

## **Bulletin #100**

# **Tiered Biologics Reimbursement Policy**

**Effective August 15, 2018**

- Effective August 15, 2018, Manitoba Health, Seniors and Active Living will be implementing a Tiered Biologics Reimbursement Policy.
- This Policy will ONLY apply to New Patients (biologic naïve) and Existing Patients that have previously been trialed and deemed unresponsive to biologic therapy as follows:
  - New Patients (biologic-naïve);
    - Select product from Tier 1 → Fail → Select second product from Tier 1 → Fail → Select any agent (Tier 1 or Tier 2)
  - Existing Patients (ONLY those that have previously been trialed and deemed unresponsive to biologic therapy)
    - Currently on Tier 1\* product → Fail → Select second product from Tier 1 → Fail → Select any agent (Tier 1 or Tier 2)
    - Currently on Tier 2\*\* product → Fail → Select product from Tier 1 → Fail → Select second product from Tier 1 → Fail → Select any agent (Tier 1 or Tier 2)

*\*NOTE: Patients will not be permitted to switch from Inflectra, Brenzys or Erelzi to another infliximab or etanerecept product listed in Tier 1 and/or 2 if previously trialed and deemed unresponsive to therapy.*

*\*\*NOTE: Patients will not be permitted to switch from Remicade or Enbrel to another infliximab or etanerecept product listed in Tier 1 if previously trialed and deemed unresponsive to therapy.*

### **Special Requests (Case-By-Case)**

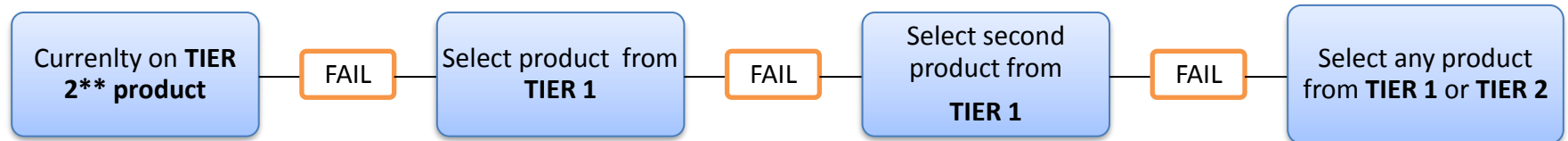
- To request special consideration for coverage on a case-by-case basis outside of this Policy, the clinician may write to the Provincial Drug Programs Review Committee (PDPRC), based upon the unique circumstances of the patient and alternative treatments tried.
- Additional information on the Provincial Drug Programs Review Process and requirements can be found at:  
<https://www.gov.mb.ca/health/mdbif/docs/edsnotice.pdf>.

# Tiered Biologics Reimbursement Policy Flowsheet

## New Patients (Biologic-Naïve):



## Existing Patients:



*\*NOTE: Patients will not be permitted to switch from Inflectra, Brenzys or Erelzi to another infliximab or etanerecept product listed in Tier 1 and/or 2 if previously trialed and deemed unresponsive to therapy.*

*\*\*NOTE: Patients will not be permitted to switch from Remicade or Enbrel to another infliximab or etanerecept product listed in Tier 1 if previously trialed and deemed unresponsive to therapy.*

| Tier 1       |                    |                           |                             |                |                           |                      |                         |
|--------------|--------------------|---------------------------|-----------------------------|----------------|---------------------------|----------------------|-------------------------|
| Product Name | Generic Name       | Rheumatoid Arthritis (RA) | Ankylosing Spondylitis (AS) | Psoriasis (PO) | Psoriatic Arthritis (PsA) | Crohn's Disease (CD) | Ulcerative Colitis (UC) |
| Actemra      | tocilizumab        | X                         |                             |                |                           |                      |                         |
| Brenzys      | etanercept         | X                         | X                           |                |                           |                      |                         |
| Cimzia       | certolizumab pegol | X                         | X                           |                | X                         |                      |                         |
| Cosentyx     | secukinumab        |                           | X                           | X              | X                         |                      |                         |
| Entyvio      | vedolizumab        |                           |                             |                |                           | X                    | X                       |
| Erelzi       | etanercept         | X                         | X                           |                |                           |                      |                         |
| Humira       | adalimumab         |                           |                             |                |                           |                      | X                       |
| Inflectra    | infliximab         | X                         | X                           | X              | X                         | X                    | X                       |
| Orencia      | abatacept          | X                         |                             |                |                           |                      |                         |
| Rituxan      | rituximab          | X                         |                             |                |                           |                      |                         |
| Simponi      | golimumab          | X                         | X                           |                | X                         |                      | X                       |
| Simponi IV   | golimumab          | X                         |                             |                |                           |                      |                         |
| Taltz        | ixekizumab         |                           |                             | X              |                           |                      |                         |
| Xeljanz      | tofacitinib        | X                         |                             |                |                           |                      |                         |
| Tier 2       |                    |                           |                             |                |                           |                      |                         |
| Enbrel       | etanercept         | X                         | X                           | X              | X                         |                      |                         |
| Humira       | adalimumab         | X                         | X                           | X              | X                         | X                    |                         |
| Kineret      | anakinra           | X                         |                             |                |                           |                      |                         |
| Remicade     | infliximab         | X                         | X                           | X              | X                         | X                    | X                       |
| Stelara      | ustekinumab        |                           |                             | X              |                           |                      |                         |

