Bulletin #1070

January 20, 2022

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective January 20, 2022.

Included in this bulletin:

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

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

Regular Benefit Additions

Generic name (Brand name)	Strength	DIN	MFR	Plans	Cost Base
Fenofibrate EZ (Lipidil EZ and generics)	48 mg film-coated tablet 145 mg film-coated tablet	See NB Drug Plans Formulary or MAP List for Products		ADEFGV	MAP
Special Authorization No Longer Required					
Zoledronic Acid (Aclasta and generics)	5 mg / 100 mL bottle	See NB Drug Plans Formulary or MAP List for Products		ADEFGV	MAP

Special Authorization Benefits Additions

Generic name (Brand name)	Strength	DIN	MFR	Plans	Cost Base
Mometasone / Glycopyrronium / Indacaterol (Enerzair Breezhaler)	160 mcg / 50 mcg / 150 mcg powder for inhalation	02501244	NVR	(SA)	MLP

For the treatment of asthma in patients who are inadequately controlled with a medium or high dose inhaled corticosteroid and a long-acting beta-2 agonist and have experienced one or more asthma exacerbations in the previous 12 months.

Changes to Existing Special Authorization Benefits

Generic name (Brand name)	Strength	DIN	MFR	Plans	Cost Base
New Indication Apalutamide (Erleada)	60 mg tablet	02478374	JAN	(SA)	MLP

Metastatic Castration-Sensitive Prostate Cancer
In combination with androgen deprivation therapy (ADT) for the treatment of patients with metastatic castration-sensitive prostate cancer (mCSPC) who have had no prior ADT, or are within 6 months of beginning ADT, in the metastatic setting.

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

New Indication

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

Metastatic Castration-Sensitive Prostate Cancer
In combination with androgen deprivation therapy (ADT) for the treatment of patients with metastatic castration-sensitive prostate cancer (mCSPC) who have had no prior ADT, or are within 6 months of beginning ADT, in the metastatic setting.

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.

Drugs Reviewed and Not Listed

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

Generic name (Brand name)	Strength	DIN	MFR	Indication
Liraglutide (Saxenda)	6 mg/mL prefilled pen	02437899	NNO	For the treatment of chronic weight management in adult patients.

Bulletin #1071

January 31, 2022

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 January 31, 2022.

- 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 February 21, 2022. Prior to February 21, 2022, 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 January 31, 2022.

- Delisted drug products
  - Products will be removed from the NB Drug Plans Formulary effective February 21, 2022.

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

Drug Product Additions

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Alendronate							
Tab	Orl	70 mg	Riva-Alendronate	02270889	RIV	ADEFGV	2.1014
Anastrozole							
Tab	Orl	1 mg	Riva-Anastrozole	02392259	RIV	ADEFV	0.9522
Atorvastatin							
Tab	Orl	10 mg	Atorvastatin	02475022	RIV	ADEFGV	0.1743
			Atorvastatin	02348705	SAS		
		20 mg	Atorvastatin	02475030	RIV	ADEFGV	0.2179
			Atorvastatin	02348713	SAS		
		40 mg	Atorvastatin	02475049	RIV	ADEFGV	0.2342
			Atorvastatin	02348721	SAS		
		80 mg	Atorvastatin	02475057	RIV	ADEFGV	0.2342
			Atorvastatin	02348748	SAS		
Azithromycin							
Tab	Orl	250 mg	Riva-Azithromycin	02275309	RIV	ABDEFGVW	0.9410
Brimonidine							
Liq	Oph	0.2%	Med-Brimonidine	02507811	GMP	ADEFGV	1.1550
Bromazepam							
Tab	Orl	3 mg	Apo-Bromazepam	02177161	APX	ADEFGV	0.0897
		6 mg	Apo-Bromazepam	02177188	APX	ADEFGV	0.1310
Clindamycin							
Cap	Orl	150 mg	Riva-Clindamycin	02468476	RIV	ADEFGVW	0.2217
		300 mg	Riva-Clindamycin	02468484	RIV	ADEFGVW	0.4434
Desmopressin							
Tab	Orl	0.2 mg	pms-Desmopressin	02304376	PMS	DEF-18G (SA)	1.3216
Dimethyl Fumarate							
CDR	Orl	120 mg	GLN-Dimethyl Fumarate	02494809	GLM	(SA)	4.4266
		240 mg	GLN-Dimethyl Fumarate	02494817	GLM	(SA)	8.6888
Donepezil							
Tab	Orl	5 mg	Donepezil	02475278	RIV	(SA)	0.4586
		10 mg	Donepezil	02475286	RIV	(SA)	0.4586
Finasteride							
Tab	Orl	5 mg	Riva-Finasteride	02455013	RIV	ADEFGV	0.4138

Drug Product Additions

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Letrozole							
Tab	Orl	2.5 mg	Riva-Letrozole	02398656	RIV	ADEFV	1.3780
Meropenem							
Pws	Inj	1 g	Meropenem for Injection	02378795	SDZ	ADEFGVW	18.4450
Pantoprazole Sodium							
ECT	Orl	20 mg	Jamp Pantoprazole Sodium	02392615	JPC	ADEFGV	0.1803
Piperacillin / Tazobactam							
Pws	Inj	12 g / 1.5 g	Piperacillin and Tazobactam	02330547	SDZ	ABDEFGVW	67.5000
Telmisartan							
Tab	Orl	40 mg	NRA-Telmisartan	02503794	NRA	ADEFGV	0.2161
		80 mg	NRA-Telmisartan	02503808	NRA	ADEFGV	0.2161
Ursodiol							
Tab	Orl	250 mg	Ursodiol C	02515520	SAS	ADEFGV	0.3818
		500 mg	Ursodiol C	02515539	SAS	ADEFGV	0.7242

Drug Price Changes

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Bromazepam							
Tab	Orl	3 mg	Teva-Bromazepam	02230584	TEV	ADEFGV	0.0897
		6 mg	Teva-Bromazepam	02230585	TEV	ADEFGV	0.1310
Exemestane							
Tab	Orl	25 mg	Act Exemestane	02390183	TEV	ADEFV	1.2947
			Med-Exemestane	02407841	GMP		
			Teva-Exemestane	02408473	TEV		
Medroxyprogesterone							
Tab	Orl	2.5 mg	Apo-Medroxy	02244726	APX	ADEFGV	0.1183
			Teva-Medroxyprogesterone	02221284	TEV		
Morphine							
SRT	Orl	15 mg	Sandoz Morphine SR	02244790	SDZ	ADEFGVW	0.4145
			Teva-Morphine SR	02302764	TEV		
Pindolol							
Tab	Orl	5 mg	Apo-Pindol	00755877	APX	ADEFGV	0.3699
			Teva-Pindolol	00869007	TEV		

Drug Price Changes

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Pindolol							
Tab	Orl	10 mg	Apo-Pindol	00755885	APX	ADEFGV	0.6315
			Teva-Pindolol	00869015	TEV		
Rizatriptan							
Tab	Orl	5 mg	Apo-Rizatriptan	02393468	APX	ADEFGV	7.4100
			Jamp-Rizatriptan IR	02429233	JPC		
Timolol							
Dps	Oph	0.25%	Sandoz Timolol Maleate	02166712	SDZ	ADEFGV	2.3503

Delisted Drug Products

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans
Product No Longer Marketed						
Rizatriptan						
Tab	Orl	5 mg	Jamp-Rizatriptan	02380455	JPC	ADEFGV
Timolol						
Dps	Oph	0.25%	pms-Timolol	02083353	PMS	ADEFGV

Bulletin #1072

February 17, 2022

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective February 17, 2022.

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.

Regular Benefit Additions

Generic name (Brand name)	Strength	DIN	MFR	Plans	Cost Base
Halobetasol Propionate / Tazarotene (Duobrii)	0.01% / 0.045% lotion	02499967	BSL	ADEFGV	MLP
Special Authorization No Longer Required					
Buprenorphine (Sublocade)	100 mg / 0.5 mL prefilled syringe 300 mg / 1.5 mL prefilled syringe	02483084 02483092	IUK	ADEFGV	MLP
Buprenorphine (Sublocade US-labeled)	100 mg / 0.5 mL prefilled syringe 300 mg / 1.5 mL prefilled syringe	09858127 09858128			

Special Authorization Benefits Additions

Generic name (Brand name)	Strength	DIN	MFR	Plans	Cost Base
Glucagon (Baqsimi)	3 mg nasal powder	02492415	LIL	(SA)	MLP

For patients receiving insulin who are at high risk of hypoglycemia.

Claim Notes:

- A maximum of 2 doses will be reimbursed annually without special authorization for individuals who have had a claim for insulin in the previous 12 months.
- Special authorization requests for additional doses will be considered for up to one dose per month.

Generic name (Brand name)	Strength	DIN	MFR	Plans	Cost Base
Niraparib (Zejula)	100 mg capsule	02489783	GSK	(SA)	MLP

1. As monotherapy maintenance treatment for adult patients with newly diagnosed epithelial ovarian, fallopian tube, or primary peritoneal cancer who meet all of the following criteria:
   - Complete or partial radiologic response after at least 4 cycles of first-line platinum-based chemotherapy
   - Last cycle of platinum-based chemotherapy was completed within the previous 12 weeks
   - High-grade serous or endometrioid tumors classified as Stage III or IV according to the International Federation of Gynecology and Obstetrics (FIGO) criteria

   Renewal Criteria:
   - Written confirmation that the patient has responded to treatment and there is no evidence of disease progression.
   - Requests for treatment beyond 3 years will not be considered.

Clinical Notes:

1. Patients must have a good performance status and no active or uncontrolled metastases to the central nervous system.
2. Treatment should continue until unacceptable toxicity, disease progression, or completion of 3 years of therapy, whichever occurs first.

Claim Notes:

- Requests for niraparib in combination with bevacizumab will not be considered.
- Initial approval period: 1 year.
- Renewal approval period: 1 year.

2. As monotherapy maintenance treatment for adult patients with recurrent, platinum-sensitive, epithelial ovarian, fallopian tube, or primary peritoneal cancer with high grade serous or endometrioid histology who meet all of the following criteria:
   - Completed at least 2 prior lines of platinum-based chemotherapy
   - Received at least 4 cycles of the most recent platinum-based chemotherapy and in complete or partial radiologic response
   - Last cycle of platinum-based chemotherapy was completed within the previous 12 weeks

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

   Clinical notes:
   1. Platinum-sensitive disease is defined as disease progression occurring at least 6 months after completion of platinum-based chemotherapy.
   2. Patients should have good performance status and no active or uncontrolled metastases to the central nervous system.
   3. Treatment should continue until unacceptable toxicity or disease progression.

   Claim Notes:
   - Requests for niraparib will not be considered for patients who experience disease progression on a PARP-inhibitor or who complete treatment with a PARP-inhibitor in a prior line of therapy.
   - Initial approval period: 1 year.
   - Renewal approval period: 1 year.

Changes to Existing Special Authorization Benefits

Generic name (Brand name)	Strength	DIN	MFR	Plans	Cost Base
New Indication					
Dapagliflozin (Forxiga)	5 mg tablet 10 mg tablet	02435462 02435470	AZE	(SA)	MLP

For the treatment of patients with New York Heart Association (NYHA) class II and III heart failure with reduced ejection fraction (less than or equal to 40%), as an adjunct to standard care therapy.

Clinical Note:

- Standard care therapies include beta-blockers, angiotensin converting enzyme inhibitors (ACEIs) or angiotensin receptor blockers (ARBs), plus a mineralocorticoid receptor antagonist.

Revised Criteria - Direct Oral Anticoagulants

Apixaban (Eliquis)	2.5 mg tablet 5 mg tablet	02377233 02397714	BRI	(SA)	MLP
Edoxaban (Lixiana)	15 mg tablet 30 mg tablet 60 mg tablet	02458640 02458659 02458667	SEV	(SA)	MLP
Rivaroxaban (Xarelto)	15 mg tablet 20 mg tablet	02378604 02378612	BAY	(SA)	MLP

Atrial fibrillation
For the prevention of stroke and systemic embolism in patients with atrial fibrillation.

Claim Note:

- Approval period: Long term.

Venous thromboembolic events treatment
For the treatment of deep vein thrombosis or pulmonary embolism.

Claim Note:

- Approval period: 6 months.

Dabigatran (Pradaxa)	110 mg capsule 150 mg capsule	See NB Drug Plans Formulary or MAP List for Products		(SA)	MAP

For the prevention of stroke and systemic embolism in patients with atrial fibrillation.

Claim Note:

- Approval period: Long term.

Revised Criteria

Olaparib (Lynparza)	100 mg tablet 150 mg tablet	02475200 02475219	AZE	(SA)	MLP

1. As monotherapy maintenance treatment for adult patients with newly diagnosed BRCA-mutated (germline or somatic) epithelial ovarian, fallopian tube, or primary peritoneal cancer who meet all of the following criteria:
   - Complete or partial radiologic response after at least 4 cycles of first-line platinum-based chemotherapy
   - Last cycle of platinum-based chemotherapy was completed within the previous 12 weeks
   - High-grade serous or endometrioid tumors classified as Stage III or IV according to the International Federation of Gynecology and Obstetrics (FIGO) criteria

Renewal Criteria:

- Written confirmation that the patient has responded to treatment and there is no evidence of disease progression.
- Requests for treatment beyond 2 years will not be considered if there is no evidence of disease.

Clinical Notes:

1. Patients must have a good performance status and no active or uncontrolled metastases to the central nervous system.
2. Treatment should continue until unacceptable toxicity, disease progression, or completion of 2 years of therapy, whichever occurs first.

Claim Notes:

- Requests for olaparib in combination with bevacizumab will not be considered.
- Initial approval period: 1 year.
- Renewal approval period: 1 year.

2. As monotherapy maintenance treatment for patients with recurrent, platinum-sensitive, BRCA-mutated (germline or somatic) epithelial ovarian, fallopian tube, or primary peritoneal cancer with high grade serous or endometrioid histology who meet all of the following criteria:
   - Completed at least 2 previous lines of platinum-based chemotherapy
   - Received at least 4 cycles of the most recent platinum-based chemotherapy and in complete or partial radiologic response
   - Last cycle of platinum-based chemotherapy was completed within the previous 12 weeks

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

   Clinical Notes:
   1. Platinum-sensitive disease is defined as disease progression occurring at least 6 months after completion of platinum-based chemotherapy.
   2. Patients must have a good performance status and no active or uncontrolled metastases to the central nervous system.
   3. Treatment should be discontinued upon disease progression or unacceptable toxicity.

   Claim Notes:
   - Requests for olaparib will not be considered for patients who experience disease progression on a PARP-inhibitor or who complete treatment with a PARP-inhibitor in a prior line of therapy.
   - Initial approval period: 1 year.
   - Renewal approval period: 1 year.

Bulletin #1073 February 28, 2022

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 February 28, 2022.
  - Products that were already listed on the NB Drug Plans Formulary will be reimbursed up to the new category MAP effective March 21, 2022. Prior to March 21, 2022, 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 March 21, 2022. Prior to March 21, 2022, 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 February 28, 2022.

- Delisted drug products
  - 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, 2022.

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

Drug Product Additions

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Amoxicillin / Clavulanic Acid							
Tab	Orl	250 mg / 125 mg	Jamp Amoxi Clav	02508249	JPC	ABDEFGVW	0.4934
		500 mg / 125 mg	Jamp Amoxi Clav	02508257	JPC	ABDEFGVW	0.3778
		875 mg / 125 mg	Jamp Amoxi Clav	02508265	JPC	ABDEFGVW	0.5551
Cefazolin							
Pws.	Inj	10 g	Cefazolin for Injection	02437120	STR	ADEFGVW	30.1539
Ceftazidime							
Pws.	Inj	6 g	Ceftazidime for Injection	02437864	STR	ABDEFGVW	111.2900
Ceftriaxone							
Pws.	Inj	10 g	Ceftriaxone Sodium for Injection	02325632	STR	ADEFGVW	107.1000
Clindamycin							
Cap	Orl	150 mg	Med-Clindamycin	02462656	GMP	ADEFGVW	0.2217
		300 mg	Med-Clindamycin	02462664	GMP	ADEFGVW	0.4434
Darifenacin							
ERT	Orl	7.5 mg	Jamp Darifenacin	02491869	JPC	(SA)	0.8058
		15 mg	Jamp Darifenacin	02491877	JPC	(SA)	0.8058
Ethinyl Estradiol / Etonogestrel							
Ins	Vag	2.6 mg / 11.4 mg	NuvaRing	02253186	ORG	DEFG	16.7125
			Haloette	02520028	SLP		12.5400
Olopatadine							
Liq	Oph	0.2%	Mint-Olopatadine	02508605	MNT	ADEFGV	4.3428
Pantoprazole Magnesium							
ECT	Orl	40 mg	Pantoprazole T	02519534	SIV	ADEFGV	0.1875
Paroxetine							
Tab	Orl	10 mg	Jamp Paroxetine Tablets	02507773	JPC	ADEFGV	0.3046
		20 mg	Jamp Paroxetine Tablets	02507781	JPC	ADEFGV	0.3250
		30 mg	Jamp Paroxetine Tablets	02507803	JPC	ADEFGV	0.3453
Perindopril / Indapamide							
Tab	Orl	4 mg / 1.25 mg	Perindopril/Indapamide	02519720	SAS	ADEFGV	0.2556
			Perindopril Erbumine/Indapamide	02479834	SIV		
		8 mg / 2.5 mg	Perindopril/Indapamide	02519739	SAS	ADEFGV	0.2859
			Perindopril Erbumine/Indapamide	02479842	SIV		

Drug Product Additions

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Progesterone							
Cap	Orl	100 mg	pms-Progesterone	02476576	PMS	(SA)	0.3762
Rizatriptan							
Tab	Orl	10 mg	Rizatriptan	02516756	SAS	ADEFGV	3.7050
Trazodone							
Tab	Orl	50 mg	Jamp Trazodone	02442809	JPC	ADEFGV	0.0554
		100 mg	Jamp Trazodone	02442817	JPC	ADEFGV	0.0989
		150 mg	Jamp Trazodone	02442825	JPC	ADEFGV	0.1453
Venlafaxine							
SRC	Orl	37.5 mg	Venlafaxine XR	02516535	JPC	ADEFGV	0.0913
		75 mg	Venlafaxine XR	02516543	JPC	ADEFGV	0.1825
		150 mg	Venlafaxine XR	02516551	JPC	ADEFGV	0.1927
Zolmitriptan							
Tab	Orl	2.5 mg	Zolmitriptan	02442655	SAS	ADEFGV	3.4292

Drug Price Changes

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Amoxicillin / Clavulanic Acid							
Tab	Orl	250 mg / 125 mg	Apo-Amoxi Clav	02243350	APX	ABDEFGVW	0.4934
		500 mg / 125 mg	Apo-Amoxi Clav	02243351	APX	ABDEFGVW	0.3778
			Sandoz Amoxi-Clav	02482576	SDZ		
		875 mg / 125 mg	Apo-Amoxi Clav	02245623	APX	ABDEFGVW	0.5551
			Sandoz Amoxi-Clav	02482584	SDZ		
Darifenacin							
ERT	Orl	7.5 mg	Apo-Darifenacin	02452510	APX	(SA)	0.8058
		15 mg	Apo-Darifenacin	02452529	APX	(SA)	0.8058
Olopatadine							
Liq	Oph	0.2%	Apo-Olopatadine	02402823	APX	ADEFGV	4.3428
			Sandoz Olopatadine	02420171	SDZ		

Delisted Drug Products

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans
Price Not Confirmed by Manufacturer with the pan-Canadian Pharmaceutical Alliance						
Celecoxib						
Cap	Orl	100 mg	Taro-Celecoxib	02412373	SUN	ADEFGV
		200 mg	Taro-Celecoxib	02412381	SUN	ADEFGV
Citalopram						
Tab	Orl	20 mg	Sandoz Citalopram	02248170	SDZ	ADEFGV
		40 mg	Sandoz Citalopram	02248171	SDZ	ADEFGV
Olanzapine						
ODT	Orl	5 mg	Ran-Olanzapine ODT	02414090	RAN	ADEFGVW
		10 mg	Ran-Olanzapine ODT	02414104	RAN	ADEFGVW
Ranitidine						
Tab	Orl	150 mg	Ran-Ranitidine	02336480	RAN	ADEFGVW
		300 mg	Ran-Ranitidine	02336502	RAN	ADEFGVW
			Ranitidine	02353024	SAS	
Zopiclone						
Tab	Orl	5 mg	Taro-Zopiclone	02267918	SUN	ADEFGV
		7.5 mg	Taro-Zopiclone	02267926	SUN	ADEFGV

Bulletin #1074

March 24, 2022

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective March 24, 2022.

