

Bulletin #578

October 21, 2003

## BENEFIT CHANGES TO NBPDP

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective October 21, 2003.

### Included in this bulletin:

- **Regular Benefit Additions**  
Claims for these products will be reimbursed at actual acquisition cost (AAC).
- **Special Authorization Additions**
- **Drugs Reviewed and Not Listed**

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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

## REGULAR BENEFIT ADDITIONS

Drug/Form/Route/Strength	Brandname	DIN	Manufacturer	Plans	\$		
Clarithromycin Tab	Orl	500mg	<b>Biaxin XL</b>	2244756	ABB	ABEFGVW	AAC
Pramipexole Tab	Orl	0.5mg	<b>Mirapex</b>	2241594	BOE	AEFVW	AAC
Ropinirole Tab	Orl	0.25mg	<b>ReQuip</b>	2232565	GSK	AEFV	AAC
		1mg	<b>ReQuip</b>	2232567	GSK	AEFV	AAC
		2mg	<b>ReQuip</b>	2232568	GSK	AEFV	AAC
		5mg	<b>ReQuip</b>	2232569	GSK	AEFV	AAC

## SPECIAL AUTHORIZATION ADDITIONS

### Capecitabine

(*Xeloda*<sup>®</sup>)

150mg and 500mg tablets

In addition to the current criteria, requests from specialists in hematology/oncology will be considered for:

- Treatment of patients with metastatic breast cancer who have failed or are intolerant to taxane therapy and have an ECOG performance status of 0-2\*.

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

### Darbepoetin

(*Aranesp*<sup>®</sup>)

10, 20, 30, 40, 50, 60, 80, 100, 150mcg prefilled syringes

- Treatment of anemia associated with chronic renal failure. Note: patients on dialysis (end-stage renal disease) receive darbepoetin through the dialysis units.

### Entacapone

(*Comtan*<sup>®</sup>)

200mg tablets

- Treatment of Parkinson's disease as adjunctive therapy in patients not well controlled and are experiencing significant "wearing off" symptoms despite optimal therapy with levodopa/decarboxylase or levodopa/benserazide.

## SPECIAL AUTHORIZATION ADDITIONS

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**Imatinib**  
(*Gleevec*<sup>®</sup>)  
100mg capsules

Requests from specialists in hematology/oncology will be considered for:

1. Patients who have documented evidence of Philadelphia chromosome positive (Ph+) chronic myelogenous leukemia (CML), with an ECOG performance status of 0-2 who are:
  - in blast crisis, or
  - in accelerated phase, or
  - in chronic phase after failure of interferon-alpha therapy

Reassessment is required every 6 months.

2. Patients with c-Kit positive (CD117), metastatic or locally advanced, inoperable gastrointestinal stromal tumours (GIST), who have an ECOG performance status of 0-2\*.

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

## LINE EXTENSIONS

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**Olanzapine**  
(*Zyprexa*<sup>®</sup>)  
15mg tablets

- For the acute and maintenance treatment of schizophrenia and related psychotic disorders. Advice from a psychiatrist is suggested prior to starting therapy.

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

**Salmeterol/Fluticasone**  
(*Advair*<sup>®</sup>)  
25/125 mcg & 25/250mcg  
metered dose inhaler  
(HFA)

- For patients with reversible obstructive airways disease who are:
- Stabilized on an inhaled corticosteroid and a long-acting B<sub>2</sub> agonist, or
  - Using optimal doses of inhaled corticosteroids but are still poorly controlled.
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## DRUGS REVIEWED AND NOT LISTED

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### **Nateglinide**

*(Starlix®)*

60mg, 120mg and 180mg  
tablets

- Offers no significant therapeutic advantage over currently available therapy
  - Requests for coverage through special authorization will not be considered
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### **Desloratidine**

*(Aerius®)*

5mg tablet

- No evidence of therapeutic advantage over currently available agents
  - Higher cost compared to other non-sedating antihistamines
  - Antihistamines are excluded as NBPDP benefits for all Plans except Plan G (children in care)
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