Bulletin #1111

August 28, 2023

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective August 28, 2023.

Included in this bulletin:

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

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

Regular Benefit Additions

Generic name (Brand name)	Strength	DIN	MFR	Plans	Cost Base
Voriconazole (Voriconazole for injection)	200 mg powder for solution	02381966	SDZ	ACDEFGV	MAP

Special Authorization Benefit Additions

Effective August 28, 2023, ranibizumab (Byooviz) will be added to the Formulary as a special authorization (SA) benefit according to the criteria listed below.

As of this date, SA requests for ranibizumab will be considered for coverage of the biosimilar brand only. Patients who received SA approval for the Lucentis brand of ranibizumab prior to August 28, 2023 will continue to have coverage until their current SA approval expires, or February 28, 2024, whichever occurs first.

Generic name (Brand name)	Strength	DIN	MFR	Plans	Cost Base
Ranibizumab (Byooviz)	10 mg/mL solution for intravitreal injection	02525852	BIG	(SA)	MLP

1. For the treatment of patients with neovascular (wet) age-related macular degeneration (AMD).
2. For the treatment of patients with choroidal neovascularization secondary to pathologic myopia (PM).
3. For the treatment of patients with choroidal neovascularization secondary to ocular conditions other than AMD and PM.
4. For the treatment of patients with diabetic macular edema (DME).
5. For the treatment of macular edema secondary to central retinal vein occlusion (CRVO) or branch retinal vein occlusion (BRVO).

<u>Claim Notes:</u>

- 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 30 days.
- Approval Period: 1 year.

Mecasermin (Increlex)	10 mg/mL multidose vial	02509733	IPS	(SA)	MLP

For the treatment of patients between 2 and 18 years of age with growth failure due to confirmed severe primary insulin-like growth factor-1 deficiency (SPIGFD) in whom epiphyseal closure has not yet occurred and meet the following criteria:

- Documented genetic mutation recognized as a cause of SPIGFD; or
- Clinical and biochemical features of SPIGFD.

Renewal Criteria:

- Height velocity is 1 cm or greater per 6 months or 2 cm or greater per year; and
- Bone age is 16 years or less in boys and 14 years or less in girls.

Clinical Notes:

1. Clinical and biochemical features of SPIGFD are defined as:
   - height standard deviation score less than or equal to –3.0; and
   - basal insulin-like growth factor-1 (IGF-1) levels below the 2.5th percentile for age and gender; and
   - random or stimulated growth hormone (GH) level > 10 ng/mL and failure to increase IGF-1 by 50 ug/L in response to exogenous GH during an IGF-1 generation test.
2. Exclusion of secondary forms of IGF-1 deficiency such as malnutrition, hypopituitarism, hypothyroidism, or chronic treatment with pharmacologic doses of anti-inflammatory steroids.

Claim Notes:

- Must be prescribed by a pediatric endocrinologist.
- Mecasermin will not be reimbursed in combination with recombinant growth hormone treatment.
- Approvals will be for a maximum of 0.12 mg/kg/dose twice daily.
- Approval period: 1 year
- Claims that exceed the maximum claim amount of $9,999 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 Edaravone (Radicava)	105 mg / 5 mL oral suspension	02532611	MBT	(SA)	MLP

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

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

Discontinuation Criteria:

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

Clinical Note:

- ALSFRS-R scores and FVC must be provided.

Claim Notes:

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

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
Cariprazine (Vraylar)	1.5 mg capsule 3 mg capsule 4.5 mg capsule 6 mg capsule	02526794 02526808 02526816 02526824	ABV	For the treatment of schizophrenia.
Cariprazine (Vraylar)	1.5 mg capsule 3 mg capsule 4.5 mg capsule 6 mg capsule	02526794 02526808 02526816 02526824	ABV	For the treatment of bipolar mania and bipolar depression.
Tepotinib (Tepmetko)	225 mg tablet	02516322	EMD	For the treatment of adult patients with locally advanced unresectable or metastatic non-small cell lung cancer with a MET exon 14 skipping alteration.