Included in this bulletin:

- Regular Benefit Additions
- Special Authorization Benefit Additions
- Drugs Reviewed and Not Listed
- Update on Quantity for Claims Submission

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

Regular Benefit Additions

Generic name (Brand name)	Strength	DIN	MFR	Plans	Cost Base
Triamcinolone (Nasacort AQ and generic brand)	55 mcg nasal spray	See NB Drug Plans Formulary or MAP List for Products		ADEFGV	MAP

Special Authorization Benefits Additions

Generic name (Brand name)	Strength	DIN	MFR	Plans	Cost Base
Burosumab (Crysvita)	10 mg/mL single-use vial 20 mg/mL single-use vial 30 mg/mL single-use vial	02483629 02483637 02483645	UGX	(SA)	MLP

For the treatment of patients with X-linked hypophosphatemia (XLH) who meet the following criteria:

- Initiated in a pediatric patient who is at least one year of age and in whom epiphyseal closure has not yet occurred
- Fasting hypophosphatemia
- Normal renal function (defined as a serum creatinine below the age-adjusted upper limit of normal)
- Radiographic evidence of rickets with a rickets severity score (RSS) of two or greater
- Confirmed phosphate-regulating endopeptidase homolog, X-linked (PHEX) gene variant in either the patient or in a directly related family member with appropriate X-linked inheritance

Discontinuation Criteria:
In pediatric patients under 18 years of age in whom epiphyseal closure has not yet occurred and who met the above criteria, treatment should be discontinued if:

- there is no demonstrated improvement in the 12-month RSS total score from baseline RSS total score; or
- the patient's RSS total score achieved after the first 12 months of therapy has not been maintained subsequently.

In adolescent patients who are 13 to 17 years of age in whom epiphyseal closure has occurred and who met the above criteria and initiated treatment as a pediatric patient, treatment should be discontinued if any of the following occur:

- Hyperparathyroidism; or
- Nephrocalcinosis; or
- Evidence of fracture or pseudo-fracture based on radiographic assessment.

In adult patients who met the above criteria and initiated treatment as a pediatric patient, treatment should be discontinued if any of the following occur:

- Hyperparathyroidism; or
- Nephrocalcinosis; or
- Evidence of fracture or pseudo-fracture based on radiographic assessment.

Clinical Note:

- A baseline and annual assessment of the RSS score must be provided for pediatric patients in whom epiphyseal closure has not occurred.

Claim Notes:

- Requests will not be considered for treatment-naïve adults.
- Must be prescribed by a physician working in a multidisciplinary team of health care providers who are experienced in the diagnosis and management of XLH.
- Approvals for children (1-17 years of age) will be up to a maximum of 90 mg every 2 weeks.
- Approvals for adults (18 years of age and older) will be up to a maximum of 90 mg every 4 weeks.
- Approval period: 1 year.

Fremanezumab (Ajovy)	225 mg / 1.5 mL prefilled syringe 225 mg / 1.5 mL autoinjector	02497859 02509474	TEV	(SA)	MLP

For the prevention of migraine in patients with a confirmed diagnosis of episodic or chronic migraine who have experienced an inadequate response, intolerance, or contraindication to at least two classes of oral prophylactic migraine medications.

Renewal Criteria:

- A reduction of at least 50% in the average number of migraine days per month at the time of initial renewal compared with baseline.
- At subsequent renewals, the patient continues to maintain the reduction of at least 50% in average number of migraine days per month.

Clinical Notes:

1. The average number of headache and migraine days per month must be provided on initial and renewal requests.
2. According to the International Headache Society criteria, episodic or chronic migraine are defined as:
    - Episodic migraine: migraine headaches on at least 4 days per month and less than 15 headache days per month for more than 3 months.
    - Chronic migraine: headaches for at least 15 days per month for more than 3 months of which at least eight days per month are with migraine.

Claim Notes:

- Initial approval period: 6 months.
- Renewal approval period: 1 year.

Siponimod (Mayzent)	0.25 mg tablet 2 mg tablet	02496429 02496437	NVR	(SA)	MLP

For the treatment of patients with active secondary progressive multiple sclerosis (SPMS) who meet all of the following criteria:

- History of relapsing-remitting multiple sclerosis and current active SPMS
- Recent Expanded Disability Status Scale (EDSS) score of 3.0 to 6.5

Clinical Notes:

1. Active SPMS is defined as having had relapses in the past 2 years and/or having at least one

T1 gadolinium-enhancing lesion prior to treatment initiation with siponimod.
2. Treatment should be discontinued for patients with an EDSS score of greater than or equal to 7.

Claim Notes:
- Must be prescribed by a neurologist.
- Approvals will be for a maximum of 2 mg daily.
- Requests will be considered for individuals enrolled in Plans ADEFGV.
- Approval Period: 2 years.

Tildrakizumab (Ilumya)

100 mg/mL prefilled syringe | 02516098 | SUN | (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) 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 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

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 dose and for duration of treatment 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 drug will not be reimbursed.
- Approvals will be for a maximum of 100 mg at weeks 0 and 4, then every 12 weeks thereafter.
- Initial approval period: 16 weeks.
- Renewal approval period: 1 year. Confirmation of response is required.

Drugs Reviewed and Not Listed

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

Generic name (Brand name)	Strength	DIN	MFR	Indication
Erenumab (Aimovig)	70 mg/mL autoinjector 140 mg/mL autoinjector	02479613 02487306	NVR	For the prevention of migraines in adult patients.

Update on Quantity for Claims Submission

Effective March 24, 2022, claims for tocilizumab (Actemra) must be submitted using the number of syringes, autoinjectors, or vials in the quantity field. This change will apply to all claims for prescriptions dispensed on, or after, March 24, 2022. Any claims for prescriptions dispensed prior to this date must follow the previous quantity for claim submission requirement (i.e. mL).

Please refer to the Maximum Allowable Price (MAP) List and Manufacturers List Price (MLP) List at the Drug Price Lists and Pricing Policy to confirm the correct quantity for claim submissions for a specific product.

Bulletin #1075

March 31, 2022

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, 2022.
  - Products that were already listed on the NB Drug Plans Formulary will be reimbursed up to the new category MAP effective April 21, 2022. Prior to April 21, 2022, 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, 2022. Prior to April 21, 2022, 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, 2022.

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

Drug Product Additions

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Abacavir / Lamivudine							
Tab	Orl	600 mg / 300 mg	Jamp Abacavir/Lamivudine	02497654	JPC	DU	5.9875
Atorvastatin							
Tab	Orl	10 mg	Jamp Atorvastatin Calcium	02504197	JPC	ADEFGV	0.1743
		20 mg	Jamp Atorvastatin Calcium	02504200	JPC	ADEFGV	0.2179
		40 mg	Jamp Atorvastatin Calcium	02504219	JPC	ADEFGV	0.2342
		80 mg	Jamp Atorvastatin Calcium	02504235	JPC	ADEFGV	0.2342
Buspirone							
Tab	Orl	10 mg	Mint-Buspirone	02519054	MNT	ADEFGV	0.2659
Clonidine							
Tab	Orl	0.025 mg	Sandoz Clonidine	02516217	SDZ	ADEFGV	0.1360
		0.1 mg	Sandoz Clonidine	02515784	SDZ	ADEFGV	0.0679
		0.2 mg	Sandoz Clonidine	02515792	SDZ	ADEFGV	0.1212
Colesevelam							
Tab	Orl	625 mg	Lodalis	02373955	VLN	ADEFGV	1.1629
			Apo-Colesevelam	02494051	APX		0.8896
Eletriptan							
Tab	Orl	20 mg	Jamp Eletriptan	02493683	JPC	ADEFGV	2.6172
		40 mg	Jamp Eletriptan	02493691	JPC	ADEFGV	2.6172
Fenofibrate							
Tab	Orl	145 mg	Taro-Fenofibrate E	02454696	SUN	ADEFGV	0.5489
Fluconazole							
Tab	Orl	50 mg	Fluconazole	02517396	SAS	ADEFGVW	1.2904
		100 mg	Fluconazole	02517418	SAS	ADEFGVW	2.2891
Latanoprost							
Liq	Oph	0.005%	M-Latanoprost	02513285	MRA	ADEFGV	3.6320
Latanoprost / Timolol							
Liq	Oph	0.005% / 0.5%	M-Latanoprost-Timolol	02514516	MRA	ADEFGV	4.4268
Midodrine							
Tab	Orl	2.5 mg	Jamp Midodrine	02517701	JPC	ADEFGV	0.1153
		5 mg	Jamp Midodrine	02517728	JPC	ADEFGV	0.1921

Drug Product Additions

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Mycophenolate							
Pws.	Orl	200 mg/mL	Cellcept	02242145	HLR	ADEFGRV	2.9661
			Mar-Mycophenolate Mofetil	02522233	MAR		2.2246
Ondansetron							
ODT	Orl	4 mg	Auro-Ondansetron ODT	02511282	ARO	(SA)	3.2720
		8 mg	Auro-Ondansetron ODT	02511290	ARO	(SA)	4.9930
Progesterone							
Cap	Orl	100 mg	Reddy-Progesterone	02463113	RCH	(SA)	0.3762
Tranexamic Acid							
Tab	Orl	500 mg	Tranexamic Acid	02519194	JPC	ADEFGV	0.2967

Drug Price Changes

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Clonidine							
Tab	Orl	0.025 mg	Teva-Clonidine	02304163	TEV	ADEFGV	0.1360
		0.1 mg	Mint-Clonidine	02462192	MNT	ADEFGV	0.0679
			Teva-Clonidine	02046121	TEV		
		0.2 mg	Mint-Clonidine	02462206	MNT	ADEFGV	0.1212
			Teva-Clonidine	02046148	TEV		
Diazepam							
Tab	Orl	10 mg	Diazepam	00405337	AAP	ADEFGV	0.1204
Midodrine							
Tab	Orl	2.5 mg	Apo-Midodrine	02278677	APX	ADEFGV	0.1153
			Mar-Midodrine	02473984	MAR		
		5 mg	Apo-Midodrine	02278685	APX	ADEFGV	0.1921
			Mar-Midodrine	02473992	MAR		

Bulletin #1076

April 28, 2022

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 April 28, 2022.

- 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 19, 2022. Prior to May 19, 2022, 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 28, 2022.

- Delisted drug products
  - Products will be removed from the NB Drug Plans Formulary effective May 19, 2022.

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

Drug Product Additions

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Abiraterone							
Tab	Orl	500 mg	Sandoz Abiraterone	02521644	SDZ	(SA)	15.3125
Alfuzosin							
ERT	Orl	10 mg	Alfuzosin	02519844	SAS	ADEFGV	0.2601
Atorvastatin							
Tab	Orl	10 mg	pmsc-Atorvastatin	02507234	PMS	ADEFGV	0.1743
		20 mg	pmsc-Atorvastatin	02507242	PMS	ADEFGV	0.2179
		40 mg	pmsc-Atorvastatin	02507250	PMS	ADEFGV	0.2342
Bisoprolol							
Tab	Orl	5 mg	Jamp Bisoprolol	02518805	JPC	ADEFGV	0.0606
		10 mg	Jamp Bisoprolol	02518791	JPC	ADEFGV	0.0885
Clindamycin							
Cap	Orl	150 mg	Clindamycin	02400529	SAS	ADEFGVW	0.2217
		300 mg	Clindamycin	02400537	SAS	ADEFGVW	0.4434
Cloxacillin							
Cap	Orl	250 mg	Jamp Cloxacillin	02510731	JPC	ABDEFGVW	0.2141
		500 mg	Jamp Cloxacillin	02510758	JPC	ABDEFGVW	0.4045
Lamivudine / Zidovudine							
Tab	Orl	150 mg / 300 mg	Jamp Lamivudine/Zidovudine	02502801	JPC	DU	2.6103
Lenalidomide							
Cap	Orl	2.5 mg	Jamp Lenalidomide	02506130	JPC	(SA)	82.3750
		5 mg	Jamp Lenalidomide	02506149	JPC	(SA)	85.0000
		10 mg	Jamp Lenalidomide	02506157	JPC	(SA)	90.2500
		15 mg	Jamp Lenalidomide	02506165	JPC	(SA)	95.5000
		20 mg	Jamp Lenalidomide	02506173	JPC	(SA)	100.7500
		25 mg	Jamp Lenalidomide	02506181	JPC	(SA)	106.0000
Metformin							
Tab	Orl	500 mg	pmsc-Metformin	02520303	PMS	ADEFGV	0.0247
		850 mg	pmsc-Metformin	02520311	PMS	ADEFGV	0.0339

Drug Product Additions

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Piperacillin / Tazobactam							
Pws	Inj	12 g / 1.5 g	Piperacillin and Tazobactam	02377748	STR	ABDEFGVW	67.5000
Vancomycin							
Pws.	Inj	5 g	Vancomycin Hydrochloride	02405822	STR	ABDEFGVW	294.9500

Drug Price Changes

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Alendronate							
Tab	Orl	70 mg	Alendronate	02352966	SAS	ADEFGV	1.7804
			Alendronate	02299712	SIV		
			Alendronate Sodium	02381494	AHI		
			Alendronate-70	02303078	PDL		
			Apo-Alendronate	02248730	APX		
			Auro-Alendronate	02388553	ARO		
			Jamp-Alendronate	02385031	JPC		
			Mint-Alendronate	02394871	MNT		
			pms-Alendronate FC	02284006	PMS		
			Riva-Alendronate	02270889	RIV		
			Sandoz Alendronate	02288109	SDZ		
			Teva-Alendronate	02261715	TEV		
Amcinonide							
Crm	Top	0.1%	Taro-Amcinonide	02246714	TAR	ADEFGV	0.4522
Amoxicillin / Clavulanic Acid							
Tab	Orl	250 mg / 125 mg	Apo-Amoxi Clav	02243350	APX	ABDEFGVW	0.2467
			Jamp Amoxi Clav	02508249	JPC		
Atenolol							
Tab	Orl	25 mg	Jamp-Atenolol	02367556	JPC	ADEFGV	0.0441
			Mar-Atenolol	02371979	MAR		
			Mint-Atenolol	02368013	MNT		
			pms-Atenolol	02246581	PMS		
			Taro-Atenolol	02373963	SUN		
			Teva-Atenolol	02266660	TEV		
		50 mg	Apo-Atenol	00773689	APX	ADEFGV	0.0938
			Atenolol	02466465	SAS		
			Atenolol	02238316	SIV		
			Jamp-Atenolol	02367564	JPC		
			Mar-Atenolol	02371987	MAR		
			Mint-Atenolol	02368021	MNT		
			pms-Atenolol	02237600	PMS		
			Taro-Atenolol	02267985	SUN		
			Teva-Atenolol	02171791	TEV		

Drug Price Changes

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Atenolol							
Tab	Orl	100 mg	Apo-Atenol	00773697	APX		
			Atenolol	02466473	SAS		
			Atenolol	02238318	SIV		
			Jamp-Atenolol	02367572	JPC		
			Mar-Atenolol	02371995	MAR	ADEFGV	0.1543
			Mint-Atenolol	02368048	MNT		
			pms-Atenolol	02237601	PMS		
			Taro-Atenolol	02267993	SUN		
			Teva-Atenolol	02171805	TEV		
Bisoprolol							
Tab	Orl	5 mg	Apo-Bisoprolol	02256134	APX		
			Bisoprolol	02391589	SAS		
			Bisoprolol	02383055	SIV		
			Bisoprolol	02495562	SIV	ADEFGV	0.0606
			Mint-Bisoprolol	02465612	MNT		
			Sandoz Bisoprolol	02494035	SDZ		
			Teva-Bisoprolol	02267470	TEV		
		10 mg	Apo-Bisoprolol	02256177	APX		
			Bisoprolol	02391597	SAS		
			Bisoprolol	02495570	SIV		
			Bisoprolol	02383063	SIV	ADEFGV	0.0885
			Mint-Bisoprolol	02465620	MNT		
			Sandoz Bisoprolol	02494043	SDZ		
			Teva-Bisoprolol	02267489	TEV		
Carvedilol							
Tab	Orl	3.125 mg	Apo-Carvedilol	02247933	APX		
			Auro-Carvedilol	02418495	ARO		
			Carvedilol	02364913	SAS		
			Carvedilol	02248752	SIV	ADEFGV	0.2060
			Jamp-Carvedilol	02368897	JPC		
			pms-Carvedilol	02245914	PMS		
			ratio-Carvedilol	02252309	TEV		
		6.25 mg	Apo-Carvedilol	02247934	APX		
			Auro-Carvedilol	02418509	ARO		
			Carvedilol	02364921	SAS		
			Carvedilol	02248753	SIV	ADEFGV	0.2060
			Jamp-Carvedilol	02368900	JPC		
			pms-Carvedilol	02245915	PMS		
			ratio-Carvedilol	02252317	TEV		

