

Bulletin #566

May 26, 2003

BENEFIT CHANGES TO NBPDP

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective May 26, 2003.

Included in this bulletin:

- **Special Authorization Additions**
- **Drugs Reviewed and Not Listed**

If you would prefer to receive bulletins electronically rather than in hard copy, please send a message to BC_nbpdp@atl.bluecross.ca or call 1-800-332-3691. Bulletins are also available on the NBPDP web page: www.gnb.ca/0051/0212/index-e.asp

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

Yours truly,

Debbie LeBlanc
New Brunswick Prescription Drug Program

NBPDP PHAR/PHYS

SPECIAL AUTHORIZATION ADDITIONS

Alendronate

(Fosamax®)

- 70mg Tablets

- For the treatment of osteoporosis when hormone replacement therapy (HRT) is declined, not tolerated or contraindicated.

Osteoporosis is defined as a bone mineral density (BMD) at least 2.5 standard deviations below the young adult mean (T score = -2.5) and/or the presence of osteoporotic fractures. (World Health Organization definition).

Capecitabine

(Xeloda®)

- 150mg and 500mg Tablets

- For single agent treatment of patients who have metastatic colorectal cancer, with an ECOG performance status of 0-2*, when first line combination chemotherapy (5-FU/ leucovorin/irinotecan) is declined or not tolerated. Requests will be considered for patients who are chemotherapy naive or patients who have progressed 6 months after completion of adjuvant 5-FU/ leucovorin therapy.

Must be prescribed by specialists in oncology. Approvals will be granted for up to 6 months at a time.

* Patients who are asymptomatic and those who are symptomatic and in bed less than 50% of the time.

Insulin Aspart

(NovoRapid®)

- 100 unit vial and penfill

- For patients with type I or II diabetes who have experienced frequent episodes of postprandial hypoglycemia; have unpredictable mealtimes; have insulin resistance; or who are using continuous subcutaneous insulin infusion.

Prescriptions written by New Brunswick endocrinologists and internists do not require special authorization. Subsequent refills ordered by other practitioners will not require special authorization.

SPECIAL AUTHORIZATION ADDITIONS

Infliximab (*Remicade*[®])

- 100mg injection in Crohn's Disease

- Must be prescribed by, or in consultation with, a gastroenterologist or physician with a specialty in gastroenterology.

Severe active Crohn's Disease

Requests will be considered for treatment of patients refractory to therapy with EACH of the following:

- 5-ASA products-minimum trial of 3 grams per day for 6 weeks AND
- Glucocorticosteroids - including steroid dependent disease AND
- Immunosuppressive therapy - azathioprine, 6-mercaptopurine or methotrexate for minimum 3 months*

Initial approval will be for a single 5 mg/kg dose. A second infusion may be considered for patients not responding to the first infusion, or in patients initially responsive but worsening before maintenance therapy is effective.

Fistulizing Crohn's Disease

Requests will be considered for patients with actively draining perianal or enterocutaneous fistula(e) that have occurred or persisted despite:

- Antibiotic therapy with metronidazole +/- ciprofloxacin for a minimum of 3 weeks AND
- Immunosuppressive therapy with azathioprine, 6-mercaptopurine or methotrexate for minimum of 6 weeks*

Initial approval will be for three doses of 5mg/kg dose at 0, 2 and 6 weeks.

* Patients who are very ill and not candidates for surgery may qualify for infliximab therapy without a trial of AZA, 6-MP or MTX as they may require a more rapid onset of response. Contraindications or serious adverse reactions limiting the use of any of the above therapies should be noted on the request for coverage.

SPECIAL AUTHORIZATION ADDITIONS

Effective April 1, 2003

Infliximab

(*Remicade*[®])

- 100mg injection in Rheumatoid Arthritis

- Must be prescribed by a rheumatologist.

For the treatment of patients with active rheumatoid arthritis who:

Etanercept

(*Enbrel*[®])

- 25mg injection in Rheumatoid Arthritis

- Have not responded to, or have had intolerable side-effects with, an adequate trial of combination traditional DMARD (disease modifying antirheumatic drug) therapy. Combination DMARD therapy must include methotrexate unless contraindicated or not tolerated, OR
- Are not candidates for combination DMARD therapy must have had adequate trial of at least three traditional DMARDs in sequence, one of which must have been methotrexate unless contraindicated
AND
- Have had an adequate trial of leflunomide unless it is contraindicated or not tolerated.

Rabeprazole

(*Pariet*[®])

- 10mg Tablets

- Same criteria as other Proton Pump Inhibitors (PPIs).
For the treatment of Gastro-esophageal Reflux Disease (GERD) Zollinger-Ellison Syndrome, Peptic Ulcer Disease (PUD) and as part of an *H. pylori* eradication regimen.

NB gastroenterologists do not require special authorization.

Details of criteria are contained in the NBPDP Formulary
www.gnb.ca/0051/0212/index-e.asp

Tacrolimus

(*Protopic*[®])

- 0.03% Ointment

- For children over 2 years of age with refractory atopic dermatitis.
Approvals will be given for up to twelve months at a time.
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DRUGS REVIEWED AND NOT LISTED

Tacrolimus

(Protopic®)

- 0.1% Ointment

- A variety of topical corticosteroids are listed as NBPDP benefits for the treatment of atopic dermatitis in adults.

Calcipotriol/Betamethasone

(Dovobet®)

- 50mcg/g / 0.5mg/g Ointment

- Both single entity products contained in Dovobet® are listed as NBPDP benefits. Dovobet® is more expensive than the combined cost of the individual components.

- Requests for coverage through special authorization will not be considered.

Cost comparison:

Product	Wholesale Cost (60g)
Calcipotriol (Dovonex®)	\$45.41
Betamethasone dipropionate (Diprosone®)	\$14.02
Total	\$59.43
 Dovobet®	 \$104.16