- Initial approval period: 1 year.
- Renewal approval period: 1 year.

Revised Criteria

Pazopanib (Votrient®)	200 mg tablet	02352303	NVR	(SA)	MLP

For the treatment of patients with advanced or metastatic renal cell carcinoma when used as:

- first-line therapy, or
- second-line therapy following disease progression on nivolumab and ipilimumab combination therapy.

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:

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

Revised Criteria

Regorafenib (Stivarga®)	40 mg tablet	02403390	BAY	(SA)	MLP

Advanced Hepatocellular Carcinoma

For the treatment of patients with unresectable hepatocellular carcinoma who meet all of the following criteria:

- Child-Pugh class status of A
- ECOG performance status of 0 or 1
- Disease progression on sorafenib or lenvatinib

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:

- Patients with disease progression on sorafenib must have tolerated a minimum dose of

400 mg per day for at least 20 of the last 28 days of treatment.
- Initial approval period: 4 months.
- Renewal approval period: 6 months.

Revised Criteria

Sorafenib (Nexavar®)	200 mg film-coated tablet	02284227	BAY	(SA)	MLP

Advanced Hepatocellular Carcinoma
For the first-line treatment of patients with unresectable hepatocellular carcinoma who meet all the following criteria:
- Child-Pugh class status of A
- ECOG performance status of 0-2
- Progressed on trans-arterial chemoembolization (TACE) or not suitable for the TACE procedure

Renewal Criteria:
- Written confirmation that the patient has responded to treatment and there is no evidence of disease progression.

Claim Notes:
- Requests for sorafenib will not be considered for patients who have progressed on lenvatinib.
- Initial approval period: 6 months.
- Renewal approval period: 1 year.

Metastatic Renal Cell Carcinoma
For the treatment of patients with advanced or metastatic renal cell carcinoma when used as a second-line therapy following disease progression on cytokine therapy.

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

Revised Criteria

Sunitinib (Sutent®)	12.5 mg capsule 25 mg capsule 50 mg capsule	02280795 02280809 02280817	PFI	(SA)	MLP

Gastrointestinal Stromal Tumour
For the treatment of patients with unresectable or metastatic gastrointestinal stromal tumour who experience disease progression on, or intolerance to, imatinib.

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:

- Initial approval period: 6 months.
- Renewal approval period: 6 months.

Metastatic Renal Cell Carcinoma

For the treatment of patients with advanced or metastatic renal cell carcinoma when used as:

- first-line therapy, or
- second-line therapy following disease progression on nivolumab and ipilimumab combination therapy.

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:

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

Pancreatic Neuroendocrine Tumours

For the treatment of patients with progressive, unresectable, locally advanced or metastatic, well or moderately differentiated pancreatic neuroendocrine tumours.

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:

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

Special Authorization Extensions Reminder

As a reminder, special authorization approvals for members of the NB Drug Plans that were due for renewal between March 1, 2020 and May 31, 2020 were extended until August 31, 2020. Prescribers are encouraged to submit special authorization renewal requests not yet submitted.

Brand Drug Submission Process Update

Brand drug submissions to the NB Drug Plans must now be submitted electronically by email or secure File Transfer Protocol (FPT) as outlined here.

Bulletin #1032 July 30, 2020

NB Drug Plans Formulary Update

Maximum Allowable Price (MAP) List

Included in this bulletin:

- Drug product additions
  - New products will be reimbursed up to the category MAP effective July 30, 2020.
  - Products that were already listed on the NB Drug Plans Formulary will be reimbursed up to the new category MAP effective August 20, 2020. Prior to August 20, 2020, these products will be reimbursed up to the higher MAP indicated on the attached list.

- Temporary drug product additions
  - Under the interim order in relation to COVID-19, Health Canada is allowing certain drugs that may not fully meet regulatory requirements to be imported and sold in Canada. Eligible drugs are those designated as a Tier 3 shortage.
  - These products will be listed as temporary benefits on the NB Drug Plans Formulary and will be reimbursed up to the category MAP effective July 30, 2020.

- Drug price changes
  - Price decreases for products that were already listed on the NB Drug Plans Formulary will be reimbursed up to the new category MAP effective August 20, 2020. Prior to August 20, 2020, these products will be reimbursed up to the previous MAP.
  - Price increases for products that were already listed on the NB Drug Plans Formulary will be reimbursed up to the new category MAP effective July 30, 2020.

- Delisted drug products
  - Products will be removed from the NB Drug Plans Formulary effective August 20, 2020.

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

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

Drug Product Additions

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Amlodipine							
Tab	Orl	2.5 mg	NRA-Amlodipine	2476452	NRA	ADEFGV	0.0767
		5 mg	NRA-Amlodipine	2476460	NRA	ADEFGV	0.1343
		10 mg	NRA-Amlodipine	2476479	NRA	ADEFGV	0.1993
Bisoprolol							
Tab	Orl	5 mg	Bisoprolol Tablets	2495562	SIV	ADEFGV	0.0715
		10 mg	Bisoprolol Tablets	2495570	SIV	ADEFGV	0.1044
Methotrexate							
Liq	SC	17.5 mg / 0.35 mL	Metoject Subcutaneous	2454769	MDX	ADEFGV	91.4286
			Methotrexate Subcutaneous	2491338	AHI		68.5714
		20 mg / 0.4 mL	Metoject Subcutaneous	2454866	MDX	ADEFGV	87.5000
			Methotrexate Subcutaneous	2491346	AHI		65.6250
		22.5 mg / 0.45 mL	Metoject Subcutaneous	2454777	MDX	ADEFGV	77.7777
			Methotrexate Subcutaneous	2491354	AHI		58.3333
		25 mg / 0.5 mL	Metoject Subcutaneous	2454874	MDX	ADEFGV	78.0000
			Methotrexate Subcutaneous	2491362	AHI		58.5000
Oseltamivir							
Cap	Orl	30 mg	Mint-Oseltamivir	2497441	MNT	(SA)	1.0485
Pregabalin							
Cap	Orl	25 mg	Nat-Pregabalin	2494841	NAT	ADEFGVW	0.1481
		50 mg	Nat-Pregabalin	2494868	NAT	ADEFGVW	0.2324
		75 mg	Nat-Pregabalin	2494876	NAT	ADEFGVW	0.3007
		150 mg	Nat-Pregabalin	2494884	NAT	ADEFGVW	0.4145
		225 mg	Nat-Pregabalin	2494892	NAT	ADEFGVW	0.5757
		300 mg	Nat-Pregabalin	2494906	NAT	ADEFGVW	0.4145
Ramipril							
Cap	Orl	2.5 mg	NRA-Ramipril	2486172	NRA	ADEFGV	0.0817
		5 mg	NRA-Ramipril	2486180	NRA	ADEFGV	0.0817
		10 mg	NRA-Ramipril	2486199	NRA	ADEFGV	0.1034

Drug Product Additions

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Tranexamic Acid							
Tab	Orl	500 mg	Mar-Tranexamic Acid	2496232	MAR	ADEFGV	0.2967
Valganciclovir							
Tab	Orl	450 mg	Mint-Valganciclovir	2495457	MNT	ADEFGV	5.8553
Zopiclone							
Tab	Orl	5 mg	NRA-Zopiclone	2477378	NRA	ADEFVW	0.0990
		7.5 mg	NRA-Zopiclone	2477386	NRA	ADEFVW	0.1250

Temporary Benefit Additions

Drug/Form/Route/Strength			Tradename	PIN	MFR	Plans	MAP
Propylthiouracil							
Tab	Orl	50 mg	PTU	9858122	PCI	ADEFGV	0.3900
Timolol							
Dps	Oph	0.5%	Timo-Stulln	9858120	PST	ADEFGV	1.2145