Drug Price Changes

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Carvedilol							
Tab	Orl	12.5 mg	Apo-Carvedilol	02247935	APX		
			Auro-Carvedilol	02418517	ARO		
			Carvedilol	02364948	SAS		
			Carvedilol	02248754	SIV	ADEFGV	0.2060
			Jamp-Carvedilol	02368919	JPC		
			pms-Carvedilol	02245916	PMS		
			ratio-Carvedilol	02252325	TEV		
		25 mg	Apo-Carvedilol	02247936	APX		
			Auro-Carvedilol	02418525	ARO		
			Carvedilol	02364956	SAS		
			Carvedilol	02248755	SIV	ADEFGV	0.2060
			Jamp-Carvedilol	02368927	JPC		
			pms-Carvedilol	02245917	PMS		
			ratio-Carvedilol	02252333	TEV		
Cloxacillin							
Cap	Orl	250 mg	Teva-Cloxacillin	00337765	TEV	ABDEFGVW	0.2141
		500 mg	Teva-Cloxacillin	00337773	TEV	ABDEFGVW	0.4045
Dutasteride							
Cap	Orl	0.5 mg	Apo-Dutasteride	02404206	APX		
			Auro-Dutasteride	02469308	ARO		
			Dutasteride	02443058	SAS		
			Dutasteride	02429012	SIV		
			Jamp-Dutasteride	02484870	JPC		
			Med-Dutasteride	02416298	GMP	ADEFGV	0.2565
			Mint-Dutasteride	02428873	MNT		
			pms-Dutasteride	02393220	PMS		
			Priva-Dutasteride	02490587	PHP		
			Sandoz Dutasteride	02424444	SDZ		
			Teva-Dutasteride	02408287	TEV		
Finasteride							
Tab	Orl	5 mg	Apo-Finasteride	02365383	APX		
			Auro-Finasteride	02405814	ARO		
			Finasteride	02355043	AHI		
			Finasteride	02445077	SAS		
			Finasteride	02447541	SIV		
			Jamp-Finasteride	02357224	JPC	ADEFGV	0.3506
			Mint-Finasteride	02389878	MNT		
			pms-Finasteride	02310112	PMS		
			Riva-Finasteride	02455013	RIV		
			Sandoz Finasteride	02322579	SDZ		
			Teva-Finasteride	02348500	TEV		

Drug Price Changes

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Medroxyprogesterone							
Tab	Orl	5 mg	Apo-Medroxy	02244727	APX	ADEFGV	0.2365
			Teva-Medroxyprogesterone	02221292	TEV		
Mirtazapine							
Tab	Orl	45 mg	Apo-Mirtazapine	02286637	APX	ADEFGV	0.2925
			Mirtazapine	02496682	SIV		
Mexiletine							
Cap	Orl	100 mg	Teva-Mexiletine	02230359	TEV	ADEFGV	0.8162
		200 mg	Teva-Mexiletine	2230360	TEV	ADEFGV	1.0930
Mometasone							
Ont	Top	0.1%	Teva-Mometasone	02248130	TEV	ADEFGV	0.2252
Potassium Chloride							
SRT	Orl	1500 mg	Odan K-20	80004415	ODN	ADEFGV	0.1161
			Sandoz K 20	02242261	SDZ		
Risedronate							
Tab	Orl	35 mg	Apo-Risedronate	02353687	APX	ADEFGV	1.6764
			Auro-Risedronate	02406306	ARO		
			Jamp-Risedronate	02368552	JPC		
			pms-Risedronate	02302209	PMS		
			Risedronate	02347474	PDL		
			Risedronate	02370255	SAS		
			Risedronate	02411407	SIV		
			Sandoz Risedronate	02327295	SDZ		
			Teva-Risedronate	02298392	TEV		
Risperidone							
Tab	Orl	0.25 mg	Apo-Risperidone	02282119	APX	ADEFGV	0.0878
			Jamp-Risperidone	02359529	JPC		
			Mar-Risperidone	02371766	MAR		
			Mint-Risperidone	02359790	MNT		
			pms-Risperidone	02252007	PMS		
			Ran-Risperidone	02328305	SUN		
			Risperidone	02356880	SAS		
			Sandoz Risperidone	02303655	SDZ		
			Teva-Risperidone	02282690	TEV		
		0.5 mg	Apo-Risperidone	02282127	APX	ADEFGV	0.1470
			Jamp-Risperidone	02359537	JPC		
			Mar-Risperidone	02371774	MAR		
			Mint-Risperidone	02359804	MNT		
			pms-Risperidone	02252015	PMS		
			Ran-Risperidone	02328313	SUN		
			Risperidone	02356899	SAS		
			Sandoz Risperidone	02303663	SDZ		

Drug Price Changes

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Risperidone							
Tab	Orl	1 mg	Apo-Risperidone	02282135	APX		
			Jamp-Risperidone	02359545	JPC		
			Mar-Risperidone	02371782	MAR		
			Mint-Risperidone	02359812	MNT		
			pms-Risperidone	02252023	PMS	ADEFGV	0.2031
			Ran-Risperidone	02328321	SUN		
			Risperidone	02356902	SAS		
			Sandoz Risperidone	02279800	SDZ		
			Teva-Risperidone	02264196	TEV		
		2 mg	Apo-Risperidone	02282143	APX		
			Jamp-Risperidone	02359553	JPC		
			Mar-Risperidone	02371790	MAR		
			Mint-Risperidone	02359820	MNT		
			pms-Risperidone	02252031	PMS	ADEFGV	0.4062
			Ran-Risperidone	02328348	SUN		
			Risperidone	02356910	SAS		
			Sandoz Risperidone	02279819	SDZ		
			Teva-Risperidone	02264218	TEV		
		3 mg	Apo-Risperidone	02282151	APX		
			Jamp-Risperidone	02359561	JPC		
			Mar-Risperidone	02371804	MAR		
			Mint-Risperidone	02359839	MNT		
			pms-Risperidone	02252058	PMS	ADEFGV	0.6083
			Ran-Risperidone	02328364	SUN		
			Risperidone	02356929	SAS		
			Sandoz Risperidone	02279827	SDZ		
			Teva-Risperidone	02264226	TEV		
		4 mg	Apo-Risperidone	02282178	APX		
			Jamp-Risperidone	02359588	JPC		
			Mar-Risperidone	02371812	MAR		
			Mint-Risperidone	02359847	MNT		
			pms-Risperidone	02252066	PMS	ADEFGV	0.8111
			Risperidone	02356937	SAS		
			Sandoz Risperidone	02279835	SDZ		
			Taro-Risperidone	02328372	SUN		
			Teva-Risperidone	02264234	TEV		

Delisted Drug Products

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Price Not Confirmed by Manufacturer							
Potassium Chloride							
SRT	Orl	1500 mg	Jamp-K20	80013007	JPC	ADEFGV	

Bulletin #1077

April 29, 2022

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective April 29, 2022.

Included in this bulletin:

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

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

Regular Benefit Additions

Generic name (Brand name)	Strength	DIN	MFR	Plans	Cost Base
Insulin (Entuzity KwikPen)	500 unit/mL prefilled pen	02466864	LIL	ADEFGV	MLP
Listed on Additional Plans					
Flunarizine (Flunarizine)	5 mg capsule	02246082	AAP	ADEFGV	MAP

Special Authorization Benefits Additions

Generic name (Brand name)	Strength	DIN	MFR	Plans	Cost Base
Acalabrutinib (Calquence)	100 mg capsule	02491788	AZE	(SA)	MLP

1. As monotherapy for adult patients with previously untreated chronic lymphocytic leukemia (CLL) / small lymphocytic lymphoma (SLL) for whom fludarabine-based treatment is inappropriate due to high-risk cytogenetic markers (i.e., del17p, TP53 mutation, or unmutated IGHV).
2. As monotherapy for adult patients with relapsed or refractory CLL / SLL 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. Patients must have a good performance status.
2. Treatment should be discontinued upon disease progression or unacceptable toxicity.

Claim Notes:

- Requests will not be considered for patients who experience disease progression on a Bruton's tyrosine kinase (BTK) inhibitor or idelalisib.
- Initial approval period: 1 year.
- Renewal approval period: 1 year.

Adalimumab (Abrilada)	40 mg / 0.8 mL autoinjector 40 mg / 0.8 mL prefilled syringe	02511045 02511053	PFI	(SA)	MLP

Ankylosing Spondylitis

For the treatment of patients with active ankylosing spondylitis who are refractory, intolerant or have contraindications to conventional therapy.

Claim Notes:

- Must be prescribed by a rheumatologist or internist.
- Combined use of more than one biologic drug will not be reimbursed.
- Approvals will be for a maximum of 40 mg every two weeks.
- Initial approval period: 6 months.
- Renewal approval period: Long term. Confirmation of response is required.

Crohn's Disease

For the treatment of patients with moderately to severely active Crohn's disease who are refractory, intolerant or have contraindications to conventional therapy.

Claim Notes:

- Must be prescribed by a gastroenterologist or physician with a specialty in gastroenterology.
- Combined use of more than one biologic drug will not be reimbursed.
- Approvals will be for a maximum of 160 mg followed by 80 mg two weeks later, then 40 mg every two weeks.
- Initial approval period: 12 weeks.
- Renewal approval period: Long term. Confirmation of response is required.

Hidradenitis Suppurativa

For the treatment of patients with active moderate to severe hidradenitis suppurativa (HS) who are refractory, intolerant or have contraindications to conventional therapy.

Claim Notes:

- Must be prescribed by a dermatologist or physician with experience in the treatment of HS.
- Combined use of more than one biologic drug will not be reimbursed.
- Approvals will be for a maximum of 160 mg followed by 80 mg two weeks later, then 40 mg every week beginning four weeks after the initial dose.
- Initial approval period: 12 weeks.
- Renewal approval period: Long term. Confirmation of response is required.

Plaque Psoriasis

For the treatment of patients with moderate to severe plaque psoriasis who are refractory, intolerant or have contraindications to conventional therapy.

Claim Notes:

- Must be prescribed by a dermatologist.
- Combined use of more than one biologic drug will not be reimbursed.
- Approvals will be for a maximum of 80 mg followed by 40 mg in one week, then 40 mg every two weeks thereafter.
- Initial approval period: 16 weeks.
- Renewal approval period: Long term. Confirmation of response is required.

Polyarticular Juvenile Idiopathic Arthritis

For the treatment of patients with moderately to severely active polyarticular juvenile idiopathic arthritis who are refractory, intolerant or have contraindications to conventional therapy.

Claim Notes:

- Must be prescribed by, or in consultation with, a rheumatologist.
- Combined use of more than one biologic drug will not be reimbursed.
- Approvals will be for a maximum of 40 mg every two weeks

- Initial approval period: 6 months.
- Renewal approval period: Long term. Confirmation of response is required.

Psoriatic Arthritis
For the treatment of patients with active psoriatic arthritis who are refractory, intolerant or have contraindications to conventional therapy.

Claim Notes:
- Must be prescribed by a rheumatologist.
- Combined use of more than one biologic drug will not be reimbursed.
- Approvals will be for a maximum of 40 mg every two weeks.
- Initial approval period: 16 weeks.
- Renewal approval period: Long term. Confirmation of response is required.

Rheumatoid Arthritis
For the treatment of patients with moderately to severely active rheumatoid arthritis who are refractory, intolerant or have contraindications to conventional therapy.

Claim Notes:
- Must be prescribed by a rheumatologist.
- Combined use of more than one biologic drug will not be reimbursed.
- Approvals will be for a maximum of 40 mg every two weeks.
- Initial approval period: 6 months.
- Renewal approval period: Long term. Confirmation of response is required.

Ulcerative Colitis
For the treatment of patients with moderately to severely active ulcerative colitis who are refractory, intolerant or have contraindications to conventional therapy.

Claim Notes:
- Must be prescribed by a gastroenterologist or physician with a specialty in gastroenterology.
- Combined use of more than one biologic drug will not be reimbursed.
- Approvals will be for a maximum of 160 mg followed by 80 mg two weeks later, then 40 mg every two weeks.
- Initial approval period: 8 weeks.
- Renewal approval period: Long term. Confirmation of response is required.

Uveitis
For the treatment of patients with non-infectious uveitis who are refractory, intolerant or have contraindications to conventional therapy.

Claim Notes:
- Must be prescribed by, or in consultation with an ophthalmologist.
- Combined use of more than one biologic drug will not be reimbursed.
- Approvals will be for a maximum of 80 mg followed by 40 mg in one week, then 40 mg every two weeks thereafter.
- Initial approval period: 6 months.
- Renewal approval period: Long term. Confirmation of response is required.

Brigatinib (Alunbrig)	30 mg tablet 90 mg tablet 180 mg tablet	02479206 02479214 02479222	TAK	(SA)	MLP
Brigatinib (Alunbrig) initiation pack	90 mg, 180 mg tablets	02479230			

For the treatment of adult patients with anaplastic lymphoma kinase (ALK)-positive locally advanced (not amenable to curative therapy) or metastatic non-small cell lung cancer who have not been previously treated with an ALK inhibitor.

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:
- No further ALK inhibitor will be reimbursed following disease progression on brigatinib.
- Initial approval period: 1 year.
- Renewal 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.

Cetirizine (Reactine and generic brands)	20 mg film-coated tablet	See NB Drug Plans Formulary or MAP List for Products		(SA)	MAP

For the treatment of patients with moderate to severe chronic urticaria who have had hives, angioedema, or both for at least six weeks.

Claim Note:
- Approval period: Long term.

Changes to Existing Special Authorization Benefits

Generic name (Brand name)	Strength	DIN	MFR	Plans	Cost Base
New Indication Nintedanib (Ofev)	100 mg capsule 150 mg capsule	02443066 02443074	BOE	(SA)	MLP

Chronic Fibrosing Interstitial Lung Diseases
For the treatment of adult patients with chronic fibrosing interstitial lung disease (ILD) with a progressive phenotype and a forced vital capacity (FVC) greater than or equal to 45% of predicted.

Renewal Criteria:

- Patients must not demonstrate progression of disease defined as an absolute decline in percent predicted FVC of greater than or equal to 10% over the preceding 12 months of treatment with nintedanib.

Claim Notes:

- Must be prescribed by, or in consultation with a physician experienced in the treatment of ILD.
- Combination therapy of pirfenidone with nintedanib will not be reimbursed.
- Approval period: 1 year.

New Indications and Revised Criteria

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			

Acute Myeloid Leukemia

In combination with azacitidine for the treatment of patients with newly diagnosed acute myeloid leukemia who are 75 years of age or older, or who have comorbidities that preclude use of intensive induction chemotherapy.

Renewal Criteria:

- Written confirmation that the patient is responding 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 patients previously treated with a hypomethylating agent or chemotherapy for myelodysplastic syndrome will not be considered.
- Requests for patients with high-risk myelodysplastic syndrome will not be considered.
- Initial approval period: 1 year.
- Renewal approval period: 1 year.

Chronic Lymphocytic Leukemia / Small Cell Lymphoma

1. In combination with obinutuzumab for adult patients with previously untreated chronic lymphocytic leukemia (CLL) / small lymphocytic lymphoma (SLL) whom fludarabine-based treatment is inappropriate.

   Clinical Notes:

   1. Patient must have a good performance status.
   2. Treatment should be given for a total of 12 months (six 28-day cycles in combination with obinutuzumab, followed by six months of monotherapy), or until disease progression or unacceptable toxicity, whichever occurs first.

Claim Notes:

- Requests for re-treatment with venetoclax in combination with obinutuzumab will not be considered.
- Approval period: 1 year.

2. In combination with rituximab for the treatment of patients with CLL / SLL 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 if relapse occurs less than 6 months following completion of therapy. However, for patients previously treated with venetoclax, the relapse-free interval must be 12 months or greater.
   - Initial approval period: 1 year.
   - Renewal approval period: 1 year.

3. As monotherapy for the treatment of patients with CLL / SLL who have received at least one prior therapy which must include disease progression on or intolerance to a B-cell receptor inhibitor.

   Renewal criteria:

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

   Clinical Notes:

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

   Claim Notes:

   - Requests will not be considered for patients previously treated with venetoclax-based therapy if relapse occurs less than 12 months following completion of therapy.
   - Initial approval period: 1 year.
   - Renewal approval period: 1 year.

Revised Criteria

Budesonide (Pulmicort Nebuamp and generic brands)	0.125 mg/mL suspension for inhalation 0.25 mg/mL suspension for inhalation 0.5 mg/mL suspension for inhalation	See NB Drug Plans Formulary or MAP List for Products		(SA)	MAP

1. For patients who have tried using a budesonide inhaler and
   - cannot follow instructions, or cannot 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 Note:
   - Approval period: Long term.

2. For patients who require budesonide for sinonasal irrigation when it is prescribed by, or in consultation with, a specialist (e.g., ENT, allergists, immunologists).

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

Revised Criteria

Ibrutinib (Imbruvica)	140 mg capsule	02434407	JAN	(SA)	MLP

1. As monotherapy for adult patients with previously untreated chronic lymphocytic leukemia (CLL) / small lymphocytic lymphoma (SLL) for whom fludarabine-based treatment is inappropriate due to high-risk cytogenetic markers (i.e., del17p, TP53 mutation, or unmutated IGHV).
2. As monotherapy for the treatment of patients with CLL/SLL who have received at least one prior therapy.
3. As monotherapy for the treatment of patients with relapsed or refractory mantle cell lymphoma.

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

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

Claim Notes:
- Requests will not be considered for patients who experience disease progression on a Bruton's tyrosine kinase (BTK) inhibitor or idelalisib.
- Initial approval period: 1 year.
- Renewal approval period: 1 year.

Drugs Reviewed and Not Listed

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

Generic name (Brand name)	Strength	DIN	MFR	Indication
Acalabrutinib (Calquence)	100 mg capsule	02491788	AZE	In combination with obinutuzumab for the treatment of patients with previously untreated chronic lymphocytic leukemia.
Infliximab (Remsima SC)	120 mg/mL prefilled pen 120 mg/mL prefilled syringe	02511584 02511576	CLT	For the treatment of moderately to severe active rheumatoid arthritis.
Venetoclax (Venclexta)	10 mg film-coated tablet 50 mg film-coated tablet 100 mg film-coated tablet	02458039 02458047 02458055	ABV	In combination with low-dose cytarabine for the treatment of patients with newly diagnosed acute myeloid leukemia who are 75 years or older, or who have comorbidities that preclude use of intensive induction chemotherapy.
Venetoclax (Venclexta) starter kit	10 mg, 50 mg, 100 mg film-coated tablets	02458063		

Bulletin #1078

May 24, 2022

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective May 24, 2022.

Included in this bulletin:

- Regular Benefit Additions
- Special Authorization Benefit Additions
- Drugs Reviewed and Not Listed
- Biosimilars Initiative Reminder – Insulin Aspart

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

Regular Benefit Additions

Generic name (Brand name)	Strength	DIN	MFR	Plans	Cost Base
Lidocaine (Lidodan Viscous 2%)	2% topical solution	01968823	ODN	ADEFGV	MAP
Trimethoprim/Polymyxin B (Polytrim and generic brand)	0.1% / 10 000 units/mL ophthalmic solution	See NB Drug Plans Formulary or MAP List for Products		ADEFGV	MAP
Listed on Additional Plans					
Dimenhydrinate (Gravol IM)	50 mg/mL injection	00013579	CHU	ADEFGVW	MLP

Special Authorization Benefits Additions

Generic name (Brand name)	Strength	DIN	MFR	Plans	Cost Base
Adalimumab (Simlandi)	40 mg / 0.4 mL autoinjector 40 mg / 0.4 mL prefilled syringe 80 mg / 0.8 mL prefilled syringe	02523957 02523949 02523965	JPC	(SA)	MLP

Ankylosing Spondylitis
For the treatment of patients with active ankylosing spondylitis who are refractory, intolerant or have contraindications to conventional therapy.

