Bulletin #1109

July 24, 2023

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective July 24, 2023.

Included in this bulletin:

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

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

Special Authorization Benefit Additions

Generic name (Brand name)	Strength	DIN	MFR	Plans	Cost Base
Faricimab (Vabysmo)	6 mg / 0.05 mL single-use vial	02527618	HLR	(SA)	MLP

Diabetic macular edema
For the treatment of patients with diabetic macular edema who meet all of the following criteria:
- Clinically significant center-involving macular edema for whom laser photocoagulation is also indicated.
- Central retinal thickness greater than or equal to 250 micrometers.

Claim Notes:
- An initial claim of up to two vials (1 vial per eye treated) will be automatically reimbursed when prescribed by a New Brunswick ophthalmologist. If continued treatment is required, a request must be made through special authorization.
- Approvals will be for a maximum of 1 vial per eye every 4 weeks.
- Approval Period: 1 year. Confirmation of continued response is required.

Neovascular (wet) age-related macular degeneration
For the treatment of patients with neovascular (wet) age-related macular degeneration (AMD).

Discontinuation Criteria:
- Reduction in Best Corrected Visual Acuity (BCVA) in the treated eye of 15 letters or more on 2 consecutive visits, attributed to AMD in the absence of other pathology, or
- Reduction in BCVA in the treated eye of 30 letters or more compared to either baseline and/or best recorded level, or
- There is evidence of deterioration of the lesion morphology despite optimum treatment over 3 consecutive visits.

Clinical Note:
- BCVA must be provided with initial request and with subsequent renewal requests.

Claim Notes:
- An initial claim of up to two vials (1 vial per eye treated) will be automatically reimbursed when prescribed by a New Brunswick ophthalmologist. If continued treatment is required, a request must be made through special authorization.
- Approvals will be for a maximum of 1 vial per eye every 4 weeks for 16 weeks, followed by 1 vial per eye every 8 weeks thereafter.
- Approval Period: 1 year.

Sodium Phenylbutyrate / Ursodoxicoltaurine (Albrioza)	3 g / g powder for suspension	02527707	ALY	(SA)	MLP

For the treatment of patients with definite amyotrophic lateral sclerosis (ALS) who meet all the following criteria:
- Forced vital capacity (FVC) greater than or equal to 60% of predicted
- ALS symptoms for 18 months or less

- Permanent non-invasive or invasive ventilation is not required

Discontinuation Criteria:
- The patient requires permanent non-invasive or invasive ventilation; or
- The patient becomes non-ambulatory and is unable to cut food and feed themselves without assistance, irrespective of whether a gastrostomy is in place.

Clinical Note:
- FVC must be provided with initial request.

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

Changes to Existing Special Authorization Benefits

Generic name (Brand name)	Strength	DIN	MFR	Plans	Cost Base
New Indication Ondansetron (Zofran and generic brands)	2 mg/mL injection 4 mg tablet 8 mg tablet 4 mg / 5 mL oral solution 4 mg orally disintegrating tablet 8 mg orally disintegrating tablet	See NB Drug Plans Formulary or MAP List for Products		W (SA) (SA)	MAP
	For the management of nausea and vomiting in patients receiving palliative care.				
Revised Criteria Ceftolozane / Tazobactam (Zerbaxa)	1 g / 0.5 g vial	02446901	FRS	W (SA)	MLP
	For the treatment of patients with multidrug-resistant *Pseudomonas aeruginosa* when alternative agents are not an option. Claim Notes: • Must be prescribed by, or in consultation with, an infectious disease specialist or medical microbiologist. • 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
Eculizumab (Soliris)	10 mg/mL intravenous infusion	02322285	ALX	For the treatment in adult patients with generalized Myasthenia Gravis.
Eculizumab (Soliris)	10 mg/mL intravenous infusion	02322285	ALX	For the treatment of neuromyelitis optica spectrum disorder in adult patients
Pitolisant (Wakix)	5 mg tablet 20 mg tablet	02516241 02516268	EDO	For the treatment of excessive daytime sleepiness or cataplexy in adult patients with narcolepsy.