Drug Price Changes

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Oseltamivir							
Cap	Orl	30 mg	Nat-Oseltamivir	2472635	NAT	(SA)	1.0485
Phenobarbital							
Liq	Orl	120 mg/mL	Phenobarbital Sodium	2304090	SDZ	ADEFGVW	14.2730
Phenytoin							
Liq	Orl	50 mg/mL	Phenytoin Sodium	780626	SDZ	V	6.0783
Prednisone							
Tab	Orl	5 mg	Teva-Prednisone	21695	TEV	ABDEFGRVW	0.0220
Prochlorperazine							
Tab	Orl	5 mg	Prochlorazine	886440	AAP	ADEFGV	0.1659
		10 mg	Prochlorazine	886432	AAP	ADEFGV	0.2025
Propylthiouracil							
Tab	Orl	50 mg	Propyl-Thyracil	10200	PAL	ADEFGV	0.2800
		100 mg	Propyl-Thyracil	10219	PAL	ADEFGV	0.4380

Drug Price Changes

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Raloxifene							
Tab	Orl	60 mg	Act Raloxifene	2358840	TEV		
			Apo-Raloxifene	2279215	APX	ADEFV	0.4583
			pms-Raloxifene	2358921	PMS		
Tranexamic Acid							
Tab	Orl	500 mg	GD-Tranexamic Acid	2409097	GMD	ADEFGV	0.2967
			Tranexamic Acid	2401231	STR		
Valganciclovir							
Tab	Orl	450 mg	Auro-Valganciclovir	2435179	ARO	ADEFGV	5.8553
			Teva-Valganciclovir	2413825	TEV		

Delisted Drug Products

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans
Price Not Confirmed by Manufacturer						
Prednisone						
Tab	Orl	5 mg	Apo-Prednisone	312770	APX	ABDEFGRVW

Bulletin # 1033

August 20, 2020

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective August 20, 2020.

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.

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Regular Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Liposomal amphotericin B (AmBisome®)	50 mg single-use vial	02241630	ASL	ADEFGVW	MLP
Mesalazine (Mezera™)	1 g / actuation foam enema	02474026	AVI	ADEFGV	MLP

Special Authorization Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Inotersen (Tegsedi™)	284 mg / 1.5 mL prefilled syringe	02481383	AKT	(SA)	MLP

For the treatment of polyneuropathy in adult patients with hereditary transthyretin-mediated amyloidosis (hATTR) who meet all of the following criteria:

- Confirmed genetic diagnosis of hATTR
- Symptomatic early-stage neuropathy
- Does not have New York Heart Association class III or IV heart failure
- Has not previously undergone a liver transplant

Discontinuation Criteria:

- The patient is permanently bedridden and dependent on assistance for basic activities of daily living, or
- The patient is receiving end-of-life care.

Clinical Note:

- Symptomatic early stage neuropathy is defined as Polyneuropathy disability stage I to IIIB or Familial amyloidotic polyneuropathy stage I or II.

Claim Notes:

- The patient must be under the care of a physician with experience in the diagnosis and management of hATTR.
- Combination therapy with other interfering ribonucleic acid drugs or transthyretin stabilizers used to treat hATTR will not be reimbursed.
- Initial approval period: 9 months.
- Renewal approval period: 12 months. 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.

Ipratropium bromide (pms-Ipratropium)	125 mcg/mL solution for inhalation	02231135	PMS	(SA)	MAP

For patients who have tried using an inhaler with spacer device and

- are unable to follow instructions, hold the spacer device or hold the device long enough to actuate it due to cognitive or physical limitations; or
- have difficulty generating adequate inspiratory effort to achieve therapeutic benefit.

Claim notes:

- Initial approval period: 1 year.
- Renewal approval period: Long term.

Triamcinolone Hexacetonide	20 mg/mL suspension for injection	02470632	MDX	(SA)	MLP

For the treatment of juvenile idiopathic arthritis.

Changes to Existing Special Authorization Benefits

Product	Strength	DIN	MFR	Plans	Cost Base
New Strengths					
Sitagliptin / Metformin (Janumet XR®)	50 mg / 500 mg extended-release tablet	02416786	FRS	(SA)	MLP
	100 mg / 1000 mg extended-release tablet	02416808			

For the treatment of type 2 diabetes mellitus in patients who are already stabilized on therapy with sitagliptin and metformin, to replace the individual components of sitagliptin and metformin.

Revised Criteria					
Bosutinib (Bosulif®)	100 mg tablet	02419149	PFI	(SA)	MLP
	500 mg tablet	02419157			

For the treatment of adult patients with chronic, accelerated, or blast phase Philadelphia chromosome-positive (Ph+) chronic myelogenous leukemia (CML) who have resistance or intolerance to prior tyrosine kinase inhibitor therapy.

Clinical Note:

- Patients must have a good performance status.

Claim Notes:

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

Topiramate (Topamax®)	15 mg sprinkle capsule	02239907	JAN	(SA)	MLP
	25 mg sprinkle capsule	02239908			

For patients who cannot take the tablet form of topiramate and require sprinkle capsules for proper administration.

Benefit Status Changes

Product	Strength	DIN	MFR	Cost Base
Special Authorization now required				
Budesonide (Pulmicort® Nebuamp®)	0.25 mg/mL suspension for inhalation	01978918	AZE	MLP
Budesonide (Pulmicort® Nebuamp® and generic brand)	0.5 mg/mL suspension for inhalation	See NB Drug Plans Formulary or MAP List for Products		MAP
Ipratropium bromide (generic brands)	250 mcg/mL solution for inhalation	See NB Drug Plans Formulary or MAP List for Products		MAP
Salbutamol (Ventolin® and generic brands)	1 mg/mL solution for inhalation 2 mg/mL solution for inhalation	See NB Drug Plans Formulary or MAP List for Products		MAP
Salbutamol (Ventolin®)	5 mg/mL solution for inhalation	02213486	GSK	MLP

For patients who have tried using an inhaler with spacer device and

- are unable to follow instructions, hold the spacer device or hold the device long enough to actuate it due to cognitive or physical limitations; or
- have difficulty generating adequate inspiratory effort to achieve therapeutic benefit.

Claim Notes:

- Initial approval period: 1 year.
- Renewal approval period: Long term.

Patients who had a claim paid for the products listed above between August 20, 2019 and August 19, 2020 will continue to have coverage until August 19, 2021. After this date, a special authorization request will be required for coverage to be considered.

Drugs Reviewed and Not Listed

Requests for special authorization of the following products will not be considered.

Product	Strength	DIN	MFR	Indication
Diclofenac (Pennsaid® and generic brands)	1.5% topical solution	02247265	PAL	For treatment of the symptoms associated with osteoarthritis of the knee(s).

Bulletin #1034

August 31, 2020

NB Drug Plans Formulary Update

Maximum Allowable Price (MAP) List

Included in this bulletin:

- Drug product additions
  - New products will be reimbursed up to the category MAP effective August 31, 2020.

- Temporary drug product additions
  - Under the interim order in relation to COVID-19, Health Canada is allowing certain drugs that may not fully meet regulatory requirements to be imported and sold in Canada. Eligible drugs are those designated as a Tier 3 shortage.
  - These products will be listed as temporary benefits on the NB Drug Plans Formulary and will be reimbursed up to the category MAP effective August 31, 2020.

- Drug price changes
  - Price decreases for products that were already listed on the NB Drug Plans Formulary will be reimbursed up to the new category MAP effective September 21, 2020. Prior to September 21, 2020, these products will be reimbursed up to the previous MAP.
  - Price increases for products that were already listed on the NB Drug Plans Formulary will be reimbursed up to the new category MAP effective August 31, 2020.