Claim Notes:

- Must be prescribed by a rheumatologist or internist.
- Combined use of more than one biologic drug will not be reimbursed.
- Approvals will be for a maximum of 40 mg every two weeks.
- Initial approval period: 6 months.
- Renewal approval period: Long term. Confirmation of response is required.

Crohn's Disease
For the treatment of patients with moderately to severely active Crohn's disease who are refractory, intolerant or have contraindications to conventional therapy.

Claim Notes:

- Must be prescribed by a gastroenterologist or physician with a specialty in gastroenterology.
- Combined use of more than one biologic drug will not be reimbursed.
- Approvals will be for a maximum of 160 mg followed by 80 mg two weeks later, then 40 mg every two weeks.
- Initial approval period: 12 weeks.
- Renewal approval period: Long term. Confirmation of response is required.

Hidradenitis Suppurativa
For the treatment of patients with active moderate to severe hidradenitis suppurativa (HS) who are refractory, intolerant or have contraindications to conventional therapy.

Claim Notes:
- Must be prescribed by a dermatologist or physician with experience in the treatment of HS.
- Combined use of more than one biologic drug will not be reimbursed.
- Approvals will be for a maximum of 160 mg followed by 80 mg two weeks later, then 40 mg every week beginning four weeks after the initial dose.
- Initial approval period: 12 weeks.
- Renewal approval period: Long term. Confirmation of response is required.

Plaque Psoriasis
For the treatment of patients with moderate to severe plaque psoriasis who are refractory, intolerant or have contraindications to conventional therapy.

Claim Notes:
- Must be prescribed by a dermatologist.
- Combined use of more than one biologic drug will not be reimbursed.
- Approvals will be for a maximum of 80 mg followed by 40 mg in one week, then 40 mg every two weeks thereafter.
- Initial approval period: 16 weeks.
- Renewal approval period: Long term. Confirmation of response is required.

Polyarticular Juvenile Idiopathic Arthritis
For the treatment of patients with moderately to severely active polyarticular juvenile idiopathic arthritis who are refractory, intolerant or have contraindications to conventional therapy.

Claim Notes:
- Must be prescribed by, or in consultation with, a rheumatologist.
- Combined use of more than one biologic drug will not be reimbursed.
- Approvals will be for a maximum of 40 mg every two weeks
- Initial approval period: 6 months.
- Renewal approval period: Long term. Confirmation of response is required.

Psoriatic Arthritis
For the treatment of patients with active psoriatic arthritis who are refractory, intolerant or have contraindications to conventional therapy.

Claim Notes:
- Must be prescribed by a rheumatologist.
- Combined use of more than one biologic drug will not be reimbursed.
- Approvals will be for a maximum of 40 mg every two weeks.
- Initial approval period: 16 weeks.
- Renewal approval period: Long term. Confirmation of response is required.

Rheumatoid Arthritis
For the treatment of patients with moderately to severely active rheumatoid arthritis who are refractory, intolerant or have contraindications to conventional therapy.

Claim Notes:
- Must be prescribed by a rheumatologist.

- Combined use of more than one biologic drug will not be reimbursed.
- Approvals will be for a maximum of 40 mg every two weeks.
- Initial approval period: 6 months.
- Renewal approval period: Long term. Confirmation of response is required.

Ulcerative Colitis
For the treatment of patients with moderately to severely active ulcerative colitis who are refractory, intolerant or have contraindications to conventional therapy.

Claim Notes:
- Must be prescribed by a gastroenterologist or physician with a specialty in gastroenterology.
- Combined use of more than one biologic drug will not be reimbursed.
- Approvals will be for a maximum of 160 mg followed by 80 mg two weeks later, then 40 mg every two weeks.
- Initial approval period: 8 weeks.
- Renewal approval period: Long term. Confirmation of response is required.

Uveitis
For the treatment of patients with non-infectious uveitis who are refractory, intolerant or have contraindications to conventional therapy.

Claim Notes:
- Must be prescribed by, or in consultation with an ophthalmologist.
- Combined use of more than one biologic drug will not be reimbursed.
- Approvals will be for a maximum of 80 mg followed by 40 mg in one week, then 40 mg every two weeks thereafter.
- Initial approval period: 6 months.
- Renewal approval period: Long term. Confirmation of response is required.

Risdiplam (Evrysdi)

60 mg powder for oral solution	02514931	HLR	(SA)	MLP

For the treatment of 5q spinal muscular atrophy (SMA), if the following criteria are met:
- Genetic documentation of 5q SMA homozygous gene deletion, or compound heterozygous mutation; and
- Patient is not requiring permanent invasive ventilation; and
- Patient who is symptomatic with two or three copies of the SMN2 gene and is:
  - 2 months to 7 months of age, or
  - 8 months to 25 years of age and non-ambulatory.

Discontinuation Criteria:
- There is failure to demonstrate maintenance in motor milestone function as assessed using age-appropriate scales since treatment initiation; or
- permanent invasive ventilation is required.

Clinical Notes:
1. An age-appropriate scale is defined as the Hammersmith Infant Neurological Examination (HINE) Section 2, Children's Hospital of Philadelphia Infant Test of Neuromuscular Disorders (CHOP INTEND), or Hammersmith Functional Motor Scale-Expanded (HFMSE).

2. A baseline assessment using an age-appropriate scale must be completed prior to initiation of treatment.
3. Yearly assessments must be completed using an age-appropriate scale no more than 12 weeks prior to the renewal date.
4. Permanent invasive ventilation is defined as the use of tracheostomy and a ventilator due to progression of SMA that is not due to an identifiable and reversible cause.

Claim Notes:

- The patient must be under the care of a specialist experienced in the treatment of SMA.
- Combination therapy with nusinersen will not be reimbursed.
- Requests for risdiplam will not be considered for patients who have received adeno-associated virus (AAV) vector-based gene therapy.
- Patients currently receiving SMA drug therapy may be eligible to switch to an alternate SMA drug therapy; however, patients will not be permitted to switch back to a previously trialed SMA drug.
- Approvals will be for a maximum of 0.2 mg/kg/day for patients 2 months to less than 2 years of age, 0.25 mg/kg/day for patients greater than or equal to 2 years of age weighing less than 20 kg, or 5 mg/day for patients greater than or equal to 2 years of age and weighing greater than or equal to 20 kg.
- 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.

Drugs Reviewed and Not Listed

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

Generic name (Brand name)	Strength	DIN	MFR	Indication
Patiromer (Veltassa)	8.4 g sachet 16.8 g sachet 25.2 g sachet	02481359 02481367 02481375	VFM	For the treatment of hyperkalemia in adults with chronic kidney disease.

Biosimilars Initiative Reminder – Insulin Aspart

The Biosimilars Initiative involves switching patients who use certain originator biologics to a biosimilar brand to maintain their coverage under the New Brunswick Drug Plans.

As a reminder, **coverage of NovoRapid prefilled pens and cartridges will end on May 31, 2022**. Patients must switch to the biosimilar brand of insulin aspart to maintain coverage under the New Brunswick Drug Plans. Refer to the NB Drug Plans Formulary Update - Bulletin #1065 for additional information.

More information and resources regarding the Biosimilars Initiative are available online at www.gnb.ca/biosimilars.

Bulletin #1079 May 31, 2022

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 31, 2022.
  - Products that were already listed on the NB Drug Plans Formulary will be reimbursed up to the new category MAP effective June 21, 2022. Prior to June 21, 2022, 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 June 21, 2022. Prior to June 21, 2022, 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 May 31, 2022.

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

Drug Product Additions

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Amoxicillin / Clavulanic Acid							
Tab	Orl	250 mg / 125 mg	Auro-Amoxi Clav	02471671	ARO	ABDEFGVW	0.2467
		500 mg / 125 mg	Auro-Amoxi Clav	02471698	ARO	ABDEFGVW	0.3778
		875 mg / 125 mg	Auro-Amoxi Clav	02471701	ARO	ABDEFGVW	0.5551
Celecoxib							
Cap	Orl	200 mg	pmsc-Celecoxib	02517124	PMS	ADEFGV	0.2558
Clonidine							
Tab	Orl	0.025 mg	Mar-Clonidine	02524198	MAR	ADEFGV	0.0680
Darunavir							
Tab	Orl	600 mg	Darunavir	02521342	JPC	DU	4.2970
		800 mg	Darunavir	02521350	JPC	DU	5.8295
Lisinopril							
Tab	Orl	5 mg	Lisinopril	02525186	SAS	ADEFGV	0.1347
		10 mg	Lisinopril	02525194	SAS	ADEFGV	0.1619
		20 mg	Lisinopril	02525208	SAS	ADEFGV	0.1945
Lurasidone							
Tab	Orl	20 mg	Latuda	02422050	SNV		4.2500
			pms-Lurasidone	02505878	PMS	(SA)	1.2250
			Sandoz Lurasidone	02521075	SDZ		
			Taro-Lurasidone	02504499	TAR		
		40 mg	Latuda	02387751	SNV		4.2500
			pms-Lurasidone	02505886	PMS	(SA)	1.2250
			Sandoz Lurasidone	02521091	SDZ		
			Taro-Lurasidone	02504502	TAR		
		60 mg	Latuda	02413361	SNV		4.2500
			pms-Lurasidone	02505894	PMS	(SA)	1.2250
			Sandoz Lurasidone	02521105	SDZ		
			Taro-Lurasidone	02504510	TAR		
		80 mg	Latuda	02387778	SNV		4.2500
			pms-Lurasidone	02505908	PMS	(SA)	1.2250
			Sandoz Lurasidone	02521113	SDZ		
			Taro-Lurasidone	02504529	TAR		
		120mg	Latuda	02387786	SNV		4.2500
			pms-Lurasidone	02505916	PMS	(SA)	2.4500
			Taro-Lurasidone	02504537	TAR		

Drug Product Additions

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Moxifloxacin							
Tab	Orl	400 mg	Moxifloxacin	02520710	SAS	VW (SA)	1.5230
Ondansetron							
ODT	Orl	4 mg	Mar-Ondansetron ODT	02514966	MAR		
			Ondansetron ODT	02519232	JPC	(SA)	3.2720
			pms-Ondansetron ODT	02519445	PMS		
		8 mg	Mar-Ondansetron ODT	02514974	MAR		
			Ondansetron ODT	02519240	JPC	(SA)	4.9930
			pms-Ondansetron ODT	02519453	PMS		
Pramipexole							
Tab	Orl	0.25 mg	Pramipexole	02367602	SAS	ADEFV	0.1950
		0.5 mg	Pramipexole	02367610	SAS	ADEFV	0.4018
		1 mg	Pramipexole	02367629	SAS	ADEFV	0.3901
		1.5 mg	Pramipexole	02367645	SAS	ADEFV	0.3901
Quetiapine							
ERT	Orl	50 mg	Quetiapine FumarateXR	02516616	SAS	ADEFGVW	0.2501
			Quetiapine XR	02519607	JPC		
		150mg	Quetiapine FumarateXR	02516624	SAS	ADEFGVW	0.4926
			Quetiapine XR	02519615	JPC		
		200mg	Quetiapine FumarateXR	02516632	SAS	ADEFGVW	0.6661
			Quetiapine XR	02519623	JPC		
		300mg	Quetiapine FumarateXR	02516640	SAS	ADEFGVW	0.9776
			Quetiapine XR	02519747	JPC		
		400mg	Quetiapine FumarateXR	02516659	SAS	ADEFGVW	1.3270
			Quetiapine XR	02519763	JPC		
Ticagrelor							
Tab	Orl	90 mg	Brilinta	02368544	AZE	(SA)	1.5157
			Taro-Ticagrelor	02492598	TAR		1.1880

Drug Price Changes

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Clonidine							
Tab	Orl	0.025 mg	Sandoz Clonidine	02516217	SDZ	ADEFGV	0.0680
			Teva-Clonidine	02304163	TEV		

Drug Price Changes

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Darunavir							
Tab	Orl	600 mg	Apo-Darunavir	02487241	APX	DU	4.2970
			Auro-Darunavir	02486121	ARO		
		800 mg	Apo-Darunavir	02487268	APX	DU	5.8295
			Auro-Darunavir	02486148	ARO		
Potassium Chloride							
Liq	Orl	100 mg/mL	Jamp-Potassium Chloride	80024835	JPC	ADEFGV	0.0360

Bulletin #1080

June 20, 2022

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective June 20, 2022.

Included in this bulletin:

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

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

Regular Benefit Additions

Generic name (Brand name)	Strength	DIN	MFR	Plans	Cost Base
Calcium polystyrene sulfonate (Resonium Calcium and generic brand)	999 mg/g powder for suspension	See NB Drug Plans Formulary or MAP List for Products		ADEFGV	MAP
Listed on Additional Plans					
Diphenhydramine (Diphenist and generic brand)	50 mg/mL injection	See NB Drug Plans Formulary or MAP List for Products		ADEFGVW	MAP

Special Authorization Benefits Additions

Generic name (Brand name)	Strength	DIN	MFR	Plans	Cost Base
Apomorphine (Kynmobi)	10 mg orally disintegrating film 15 mg orally disintegrating film 20 mg orally disintegrating film 25 mg orally disintegrating film 30 mg orally disintegrating film	02500264 02500272 02500280 02500299 02500302	SNV	(SA)	MLP

For the acute, intermittent treatment of "off" episodes in patients with Parkinson's Disease (PD) who are receiving optimized PD treatment (i.e. levodopa and derivatives and dopaminergic agonists or MAO-B inhibitors or amantadine derivatives).

Clinical Note:

- Treatment with Kynmobi should be discontinued unless an improvement of at least 3.25 points is achieved in the Movement Disorders Society Unified Parkinson's Disease Rating Scale Part III (MDS-UPDRS III) score measured within 30 to 60 minutes after a titrated dose of Kynmobi is administered. This assessment should occur not more than one year after Kynmobi has been titrated to a stable and tolerated dose.

Claim Notes:

- The patient must be under the care of a physician experienced in the diagnosis and treatment of PD.
- Approvals will be for a maximum of 90 mg per day not exceeding five films per day.
- Approval period: 1 year.

Icosapent ethyl (Vascepa)	1 g capsule	02495244	HLS	(SA)	MLP

To reduce the risk of cardiovascular events (cardiovascular death, non-fatal myocardial infarction, non-fatal stroke, coronary revascularization, or hospitalization for unstable angina) in statin treated patients with elevated triglycerides who meet all of the following criteria:

- 45 years of age and older

- Established cardiovascular disease
- Baseline fasting triglyceride between 1.7 mmol/L and 5.6 mmol/L measured within the three months prior to initiating treatment with Vascepa
- Baseline low-density lipoprotein cholesterol (LDL-C) between 1.0 mmol/L and 2.6 mmol/L
- Receiving a maximally tolerated statin dose for a minimum of 4 weeks, targeted to achieve an LDL-C lower than 2.0 mmol/L

Clinical Note:
- LDL-C and triglyceride levels must be provided.

Claim Notes:
- Approvals will be for a maximum of 4 g daily.
- Approval period: 1 year.

Lanthanum (Fosrenol)

250 mg chewable tablet	02287145	TAK	(SA)	MLP
500 mg chewable tablet	02287153			
750 mg chewable tablet	02287161			
1000 mg chewable tablet	02287188			

For the treatment of hyperphosphatemia (serum phosphate greater than 1.8 mmol/L) in patients with end-stage renal disease who are intolerant to, or have inadequate control of phosphate levels with, another phosphate binder.

Claim Notes:
- Initial approval period: 6 months.
- Renewal approval period: Long term. Confirmation of improvement of phosphate levels is required (lab values must be provided).

Ofatumumab (Kesimpta)

20 mg / 0.4 mL autoinjector	02511355	NVR	(SA)	MLP

For the treatment of adult patients with relapsing-remitting multiple sclerosis (RRMS) who meet all of the following criteria:
- Confirmed diagnosis based on McDonald criteria
- Experienced one or more disabling relapses or new MRI activity in the past two years
- Ambulatory with or without aid (i.e. has a recent Expanded Disability Status Scale (EDSS) score of less than or equal to 6.5)

Clinical Note:
- Treatment should be discontinued for patients with an EDSS score of greater than or equal to 7.

Claim Notes:
- Must be prescribed by a neurologist.
- Combined use with other disease modifying therapies to treat RRMS will not be reimbursed.
- Requests will be considered for individuals enrolled in Plans ADEFGV.
- Approval period: 2 years.

Tafamidis (Vyndamax)	61 mg capsule	02517841	PFI	(SA)	MLP

For the treatment of cardiomyopathy in adult patients with documented hereditary or wild-type transthyretin-mediated amyloidosis (ATTR) who meet all of the following criteria:

- New York Heart Association (NYHA) class I to III heart failure
- At least one prior hospitalization for heart failure or clinical evidence of heart failure that required treatment with a diuretic
- Has not previously undergone a heart or liver transplant
- Does not have an implanted cardiac mechanical assist device (CMAD)

Discontinuation Criteria:
The patient has:

- NYHA class IV heart failure, or
- received an implanted CMAD, or
- received a heart or liver transplant.

Clinical Notes:

1. Wild-type ATTR-cardiomyopathy (CM) consists of all of the following:
   - absence of a variant transthyretin (TTR) genotype
   - TTR precursor protein identification by immunohistochemistry, scintigraphy, or mass spectrometry
   - evidence of cardiac involvement by echocardiography with end-diastolic interventricular septal wall thickness greater than 12 mm
   - presence of amyloid deposits in biopsy tissue (fat aspirate, salivary gland, median nerve connection tissue sheath, or cardiac tissue)
2. Hereditary ATTR-CM consists of all of the following:
   - presence of a variant TTR genotype associated with CM and presenting with a CM phenotype
   - evidence of cardiac involvement by echocardiography with end-diastolic interventricular septal wall thickness greater than 12 mm
   - presence of amyloid deposits in biopsy tissue (fat aspirate, salivary gland, median nerve connective tissue sheath, or cardiac tissue)

Claim Notes:

- The patient must be under the care of a physician with experience in the diagnosis and treatment of ATTR-CM.
- Combination therapy with other interfering ribonucleic acid drugs or transthyretin stabilizers used to treat ATTR-CM will not be reimbursed.
- Initial approval period: 9 months.
- Renewal approval period: 1 year.
- Claims that exceed the maximum claim amount of $9,999.99 must be divided and submitted as separate transactions as outlined here.

Changes to Existing Special Authorization Benefits

Generic name (Brand name)	Strength	DIN	MFR	Plans	Cost Base
New Dosage Form					
Omalizumab (Xolair)	150 mg/mL prefilled syringe	02459795	NVR	(SA)	MLP

For the treatment of patients 12 years of age and older with moderate to severe chronic idiopathic urticaria (CIU) who remain symptomatic (presence of hives and/or associated itching) despite optimum management with H1 antihistamines.

Requirement for Initial Requests:

- Documentation of the most recent Urticaria Activity Score over 7 days (UAS7) must be provided on the submitted request.

Renewal Criteria:

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

Clinical Notes:

1. Moderate to severe CIU is defined as a UAS7 ≥ 16.
2. Treatment cessation could be considered for patients who experience complete symptom control for at least 12 consecutive weeks at the end of a 24 week treatment period.
3. In patients who discontinue treatment due to temporary symptom control, re-initiation can be considered if CIU symptoms reappear.