- Prescribing Criteria for all products noted above can be found on the online document: Part 3 Exception Drug Status (EDS) here: <https://www.gov.mb.ca/health/mdbif/docs/edsnotice.pdf>
- For information on Health Canada's review and recommendations, please see: <https://health-products.canada.ca/dpd-bdpp/index-eng.jsp>
- For Common Drug Review's review and recommendations, please see: <https://www.cadth.ca/about-cadth/what-we-do/products-services/cdr/reports>

**Dermatology** (Plaque Psoriasis)

| Tier 1    |               |
|-----------|---------------|
| Cosentyx  | (secukinumab) |
| Inflectra | (infliximab)  |
| Taltz     | (ixekizumab)  |
|           |               |
| Tier 2    |               |
| Enbrel    | (etanercept)  |
| Humira    | (adalimumab)  |
| Remicade  | (infliximab)  |
| Stelara   | (ustekinumab) |

**Gastroenterology** (Crohn's Disease)

| Tier 1    |               |
|-----------|---------------|
| Entyvio   | (vedolizumab) |
| Inflectra | (infliximab)  |
|           |               |
| Tier 2    |               |
| Humira    | (adalimumab)  |
| Remicade  | (infliximab)  |

**Gastroenterology** (Ulcerative Colitis)

| Tier 1    |               |
|-----------|---------------|
| Entyvio   | (vedolizumab) |
| Humira    | (adalimumab)  |
| Inflectra | (infliximab)  |
| Simponi   | (golimumab)   |
|           |               |
| Tier 2    |               |
| Remicade  | (infliximab)  |

**Rheumatology** (Ankylosing Spondylitis)

| Tier 1    |                      |
|-----------|----------------------|
| Brenzys   | (etanercept)         |
| Cimzia    | (certolizumab pegol) |
| Cosentyx  | (secukinumab)        |
| Erelzi    | (etanercept)         |
| Inflectra | (infliximab)         |
| Simponi   | (golimumab)          |
|           |                      |
| Tier 2    |                      |
| Enbrel    | (etanercept)         |
| Humira    | (adalimumab)         |
| Remicade  | (infliximab)         |

**Rheumatology** (Psoriatic Arthritis)

| Tier 1    |                      |
|-----------|----------------------|
| Cimzia    | (certolizumab pegol) |
| Cosentyx  | (secukinumab)        |
| Inflectra | (infliximab)         |
| Simponi   | (golimumab)          |
|           |                      |
| Tier 2    |                      |
| Enbrel    | (etanercept)         |
| Humira    | (adalimumab)         |
| Remicade  | (infliximab)         |

**Rheumatology** (Rheumatoid Arthritis)

| Tier 1     |                      |
|------------|----------------------|
| Actemra    | (tocilizumab)        |
| Brenzys    | (etanercept)         |
| Cimzia     | (certolizumab pegol) |
| Erelzi     | (etanercept)         |
| Inflectra  | (infliximab)         |
| Orencia    | (abatacept)          |
| Rituxan    | (rituximab)          |
| Simponi    | (golimumab)          |
| Simponi IV | (golimumab)          |
| Xeljanz    | (tofacitinib)        |
|            |                      |
| Tier 2     |                      |
| Enbrel     | (etanercept)         |
| Humira     | (adalimumab)         |
| Kineret    | (anakinra)           |
| Remicade   | (infliximab)         |

## FREQUENTLY ASKED QUESTIONS

### How will this change affect patients?

- The Tiered Biologics Reimbursement Policy will:
  - NOT require patients to switch from their existing therapy (if currently providing the expected response) and
  - ONLY apply to:
    - New patients (biologic-naïve) and
    - Existing patients that have previously been trialed and deemed unresponsive to biologic therapy.
- Prescribers would be required to try two (2) Tier 1 products before prescribing a Tier 2 product.
- Clients and prescribers will continue to have a wide choice over therapeutic selection and if required, clinicians may request special consideration for coverage on a case-by-case basis outside of the Policy via the Provincial Drug Programs Review Committee (PDPRC).

### What is a Tier 1 and Tier 2 biologic product?

Tier 1 biologic products (for the indications noted) have been determined to be the most cost-effective agents which allows Pharmacare to achieve greater value for its publicly funded drug programs, treat more patients without increasing expenditures, and retain prescriber/patient choice.

### Which biologic products are listed on Tier 1 and Tier 2?

A current list of Tier 1 and Tier 2 products can be found online at: <http://www.gov.mb.ca/health/pharmacare/healthprofessionals.html>  
Clients and prescribers will continue to have a wide choice over therapeutic selection.

### What if the prescriber would like to use a Tier 2 product before a Tier 1 product which is outside the biologics tiering policy?

Clinicians may request special consideration for coverage on a case-by-case basis outside of the biologics tiering policy via the Provincial Drug Programs Review Committee (PDPRC).

Information on this program can be found here: <https://www.gov.mb.ca/health/mdbif/docs/edsnotice.pdf>

**Pharmacy Line:** (204) 786-8000 in Winnipeg or at 1-800-663-7774 outside Winnipeg

**Public Inquiries:** (204) 786-7141 in Winnipeg or at 1-800-297-8099 outside of Winnipeg TTY (204) 774-8618.

**Information is also available at** <http://www.gov.mb.ca/health/pharmacare/healthprofessionals.html>