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

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

Drug Product Additions

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Atorvastatin							
Tab	Orl	10 mg	NRA-Atorvastatin	02476517	NRA	ADEFGV	0.1743
		20 mg	NRA-Atorvastatin	02476525	NRA	ADEFGV	0.2179
		40 mg	NRA-Atorvastatin	02476533	NRA	ADEFGV	0.2342
		80 mg	NRA-Atorvastatin	02476541	NRA	ADEFGV	0.2342
Diltiazem							
ERC	Orl	120 mg	Jamp-Diltiazem T	02495376	JPC	ADEFV	0.2133
		180 mg	Jamp-Diltiazem T	02495384	JPC	ADEFV	0.2889
		240 mg	Jamp-Diltiazem T	02495392	JPC	ADEFV	0.3832
		300 mg	Jamp-Diltiazem T	02495406	JPC	ADEFV	0.4719
		360 mg	Jamp-Diltiazem T	02495414	JPC	ADEFV	0.5778
Imatinib							
Tab	Orl	100 mg	Mint-Imatinib	02492334	MNT	ADEFGV	5.2079
		400 mg	Mint-Imatinib	02492342	MNT	ADEFGV	20.8314
Itraconazole							
Liq	Orl	10 mg/mL	Odan-Itraconazole	02495988	ODN	(SA)	0.4111
Labetalol							
Tab	Orl	100 mg	Apo-Labetalol	02243538	APX	ADEFGV	0.1983
		200 mg	Apo-Labetalol	02243539	APX	ADEFGV	0.3504
Latanoprost							
Liq	Oph	0.005%	Latanoprost Ophthalmic Solution	02489570	TLG	ADEFGV	3.6320
Pantoprazole							
ECT	Orl	40 mg	NRA-Pantoprazole	02471825	NRA	ADEFGV	0.2016
Prednisone							
Tab	Orl	5 mg	Apo-Prednisone	00312770	APX	ABDEFGRVW	0.0220
Valsartan							
Tab	Orl	80 mg	Valsartan	02366959	SAS	ADEFGV	0.2159
Tab	Orl	160 mg	Valsartan	02366967	SAS	ADEFGV	0.2159
		320 mg	Valsartan	02366975	SAS	ADEFGV	0.2098

Temporary Benefit Additions

Drug/Form/Route/Strength			Tradename	PIN	MFR	Plans	MAP
Salbutamol							
Aem	Inh	100 mcg	Salbuhaler	09858119	SDZ	ABDEFGVW	0.0250

Drug Price Changes

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Flurbiprofen							
Tab	Orl	50 mg	Flurbiprofen	01912046	AAP	ADEFGV	0.4530
Itraconazole							
Liq	Orl	10 mg/mL	Jamp-Itraconazole	02484315	JPC	(SA)	0.4111
Labetalol							
Tab	Orl	100 mg	Riva-Labetalol	02489406	RIV	ADEFGV	0.1983
		200 mg	Riva-Labetalol	02489414	RIV	ADEFGV	0.3504
Methotrexate							
Liq	Inj	25 mg/mL	Methotrexate	02099705	TEV	ADEFGV	3.5101
Risperidone							
ODT	Orl	2 mg	Mylan-Risperidone ODT	02413507	MYL	(SA)	1.0187
Rivastigmine							
Cap	Orl	1.5 mg	Apo-Rivastigmine	02336715	APX	(SA)	0.6514
			Jamp-Rivastigmine	02485362	JPC		
			Med-Rivastigmine	02401614	GMP		
			Sandoz Rivastigmine	02324563	SDZ		
		3 mg	Apo-Rivastigmine	02336723	APX	(SA)	0.6514
			Jamp-Rivastigmine	02485370	JPC		
			Med-Rivastigmine	02401622	GMP		
			Sandoz Rivastigmine	02324571	SDZ		
		4.5 mg	Apo-Rivastigmine	02336731	APX	(SA)	0.6514
			Jamp-Rivastigmine	02485389	JPC		
			Med-Rivastigmine	02401630	GMP		
			Sandoz Rivastigmine	02324598	SDZ		
		6 mg	Apo-Rivastigmine	02336758	APX	(SA)	0.6514
			Jamp-Rivastigmine	02485397	JPC		
			Med-Rivastigmine	02401649	GMP		
			Sandoz Rivastigmine	02324601	SDZ		

Drug Price Changes

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Ropinirole							
Tab	Orl	0.25 mg	Act Ropinirole	02316846	TEV	ADEFV	0.0709
			Jamp-Ropinirole	02352338	JPC		
			Ran-Ropinirole	02314037	RAN		
			Ropinirole	02353040	SAS		
Salbutamol							
Liq	Inh	1 mg/mL	Teva-Salbutamol Sterinebs	01926934	TEV	(SA)	0.1446
			pms-Salbutamol	02208229	PMS		

Bulletin # 1035

September 17, 2020

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective September 17, 2020.

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.

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

Regular Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Special Authorization No Longer Required					
Methylphenidate (Concerta® and generic brands)	18 mg extended-release tablet 27 mg extended-release tablet 36 mg extended-release tablet 54 mg extended-release tablet	See NB Drug Plans Formulary or MAP List for Products		ADEFGV	MAP

Special Authorization Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base

Effective September 17, 2020, biosimilar versions of rituximab will be added to the Formulary as special authorization (SA) benefits according to the criteria listed below.

After this date, SA requests for rituximab for rheumatoid arthritis and polyangiitis will be considered for coverage of the biosimilar brand of rituximab only. Patients who received SA approval for the Rituxan brand of rituximab prior to September 17, 2020 will continue to have this brand covered until the current special authorization approval expires.

Rituximab (Riximyo™)	10 mg/mL single-use vial	02498316	SDZ	(SA)	MLP

For the treatment of adult patients with moderately to severely active rheumatoid arthritis who have failed to respond to an adequate trial with an anti-TNF agent.

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 rituximab will be approved for the biosimilar versions only.
- Approvals will be for one course of treatment. Each course consists of two 1000 mg doses at day 0 and 14. Courses must be administered a minimum of 24 weeks apart.
- Initial approval period: 6 months.
- Renewal approval period: Long term.

Rituximab (Ruxience™)	10 mg/mL single-use vial	02495724	PFI	(SA)	MLP

Polyangiitis
For the induction of remission in patients with severely active granulomatosis with polyangiitis (GPA) or microscopic polyangiitis (MPA) who have severe intolerance or other contraindication to cyclophosphamide, or who have failed an adequate trial of cyclophosphamide.

Claim Notes:

- All requests for coverage of rituximab will be approved for the biosimilar version only.
- Approvals will be for a maximum of 375 mg/m^2 body surface area once weekly for 4 weeks.

Rheumatoid Arthritis
For the treatment of adult patients with moderately to severely active rheumatoid arthritis who have failed to respond to an adequate trial with an anti-TNF agent.

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 rituximab will be approved for the biosimilar versions only.
- Approvals will be for one course of treatment. Each course consists of two 1000 mg doses at day 0 and 14. Courses must be administered a minimum of 24 weeks apart.
- Initial approval period: 6 months.
- Renewal approval period: Long term.

Rituximab (Truxima™)	100 mg / 10 mL single-use vial 500 mg / 50 mL single-use vial	02478382 02478390	TMP	(SA)	MLP

Polyangiitis
For the induction of remission in patients with severely active granulomatosis with polyangiitis (GPA) or microscopic polyangiitis (MPA) who have severe intolerance or other contraindication to cyclophosphamide, or who have failed an adequate trial of cyclophosphamide.

Claim Notes:

- All requests for coverage of rituximab will be approved for the biosimilar version only.
- Approvals will be for a maximum of 375 mg/m^2 body surface area once weekly for 4 weeks.

Rheumatoid Arthritis
For the treatment of adult patients with moderately to severely active rheumatoid arthritis who have failed to respond to an adequate trial with an anti-TNF agent.