Claim Notes:

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

Drugs Reviewed and Not Listed

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

Generic name (Brand name)	Strength	DIN	MFR	Indication
Colchicine (Myinfla)	0.5 mg extended-release tablet	02519380	PDP	For the reduction of atherothrombotic events in adult patients with existing coronary artery disease.
Tralokinumab (Adtralza)	150 mg/mL prefilled syringe	02521288	LEO	For the treatment of moderate to severe atopic dermatitis in adult patients.

Bulletin #1081

June 30, 2022

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, 2022.
  - Products that were already listed on the NB Drug Plans Formulary will be reimbursed up to the new category MAP effective July 21, 2022. Prior to July 21, 2022, 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 July 21, 2022. Prior to July 21, 2022, 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, 2022.

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

Drug Product Additions

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Apixaban							
Tab	Orl	2.5 mg	Eliquis	02377233	BRI	(SA)	1.6336
			Apo-Apixaban	02487381	APX		1.2252
		5 mg	Eliquis	02397714	BRI	(SA)	1.6336
			Apo-Apixaban	02487403	APX		1.2252
Bicalutamide							
Tab	Orl	50 mg	Bicalutamide	02519178	SAS	ADEFV	1.2690
Cetirizine							
Tab	Orl	10 mg	Cetirizine Extra Strength	02517566	JPC	G	0.2223
		20 mg	Jamp Cetirizine Tablets	02517353	JPC	(SA)	0.2223
Cyclosporine							
Cap	Orl	25 mg	Cyclosporine Capsules	02495805	STD	ADEFGRV	0.7870
		50 mg	Cyclosporine Capsules	02495821	STD	ADEFGRV	1.5350
		100 mg	Cyclosporine Capsules	02495813	STD	ADEFGRV	3.0720
Darunavir							
Tab	Orl	600 mg	M-Darunavir	02522284	MRA	DU	4.2970
		800 mg	M-Darunavir	02522292	MRA	DU	5.8295
Fesoterodine							
ERT	Orl	4 mg	Toviaz	02380021	PFI	(SA)	1.5000
			Sandoz Fesoterodine Fumarate	02521768	SDZ		1.1250
		8 mg	Toviaz	02380048	PFI	(SA)	1.5000
			Sandoz Fesoterodine Fumarate	02521776	SDZ		1.1250
Fluconazole							
Cap	Orl	150 mg	Fluconazole-150	02521229	SAS	ADEFGVW	3.6392
Hydroxychloroquine							
Tab	Orl	200 mg	Hydroxychloroquine	02519348	SAS	ADEFGV	0.1576
Lurasidone							
Tab	Orl	20 mg	Jamp Lurasidone	02516438	JPC	(SA)	1.2250
		40 mg	Jamp Lurasidone	02516446	JPC	(SA)	1.2250
		60 mg	Jamp Lurasidone	02516454	JPC	(SA)	1.2250
		80 mg	Jamp Lurasidone	02516462	JPC	(SA)	1.2250

Drug Product Additions

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Quetiapine							
ERT	Orl	50 mg	Mint-Quetiapine XR	02522187	MNT	ADEFGVW	0.2501
		150 mg	Mint-Quetiapine XR	02522195	MNT	ADEFGVW	0.4926
		200 mg	Mint-Quetiapine XR	02522209	MNT	ADEFGVW	0.6661
		300 mg	Mint-Quetiapine XR	02522217	MNT	ADEFGVW	0.9776
Sodium Polystyrene Sulfonate							
Sus	Orl	250 mg/mL	Odan-Sodium Polystyrene Sulfonate	02473968	ODN	ADEFGV	0.1409
Tenofovir							
Tab	Orl	300 mg	Tenofovir	02523922	SIV	ADEFGUV	4.8884
Teriflunomide							
Tab	Orl	14 mg	Aubagio	02416328	GZM		59.7200
			ACH-Teriflunomide	02502933	AHI		
			Apo-Teriflunomide	02500639	APX		
			Jamp Teriflunomide	02504170	JPC		
			M-Teriflunomide	02523833	MRA	(SA)	
			Mar-Teriflunomide	02500469	MAR		14.9300
			Nat-Teriflunomide	02500310	NAT		
			pms-Teriflunomide	02500434	PMS		
			Sandoz Teriflunomide	02505843	SDZ		
			Teva-Teriflunomide	02501090	TEV		

Drug Price Changes

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Cyclosporine							
Cap	Orl	25 mg	Neoral	02150689	NVR	ADEFGRV	0.7870
			Sandoz Cyclosporine	02247073	SDZ		
		50 mg	Neoral	02150662	NVR	ADEFGRV	1.5350
			Sandoz Cyclosporine	02247074	SDZ		
		100 mg	Neoral	02150670	NVR	ADEFGRV	3.0720
			Sandoz Cyclosporine	02242821	SDZ		
Fenofibrate							
Tab	Orl	100 mg	AA-Feno-Super	02246859	AAP	ADEFGV	0.9883
Levodopa / Carbidopa							
SRT	Orl	100 mg / 25 mg	AA-Levocarb CR	02272873	AAP	ADEFGV	0.7974
		200 mg / 50 mg	AA-Levocarb CR	02245211	AAP	ADEFGV	1.4282

Drug Price Changes

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Methotrexate							
Liq	Inj	25 mg/mL	Methotrexate Inj USP	02182777	PFI	ADEFGV	4.4600
			Methotrexate Injection BP	02464365	AHI		
Risedronate							
Tab	Orl	30 mg	Teva-Risedronate	02298384	TEV	(SA)	8.8500
Sodium Polystyrene Sulfonate							
Sus	Orl	250 mg/mL	Solystat	00769541	PDP	ADEFGV	0.1409
Zoledronic Acid							
Liq	IV	5 mg / 100 mL	Taro-Zoledronic Acid	02415100	TAR	ADEFGV	3.5601
			Zoledronic Acid	02422433	RCH		

Bulletin # 1082

July 7, 2022

NB Drug Plans Formulary Update

Frequency of Dispensing and Payment Policy

The Frequency of Dispensing and Payment Policy for New Brunswick Drug Plans establishes criteria and requirements for payment of dispensing fees for drugs taken continuously. The policy has been updated to clarify the criteria and requirements for claim submissions and documentation. The documentation forms have also been updated.

Effective August 1, 2022, the new forms must be used for documentation. Previous versions of the forms will not be accepted for audit purposes after this date.

The policy and documentation forms are available online.

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

Bulletin #1083

July 25, 2022

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective July 25, 2022.

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
- Update on Changes for Submissions of Claims over $9, 999.99

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

Regular Benefit Additions

Generic name (Brand name)	Strength	DIN	MFR	Plans	Cost Base
Terbinafine (Lamisil)	1% topical spray	02238703	NVR	ADEFGV	MLP
Special Authorization No Longer Required					
Lurasidone (Latuda and generic brands)	20 mg film-coated tablet 40 mg film-coated tablet 60 mg film-coated tablet 80 mg film-coated tablet 120 mg film-coated tablet	See NB Drug Plans Formulary or MAP List for Products		ADEFGV	MAP

Special Authorization Benefit Additions

Generic name (Brand name)	Strength	DIN	MFR	Plans	Cost Base
Adalimumab (Yuflyma)	40 mg / 0.4 mL prefilled pen	02523779	CTL	(SA)	MLP

Ankylosing Spondylitis
For the treatment of patients with active ankylosing spondylitis who are refractory, intolerant or have contraindications to conventional therapy.

Claim Notes:
- Must be prescribed by a rheumatologist or internist.
- Combined use of more than one biologic drug will not be reimbursed.
- Approvals will be for a maximum of 40 mg every two weeks.
- Initial approval period: 6 months.
- Renewal approval period: Long term. Confirmation of response is required.

Crohn's Disease
For the treatment of patients with moderately to severely active Crohn's disease who are refractory, intolerant or have contraindications to conventional therapy.

Claim Notes:
- Must be prescribed by a gastroenterologist or physician with a specialty in gastroenterology.
- Combined use of more than one biologic drug will not be reimbursed.
- Approvals will be for a maximum of 160 mg followed by 80 mg two weeks later, then 40 mg every two weeks.
- Initial approval period: 12 weeks.
- Renewal approval period: Long term. Confirmation of response is required.

Hidradenitis Suppurativa
For the treatment of patients with active moderate to severe hidradenitis suppurativa (HS) who

are refractory, intolerant or have contraindications to conventional therapy.

Claim Notes:
- Must be prescribed by a dermatologist or physician with experience in the treatment of HS.
- Combined use of more than one biologic drug will not be reimbursed.
- Approvals will be for a maximum of 160 mg followed by 80 mg two weeks later, then 40 mg every week beginning four weeks after the initial dose.
- Initial approval period: 12 weeks.
- Renewal approval period: Long term. Confirmation of response is required.

Plaque Psoriasis
For the treatment of patients with moderate to severe plaque psoriasis who are refractory, intolerant or have contraindications to conventional therapy.

Claim Notes:
- Must be prescribed by a dermatologist.
- Combined use of more than one biologic drug will not be reimbursed.
- Approvals will be for a maximum of 80 mg followed by 40 mg in one week, then 40 mg every two weeks thereafter.
- Initial approval period: 16 weeks.
- Renewal approval period: Long term. Confirmation of response is required.

Polyarticular Juvenile Idiopathic Arthritis
For the treatment of patients with moderately to severely active polyarticular juvenile idiopathic arthritis who are refractory, intolerant or have contraindications to conventional therapy.

Claim Notes:
- Must be prescribed by, or in consultation with, a rheumatologist.
- Combined use of more than one biologic drug will not be reimbursed.
- Approvals will be for a maximum of 40 mg every two weeks.
- Initial approval period: 6 months.
- Renewal approval period: Long term. Confirmation of response is required.

Psoriatic Arthritis
For the treatment of patients with active psoriatic arthritis who are refractory, intolerant or have contraindications to conventional therapy.

Claim Notes:
- Must be prescribed by a rheumatologist.
- Combined use of more than one biologic drug will not be reimbursed.
- Approvals will be for a maximum of 40 mg every two weeks.
- Initial approval period: 16 weeks.
- Renewal approval period: Long term. Confirmation of response is required.

Rheumatoid Arthritis
For the treatment of patients with moderately to severely active rheumatoid arthritis who are refractory, intolerant or have contraindications to conventional therapy.

Claim Notes:
- Must be prescribed by a rheumatologist.
- Combined use of more than one biologic drug will not be reimbursed.
- Approvals will be for a maximum of 40 mg every two weeks.

- Initial approval period: 6 months.
- Renewal approval period: Long term. Confirmation of response is required.

Ulcerative Colitis
For the treatment of patients with moderately to severely active ulcerative colitis who are refractory, intolerant or have contraindications to conventional therapy.

Claim Notes:
- Must be prescribed by a gastroenterologist or physician with a specialty in gastroenterology.
- Combined use of more than one biologic drug will not be reimbursed.
- Approvals will be for a maximum of 160 mg followed by 80 mg two weeks later, then 40 mg every two weeks.
- Initial approval period: 8 weeks.
- Renewal approval period: Long term. Confirmation of response is required.

Uveitis
For the treatment of patients with non-infectious uveitis who are refractory, intolerant or have contraindications to conventional therapy.

Claim Notes:
- Must be prescribed by, or in consultation with an ophthalmologist.
- Combined use of more than one biologic drug will not be reimbursed.
- Approvals will be for a maximum of 80 mg followed by 40 mg in one week, then 40 mg every two weeks thereafter.
- Initial approval period: 6 months.
- Renewal approval period: Long term. Confirmation of response is required.

Onasemnogene abeparvovec (Zolgensma)	2×10^{13} vector genomes/mL solution for infusion	02509695	NVR	(SA)	MLP

For the treatment of spinal muscular atrophy (SMA) in individuals who meet all of the following criteria:
- Genetic documentation of 5q SMA with biallelic mutations in the survival motor neuron 1 (SMN1) gene; and
- Patient is 180 days of age or younger at the time onasemnogene abeparvovec is administered; and
- Patient is pre-symptomatic or symptomatic with one to three copies of the survival motor neuron 2 (SMN2) gene; and
- Patient does not require permanent ventilatory support (invasive or non-invasive) or a permanent feeding tube.

Clinical Note:
- Permanent ventilatory support is defined as the need for a tracheostomy or requirement of 16 hours or more of respiratory assistance per day (via non-invasive ventilatory support) for 14 or more consecutive days in the absence of an acute reversible illness excluding perioperative ventilation.

Claim Notes:
- The patient must be under the care of a specialist experienced in the diagnosis and treatment of SMA.

- No treatment with nusinersen, risdiplam or other medications indicated for the treatment of SMA will be considered after the patient has received a dose of onasemnogene abeparvovec.
- Approvals will be limited to one lifetime administraton of 1.1 x 10^{14} vector genomes/kg.
- Patients who have received a prior dose of onasemnogene abeparvovec accessed by any mechanism (e.g. private insurance plan, clinical trial, compassionate access) will not be funded.
- Patients with 4 or more copies of the SMN2 gene will not be funded.

Trientine (MAR-Trientine)

250 mg capsule	02504855	MAR	(SA)	MLP

For the treatment of patients with Wilson's disease (WD) who are intolerant, or have contraindications, to d-penicillamine.

Renewal Criteria:
- Written confirmation that the patient has responded to treatment. Supporting documentation must be provided.

Clinical Note:
- Details of d-penicillamine intolerances and/or contraindications must be provided.

Claim Notes:
- In adult patients, trientine therapy must be initiated by a clinician experienced in the management of WD.
- In pediatric patients, initiation and renewal of trientine therapy must be overseen by a clinician experienced in the management of WD.
- Approvals will be for a maximum of 2000 mg per day.
- Approval period: 1 year.

Vitamins B and C (Replavite)

tablet	80007498	WNP	(SA)	MLP

For the replacement of water-soluble vitamins in patients with end-stage renal disease who are on dialysis.

Claim Note:
- Approval Period: Long term.

Changes to Existing Special Authorization Benefits

Generic name (Brand name)	Strength	DIN	MFR	Plans	Cost Base
New Dosage Form and Strength					
Risankizumab (Skyrizi)	150 mg/mL prefilled syringe 150 mg/mL autoinjector	02519283 02519291	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) greater than10 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 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

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.

New Indication					
Lenalidomide (Revlimid and generic brands)	2.5 mg capsule 5 mg capsule 10 mg capsule 15 mg capsule 20 mg capsule 25 mg capsule	See NB Drug Plans Formulary or MAP List for Products	(SA)	MAP

Multiple Myeloma

1. As first-line treatment for patients with newly diagnosed multiple myeloma who are not eligible for stem cell transplant when used:
   - in combination with dexamethasone, with or without bortezomib; or
   - in combination with daratumumab and dexamethasone.

2. For the treatment of patients with multiple myeloma when used in combination with bortezomib and dexamethasone as induction therapy prior to autologous stem cell transplant.

3. For the treatment of relapsed or refractory multiple myeloma when used:
   - in combination with dexamethasone for patients who have not progressed on lenalidomide; or
   - in combination with carfilzomib and dexamethasone for patients who have not progressed on bortezomib or lenalidomide; or
   - in combination with daratumumab and dexamethasone for patients who have not progressed on lenalidomide.

4. For the maintenance treatment of patients with newly diagnosed multiple myeloma who have stable or improved disease following stem cell transplant and no evidence of disease progression.

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

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

Claim Note:
- Approval period: 1 year.

New Indication

Olaparib (Lynparza)	100 mg tablet 150 mg tablet	02475200 02475219	AZE	(SA)	MLP

Metastatic Castration-Resistant Prostate Cancer
For the treatment of patients with metastatic castration-resistant prostate cancer (mCRPC) who meet all of the following criteria:
- deleterious or suspected deleterious germline and/or somatic mutations in the homologous recombination repair (HRR) genes BRCA1, BRCA2 or ATM; and
- Disease progression on prior treatment with androgen-receptor-axis-targeted (ARAT) 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.

New Strength and Revised Criteria

Elexacaftor / Tezacaftor / Ivacaftor and Ivacaftor (Trikafta)	50 mg / 25 mg / 37.5 mg and 75 mg tablet	02526670	VTX	(SA)	MLP

For the treatment of patients 6 years of age and older who have at least one F508del mutation in the cystic fibrosis transmembrane conductance regulator (CFTR) gene.

Initial Renewal Criteria:
The patient must meet one of the following criteria:

- Increase in ppFEV1 by at least 5% compared with baseline.
- Decrease in the total number of days for which the patient received treatment with oral and/or IV antibiotics for pulmonary exacerbations compared with the six month period prior to initiating treatment.
- Decrease in the total number of pulmonary exacerbations requiring oral and/or IV antibiotics compared with the six month period prior to initiating treatment.
- Decrease in the number of CF-related hospitalizations compared with the six month period prior to initiating treatment.
- No decrease in Body Mass Index (BMI) at six months compared with baseline.
- Increase of 4 points or more on the CF Questionnaire-Revised (CFQ-R) Respiratory Domain Scale compared with baseline.

Subsequent Renewal Criteria:

- Evidence of continued benefit must be provided (e.g., ppFEV1, CFQ-R, pulmonary exacerbations).

Clinical Notes:

1. The following baseline measurements must be provided prior to initiation of treatment:
    - Spirometry of FEV1 and ppFEV1 measured within the 3 month period prior to initiation of treatment
    - Total number of days treated with oral and/or intravenous (IV) antibiotics for pulmonary exacerbations in the 6 months prior to initiation of treatment
    - Total number of pulmonary exacerbations requiring oral and/or IV antibiotics in the 6 months prior to initiation of treatment
    - Number of CF-related hospitalizations in the 6 months prior to initiation of treatment
    - BMI
    - CFQ-R Respiratory Domain score
2. Requests will not be considered for patients who have undergone lung transplantation.

Claim Notes:

- Requests will be considered for individuals enrolled in Plans ADEFGV.
- The patient must be under the care of a physician with experience in the diagnosis and management of CF.
- Combined use of more than one CFTR modulator will not be reimbursed.
- Initial approval period: 7 months.
- Renewal 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.

Benefit Status Changes

Generic name (Brand name)	Strength	DIN	MFR	Plans	Cost Base
Delisted					
Deferasirox (Exjade and generic brands)	125 mg tablet 250 mg tablet 500 mg tablet	See NB Drug Plans Formulary or MAP List for Products			

Effective July 25, 2022 deferasirox tablets (Exjade and generics) will be delisted as a benefit on the New Brunswick Drug Plans Formulary. Requests for special authorization will not be considered.

There are equally effective and less costly iron chelating agents currently listed as special authorization benefits.

Drugs Reviewed and Not Listed

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

Generic name (Brand name)	Strength	DIN	MFR	Indication
Insulin Aspart (Kirsty)	100 unit/mL prefilled pen 100 unit/mL multidose vial	02520974 02520982	BGP	For the treatment of patients with diabetes mellitus.
Risperidone (Perseris)	90 mg prefilled syringe 120 mg prefilled syringe	02507838 02507846	HLS	For the treatment of schizophrenia in adults.

