

Bulletin #1057

July 15, 2021

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective July 15, 2021.

Included in this bulletin:

- Regular Benefit Additions
- Special Authorization Benefit Additions
- Benefit Status Changes
- 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

Product	Strength	DIN	MFR	Plans	Cost Base
Calcipotriol / Betamethasone (Dovobet® and generic brand)	0.5 mg / 50 mcg topical ointment	See NB Drug Plans Formulary or MAP List for Products		ADEFGV	MAP
Enoxaparin (Inclunox® and Inclunox® HP)	30 mg / 0.3 mL prefilled syringe	02507501			
	40 mg / 0.4 mL prefilled syringe	02507528			
	60 mg / 0.6 mL prefilled syringe	02507536			
	80 mg / 0.8 mL prefilled syringe	02507544	SDZ	ADEFGWW	MLP
	100 mg / mL prefilled syringe	02507552			
	120 mg / 0.8 mL prefilled syringe	02507560			
	150 mg / mL prefilled syringe	02507579			
Enoxaparin (Noromby™ and Noromby™ HP)	30 mg / 0.3 mL prefilled syringe	02506459			
	40 mg / 0.4 mL prefilled syringe	02506467			
	60 mg / 0.6 mL prefilled syringe	02506475			
	80 mg / 0.8 mL prefilled syringe	02506483	JNO	ADEFGWW	MLP
	100 mg / mL prefilled syringe	02506491			
	120 mg / 0.8 mL prefilled syringe	02506505			
	150 mg / mL prefilled syringe	02506513			
Enoxaparin (Redesca® and Redesca HP®)	30 mg / 0.3 mL prefilled syringe	02509075			
	40 mg / 0.4 mL prefilled syringe	02509083			
	60 mg / 0.6 mL prefilled syringe	02509091			
	80 mg / 0.8 mL prefilled syringe	02509105	VAL	ADEFGWW	MLP
	100 mg / mL prefilled syringe	02509113			
	300 mg / 3 mL multi-dose vial	02509121			
	120 mg / 0.8 mL prefilled syringe	02509148			
150 mg / mL prefilled syringe	02509156				
Mesna (Uromitexan)	100 mg / mL ampoule	02241411	BAX	ADEFGV	MLP

Special Authorization No Longer Required

Itraconazole (Sporanox® and generic brand)	100 mg capsule	See NB Drug Plans Formulary or MAP List for Products		ADEFGV	MAP
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Special Authorization Benefits Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Macitentan (Opsumit®)	10 mg film-coated tablet	02415690	JAN	(SA)	MLP

For the treatment of patients with Group 1 pulmonary arterial hypertension (PAH) with World Health Organization (WHO) functional class II, III or IV.

Clinical Note:

- The diagnosis of PAH should be confirmed by right heart catheterization.

Claim Notes:

- Must be prescribed by, or in consultation with, a physician experienced in the treatment of PAH.
- Combined use of more than one endothelin receptor antagonists will not be reimbursed.
- The maximum dose of macitentan that will be reimbursed is 10 mg daily.
- Approval period: Long term.

Benefit Status Changes

Product	Strength	DIN	MFR	Plans	Cost Base
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Delisted

Ciprofloxacin (Cipro® XL)

1000 mg extended-release tablet

02251787

BAY

MAP

Effective July 15, 2021, ciprofloxacin 1000 mg extended release tablets will be delisted as a benefit under the New Brunswick Drug Plans Formulary. Requests for special authorization will not be considered.

The extended release tablets are more expensive than ciprofloxacin immediate release tablets which are listed as benefits on the New Brunswick Drug Plans Formulary.

Delisted

Enoxaparin (Lovenox® and Lovenox® HP)

30 mg / 0.3 mL prefilled syringe

02012472

40 mg / 0.4 mL prefilled syringe

02236883

60 mg / 0.6 mL prefilled syringe

02378426

80 mg / 0.8 mL prefilled syringe

02378434

100 mg / 1 mL prefilled syringe

02378442

300 mg / 3 mL multi-dose vial

02236564

120 mg / 0.8 mL prefilled syringe

02242692

150 mg / mL prefilled syringe

02378469

SAV

MLP

Effective July 15, 2021, biosimilar versions of enoxaparin will be added to the Formulary as regular benefits on Plans ADEFGVW.

After this date, special authorization (SA) requests for Lovenox will no longer be considered and the quantity limit of 35 days of therapy will be removed. Patients who received SA approval for the Lovenox brand of enoxaparin prior to July 15, 2021 will continue to have this brand covered until their SA approval expires, or February 28, 2022, whichever occurs first.

Drugs Reviewed and Not Listed

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

Product	Strength	DIN	MFR	Indication
Insulin degludec/ liraglutide (Xultophy®)	100 unit/mL + 3.6 mg/mL prefilled pen	02474875	NNO	Treatment of type 2 diabetes mellitus.

Update on Quantities for Claims Submission

Effective July 15, 2021, the quantity for claims submission will be changing for the following drugs:

Drug	Quantity for Claims Submission
Dalteparin (Fragmin®)	syringe/ vial
Enoxaparin (Lovenox® / Lovenox® HP)	syringe/ vial
Leuprolide (Lupron®)	vial
Nadroparin (Fraxiparin®/ Fraxiparin® Forte)	syringe/ vial
Semaglutide (Ozempic®)	pen
Tinzaparin (Innohep®)	syringe/ vial

This change will apply to all claims for prescriptions dispensed on, or after, July 15, 2021. Any claims for prescriptions dispensed prior to this date must follow the previous quantity for claim submission requirement.

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