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 rituximab will be approved for the biosimilar versions only.
- Approvals will be for one course of treatment. Each course consists of two 1000 mg doses at day 0 and 14. Courses must be administered a minimum of 24 weeks apart.
- Initial approval period: 6 months.
- Renewal approval period: Long term.

Changes to Existing Special Authorization Benefits

Product	Strength	DIN	MFR	Plans	Cost Base
New Indication					
Ribociclib (Kisqali™)	200 mg tablet	02473569	NVR	(SA)	MLP

1. In combination with an aromatase inhibitor for the treatment of patients with hormone receptor positive, HER2 negative advanced or metastatic breast cancer who:
   - have not received prior endocrine therapy for advanced or metastatic disease, and

- are not resistant to prior (neo)adjuvant non-steroidal aromatase inhibitor (NSAI) therapy, and
- do not have active or uncontrolled metastases to the central nervous system.

Renewal criteria:
- Written confirmation that the patient has responded to treatment and there is no evidence of disease progression.

Clinical Notes:
1. For patients who received (neo)adjuvant NSAI therapy, a minimum disease-free interval of twelve months after stopping therapy is required.
2. Pre- and peri-menopausal women must be treated with a luteinizing hormone-releasing hormone agonist.
3. Patients must have a good performance status.
4. Treatment should be discontinued upon disease progression or unacceptable toxicity.

Claim Notes:
- Requests will be considered for patients who have received up to one prior chemotherapy for advanced or metastatic disease.
- Initial approval period: 1 year.
- Renewal approval period: 1 year.

2. In combination with fulvestrant for the treatment of patients with hormone receptor positive, HER2 negative advanced or metastatic breast cancer who:
   - have not received prior endocrine therapy or have experienced disease progression on endocrine therapy, and
   - have received up to one prior chemotherapy for advanced or metastatic disease, and
   - do not have active or uncontrolled metastases to the central nervous system.

   Renewal criteria:
   - Written confirmation that the patient has responded to treatment and there is no evidence of disease progression.

   Clinical Notes:
   1. Pre- and peri-menopausal women must be treated with a luteinizing hormone-releasing hormone agonist.
   2. Patients must have a good performance status.
   3. Treatment should be discontinued upon disease progression or unacceptable toxicity.

   Claim Notes:
   - Requests will not be considered for patients who experience disease progression on a CDK4/6 inhibitor, fulvestrant or everolimus.
   - Initial approval period: 1 year.
   - Renewal approval period: 1 year.

New Indication / New Format

Palbociclib (Ibrance®)	75 mg capsule	02453150	PFI	(SA)	MLP
	100 mg capsule	02453169			
	125 mg capsule	02453177			
	75 mg tablet	02493535			
	100 mg tablet	02493543			
	125 mg tablet	02493551			

1. In combination with an aromatase inhibitor for the treatment of patients with hormone receptor positive, HER2 negative advanced or metastatic breast cancer who:
   - have not received prior endocrine therapy for advanced or metastatic disease, and
   - are not resistant to prior (neo)adjuvant non-steroidal aromatase inhibitor (NSAI) therapy, and
   - do not have active or uncontrolled metastases to the central nervous system.

   Renewal criteria:
   - Written confirmation that the patient has responded to treatment and there is no evidence of disease progression.

   Clinical Notes:
   1. For patients who received (neo)adjuvant NSAI therapy, a minimum disease-free interval of twelve months after stopping therapy is required.
   2. Pre- and peri-menopausal women must be treated with a luteinizing hormone-releasing hormone agonist.
   3. Patients must have a good performance status.
   4. Treatment should be discontinued upon disease progression or unacceptable toxicity.

   Claim Notes:
   - Requests will be considered for patients who have received up to one prior chemotherapy for advanced or metastatic disease.
   - Initial approval period: 1 year.
   - Renewal approval period: 1 year.

2. In combination with fulvestrant for the treatment of patients with hormone receptor positive, HER2 negative advanced or metastatic breast cancer who:
   - have not received prior endocrine therapy or have experienced disease progression on endocrine therapy, and
   - have received up to one prior chemotherapy for advanced or metastatic disease, and
   - do not have active or uncontrolled metastases to the central nervous system.

   Renewal criteria:
   - Written confirmation that the patient has responded to treatment and there is no evidence of disease progression.

   Clinical Notes:
   1. Pre- and peri-menopausal women must be treated with a luteinizing hormone-releasing hormone agonist.
   2. Patients must have a good performance status.
   3. Treatment should be discontinued upon disease progression or unacceptable toxicity.

Claim Notes:

- Requests will not be considered for patients who experience disease progression on a CDK4/6 inhibitor, fulvestrant or everolimus.
- Initial approval period: 1 year.
- Renewal approval period: 1 year.

Revised Criteria

Methylphenidate (Biphentin®)	10 mg controlled-release capsule	02277166	PFR	(SA)	MLP
	15 mg controlled-release capsule	02277131			
	20 mg controlled-release capsule	02277158			
	30 mg controlled-release capsule	02277174			
	40 mg controlled-release capsule	02277182			
	50 mg controlled-release capsule	02277190			
	60 mg controlled-release capsule	02277204			
	80 mg controlled-release capsule	02277212			

For the treatment of patients with Attention Deficit Hyperactivity Disorder who have tried extended-release methylphenidate with unsatisfactory results.

Claim Note:

- The maximum dose reimbursed is 80 mg daily.

Bulletin #1036

September 30, 2020

NB Drug Plans Formulary Update

Maximum Allowable Price (MAP) List

Included in this bulletin:

- Drug product additions
  - New products will be reimbursed up to the category MAP effective September 30, 2020.
  - Products that were already listed on the NB Drug Plans Formulary will be reimbursed up to the new category MAP effective October 21, 2020. Prior to October 21, 2020, these products will be reimbursed up to the higher MAP indicated on the attached list.

- Drug price changes
  - Price decreases for products that were already listed on the NB Drug Plans Formulary will be reimbursed up to the new category MAP effective October 21, 2020. Prior to October 21, 2020, these products will be reimbursed up to the previous MAP.
  - Price increases for products that were already listed on the NB Drug Plans Formulary will be reimbursed up to the new category MAP effective September 30, 2020.

- Delisted drug products
  - Products will be removed from the NB Drug Plans Formulary effective October 21, 2020.

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

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Drug Product Additions

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Acarbose							
Tab	Orl	50 mg	Acarbose Tablets	02493780	STD	ADEFGV	0.1348
		100 mg	Acarbose Tablets	02493799	STD	ADEFGV	0.1866
Alfuzosin							
ERT	Orl	10 mg	Xatral	02245565	SAV	ADEFGV	0.2601
			Auro-Alfuzosin	02443201	ARO		
			Sandoz Alfuzosin	02304678	SDZ		
Clindamycin							
Cap	Orl	150 mg	NRA-Clindamycin	02493748	NRA	ABDEFGVW	0.2217
		300 mg	NRA-Clindamycin	02493756	NRA	ABDEFGVW	0.4434
Latanoprost / Timolol							
Liq	Oph	0.005% / 0.5%	Latanoprost and Timolol Ophthalmic	02489368	TLG	ADEFGV	4.4268
Nadolol							
Tab	Orl	40 mg	Mint-Nadolol	02496380	MNT	ADEFGV	0.2375
		80 mg	Mint-Nadolol	02496399	MNT	ADEFGV	0.3410
Norgestimate / Ethinyl Estradiol							
Tab	Orl	0.18 mg, 0.215 mg, 0.25 mg / 0.035 mg	Tri-Cyclen (21)	02028700	JAN	DEFGV	1.3705
			Tri-Jordyna (21)	02486296	GLM		1.0279
Olmesartan / Hydrochlorothiazide							
Tab	Orl	20 mg / 12.5 mg	Auro-Olmesartan HCTZ	02476487	ARO	ADEFGV	0.3019
		40 mg / 12.5 mg	Auro-Olmesartan HCTZ	02476495	ARO	ADEFGV	0.3019
		40 mg / 25 mg	Auro-Olmesartan HCTZ	02476509	ARO	ADEFGV	0.3019
Rosuvastatin							
Tab	Orl	5 mg	NRA-Rosuvastatin	02477483	NRA	ADEFGV	0.1284
		10 mg	NRA-Rosuvastatin	02477491	NRA	ADEFGV	0.1354
		20 mg	NRA-Rosuvastatin	02477505	NRA	ADEFGV	0.1692
Valsartan							
Tab	Orl	40 mg	Valsartan	02366940	SAS	ADEFGV	0.2211