Update on Changes for Submission of Claims over $9, 999.99

Changes have been made to add efficiency to the submission process for claims that exceed the maximum claim amount of $9,999.99. The drugs and applicable DINs and PINs affected are listed here.

Effective August 31, 2022, pharmacies must use the DIN, one PIN (each subsequent claim is submitted with the same PIN) and Intervention and Exception Code "MG" to submit claims over the amount of $9,999.99. This new process will simplify the submissions of these claims.

Until August 31, 2022, claims that exceed the maximum claim amount of $9,999.99 can be submitted either with the DIN, one PIN (each subsequent claim is submitted with the same PIN) and Intervention and Exception Code "MG" or the DIN and multiple PINs.

More information on the NB Drug Plans Claim Submissions are available online.

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

Bulletin #1084 July 28, 2022

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 28, 2022.
  - Products that were already listed on the NB Drug Plans Formulary will be reimbursed up to the new category MAP effective August 18, 2022. Prior to August 18, 2022, 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 August 18, 2022. Prior to August 18, 2022, 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 28, 2022.

- Delisted drug products
  - Products will be removed from the NB Drug Plans Formulary effective August 18, 2022.

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

Drug Product Additions

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Calcipotriol / Betamethasone							
Gel	Top	50 mcg / 0.5 mg	Dovobet	02319012	LEO	ADEFGV	1.5377
			Taro-Calcipotriol/Betamethasone Gel	02525178	TAR		1.3142
Capecitabine							
Tab	Orl	150 mg	Capecitabine	02519879	JPC	ADEFGV	0.4575
		500 mg	Capecitabine	02519887	JPC	ADEFGV	1.5250
Cephalexin							
Tab	Orl	250 mg	Cephalexin	02521253	SAS	ABDEFGVW	0.0866
		500 mg	Cephalexin	02521261	SAS	ABDEFGVW	0.1731
Eletriptan							
Tab	Orl	20 mg	Apo-Eletriptan Tablets	02518015	APX	ADEFGV	2.6172
		40 mg	Apo-Eletriptan Tablets	02518023	APX	ADEFGV	2.6172
Furosemide							
Liq	Inj	10 mg/mL	Furosemide Injection USP	02461404	STR	VW	0.6055
Glycopyrrolate							
Liq	Inj	0.2 mg/mL	Glycopyrrolate Injection USP	02473879	STR	ADEFGVW	2.7825
		0.4 mg / 2 mL	Glycopyrrolate Injection USP	02473895	STR	ADEFGVW	2.7825
		4 mg / 20 mL	Glycopyrrolate Injection USP	02473887	STR	ADEFGVW	2.7825
Lenalidomide							
Cap	Orl	2.5 mg	Taro-Lenalidomide	02507862	TAR	(SA)	82.3750
		5 mg	Taro-Lenalidomide	02507870	TAR	(SA)	85.0000
		10 mg	Taro-Lenalidomide	02507889	TAR	(SA)	90.2500
		15 mg	Taro-Lenalidomide	02507897	TAR	(SA)	95.5000
		20 mg	Taro-Lenalidomide	02507900	TAR	(SA)	100.7500
		25 mg	Taro-Lenalidomide	02507919	TAR	(SA)	106.0000
Levetiracetam							
Tab	Orl	250 mg	Jamp Levetiracetam Tablets	02504553	JPC	ADEFGV	0.3210
		500 mg	Jamp Levetiracetam Tablets	02504561	JPC	ADEFGV	0.3911
		750 mg	Jamp Levetiracetam Tablets	02504588	JPC	ADEFGV	0.5416

Drug Product Additions

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Mometasone							
Asp	Nas	0.1%	Mometasone	02519127	SAS	ADEFGV	0.0742
Valacyclovir							
Tab	Orl	1000 mg	Valacyclovir	02519585	SAS	ADEFGV	1.7218

Drug Price Changes

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Fenofibrate							
Tab	Orl	160 mg	AA-Feno-Super	02246860	AAP	ADEFGV	1.0022
Furosemide							
Liq	Inj	10 mg/mL	Furosemide	00527033	SDZ	VW	0.6055
			Furosemide	02382539	SDZ		
Glycopyrrolate							
Liq	Inj	0.2 mg/mL	Glycopyrrolate	02039508	SDZ	ADEFGVW	2.7825
Lovastatin							
Tab	Orl	20 mg	Act Lovastatin	02248572	TEV	ADEFGV	1.0846
			Lovastatin	02220172	AAP		
		40 mg	Act Lovastatin	02248573	TEV	ADEFGV	1.9812
			Lovastatin	02220180	AAP		
Tolterodine							
ERC	Orl	2 mg	Sandoz Tolterodine LA	02413140	SDZ	ADEFGV	0.9822
			Teva-Tolterodine LA	02412195	TEV		
		4 mg	Sandoz Tolterodine LA	02413159	SDZ	ADEFGV	0.9822
			Teva-Tolterodine LA	02412209	TEV		
Travoprost							
Liq	Oph	0.004%	Apo-Travoprost Z	02415739	APX	ADEFGV	8.6280
			Sandoz Travoprost	02413167	SDZ		

Delisted Drug Products

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Product No Longer Marketed							
Tolterodine							
ERC	Orl	2 mg	Mylan-Tolterodine ER	02404184	MYL	ADEFGV	
		4 mg	Mylan-Tolterodine ER	02404192	MYL	ADEFGV	

Bulletin #1085

August 22, 2022

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective August 22, 2022.

Included in this bulletin:

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

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

Regular Benefit Additions

Generic name (Brand name)	Strength	DIN	MFR	Plans	Cost Base
Estrone (Estragyn)	0.1% vaginal cream	00727369	SLP	ADEFGV	MLP
Lidocaine (Xylocaine Jelly 2%)	2% topical gel	00001694 00385484	APN	ADEFGV	MAP
Special Authorization No Longer Required					
Apixaban (Eliquis and generic brand)	2.5 mg tablet 5 mg tablet	See NB Drug Plans Formulary or MAP List for Products		ADEFGV	MAP
Edoxaban (Lixiana)	15 mg tablet 30 mg tablet 60 mg tablet	02458640 02458659 02458667	SEV	ADEFGV	MLP
Rivaroxaban (Xarelto)	15 mg tablet 20 mg tablet	02378604 02378612	BAY	ADEFGV	MLP

Changes to Existing Special Authorization Benefits

Generic name (Brand name)	Strength	DIN	MFR	Plans	Cost Base
Revised Criteria					
Ciprofloxacin (Cipro and generic brands)	250 mg tablet 500 mg tablet 750 mg tablet	See NB Drug Plans Formulary or MAP List for Products		BW (SA)	MAP

1. For the treatment of patients with any of the following:
   - Acute exacerbations of chronic obstructive pulmonary disease who are at risk of *Pseudomonas* infection
   - Bacterial prostatitis
   - Cystic fibrosis-related pulmonary infections
   - Febrile neutropenia
   - Gram-negative infections (e.g., osteomyelitis, joint infections) which are resistant to other oral antibacterials
   - Infections with *Pseudomonas aeruginosa* (susceptible strains).
   - Severe bacterial gastroenteritis when other antibacterials (e.g., macrolides, sulfamethoxazole/trimethoprim) are ineffective, not tolerated, or contraindicated
   - Severe ("malignant") otitis extern
   - Urinary tract infections or acute uncomplicated pyelonephritis when caused by resistant bacteria or when other antibacterials are ineffective, not tolerated or are contraindicated
2. For chemoprophylaxis of close contacts of a patient with invasive meningococcal disease.
3. For the prevention of endophthalmitis in patients who have had cataract surgery with

unplanned vitrectomy.

Claim Notes:

- Prescriptions written by infectious disease specialists, internal medicine specialists, hematologists, medical microbiologists, oncologists, oncology clinical associates, or general practitioners in oncology, respirologists or urologists who are licensed by the College of Physicians and Surgeons of New Brunswick do not require special authorization.
- Ciprofloxacin 250 mg, 500 mg, and 750 mg tablets are regular benefits for beneficiaries of Plan B.

Revised Criteria

Ciprofloxacin (Cipro Oral Suspension)	500 mg / 5 mL oral suspension	02237514	BAY	W (SA)	MLP

For use in patients when oral tablets are not an option and who otherwise meet special authorization criteria for ciprofloxacin tablets.

Claim Note:

- Prescriptions written by infectious disease specialists, internal medicine specialists, hematologists, medical microbiologists, oncologists, oncology clinical associates, or general practitioners in oncology, respirologists or urologists who are licensed by the College of Physicians and Surgeons of New Brunswick do not require special authorization.

Drugs Reviewed and Not Listed

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

Generic name (Brand name)	Strength	DIN	MFR	Indication
Budesonide (Jorveza)	0.5mg tablet 1 mg tablet	02513854 02493675	AVI	For the treatment of eosinophilic esophagitis in adults.

Frequency of Dispensing and Payment Policy Reminder

The Frequency of Dispensing and Payment Policy for New Brunswick Drug Plans establishes criteria and requirements for payment of dispensing fees for drugs taken continuously.

As a reminder, the policy has been updated to clarify the criteria and requirements for claim submissions and documentation. The new documentation forms must be used effective August 1, 2022. Previous versions of the forms will not be accepted for audit purposes after this date.

Further to the new Opioid Agonist Treatment Practice Directive developed by the New Brunswick College of Pharmacists, drugs used for the treatment of opioid use disorder which are subject to dispensing requirements outlined in this directive are excluded from this policy (e.g., buprenorphine / naloxone, slow-release oral morphine).

The policy and documentation forms are available online.

Bulletin #1086

August 31, 2022

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, 2022.
  - Products that were already listed on the NB Drug Plans Formulary will be reimbursed up to the new category MAP effective September 21, 2022. Prior to September 21, 2022, 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 September 21, 2022. Prior to September 21, 2022, 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, 2022.

- Delisted drug products
  - Products will be removed from the NB Drug Plans Formulary effective September 21, 2022.

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

Drug Product Additions

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Abiraterone							
Tab	Orl	500 mg	Abiraterone	02525380	JPC	(SA)	15.3125
Cinacalcet							
Tab	Orl	30 mg	Cinacalcet	02524880	SAS	ADEFGV	2.7418
Desmopressin							
Liq	Inj	4 mcg/mL	DDAVP	00873993	FEI	ADEFGV	11.7667
			Bipazen	02513579	KVR		9.3314
Drospirenone / Ethinyl Estradiol							
Tab	Orl	3 mg / 0.02 mg	Drospirenone and Ethinyl Estradiol	02462060	GLM	DEFGV	0.2950
		3 mg / 0.03 mg	Drospirenone and Ethinyl Estradiol - 21	02421437	GLM	DEFGV	0.2962
			Drospirenone and Ethinyl Estradiol - 28	02421445			0.2221
Gliclazide							
ERT	Orl	30 mg	Gliclazide MR	02524856	SAS	ADEFGV	0.0931
		60 mg	Gliclazide MR	02524864	SAS	ADEFGV	0.0632
Letrozole							
Tab	Orl	2.5 mg	Letrozole	02524244	SIV	ADEFV	1.3780
Spironolactone							
Tab	Orl	25 mg	Jamp Spironolactone	02518821	JPC	ADEFGV	0.0405
		100 mg	Jamp Spironolactone	02518848	JPC	ADEFGV	0.0955
Tolterodine							
Tab	Orl	1 mg	Jamp Tolterodine	02496836	JPC	ADEFGV	0.2455
		2 mg	Jamp Tolterodine	02496844	JPC	ADEFGV	0.2455

Drug Price Changes

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Bupropion							
SRT	Orl	100 mg	Odan Bupropion SR	02275074	ODN	ADEFGV	0.3094
		150 mg	Odan Bupropion SR	02275082	ODN	ADEFGV	0.5394
Cefprozil							
Tab	Orl	500 mg	Auro-Cefprozil	02347253	ARO	ADEFGVW	2.0038
			Taro-Cefprozil	02293536	SUN		

Drug Price Changes

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Dexamethasone							
Tab	Orl	4 mg	Apo-Dexamethasone	02250055	APX	ADEFGVW	0.6112
			pms-Dexamethasone	01964070	PMS		
Drospirenone / Ethinyl Estradiol							
Tab	Orl	3 mg / 0.02 mg	Mya	02415380	APX	DEFGV	0.2950
		3 mg / 0.03 mg	Zamine (21)	02410788	APX	DEFGV	0.2962
			Zamine (28)	02410796			0.2221
Flurbiprofen							
Tab	Orl	100 mg	Flurbiprofen	01912038	AAP	ADEFGV	0.5930
Spironolactone							
Tab	Orl	25 mg	Mint-Spironolactone	02488140	MNT	ADEFGV	0.0405
			Teva-Spironolactone	00613215	TEV		
		100 mg	Mint-Spironolactone	02488159	MNT	ADEFGV	0.0955
			Teva-Spironolactone	00613223	TEV		
Tobramycin							
Liq	Inj	40 mg/mL	Tobramycin	02241210	SDZ	ABDEFGVW	1.2050
Triamcinolone / Neomycin / Nystatin / Gramicidin							
Crm	Top	1 mg / 2.5 mg / 100 000 IU / 0.25 mg	Viaderm K-C	00717002	TAR	ADEFGV	0.2359

Delisted Drug Products

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Product No Longer Marketed							
Bupropion							
SRT	Orl	100 mg	Bupropion SR	02391562	SAS	ADEFGV	
		150 mg	Bupropion SR	02391570	SAS	ADEFGV	

Bulletin #1087

September 26, 2022

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective September 26, 2022.

Included in this bulletin:

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

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

Regular Benefit Additions

Generic name (Brand name)	Strength	DIN	MFR	Plans	Cost Base
Special Authorization No Longer Required					
Brexpiprazole (Rexulti)	0.25 mg tablet 0.5 mg tablet 1 mg tablet 2 mg tablet 3 mg tablet 4 mg tablet	02461749 02461757 02461765 02461773 02461781 02461803	OTS	ACDEFGV	MLP

Special Authorization Benefit Additions

Generic name (Brand name)	Strength	DIN	MFR	Plans	Cost Base
Fedratinib (Inrebic)	100 mg capsule	02502445	CEL	(SA)	MLP

For the treatment of splenomegaly and/or disease-related symptoms in adult patients with:
- intermediate-2 or high-risk primary myelofibrosis, post-polycythemia vera myelofibrosis, or post-essential thrombocythemia myelofibrosis; and
- a contraindication or intolerance to ruxolitinib.

Renewal Criteria:
- Confirmation that the patient has responded to treatment as evidenced by a reduction in spleen size or symptom improvement.

Clinical Notes:
1. Patients must have a good performance status.
2. Treatment should be discontinued in patients who have progressive increase in spleen size, return of constitutional symptoms or development of serious adverse events.

Claim Notes:
- Requests will not be considered for patients who experience disease progression following treatment with ruxolitinib.
- Approval period: 6 months.

Changes to Existing Special Authorization Benefits

Generic name (Brand name)	Strength	DIN	MFR	Plans	Cost Base
Revised Criteria Denosumab (Prolia)	60 mg/mL prefilled syringe	02343541	AGA	(SA)	MLP

For the treatment of osteoporosis in patients who have:
- a high fracture risk, and
- a contraindication, severe gastrointestinal intolerance, or are refractory to bisphosphonates.

Clinical Notes:
1. Refractory is defined as a fragility fracture or evidence of a decline in bone mineral density below pre-treatment baseline levels, despite adherence for one year to osteoporosis therapy.
2. High fracture risk is defined as:
   - Moderate 10-year fracture risk (10% to 20%) as defined by the Canadian Association of Radiologists and Osteoporosis Canada (CAROC) tool or the World Health Organization's Fracture Risk Assessment (FRAX) tool with a prior fragility fracture; or
   - High 10-year fracture risk (≥ 20%) as defined by the CAROC or FRAX tool.

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

Revised Criteria Ruxolitinib (Jakavi)	5 mg tablet 10 mg tablet 15 mg tablet 20 mg tablet	02388006 02434814 02388014 02388022	NVR	(SA)	MLP

Myelofibrosis
For the treatment of splenomegaly and/or disease-related symptoms in adult patients with primary myelofibrosis, post-polycythemia vera myelofibrosis, or post-essential thrombocythemia myelofibrosis who meet all of the following criteria:
- Intermediate to high risk disease, or low risk disease with symptomatic splenomegaly, as assessed using DIPSS Plus
- Previously untreated or refractory to other treatment.

Renewal Criteria:
- Confirmation that the patient has responded to treatment as evidenced by a reduction in spleen size or symptom improvement.

Clinical Notes:
1. Patients must have an ECOG performance status of less than or equal to 3.
2. Treatment should be discontinued upon disease progression or unacceptable toxicity.

Claim Notes:

- Requests will not be considered for patients who experience disease progression following treatment with fedratinib.
- Approval period: 6 months.

Drugs Reviewed and Not Listed

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

Generic name (Brand name)	Strength	DIN	MFR	Indication
Macitentan / Tadalafil (Opsynvi)	10 mg / 40 mg film-coated tablet	02521083	JAN	For the treatment of pulmonary arterial hypertension.

Bulletin #1088 September 29, 2022

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 29, 2022.

- 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 20, 2022. Prior to October 20, 2022, 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 29, 2022.

- Delisted drug products
  - Products will be removed from the NB Drug Plans Formulary effective October 20, 2022.

