

Tiered Biologics Reimbursement Policy Overview

| Tier 1 | | | | | | | |
|--------------|--------------------|---------------------------|-----------------------------|------------------------|---------------------------|---|-------------------------|
| Product Name | Generic Name | Rheumatoid Arthritis (RA) | Ankylosing Spondylitis (AS) | Plaque Psoriasis (PsO) | Psoriatic Arthritis (PsA) | Crohn's/ Fistulizing Crohn's Disease (CD) | Ulcerative Colitis (UC) |
| *Abrilada | adalimumab | X | X | X | X | X | X |
| Amgevita | adalimumab | X | X | X | X | X | X |
| Avsola | infliximab | X | X | X | X | X | X |
| Actemra | tocilizumab | X | | | | | |
| Brenzys | etanercept | X | X | X | X | | |
| Cimzia | certolizumab pegol | X | X | | X | | |
| Cosentyx | secukinumab | | X | X | X | | |
| Entyvio | vedolizumab | | | | | X | X |
| Erelzi | etanercept | X | X | X | X | | |
| Hadlima | adalimumab | X | X | X | X | X | X |
| Hulio | adalimumab | X | X | X | X | X | X |
| Hyrimoz | adalimumab | X | X | X | X | X | X |
| Idacio | adalimumab | X | X | X | X | X | X |
| Ilumya | tildrakizumab | | | X | | | |
| Inflectra | infliximab | X | X | X | X | X | X |
| Kevzara | sarilumab | X | | | | | |
| Olumiant | baricitinib | X | | | | | |
| Orencia | abatacept | X | | | | | |
| Renflexis | infliximab | X | X | X | X | X | X |
| Riabni | rituximab | *X | | | | | |
| Riximyo | rituximab | X | | | | | |
| Ruxience | rituximab | X | | | | | |
| Siliq | brodalumab | | | X | | | |
| *Simlandi | adalimumab | X | X | X | X | X | X |
| Simponi | golimumab | X | X | | X | | X |
| Simponi IV | golimumab | X | | | | | |
| Skyrizi | risankizumab | | | X | | | |

*Effective June 1, 2022

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| Truxima | rituximab | X | | | | | |
| Taltz | ixekizumab | | | X | X | | |
| Xeljanz | tofacitinib | X | | | | | X |
| Xeljanz XR | tofacitinib | X | | | | | |
| *Yuflyma | adalimumab | X | X | X | X | X | X |
| Tier 2 | | | | | | | |
| Enbrel | etanercept | X | X | X | X | | |
| Humira | adalimumab | X | X | X | X | X | X |
| Kineret | anakinra | X | | | | | |
| Remicade | infliximab | X | X | X | X | X | X |
| Rituxan | rituximab | X | | | | | |
| Stelara | ustekinumab | | | X | | | |

- Prescribing Criteria for all products (including pediatrics if applicable) can be found here: [Exception Drug Status \(EDS\) \(gov.mb.ca\)](https://www.gov.mb.ca/health/pharmacare/exceptiondrugstatus/)
- 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>

If your questions are not answered by reviewing this Notice posted at:
<https://www.gov.mb.ca/health/pharmacare/healthprofessionals.html>
Please send an e-mail to PDPIInfoAudit@gov.mb.ca