Drug Price Changes

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Acarbose							
Tab	Orl	50 mg	Mar-Acarbose	02494078	MAR	ADEFGV	0.1348
		100 mg	Mar-Acarbose	02494086	MAR	ADEFGV	0.1866
Nadolol							
Tab	Orl	40 mg	Apo-Nadolol	00782505	APX	ADEFGV	0.2375
		80 mg	Apo-Nadolol	00782467	APX	ADEFGV	0.3410
Polystyrene Sulfonate							
Pws	Orl	100%	Solystat	00755338	PMS	ADEFGV	0.1851
Tetrabenazine							
Tab	Orl	25 mg	Apo-Tetrabenazine	02407590	APX	ADEFGV	1.6669
			pms-Tetrabenazine	02402424	PMS		
Timolol							
Liq	Oph	0.25%	Timolol Maleate-EX	02242275	SDZ	ADEFGV	2.9540
		0.5%	Timolol Maleate-EX	02242276	SDZ	ADEFGV	3.5320
Vancomycin							
Pws	IV	1 g	Vancomycin	02394634	SDZ	ABDEFGVW	20.3763
			Vancomycin	02342863	STR		

Delisted Drug Products

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans
Price Not Confirmed by Manufacturer						
Topiramate						
Tab	Orl	50 mg	pms-Topiramate	02312085	PMS	ADEFGV
Vancomycin						
Pws	IV	1 g	Vancomycin HCl	02139383	FKB	ABDEFGVW

Bulletin # 1037

October 22, 2020

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective October 22, 2020.

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.

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Regular Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Tacrolimus (Envarsus PA®)	0.75 mg extended-release tablet 1 mg extended-release tablet 4 mg extended-release tablet	02485877 02485885 02485893	EDO	ADEFGV	MLP

Special Authorization Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Ipratropium bromide / Salbutamol (generic brands)	0.5 mg / 2.5 mg / 2.5 mL solution for inhalation	See NB Drug Plans Formulary or MAP List for Products		(SA)	MAP

For patients who have tried using an inhaler with spacer device and

- are unable to follow instructions, hold the spacer device or hold the device long enough to actuate it due to cognitive or physical limitations; or
- have difficulty generating adequate inspiratory effort to achieve therapeutic benefit.

Claim notes:

- Initial approval period: 1 year.
- Renewal approval period: Long term.

Changes to Existing Special Authorization Benefits

Product	Strength	DIN	MFR	Plans	Cost Base
New Dosage Form Tocilizumab (Actemra®)	162 mg / 0.9 mL autoinjector	02483327	HLR	(SA)	MLP

Giant Cell Arteritis

- For the treatment of adult patients with new onset or relapsed giant cell arteritis (GCA) in combination with oral glucocorticoids.
- Requests for renewal must include:
  - confirmation of response to treatment (e.g. absence of flares, normalization of C-reactive protein), and
  - description of attempts to taper or discontinue glucocorticoids, and
  - rationale for the need for ongoing treatment.

Clinical Note:

- A flare is defined as the recurrence of signs or symptoms and/or erythrocyte sedimentation rate ≥ 30 mm/hour.

Claim Notes:

- Must be prescribed by, or in consultation with, a rheumatologist or other physician experienced in the treatment of GCA.
- Combined use of more than one biologic DMARD will not be reimbursed.
- Subcutaneous injection: Approvals will be for up to 162 mg every week.
- Approval period: 1 year.

Rheumatoid Arthritis

For the treatment of moderately to 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.
- 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 period: 16 weeks.
- Renewal approval period: 1 year. Confirmation of continued response is required.

New Indication

Tofacitinib (Xeljanz®)	5 mg tablet 10 mg tablet	02423898 02480786	PFI	(SA)	MLP

Ulcerative Colitis

- For the treatment of 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 with one or more biologic DMARD will not be reimbursed.
- Approvals will be for a maximum dose of 10 mg twice daily (Xeljanz).
- Initial approval period: 16 weeks.
- Renewal approval period: 1 year.

New Strength

Budesonide (Pulmicort® Nebuamp® and generic brand)	0.125 mg/mL suspension for inhalation	See NB Drug Plans Formulary or MAP List for Products	(SA)	MAP

For patients who have tried using an inhaler with spacer device and

- are unable to follow instructions, hold the spacer device or hold the device long enough to actuate it due to cognitive or physical limitations; or
- have difficulty generating adequate inspiratory effort to achieve therapeutic benefit.

Claim notes:

- Initial approval period: 1 year.
- Renewal approval period: Long term.

Revised Criteria

Alemtuzumab (Lemtrada®)	12 mg / 1.2 mL single-use vial	02418320	GZM	(SA)	MLP

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

- Confirmed diagnosis based on McDonald criteria.
- Experienced one or more disabling relapses or new MRI activity in the past year.
- Ambulatory with or without aid (i.e. has a recent Expanded Disability Status Scale (EDSS) score of less than or equal to 6.5).
- Refractory or intolerant to at least two disease modifying therapies.

Clinical Notes:

1. Treatment should be discontinued for patients with an EDSS score of greater than or equal to 7.
2. A relapse is defined as the appearance of new or worsening 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:

- 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 more information regarding re-treatment, please contact the NB Drug Plans.

Naltrexone (Revia™ and generic brands)	50 mg tablet	See NB Drug Plans Formulary or MAP List for Products		(SA)	MAP

For the treatment of patients with alcohol use disorder.

Claim Note:

- Approval period: 6 months.

Benefit Status Changes

Product	Strength	DIN	MFR	Plans	Cost Base
Delisted					
Acyclovir (Zovirax®)	5% ointment	00569771	VLN		
Apo-Acyclovir	5% ointment	02477130	APX		

Effective October 22, 2020, acyclovir 5% ointment 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 of efficacy for acyclovir 5% ointment for improved healing of genital herpes or herpes labialis infections. Oral formulations of antivirals are more effective and are

currently listed as regular benefits under the New Brunswick Drug Plans Formulary.

Naltrexone (Revia™)	50 mg tablet	02213826	TEV
Apo-Naltrexone	50 mg tablet	02444275	APX
Naltrexone hydrochloride	50 mg tablet	02451883	JPC

Effective October 22, 2020, naltrexone 50mg tablets will be delisted as a benefit for the treatment of opioid use disorder under the New Brunswick Drug Plans Formulary. Special authorization requests for naltrexone for opioid use disorder will no longer be considered.

There is insufficient evidence for efficacy of naltrexone for the treatment of opioid use disorder and there are safer and more effective agents listed as benefits in the New Brunswick Drug Plans Formulary.

Drugs Reviewed and Not Listed

Requests for special authorization of the following products will not be considered.

Product	Strength	DIN	MFR	Indication
Acyclovir (Zovirax®)	5% cream	02039524	VLN	For the topical management of initial episodes of genital herpes simplex infections.

Bulletin #1038 October 29, 2020

NB Drug Plans Formulary Update

Maximum Allowable Price (MAP) List

Included in this bulletin:

- Drug product additions
  - New products will be reimbursed up to the category MAP effective October 29, 2020.
  - Products that were already listed on the NB Drug Plans Formulary will be reimbursed up to the new category MAP effective November 19, 2020. Prior to November 19, 2020, these products will be reimbursed up to the higher MAP indicated on the attached list.