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

Drug Product Additions

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Acyclovir							
Tab	Orl	200 mg	Mint-Acyclovir	02524708	MNT	ACDEFGV	0.3511
		400 mg	Mint-Acyclovir	02524716	MNT	ACDEFGV	0.8890
		800 mg	Mint-Acyclovir	02524724	MNT	ACDEFGV	1.2673
Alendronate							
Tab	Orl	70 mg	Jamp Alendronate Sodium	02500175	JPC	ACDEFGV	1.7804
Betahistine							
Tab	Orl	8 mg	M-Betahistine	02519682	MRA	(SA)	0.0637
		16 mg	M-Betahistine	02519690	MRA	ACDEFGV	0.1106
		24 mg	M-Betahistine	02519704	MRA	ACDEFGV	0.1659
Digoxin							
Tab	Orl	0.0625 mg	Jamp Digoxin	02498502	JPC	ACDEFGV	0.1850
		0.125 mg	Jamp Digoxin	02498510	JPC	ACDEFGV	0.1751
Irbesartan							
Tab	Orl	75 mg	M-Irbesartan	02524813	MRA	ACDEFGV	0.2281
		150 mg	M-Irbesartan	02524821	MRA	ACDEFGV	0.2281
		300 mg	M-Irbesartan	02524848	MRA	ACDEFGV	0.2281
Potassium Chloride							
Liq	Orl	100 mg/mL	Odan Potassium Chloride	80046782	ODN	ACDEFGV	0.0324
Pregabalin							
Cap	Orl	225 mg	Apo-Pregabalin	02394286	APX	ACDEFGVW	0.5757
Temozolomide							
Cap	Orl	5 mg	Jamp Temozolomide	02516799	JPC	ACDEFGV	1.9500
		20 mg	Jamp Temozolomide	02516802	JPC	ACDEFGV	7.8000
		100 mg	Jamp Temozolomide	02516810	JPC	ACDEFGV	39.0015
		140 mg	Jamp Temozolomide	02516829	JPC	ACDEFGV	54.6025
		250 mg	Jamp Temozolomide	02516845	JPC	ACDEFGV	97.5010
Valsartan							
Tab	Orl	40 mg	M-Valsartan	02524511	MRA	ACDEFGV	0.2211
		80 mg	M-Valsartan	02524538	MRA	ACDEFGV	0.2159

Drug Product Additions

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Valsartan							
Tab	Orl	160 mg	M-Valsartan	02524546	MRA	ACDEFGV	0.2159

Drug Price Changes

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Acyclovir							
Tab	Orl	200 mg	Apo-Acyclovir	02207621	APX		
			Mylan-Acyclovir	02242784	MYL	ACDEFGV	0.3511
			Teva-Acyclovir	02285959	TEV		
		400 mg	Apo-Acyclovir	02207648	APX		
			Mylan-Acyclovir	02242463	MYL	ACDEFGV	0.8890
			Teva-Acyclovir	02285967	TEV		
Betahistine							
Tab	Orl	8 mg	Auro-Betahistine	02449145	ARO	(SA)	0.0637
			Teva-Betahistine	02280183	TEV		
Digoxin							
Tab	Orl	0.0625 mg	Toloxin	02335700	PDP	ACDEFGV	0.1850
		0.125 mg	Toloxin	02335719	PDP	ACDEFGV	0.1751
Potassium Chloride							
Liq	Orl	100 mg/mL	Jamp-Potassium Chloride	80024835	JPC	ACDEFGV	0.0324
Temozolomide							
Cap	Orl	5 mg	Taro-Temozolomide	02443473	TAR	ACDEFGV	1.9500
			Teva-Temozolomide	02441160	TEV		
		20 mg	Taro-Temozolomide	02443481	TAR	ACDEFGV	7.8000
			Teva-Temozolomide	02395274	TEV		
		100 mg	Taro-Temozolomide	02443511	TAR	ACDEFGV	39.0015
			Teva-Temozolomide	02395282	TEV		
		140 mg	Taro-Temozolomide	02443538	TAR	ACDEFGV	54.6025
			Teva-Temozolomide	02395290	TEV		
		250 mg	Taro-Temozolomide	02443554	TAR	ACDEFGV	97.5010
			Teva-Temozolomide	02395312	TEV		
Ropinirole							
Tab	Orl	5 mg	Ran-Ropinirole	02314088	RAN	ACDEFV	1.7450
			Teva-Ropinirole	02316870	TEV		

Drug Price Changes

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Risperidone							
Liq	Orl	1 mg/mL	Jamp-Risperidone	02454319	JPC	ACDEFGV	0.7080
			pms-Risperidone	02279266	PMS		

Delisted Drug Products

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Product No Longer Marketed							
Ropinirole							
Tab	Orl	5 mg	Jamp-Ropinirole	02352362	JPC	ACDEFV	

Bulletin # 1089

October 3, 2022

New Brunswick Drug Plan

Premium and Copayment Changes

The premium and maximum copayments for the New Brunswick Drug Plan are changing November 1, 2022. The number of premium levels (income ranges) and maximum copayments will increase from 6 to 21. More information is available online at www.gnb.ca/drugplan.

Effective November 1, 2022

Gross Income Levels		Premiums		Copayments
Individual	Individual with children / Couple with or without children	Monthly premium per adult	Annual premium per adult	30% Copay to a maximum per prescription
$17,144 or less	$34,290 or less	$5.50	$66	$4.00
$17,145 to $18,071	$34,291 to $35,856	$11.08	$133	$5.35
$18,072 to $18,943	$35,857 to $37,331	$22.17	$266	$6.70
$18,944 to $19,869	$37,332 to $38,898	$33.25	$399	$8.25
$19,870 to $20,796	$38,899 to $40,465	$44.33	$532	$11.00
$20,797 to $21,722	$40,466 to $42,032	$55.42	$665	$12.40
$21,723 to $22,594	$42,033 to $43,506	$66.50	$798	$13.75
$22,595 to $23,521	$43,507 to $45,073	$77.58	$931	$15.15
$23,522 to $24,447	$45,074 to $46,640	$88.67	$1,064	$16.50
$24,448 to $25,374	$46,641 to $48,207	$99.75	$1,197	$17.90
$25,375 to $26,246	$48,208 to $49,682	$110.83	$1,330	$19.25
$26,247 to $27,172	$49,683 to $51,249	$121.92	$1,463	$20.65
$27,173 to $28,099	$51,250 to $52,816	$133.00	$1,596	$22.00
$28,100 to $29,025	$52,817 to $54,382	$144.08	$1,729	$23.40
$29,026 to $38,201	$54,383 to $69,064	$155.17	$1,862	$24.75
$38,202 to $47,377	$69,065 to $83,745	$166.25	$1,995	$26.15
$47,378 to $56,553	$83,746 to $98,426	$177.33	$2,128	$27.55
$56,554 to $65,729	$98,427 to $113,108	$188.42	$2,261	$28.90
$65,730 to $74,904	$113,109 to $127,789	$199.50	$2,394	$30.30
$74,905 to $84,080	$127,790 to $142,470	$210.58	$2,527	$31.65
Over $84,080	Over $142,470	$221.67	$2,660	$33.05

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

Bulletin #1090

October 24, 2022

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective October 24, 2022.

Included in this bulletin:

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

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

Regular Benefit Additions

Generic name (Brand name)	Strength	DIN	MFR	Plans	Cost Base
Cyproterone acetate / Ethinyl estradiol (Diane-35 and generic brands)	2 mg / 0.035 mg tablet	See NB Drug Plans Formulary or MAP List for Products		CDEFGV	MAP
Special Authorization No Longer Required					
Acamprosate (Campral)	333 mg delayed-release tablet	02293269	MYL	ACDEFGV	MAP
Naltrexone (Revia and generic brands)	50 mg tablet	See NB Drug Plans Formulary or MAP List for Products		ACDEFGV	MAP

Special Authorization Benefit Additions

Generic name (Brand name)	Strength	DIN	MFR	Plans	Cost Base
Levetiracetam (pdp-levetiracetam)	100 mg/mL oral solution	02490447	PDP	(SA)	MLP

For use in patients who require administration through a feeding tube or in pediatric patients when oral tablets are not an option.

Claim Note:
- Approval period: 1 year.

Generic name (Brand name)	Strength	DIN	MFR	Plans	Cost Base
Satralizumab (Enspryng)	120 mg/mL prefilled syringe	02499681	HLR	(SA)	MLP

For the treatment of patients 12 years of age and older with neuromyelitis optica spectrum disorder (NMOSD) who meet all of the following criteria:
- Aquaporin-4 antibody positive
- Expanded Disability Status Scale (EDSS) score of 6.5 points or less
- Experienced at least one relapse in the previous 12 months
- Relapse occurred despite an adequate trial of rituximab, or there has been an intolerance to rituximab

Renewal Criteria:
- Requests for renewal will be considered for patients who maintain an EDSS score of less than 8 points.

Clinical Note:
- Satralizumab should not be initiated during a NMOSD relapse.

Claim Notes:

- Must be prescribed by a neurologist with experience in the treatment of NMOSD.
- Combined use of more than one biologic drug will not be reimbursed.
- Approvals will be for a maximum of 120 mg at week 0, 2 and 4, then 120 mg every four weeks thereafter.
- Approval period: 1 year.
- Claims that exceed the maximum claim amount of $9,999.99 must be divided and submitted as separate transactions as outlined here.

Changes to Existing Special Authorization Benefits

Generic name (Brand name)	Strength	DIN	MFR	Plans	Cost Base
New Strength Adalimumab (Hulio)	20 mg / 0.4 mL prefilled syringe	02502380	BGP	(SA)	MLP

Ankylosing Spondylitis
For the treatment of patients with active ankylosing spondylitis who are refractory, intolerant or have contraindications to conventional therapy.

Claim Notes:

- Must be prescribed by a rheumatologist or internist.
- Combined use of more than one biologic drug will not be reimbursed.
- Approvals will be for a maximum of 40 mg every two weeks.
- Initial approval period: 6 months.
- Renewal approval period: Long term. Confirmation of response is required.

Crohn's Disease
For the treatment of patients with moderately to severely active Crohn's disease who are refractory, intolerant or have contraindications to conventional therapy.

Claim Notes:

- Must be prescribed by a gastroenterologist or physician with a specialty in gastroenterology.
- Combined use of more than one biologic drug will not be reimbursed.
- Approvals will be for a maximum of 160 mg followed by 80 mg two weeks later, then 40 mg every two weeks.
- Initial approval period: 12 weeks.
- Renewal approval period: Long term. Confirmation of response is required.

Hidradenitis Suppurativa
For the treatment of patients with active moderate to severe hidradenitis suppurativa (HS) who are refractory, intolerant or have contraindications to conventional therapy.

Claim Notes:

- Must be prescribed by a dermatologist or physician with experience in the treatment of HS.
- Combined use of more than one biologic drug will not be reimbursed.

- Approvals will be for a maximum of 160 mg followed by 80 mg two weeks later, then 40 mg every week beginning four weeks after the initial dose.
- Initial approval period: 12 weeks.
- Renewal approval period: Long term. Confirmation of response is required.

Plaque Psoriasis
For the treatment of patients with moderate to severe plaque psoriasis who are refractory, intolerant or have contraindications to conventional therapy.

Claim Notes:
- Must be prescribed by a dermatologist.
- Combined use of more than one biologic drug will not be reimbursed.
- Approvals will be for a maximum of 80 mg followed by 40 mg in one week, then 40 mg every two weeks thereafter.
- Initial approval period: 16 weeks.
- Renewal approval period: Long term. Confirmation of response is required.

Polyarticular Juvenile Idiopathic Arthritis
For the treatment of patients with moderately to severely active polyarticular juvenile idiopathic arthritis who are refractory, intolerant or have contraindications to conventional therapy.

Claim Notes:
- Must be prescribed by, or in consultation with, a rheumatologist.
- Combined use of more than one biologic drug will not be reimbursed.
- Approvals will be for a maximum of 40 mg every two weeks.
- Initial approval period: 6 months.
- Renewal approval period: Long term. Confirmation of response is required.

Psoriatic Arthritis
For the treatment of patients with active psoriatic arthritis who are refractory, intolerant or have contraindications to conventional therapy.

Claim Notes:
- Must be prescribed by a rheumatologist.
- Combined use of more than one biologic drug will not be reimbursed.
- Approvals will be for a maximum of 40 mg every two weeks.
- Initial approval period: 16 weeks.
- Renewal approval period: Long term. Confirmation of response is required.

Rheumatoid Arthritis
For the treatment of patients with moderately to severely active rheumatoid arthritis who are refractory, intolerant or have contraindications to conventional therapy.

Claim Notes:
- Must be prescribed by a rheumatologist.
- Combined use of more than one biologic drug will not be reimbursed.
- Approvals will be for a maximum of 40 mg every two weeks.
- Initial approval period: 6 months.
- Renewal approval period: Long term. Confirmation of response is required.

Ulcerative Colitis
For the treatment of patients with moderately to severely active ulcerative colitis who are refractory, intolerant or have contraindications to conventional therapy.

Claim Notes:
- Must be prescribed by a gastroenterologist or physician with a specialty in gastroenterology.
- Combined use of more than one biologic drug will not be reimbursed.
- Approvals will be for a maximum of 160 mg followed by 80 mg two weeks later, then 40 mg every two weeks.
- Initial approval period: 8 weeks.
- Renewal approval period: Long term. Confirmation of response is required.

Uveitis
For the treatment of patients with non-infectious uveitis who are refractory, intolerant or have contraindications to conventional therapy.

Claim Notes:
- Must be prescribed by, or in consultation with an ophthalmologist.
- Combined use of more than one biologic drug will not be reimbursed.
- Approvals will be for a maximum of 80 mg followed by 40 mg in one week, then 40 mg every two weeks thereafter.
- Initial approval period: 6 months.
- Renewal approval period: Long term. Confirmation of response is required.

Drugs Reviewed and Not Listed

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

Generic name (Brand name)	Strength	DIN	MFR	Indication
Pemigatinib (Pemazyre)	4.5 mg tablet	02519933	INC	For the treatment of adult patients with previously treated, unresectable locally advanced or metastatic cholangiocarcinoma with a fibroblast growth factor receptor 2 fusion or other rearrangement.
	9 mg tablet	02519941		
	13.5 mg tablet	02519968		
Zanubrutinib (Brukinsa)	80 mg capsule	02512963	BGN	For the treatment of adult patients with mantle cell lymphoma who have received at least one prior therapy.

Bulletin #1091

October 31, 2022

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 31, 2022.
  - Products that were already listed on the NB Drug Plans Formulary will be reimbursed up to the new category MAP effective November 21, 2022. Prior to November 21, 2022, 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 November 21, 2022. Prior to November 21, 2022, 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 31, 2022.

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

Drug Product Additions

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Apixaban							
Tab	Orl	2.5 mg	ACH-Apixaban	02487713	AHI		
			Jamp Apixaban	02528924	JPC		
			M-Apixaban	02529009	MRA		
			Mar-Apixaban	02492369	MAR	ACDEFGV	0.4084
			Nat-Apixaban	02492814	NAT		
			Sandoz Apixaban	02489228	SDZ		
			Taro-Apixaban	02510464	TAR		
		5 mg	ACH-Apixaban	02487721	AHI		
			Jamp Apixaban	02528932	JPC		
			M-Apixaban	02529017	MRA		
			Mar-Apixaban	02492377	MAR	ACDEFGV	0.4084
			Nat-Apixaban	02492822	NAT		
			Sandoz Apixaban	02489236	SDZ		
			Taro-Apixaban	02510472	TAR		
Atovaquone							
Sus	Orl	750 mg / 5 mL	Mepron	02217422	GSK	ACDEFGV	3.1713
			GLN-Atovaquone	02528495	GLM		2.3785
Deferasirox							
Tab	Orl	90 mg	pms-Deferasirox (Type J)	02528290	PMS	(SA)	2.6303
		180 mg	pms-Deferasirox (Type J)	02528304	PMS	(SA)	5.2610
		360 mg	pms-Deferasirox (Type J)	02528312	PMS	(SA)	10.5228
Emtricitabine/Tenofovir							
Tab	Orl	200 mg / 300 mg	Mint-Emtricitabine/Tenofovir	02521547	MNT	ACDEFGUV	7.0582
Levetiracetam							
Tab	Orl	250 mg	M-Levetiracetam	02524562	MRA	ACDEFGV	0.3210
		500 mg	M-Levetiracetam	02524570	MRA	ACDEFGV	0.3911
		750 mg	M-Levetiracetam	02524589	MRA	ACDEFGV	0.5416
Lurasidone							
Tab	Orl	120 mg	Jamp Lurasidone	02516470	JPC	ACDEFGV	1.2250
Montelukast							
TabC		4 mg	Jamp Montelukast Chewable	02514877	JPC	ACDEFGV	0.2758
		5 mg	Jamp Montelukast Chewable	02514885	JPC	ACDEFGV	0.3082
Pazopanib							
Tab	Orl	200 mg	Votrient	02352303	NVR	(SA)	36.4300
			pms-Pazopanib	02525666	PMS		27.3225

Drug Product Additions

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Potassium Chloride							
Liq	Orl	100 mg/mL	pms-Potassium Chloride	02238604	PMS	ACDEFGV	0.0227
Progesterone							
Cap	Orl	100 mg	Progesterone	02516187	SAS	(SA)	0.3762
Sunitinib							
Cap	Orl	25 mg	Sutent	02280809	PFI	(SA)	130.2470
			Taro-Sunitinib	02524066	TAR		97.6853
		50 mg	Sutent	02280817	PFI	(SA)	260.4950
			Taro-Sunitinib	02524082	TAR		195.3713
Topiramate							
Tab	Orl	25 mg	GLN-Topiramate	02287765	GLM	ACDEFGV	0.2433
		100 mg	GLN-Topiramate	02287773	GLM	ACDEFGV	0.4583
		200 mg	GLN-Topiramate	02287781	GLM	ACDEFGV	0.6748
Tretinoin							
Cap	Orl	10 mg	Vesanoid	02145839	XPI	ACDEFGV	16.3863
			Jamp Tretinoin	02520036	JPC		13.9284
Trientine							
Cap	Orl	250 mg	Mar-Trientine	02504855	MAR	(SA)	20.0000
			Waymade-Trientine	02515067	WMD		
Venlafaxine							
SRC	Orl	37.5 mg	pmsc-Venlafaxine XR	02521466	PMS	ACDEFGV	0.0913
		75 mg	pmsc-Venlafaxine XR	02521482	PMS	ACDEFGV	0.1825
		150 mg	pmsc-Venlafaxine XR	02521474	PMS	ACDEFGV	0.1927
Voriconazole							
Tab	Orl	50 mg	Jamp Voriconazole	02525771	JPC	(SA)	3.3909
		200 mg	Jamp Voriconazole	02525798	JPC	(SA)	13.2403

Drug Price Changes

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Apixaban							
Tab	Orl	2.5 mg	Apo-Apixaban	02487381	APX	ACDEFGV	0.4084
		5 mg	Apo-Apixaban	02487403	APX	ACDEFGV	0.4084

Drug Price Changes

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Colesevelam							
Tab	Orl	625 mg	Apo-Colesevelam	02494051	APX	ACDEFGV	0.5931
Lurasidone							
Tab	Orl	120 mg	pms-Lurasidone	02505916	PMS	ACDEFGV	1.2250
			Taro-Lurasidone	02504537	TAR		
Potassium Chloride							
Liq	Orl	100 mg/mL	Jamp-Potassium Chloride	80024835	JPC	ACDEFGV	0.0227
			Odan Potassium Chloride	80046782	ODN		
Voriconazole							
Tab	Orl	50 mg	Sandoz Voriconazole	02399245	SDZ	(SA)	3.3909
			Teva-Voriconazole	02396866	TEV		
		200 mg	Sandoz Voriconazole	02399253	SDZ	(SA)	13.2403
			Teva-Voriconazole	02396874	TEV		

Bulletin #1092

November 21, 2022

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective November 21, 2022.

Included in this bulletin:

- Regular Benefit Additions
- Special Authorization Benefit Additions
- Changes to Existing Special Authorization Benefits
- Drugs Reviewed and Not Listed
- Update on Replacement Drugs Policy

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

Regular Benefit Additions

Generic name (Brand name)	Strength	DIN	MFR	Plans	Cost Base
Magnesium glucoheptonate (Rougier Magnesium and generic brand)	100 mg/mL solution	See NB Drug Plans Formulary or MAP List for Products		ACDEFGV	MAP
Medroxyprogesterone (Depo-Provera)	150 mg/mL prefilled syringe	02523493	PFI	CDEFGV	MLP

Special Authorization Benefit Additions

Generic name (Brand name)	Strength	DIN	MFR	Plans	Cost Base
Binimetinib (Mektovi)	15 mg film-coated tablet	02513080	PFI	(SA)	MLP

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

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:

- Binimetinib 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.
- Approval period: 6 months.