- Temporary drug product additions
  - Under the interim order in relation to COVID-19, Health Canada is allowing certain drugs that may not fully meet regulatory requirements to be imported and sold in Canada. Eligible drugs are those designated as a Tier 3 shortage.
  - These products will be listed as temporary benefits on the NB Drug Plans Formulary and will be reimbursed up to the category MAP effective October 29, 2020.

- Drug price changes
  - Price decreases for products that were already listed on the NB Drug Plans Formulary will be reimbursed up to the new category MAP effective November 19, 2020. Prior to November 19, 2020, these products will be reimbursed up to the previous MAP.
  - Price increases for products that were already listed on the NB Drug Plans Formulary will be reimbursed up to the new category MAP effective October 29, 2020.

- Delisted drug products
  - Products will be removed from the NB Drug Plans Formulary effective November 19, 2020.

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

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Drug Product Additions

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Alfuzosin							
ERT	Orl	10 mg	Alfuzosin	02447576	SIV	ADEFGV	0.2601
			Apo-Alfuzosin	02315866	APX		
Amlodipine							
Tab	Orl	2.5 mg	Amlodipine	02492199	JPC	ADEFGV	0.0767
Calcitriol							
Cap	Orl	0.25 mcg	Calcitriol	02495899	STD	ADEFGV	0.2341
		0.5 mcg	Calcitriol	02495902	STD	ADEFGV	0.3723
Diclofenac							
Liq	Oph	0.1%	Mint-Diclofenac	02475197	MNT	ADEFGV	1.2397
Drospirenone / Ethinyl Estradiol							
Tab	Orl	3 mg / 0.03 mg	Yasmin (21)	02261723	BAY	DEFGV	0.5924
			Zamine (21)	02410788	APX		0.4442
		3 mg / 0.03 mg	Yasmin (28)	02261731	BAY	DEFGV	0.4443
			Zamine (28)	02410796	APX		0.3332
Everolimus							
Tab	Orl	2.5 mg	Sandoz Everolimus	02492911	SDZ	(SA)	101.3270
		5 mg	Sandoz Everolimus	02492938	SDZ	(SA)	101.3270
		10 mg	Sandoz Everolimus	02492946	SDZ	(SA)	101.3270
Furosemide							
Tab	Orl	20 mg	Furosemide	02351420	SAS	ADEFGVW	0.0218
		40 mg	Furosemide	02351439	SAS	ADEFGVW	0.0327
Hydrochlorothiazide							
Tab	Orl	25 mg	Hydrochlorothiazide	02360594	SAS	ADEFGV	0.0157
Leucovorin Calcium							
Tab	Orl	5 mg	Lerderle Leucovorin	02170493	PFI	ADEFGV	7.2466
			Riva Leucovorin	02493357	RIV		5.5164
Oseltamivir							
Cap	Orl	30 mg	Jamp-Oseltamivir	02497409	JPC	(SA)	0.5243
			Mar-Oseltamivir	02497352	MAR		
		45 mg	Mar-Oseltamivir	02497360	MAR	(SA)	1.6135
		75 mg	Jamp-Oseltamivir	02497425	JPC	(SA)	1.0393
			Mar-Oseltamivir	02497379	MAR		

Drug Product Additions

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Pyridostigmine							
Tab	Orl	60 mg	Mestinon	00869961	BSL	ADEFGV	0.5345
			Riva-Pyridostigmine	02495643	RIV		0.4009

Temporary Benefit Additions

Drug/Form/Route/Strength			Tradename	PIN	MFR	Plans	MAP
Chloroquine							
Tab	Orl	250 mg	Chloroquine Sulfate	66127291	NAT	ADEFGV	0.3208

Drug Price Changes

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Alendronic Acid							
Tab	Orl	10 mg	Alendronate Sodium	02381486	AHI	ADEFGV	0.4986
			Auro-Alendronate	02388545	ARO		
			Ran-Alendronate	02384701	RAN		
			Sandoz Alendronate	02288087	SDZ		
Calcitriol							
Cap	Orl	0.25 mcg	Calcitriol-Odan	02431637	ODN	ADEFGV	0.2341
			Taro-Calcitriol	02485710	TAR		
		0.5 mcg	Calcitriol-Odan	02431645	ODN	ADEFGV	0.3723
			Taro-Calcitriol	02485729	TAR		
Everolimus							
Tab	Orl	2.5 mg	Teva-Everolimus	02463229	TEV	(SA)	101.3270
		5 mg	Teva-Everolimus	02463237	TEV	(SA)	101.3270
		10 mg	Teva-Everolimus	02463253	TEV	(SA)	101.3270
Fluvastatin							
Cap	Orl	20 mg	Teva-Fluvastatin	02299224	TEV	ADEFGV	0.6882
		40 mg	Teva-Fluvastatin	02299232	TEV	ADEFGV	0.9671
Hydromorphone							
Liq	Inj	50 mg/mL	Hydromorphone HP 50	02146126	SDZ	ADEFGVW	6.9525
Oseltamivir							
Cap	Orl	30 mg	Mint-Oseltamivir	02497441	MNT	(SA)	0.5243
			Nat-Oseltamivir	02472635	NAT		
		45 mg	Nat-Oseltamivir	02472643	NAT	(SA)	1.6135

Drug Price Changes

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Oseltamivir							
Cap	Orl	75 mg	Mint-Oseltamivir	02497476	MNT	(SA)	1.0393
			Nat-Oseltamivir	02457989	NAT		

Delisted Drug Products

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans
Product No Longer Marketed						
Alendronic Acid						
Tab	Orl	10 mg	Apo-Alendronate	02248728	APX	ADEFGV
			Teva-Alendronate	02247373	TEV	

Bulletin # 1039

November 26, 2020

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective November 26, 2020.

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.

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

Regular Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Insulin lispro (Admelog® and Admelog® SoloSTAR®)	100 U/mL vial 100 U/mL cartridge 100 U/mL SoloSTAR prefilled pen	02469901 02469898 02469871	SAV	ADEFGV	MLP

Effective November 26, 2020, insulin lispro (Admelog®) will be added to the Formulary as a regular benefit on Plans ADEFGV.

After this date, special authorization (SA) requests for Humalog® brand of insulin lispro will no longer be considered and the prescriber condition for endocrinologists and internists will be removed. Humalog® will continue to be covered for patients who have had a claim paid for Humalog® between May 26, 2020 and November 26, 2020.

Zopiclone (pms-Zopiclone)	3.75 mg tablet	02458543	PMS	ADEFGV	MAP

Special Authorization Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Filgrastim (Nivestym™)	300 mcg / 0.5 mL prefilled syringe 480 mcg / 0.8 mL prefilled syringe 300 mcg / 1 mL single-use vial 480 mcg / 1.6 mL single-use vial	02485575 02485583 02485591 02485656	PFI	(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 Note:

- All requests for coverage of filgrastim will be approved for the biosimilar versions only.

Changes to Existing Special Authorization Benefits

Product	Strength	DIN	MFR	Plans	Cost Base
New Indication					
Etanercept (Erelzi®)	25 mg / 0.5 mL prefilled syringe 50 mg/mL autoinjector 50 mg/mL prefilled syringe	02462877 02462850 02462869	SDZ	(SA)	MLP

Plaque Psoriasis

For the treatment of patients with chronic moderate to severe plaque psoriasis who meet all of the following criteria:

- Psoriasis Area Severity Index (PASI) greater than 10 and Dermatology Life Quality Index (DLQI) greater than 10, or major involvement of visible areas, scalp, genitals or nails
- Refractory, intolerant or unable to access phototherapy
- Refractory, intolerant or have contraindications to one of the following:
  - Methotrexate (oral or parenteral) at a dose of greater than or equal to 20 mg weekly (greater than or equal to 15 mg if patient is greater than or equal to 65 years of age) for a minimum of 12 weeks
  - Cyclosporine for a minimum of 6 weeks

Clinical Notes:

1. For patients who do not demonstrate a clinical response to oral methotrexate, or who experience gastrointestinal intolerance, a trial of parenteral methotrexate must be considered.
2. Refractory is defined as lack of effect at the recommended doses and for duration of treatments specified above.
3. Intolerant is defined as demonstrating serious adverse effects to treatments. The nature of intolerance(s) must be clearly documented.

Claim Notes:

- Must be prescribed by a dermatologist.
- Combined use of more than one biologic DMARD will not be reimbursed.
- All new requests for coverage of etanercept will be approved for the biosimilar versions only.
- Approvals will be for a maximum of 50 mg twice weekly for 12 weeks, then once weekly thereafter.
- Initial approval period: 16 weeks.
- Renewal approval period: 1 year. Confirmation of continued response is required.

New Indication and Revised Criteria

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

Metastatic Castration-Resistant Prostate Cancer
For the treatment of patients with metastatic castration-resistant prostate cancer.

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 and no risk factors for seizures.
2. Treatment should be discontinued upon disease progression or unacceptable toxicity.

Claim Notes:
- Requests for enzalutamide will not be considered for patients who experience disease progression on apalutamide.
- Initial approval period: 1 year.
- Renewal approval period: 1 year.

Non-Metastatic Castration-Resistant Prostate Cancer
In combination with androgen deprivation therapy (ADT) for the treatment of patients with non-metastatic castration-resistant prostate cancer who have a prostate-specific antigen doubling time of less than or equal to 10 months during continuous ADT (i.e., high risk of developing metastases).

Renewal Criteria:
- Written confirmation that the patient has responded to treatment and there is no evidence of radiographic disease progression.

Clinical Notes:
1. Castration-resistance must be demonstrated during continuous ADT and is defined as a minimum of three rises in PSA, measured at least one week apart, with the last PSA greater than 2 mcg/L.
2. Castrate levels of testosterone must be maintained throughout treatment with enzalutamide.
3. Patients must have a good performance status and no risk factors for seizures.
4. Treatment should be discontinued upon radiographic disease progression or unacceptable toxicity.

Claim Notes:
- Requests for enzalutamide will not be considered for patients who experience disease progression on apalutamide.
- Initial approval period: 1 year.
- Renewal approval period: 1 year.

New Strength

Adalimumab (Humira®)	20 mg / 0.2 mL prefilled syringe	02474263	ABV	(SA)	MLP

Polyarticular Juvenile Idiopathic Arthritis
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 Notes:

- Must be prescribed by, or in consultation with, a rheumatologist, who is familiar with the use of biologic DMARDs in children.
- Approvals will be for a maximum of 40 mg every two weeks.

Revised Criteria

Abiraterone (Zytiga®)	250 mg film-coated tablet 500 mg film-coated tablet	02371065 02457113	JAN	(SA)	MLP

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

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:

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

Aripiprazole (Abilify Maintena®)	300 mg vial 400 mg vial	02420864 02420872	OTS	(SA)	MLP

For the treatment of patients who are:

- not adherent to an oral antipsychotic, or
- currently receiving a long-acting injectable antipsychotic and require an alternative long-acting injectable antipsychotic.

Claim Note:

- Requests will not be considered for the treatment of psychotic symptoms related to dementia.

Filgrastim (Neupogen®)	300 mcg / 1 mL vial 480 mcg / 1.6 mL vial	01968017 00999001	AGA	(SA)	MLP

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

Lisdexamfetamine (Vyvanse®)	10 mg chewable tablet 20 mg chewable tablet 30 mg chewable tablet 40 mg chewable tablet 50 mg chewable tablet 60 mg chewable tablet 10 mg tablet 20 mg tablet 30 mg tablet 40 mg tablet 50 mg tablet 60 mg tablet	02490226 02490234 02490242 02490250 02490269 02490277 02439603 02347156 02322951 02347164 02322978 02347172	TAK	(SA)	MLP

For treatment of patients with Attention Deficit Hyperactivity Disorder who have tried extended release methylphenidate, dexamphetamine or mixed salts amphetamine with unsatisfactory results.

Claim Note:

- The maximum dose reimbursed is 60 mg daily.

Risperidone (Risperdal Consta®)	12.5 mg vial 25 mg vial 37.5 mg vial 50 mg vial	02298465 02255707 02255723 02255758	JAN	(SA)	MLP

For the treatment of patients who are:

- not adherent to an oral antipsychotic, or
- currently receiving a long-acting injectable antipsychotic and require an alternative long-acting injectable antipsychotic.

Claim Note:

- Requests will not be considered for the treatment of psychotic symptoms related to dementia.

Temporary Benefit Addition

Buprenorphine (Sublocade® US-labelled)	100 mg / 0.5 mL syringe 300 mg / 1.5 mL syringe	09858127 09858128	IUK	(SA)	MLP

Under the interim order in relation to COVID-19, Health Canada is allowing certain drugs that may not fully meet regulatory requirements to be imported and sold in Canada. Eligible drugs are those designated as a Tier 3 shortage.

Effective November 26, 2020, US-labelled Sublocade® will be listed as a temporary SA benefit on the NB Drug Plans Formulary with the same criteria as the currently listed products.

Drugs Reviewed and Not Listed

Requests for special authorization of the following products will not be considered.

Product	Strength	DIN	MFR	Indication
Bupropion/Naltrexone (Contrave®)	90 mg / 8 mg extended-release tablet	02472945	BSL	As an adjunct to a reduced-calorie diet and increased physical activity for chronic weight management in adults.

Bulletin #1040 November 30, 2020

NB Drug Plans Formulary Update

Maximum Allowable Price (MAP) List

Included in this bulletin:

- Drug product additions
  - New products will be reimbursed up to the category MAP effective November 30, 2020.
  - Products that were already listed on the NB Drug Plans Formulary will be reimbursed up to the new category MAP effective December 21, 2020. Prior to December 21, 2020, these products will be reimbursed up to the higher MAP indicated on the attached list.

- Drug price changes
  - Price decreases for products that were already listed on the NB Drug Plans Formulary will be reimbursed up to the new category MAP effective December 21, 2020. Prior to December 21, 2020, these products will be reimbursed up to the previous MAP.
  - Price increases for products that were already listed on the NB Drug Plans Formulary will be reimbursed up to the new category MAP effective November 30, 2020.

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

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Drug Product Additions

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Cephalexin							
Tab	Orl	500 mg	Cephalexin	02495651	SIV	ABDEFGVW	0.1731
Liothyronine							
Tab	Orl	5 mcg	Cytomel	01919458	PFI	ADEFGV	1.3710
			Teva-Liothyronine	02494337	TEV		1.1587
		25 mcg	Cytomel	01919466	PFI	ADEFGV	1.4904
			Teva-Liothyronine	02494345	TEV		1.2595
Methimazole							
Tab	Orl	5 mg	Jamp Methimazole	02490625	JPC	ADEFGV	0.1531
		10 mg	Jamp Methimazole	02490633	JPC	ADEFGV	0.3048
Methotrexate							
Liq	SC	15 mg / 0.3 mL	Metoject Subcutaneous	02454858	MDX	ADEFGV	81.9000
			Methotrexate Subcutaneous	02491311	AHI		
Olmesartan							
Tab	Orl	20 mg	NRA-Olmesartan	02499258	NRA	ADEFGV	0.2763
		40 mg	NRA-Olmesartan	02499266	NRA	ADEFGV	0.2763
Oseltamivir							
Cap	Orl	30 mg	Oseltamivir	02504006	STD	(SA)	0.5243
		45 mg	Oseltamivir	02504014	STD	(SA)	0.8068
		75 mg	Oseltamivir	02504022	STD	(SA)	1.0393