Decitabine / Cedazuridine (Inqovi)	35 mg / 100 mg tablet	02501600	TAI	(SA)	MLP

For the treatment of patients with myelodysplastic syndromes (MDS), including previously treated and untreated, who meet all of the following criteria:

- De novo or secondary MDS including all French-American-British subtypes (i.e., refractory anemia, refractory anemia with ringed sideroblasts, refractory anemia with excess blasts, refractory anemia with excess blasts in transformation, and chronic myelomonocytic leukemia)

- Intermediate-1, intermediate-2, or high-risk MDS, according to the International Prognostic Scoring System
- Have not experienced disease progression on a hypomethylating agent

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 Note:
- Approval period: 1 year.

Encorafenib (Braftovi)

75 mg capsule	02513099	PFI	(SA)	MLP

Metastatic Colorectal Cancer
In combination with panitumumab for the treatment of patients with metastatic colorectal cancer who meet all of the following criteria:
- Presence of BRAF V600E mutation
- Disease progression following at least one prior therapy in the metastatic setting
- No previous treatment with an EGFR inhibitor

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

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

Claim Notes:
- Encorafenib will not be reimbursed in patients who have progressed on BRAF targeted therapy.
- Approval period: 6 months.

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

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:
- Encorafenib 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.
- Approval period: 6 months.

Upadacitinib (Rinvoq)

15 mg extended-release tablet	02495155	ABV	(SA)	MLP

Psoriatic Arthritis
- For the treatment of patients with predominantly axial psoriatic arthritis who are refractory, intolerant or have contraindications to the sequential use of at least two NSAIDs at maximal tolerated dose for a minimum of two weeks each.
- For the treatment of patients with predominantly peripheral psoriatic arthritis who are refractory, intolerant or have contraindications to:
  - the sequential use of at least two NSAIDs at maximal tolerated dose for a minimum of two weeks each; and
  - methotrexate (oral or parenteral) at a dose of greater than or equal to 20mg weekly (greater than or equal to 15 mg if patient is greater than or equal to 65 years of age) for a minimum of 8 weeks; and
  - leflunomide for a minimum of 10 weeks or sulfasalazine for a minimum of 3 months.

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 rheumatologist.
- Combined use with other biologic drugs will not be reimbursed.
- Approvals will be for a maximum of 15 mg daily.
- Initial approval period: 6 months.
- Renewal approval period: 1 year. Confirmation of continued response is required.

Rheumatoid Arthritis
For the treatment of moderately to severely active rheumatoid arthritis, alone or in combination with methotrexate or other disease-modifying antirheumatic drugs (DMARDs), in adult patients who are refractory, intolerant or have contraindications to:
- methotrexate (oral or parenteral), alone or in combination with another DMARD, 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; 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 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. The nature of intolerance(s) must be clearly documented.

Claim Notes:

- Must be prescribed by a rheumatologist.
- Combined use with other biologic drugs or janus kinase inhibitors will not be reimbursed.
- Approvals will be for a maximum of 15 mg daily.
- Initial approval period: 6 months.
- Renewal approval period: 1 year. Confirmation of response is required.

Changes to Existing Special Authorization Benefits

Generic name (Brand name)	Strength	DIN	MFR	Plans	Cost Base
Revised Criteria					
Levofloxacin (generic brands)	250 mg tablet 500 mg tablet	See NB Drug Plans Formulary or MAP List for Products		BVW (SA)	MAP

1. For completion of treatment initiated in the hospital setting for patients with nosocomial pneumonia, community acquired pneumonia (CAP) or acute exacerbation of chronic obstructive pulmonary disease (AECOPD).
2. For the treatment of complicated AECOPD in patients who:
   - have failed treatment with at least one first-line therapy (doxycycline, beta-lactam, trimethoprim-sulfamethoxazole, or macrolide), or
   - are intolerant or have contraindication(s) to at least two first-line therapies.
3. For the treatment of CAP in patients with radiographic confirmation of pneumonia who:
   - have failed treatment with at least one first-line therapy (macrolide, doxycycline, beta-lactams), or
   - are intolerant or have contraindication(s) to at least two first-line therapies.
4. For the treatment of pulmonary infections in patients with cystic fibrosis.
5. For the treatment of severe pneumonia in nursing home patients.
6. For the treatment of patients with complicated osteomyelitis or joint infections.
7. For the treatment of patients with pyelonephritis.

Clinical Notes:

1. If the patient has been treated with an antibiotic within the past 3 months consider an antibiotic from a different class.

2. Complicated AECOPD is defined as patients with COPD (FEV/FVC greater than 0.7) experiencing increased sputum purulence, and with increased dyspnea or sputum volume, and one of the following:
   - FEV1 less than 50% predicted
   - At least 4 exacerbations per year
   - Ischemic heart disease
   - Home oxygen use
   - Chronic oral steroid use

Claim Notes:
- Prescriptions written by infectious disease specialists, internal medicine specialists, hematologists, medical microbiologists, oncologists, oncology clinical associates, general practitioners in oncology, respirologists or urologists who are licensed by the College of Physicians and Surgeons of New Brunswick do not require special authorization.
- Levofloxacin is a regular benefit for Plans BV.

Tuberculosis
For the treatment of tuberculosis in patients who have lab-verified drug resistance or a contraindication or intolerance to first-line drugs.

Claim Notes:
- Must be prescribed by, or in consultation with, an infectious disease specialist.
- Request will only be considered under Plans CP.

Revised Criteria

Moxifloxacin (generic brands)	400 mg tablet	See NB Drug Plans Formulary or MAP List for Products	BVW (SA)	MAP

1. For completion of treatment initiated in the hospital setting for patients with nosocomial pneumonia, community acquired pneumonia (CAP) or acute exacerbation of chronic obstructive pulmonary disease (AECOPD).
2. For the treatment of complicated AECOPD in patients who:
   - have failed treatment with at least one first-line therapy (doxycycline, beta-lactam, trimethoprim-sulfamethoxazole, or macrolide), or
   - are intolerant or have contraindication(s) to at least two first-line therapies.
3. For the treatment of CAP in patients with radiographic confirmation of pneumonia who:
   - have failed treatment with at least one first-line therapy (macrolide, doxycycline, beta-lactams), or
   - are intolerant or have contraindication(s) to at least two first-line therapies.
4. For the treatment of pulmonary infections in patients with cystic fibrosis.
5. For the treatment of severe pneumonia in nursing home patients.
6. For the treatment of patients with complicated osteomyelitis or joint infections.

Clinical Notes:
1. If the patient has been treated with an antibiotic within the past 3 months consider an antibiotic from a different class.
2. Complicated AECOPD is defined as patients with COPD (FEV/FVC greater than 0.7) experiencing increased sputum purulence, and with increased dyspnea or sputum volume, and one of the following:
   - FEV_1 less than 50% predicted
   - At least 4 exacerbations per year

- Ischemic heart disease
- Home oxygen use
- Chronic oral steroid use

Claim Notes:
- Prescriptions written by infectious disease specialists, internal medicine specialists, hematologists, medical microbiologists, oncologists, oncology clinical associates, general practitioners in oncology, or respirologists who are licensed by the College of Physicians and Surgeons of New Brunswick do not require special authorization.
- Moxifloxacin is a regular benefit for Plans BV.

Tuberculosis
For the treatment of tuberculosis in patients who have lab-verified drug resistance or a contraindication or intolerance to first-line drugs.

Claim Notes:
- Must be prescribed by, or in consultation with, an infectious disease specialist.
- Requests will only be considered under Plans CP.

Drugs Reviewed and Not Listed

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

Generic name (Brand name)	Strength	DIN	MFR	Indication
Nusinersen (Spinraza)	2.4 mg/mL intrathecal injection	02465663	BIG	For the treatment of type II or type III spinal muscular atrophy in adult patients older than 18 years of age regardless of ambulatory status.

Update on Replacement Drugs Policy

The Replacement Drugs Policy for New Brunswick Drug Plans outlines the documentation requirements and reimbursement guidelines for replacing lost, stolen, dropped or damaged drugs for beneficiaries of the New Brunswick Drug Plans.

The policy has been updated to clarify the reimbursement guidelines for beneficiaries living in facilities (includes nursing homes, licensed adult residential facilities and correctional facilities).

The policy is available online.

Bulletin #1093

November 30, 2022

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, 2022.
  - Products that were already listed on the NB Drug Plans Formulary will be reimbursed up to the new category MAP effective December 21, 2022. Prior to December 21, 2022, 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, 2022. Prior to December 21, 2022, 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, 2022.

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

Drug Product Additions

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Ambrisentan							
Tab	Orl	5 mg	Jamp Ambrisentan	02521938	JPC	(SA)	31.2732
			Sandoz Ambrisentan	02526875	SDZ		
		10 mg	Jamp Ambrisentan	02521946	JPC	(SA)	31.2732
			Sandoz Ambrisentan	02526883	SDZ		
Cetirizine							
Tab	Orl	20 mg	Mar-Cetirizine	02427141	MAR	(SA)	0.2223
			M-Cetirizine	02512025	MRA		
Entecavir							
Tab	Orl	0.5 mg	Entecavir	02527154	SAS	ACDEFGV	5.5000
Finasteride							
Tab	Orl	5 mg	M-Finasteride	02522489	MRA	ACDEFGV	0.3506
Mirtazapine							
Tab	Orl	45 mg	Auro-Mirtazapine	02411717	ARO	ACDEFGV	0.2925
Montelukast							
TabC	Orl	5 mg	Montelukast	02379325	SAS	ACDEFGV	0.3082
Olanzapine							
ODT	Orl	5 mg	Olanzapine ODT	02352974	SAS	ACDEFGVW	0.3574
		10 mg	Olanzapine ODT	02352982	SAS	ACDEFGVW	0.7143
Potassium Chloride							
SRT	Orl	600 mg	M-K8 L.A.	80035346	MRA	ACDEFGV	0.0400
Quetiapine							
ERT	Orl	400 mg	Mint-Quetiapine XR	02522225	MNT	ACDEFGVW	1.3270
Rabeprazole							
ECT	Orl	20 mg	Jamp Rabeprazole	02415291	JPC	ACDEFGV	0.1338
Ranitidine							
Tab	Orl	150 mg	Mint-Ranitidine	02526379	MNT	ACDEFGVW	0.1197
		300 mg	Mint-Ranitidine	02526387	MNT	ACDEFGVW	0.2253
Sitagliptin							
Tab	Orl	25 mg	Januvia	02388839	FRS	(SA)	2.8812
			Apo-Sitagliptin Malate	02508656	APX		1.4407
		50 mg	Januvia	02388847	FRS	(SA)	2.8812
			Apo-Sitagliptin Malate	02508664	APX		1.4407

Drug Product Additions

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Sitagliptin							
Tab	Orl	100 mg	Januvia	02303922	FRS	(SA)	2.8812
			Apo-Sitagliptin Malate	02508672	APX		1.4407
Sitagliptin / Metformin							
ERT	Orl	50 mg / 500 mg	Janumet XR	02416786	FRS	(SA)	1.5078
			Apo-Sitagliptin/Metformin XR	02506270	APX		0.8893
		50 mg / 1000 mg	Janumet XR	02416794	FRS	(SA)	1.5078
			Apo-Sitagliptin/Metformin XR	02506289	APX		0.8893
		100 mg / 1000 mg	Janumet XR	02416808	FRS	(SA)	3.0156
			Apo-Sitagliptin/Metformin XR	02506297	APX		1.7785
Tab	Orl	50 mg / 500 mg	Janumet	02333856	FRS	(SA)	1.5078
			Apo-Sitagliptin Malate/Metformin HCl	02509415	APX		0.7539
		50 mg / 850 mg	Janumet	02333864	FRS	(SA)	1.5078
			Apo-Sitagliptin Malate/Metformin HCl	02509423	APX		0.7539
		50 mg / 1000 mg	Janumet	02333872	FRS	(SA)	1.5078
			Apo-Sitagliptin Malate/Metformin HCl	02509431	APX		0.7539

Drug Price Changes

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Ambrisentan							
Tab	Orl	5 mg	Apo-Ambrisentan	02475375	APX	(SA)	31.2732
		10 mg	Apo-Ambrisentan	02475383	APX	(SA)	31.2732
Diclofenac							
Sup	Rt	50 mg	Sandoz Diclofenac	02261928	SDZ	ACDEFGV	1.2818

Bulletin # 1094

December 8, 2022

NB Drug Plans Update

2022 Holiday Hours

Representatives of the New Brunswick Drug Plans will be available the following hours during the 2022 holiday season:

Date	Hours
Saturday, December 24	Closed
Sunday, December 25	Closed
Monday, December 26	Closed
Tuesday, December 27	8 a.m. to 5 p.m. (regular hours)
Wednesday, December 28	8 a.m. to 5 p.m. (regular hours)
Thursday, December 29	8 a.m. to 5 p.m. (regular hours)
Friday, December 30	8 a.m. to 5 p.m. (regular hours)
Saturday, December 31	Closed
Sunday, January 1	Closed
Monday, January 2	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**.

Bulletin #1095

December 19, 2022

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective December 19, 2022.

Included in this bulletin:

- Regular Benefit Additions
- Special Authorization Benefit Additions

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

Regular Benefit Additions

Generic name (Brand name)	Strength	DIN	MFR	Plans	Cost Base
Halobetasol propionate (Bryhali)	0.01% topical lotion	02506262	BSL	ACDEFGV	MLP
Lipase/Amylase/Protease (Creon Minimicrospheres 35)	35,000 U / 35,700 U / 2,240 U capsule	02494639	BGP	ABCDEFGV	MLP
Trimeprazine (Panectyl)	2.5 mg tablet 5 mg tablet	01926306 01926292	SLP	ACDEFGV	MLP
Special Authorization No Longer Required					
Donepezil (Aricept and generic brands)	5 mg tablet 10 mg tablet	See NB Drug Plans Formulary or MAP List for Products		ACDEFV	MAP
Temporary Benefit Addition					

Due to the manufacturer shortage of haloperidol 0.5 mg, 1 mg, 2 mg, 5 mg and 10 mg tablets, haloperidol powder compounded for oral use has been added as a temporary regular benefit until commercial dosage forms become available. Please note that claims for extemporaneous preparations will be reimbursed at the Actual Acquisition Cost (AAC) of the ingredients plus the applicable dispensing fee.

Product	PIN	Plans	Cost Base
Haloperidol powder compounded for oral use	00901062	ACDEFGVW	AAC

Special Authorization Benefit Additions

Generic name (Brand name)	Strength	DIN	MFR	Plans	Cost Base
Azacitidine (Onureg)	200 mg tablet 300 mg tablet	02510197 02510200	CEL	(SA)	MLP

As maintenance therapy for the treatment of adult patients with newly diagnosed acute myeloid leukemia (de novo or secondary to prior MDS or CMML) who meet all of the following criteria:

- Intermediate or poor risk cytogenetics
- Complete remission or complete remission with incomplete blood count recovery following induction therapy, with or without consolidation treatment, within the previous 4 months
- Not eligible for hematopoietic stem cell transplantation

Renewal Criteria:

- Written confirmation that the patient continues to be in complete remission or complete remission with incomplete blood count recovery.

Clinical Note:

- Treatment should be discontinued upon disease relapse (i.e., appearance of greater than 5% blasts in the bone marrow or peripheral blood), unacceptable toxicity or if the patient becomes eligible for allogeneic bone marrow or stem cell transplantation.

Claim Notes:

- Requests will not be considered for patients who experience disease progression on hypomethylating agents.
- Approvals will be for a maximum of 300 mg daily for 14 days every 28-day cycle.
- 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.

Budesonide / Glycopyrronium / Formoterol Fumarate (Breztri Aerosphere)	182 mcg / 8.2 mcg / 5.8 mcg suspension for inhalation	02518058	AZE	(SA)	MLP

For the treatment of chronic obstructive pulmonary disease (COPD), as defined by spirometry, in patients who experience inadequate control while being treated with a long-acting beta-2 agonist/long-acting anticholinergic (LABA/LAAC).

Clinical Notes:

1. COPD is defined by spirometry as a post-bronchodilator FEV_1/FVC ratio of less than 0.70. Spirometry reports from any point in time will be accepted. If spirometry cannot be obtained, reasons must be clearly explained and other evidence of COPD severity provided (i.e. MRC Dyspnea Scale Score grade).
2. Inadequate control while being treated with a LABA/LAAC is defined as persistent symptoms for at least two months, or experiencing two or more exacerbations of COPD in the previous year requiring treatment with antibiotics and/or systemic corticosteroids or at least one exacerbation of COPD requiring hospitalization.
3. Patients should not be started on a LABA, LAAC and an inhaled corticosteroid (triple inhaled therapy) as initial therapy.

Claim Note:

- Approval period: Long term.

Bulletin #1096

December 20, 2022

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 20, 2022.
  - Products that were already listed on the NB Drug Plans Formulary will be reimbursed up to the new category MAP effective January 10, 2023. Prior to January 10, 2023, 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 10, 2023. Prior to January 10, 2023, these products will be reimbursed up to the previous MAP.
  - Price increases for products that were already listed on the NB Drug Plans Formulary will be reimbursed up to the new category MAP effective December 20, 2022.

- Delisted drug products
  - Products will be removed from the NB Drug Plans Formulary effective January 10, 2023.

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

Drug Product Additions

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Amoxicillin / Clavulanic Acid							
Pws	Orl	400 mg / 57 mg / 5 mL	Clavulin 400	02238830	GSK	ABCDEFGVW	0.3181
			M-Amoxi Clav	02530694	MRA		0.2386
Apixaban							
Tab	Orl	2.5 mg	Apixaban	02530708	SIV	ACDEFGV	0.4084
		5 mg	Mint-Apixaban	02495449	MNT	ACDEFGV	0.4084
			Apixaban	02530716	SIV		
Brimonidine / Timolol							
Liq	Oph	0.2% / 0.5%	Combigan	02248347	ABV	ACDEFGV	4.6580
			Apo-Brimonidine-Timop	02375311	APX		3.4935
Fluticasone							
Aem	Inh	125 mcg	Flovent Metered Dose HFA	02244292	GSK	ACDEFGV	0.4085
			Apo-Fluticasone HFA	02526557	APX		0.1951
			pms-Fluticasone HFA	02503123	PMS		
Linezolid							
Tab	Orl	600 mg	Jamp Linezolid	02520354	JPC	(SA)	19.3041
Ticagrelor							
Tab	Orl	90 mg	M-Ticagrelor	02529769	MRA	(SA)	0.7920

Drug Price Changes

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Cyanocobalamin							
Liq	Inj	1 000 mcg/mL	Cyanocobalamin	01987003	STR	ACDEFGV	0.3060
			Vitamin B12	00521515	SDZ		
Linezolid							
Tab	Orl	600 mg	Apo-Linezolid	02426552	APX	(SA)	19.3041
			Sandoz Linezolid	02422689	SDZ		
Ticagrelor							
Tab	Orl	90 mg	Taro-Ticagrelor	02492598	TAR	(SA)	0.7920

Delisted Drug Products

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Product No Longer Marketed							
Cyanocobalamin							
Liq	Inj	1 000 mcg/mL	Cyanocobalamin Injection USP	00626112	OMG	ACDEFGV	
			Jamp-Cyanocobalamin	02420147	JPC		