Drug Price Changes

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Betamethasone Dipropionate							
Ont	Top	0.05%	Teva-Topilene Glycol	00849669	TEV	ADEFGV	0.5186
Bupropion							
SRT	Orl	150 mg	Bupropion SR	02391570	SAS	ADEFGV	0.2297
			Sandoz Bupropion SR	02275082	SDZ		
Cefuroxime							
Tab	Orl	500 mg	Apo-Cefuroxime	02244394	APX	ABDEFGVW	1.4336
			Auro-Cefuroxime	02344831	ARO		

Drug Price Changes

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Oseltamivir							
Cap	Orl	45 mg	Mar-Oseltamivir	02497360	MAR	(SA)	0.8068
			Nat-Oseltamivir	02472643	NAT		
Methimazole							
Tab	Orl	5 mg	Mar-Methimazole	02480107	MAR	ADEFGV	0.1531
		10 mg	Mar-Methimazole	02480115	MAR	ADEFGV	0.3048

Bulletin # 1041

December 03, 2020

NB Drug Plans Update

2020 Holiday Hours

Representatives of the New Brunswick Drug Plans will be available the following hours during the 2020 holiday season:

Date	Hours
Thursday, December 24	8 a.m. to 12 p.m.
Friday, December 25	Closed
Saturday, December 26	Closed
Sunday, December 27	Closed
Monday, December 28	8 a.m. to 5 p.m. (regular hours)
Tuesday, December 29	8 a.m. to 5 p.m. (regular hours)
Wednesday, December 30	8 a.m. to 5 p.m. (regular hours)
Thursday, December 31	8 a.m. to 5 p.m. (regular hours)
Friday, January 1	Closed

Please refer to the New Brunswick Drug Plans' Pharmacy Provider Payment Schedule for the direct deposit dates during this time.

If you have any questions, please contact the New Brunswick Drug Plans at **1-800-332-3691**.

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Bulletin #1042

December 16, 2020

NB Drug Plans Formulary Update

Maximum Allowable Price (MAP) List

Included in this bulletin:

- Drug product additions
  - New products will be reimbursed up to the category MAP effective December 16, 2020.
  - Products that were already listed on the NB Drug Plans Formulary will be reimbursed up to the new category MAP effective January 6, 2021. Prior to January 6, 2021, these products will be reimbursed up to the higher MAP indicated on the attached list.

- Drug price changes
  - Price decreases for products that were already listed on the NB Drug Plans Formulary will be reimbursed up to the new category MAP effective January 6, 2021. Prior to January 6, 2021, these products will be reimbursed up to the previous MAP.
  - Price increases for products that were already listed on the NB Drug Plans Formulary will be reimbursed up to the new category MAP effective December 16, 2020.

- Delisted drug products
  - Products will be removed from the NB Drug Plans Formulary effective January 6, 2021.

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

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Drug Product Additions

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Carbamazepine							
TabC	Orl	100 mg	Taro-Carbamazepine Chewable	02244403	TAR	ADEFGV	0.1702
		200 mg	Taro-Carbamazepine Chewable	02244404	TAR	ADEFGV	0.3302
Ciprofloxacin / Dexamethasone							
Sus	Ot	0.3% / 0.1%	Ciprodex	02252716	NVR	(SA)	3.8453
			Taro-Ciprofloxacin/Dexamethasone	02481901	TAR		2.8840
Flecainide							
Tab	Orl	50 mg	Jamp Flecainide	02493705	JPC	ADEFGV	0.1389
		100 mg	Jamp Flecainide	02493713	JPC	ADEFGV	0.2779
Methadone							
Liq	Orl	10 mg/mL	Jamp-Methadone	02495783	JPC	ADEFGV	0.0053
Mirtazapine							
Tab	Orl	30 mg	Mirtazapine	02496674	SIV	ADEFGV	0.3100
Olmesartan							
Tab	Orl	20 mg	GLN-Olmesartan	02469812	GLM	ADEFGV	0.2763
		40 mg	GLN-Olmesartan	02469820	GLM	ADEFGV	0.2763
Testosterone							
Liq	IM	100 mg/mL	Depo-Testosterone	00030783	PFI	ADEFGV	4.5220
			Taro-Testosterone	02496003	TAR		3.4878
Trazodone							
Tab	Orl	150 mg	Apo-Trazodone D	02147653	APX	ADEFGV	0.1453

Drug Price Changes

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Amoxicillin / Clavulanic Acid							
Tab	Orl	875 mg / 125 mg	Apo-Amoxi Clav	02245623	APX	ABDEFGVW	1.1103
			Sandoz Amoxi-Clav	02482584	SDZ		
Cefuroxime							
Tab	Orl	250 mg	Apo-Cefuroxime	02244393	APX	ABDEFGVW	0.8388
			Auro-Cefuroxime	02344823	ARO		
Cetirizine							
Tab	Orl	10 mg	Apo-Cetirizine	02231603	APX	G	0.2223

Drug Price Changes

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Diltiazem							
ERC	Orl	300 mg	Diltiazem TZ	02325330	PDL	ADEFGV	0.4719
			Jamp-Diltiazem T	02495406	JPC		
			Mar-Diltiazem T	02465396	MAR		
			Sandoz Diltiazem T	02245921	SDZ		
Flecainide							
Tab	Orl	50 mg	Apo-Flecainide	02275538	APX	ADEFGV	0.1389
			Auro-Flecainide	02459957	ARO		
		100 mg	Apo-Flecainide	02275546	APX	ADEFGV	0.2779
			Auro-Flecainide	02459965	ARO		
Methadone							
Liq	Orl	10 mg/mL	Methadone Hydrochloride	02481979	SDZ	ADEFGV	0.0053

Delisted Drug Products

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans
Product No Longer Marketed						
Diltiazem						
ERC	Orl	300 mg	Act Diltiazem T	02370514	TEV	ADEFGV
			Diltiazem TZ	02325330	PDL	
Price Not Confirmed by Manufacturer						
Methadone						
Liq	Orl	10 mg/mL	Methadose	02394596	MAL	ADEFGV
			Methadose Unflavoured	02394618	MAL	

Bulletin # 1043

December 17, 2020

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective December 17, 2020.

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.

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Regular Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Epinephrine (Emerade™)	0.3 mg / 0.3 mL prefilled pen 0.5 mg / 0.5 mL prefilled pen	02458446 02458454	BSL	ADEFGV	MLP
Special Authorization No Longer Required					
Pioglitazone (generic brands)	15 mg tablet 30 mg tablet 45 mg tablet	See NB Drug Plans Formulary or MAP List for Products		ADEFGV	MAP

Special Authorization Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Oseltamivir (Tamiflu® and generic brand)	6 mg/mL powder for suspension	See NB Drug Plans Formulary or MAP List for Products		(SA)	MAP

For residents of long-term care facilities during an influenza outbreak when oral capsules are not an option and who otherwise meet special authorization criteria for oseltamivir capsules.

Clinical Note

- Long-term care facilities are licensed nursing homes and do not include special care homes.

Claim Notes:

- Requests will be considered for individuals enrolled in Plan V.
- Must be recommended by a Medical Officer of Health as outlined in the policy.

Drugs Reviewed and Not Listed

Requests for special authorization of the following products will not be considered.

Product	Strength	DIN	MFR	Indication
Nitisinone (Cycle Nitisinone)	2 mg tablet 5 mg tablet 10 mg tablet	02458616 02458624 02458632	CYP	Hereditary tyrosinemia type 1
Caplacizumab (Cablivi™)	11 mg powder for solution	02496194	SAV	Acquired thrombotic thrombocytopenic purpura