

Bulletin # 598

June 24, 2004

BENEFIT CHANGES TO NBPDP

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective June 24, 2004.

Included in this bulletin:

- **Regular Benefit Additions**
- **Special Authorization Additions**
- **Special Authorization Revised Criteria**
- **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	\$		
Ranitidine HCl					MAP		
Tab	Orl	150mg	Apo-Ranitidine [®]	733059	APX	AEFV	0.4042
			Novo-Ranitidine [®]	828564	NOP	AEFV	
			ratio-Ranitidine [®]	828823	RPH	AEFV	
			Nu-Ranit [®]	865737	NXP	AEFV	
			Gen-Ranitidine [®]	2207761	GPM	AEFV	
			Zantac [®]	2212331	GSK	AEFV	
			Ranitidine [®]	2230003	PRE	AEFV	
			pms-Ranitidine [®]	2242453	PMS	AEFV	
			Rhoxal-Ranitidine [®]	2243229	RHO	AEFV	
		300mg	Apo-Ranitidine [®]	733067	APX	AEFV	0.7787
			Novo-Ranitidine [®]	828556	NOP	AEFV	
			ratio-Ranitidine [®]	828688	RPH	AEFV	
			Nu-Ranit [®]	865745	NXP	AEFV	
			Gen-Ranitidine [®]	220778	GPM	AEFV	
			Zantac [®]	2212358	GSK	AEFV	
			Ranitidine [®]	2230004	PRE	AEFV	
			pms-Ranitidine [®]	2242454	PMS	AEFV	
			Rhoxal-Ranitidine [®]	2243230	RHO	AEFV	

Note: Ranitidine no longer requires special authorization

Rosuvastatin							
Tab	Orl	10mg	Crestor [®]	2247162	AZE	AEFVW	AAC
		20mg	Crestor [®]	2247163	AZE	AEFVW	AAC
		40mg	Crestor [®]	2247164	AZE	AEFVW	AAC

SPECIAL AUTHORIZATION – ADDITIONS

Omeprazole
(*Apo-Omeprazole*[®])
20mg capsules

Same criteria as other Proton Pump Inhibitors (PPIs)
(except not indicated for eradication of *H. pylori*.)

NB gastroenterologists do not require special authorization.

Criteria details are contained in the NBPDP Formulary
www.gnb.ca/0051/0212/index-e.asp

Tiotropium
(*Spiriva*[®])
18mcg capsule for inhalation

For the treatment of moderate to severe chronic obstructive pulmonary disease (COPD) in patients who continue to be symptomatic despite an adequate trial (2-4 months) with ipratropium at a dose of 4 puffs four times daily.

Canadian Thoracic Society COPD Classification:

- Moderate: Shortness of breath from COPD causing the patient to stop after walking about 100 meters (or after a few minutes) on the level or FEV₁ 40 to 59% predicted, FEV₁/FVC < 0.7
- Severe: Shortness of breath from COPD resulting in the patient being too breathless to leave the house, breathless after undressing, or the presence of chronic respiratory failure or clinical signs of right heart failure or FEV₁ < 40% predicted, FEV₁/FEC < 0.7

SPECIAL AUTHORIZATION – REVISED CRITERIA

Alendronate
(*Fosamax*[®])
10mg and 70mg tablets

The criteria have been revised to include:

Risedronate
(*Actonel*[®])
5mg and 35mg tablets

- For the prevention of corticosteroid induced osteoporosis in patients expected to receive oral corticosteroid therapy for 3 months or more.

DRUGS REVIEWED AND NOT LISTED

The following products are **not eligible** for coverage **for the prevention of primary osteoporosis** (defined as patients with a T-score above -2.5 without a pre-existing fragility fracture): Alendronate (Fosamax[®]), Calcitonin (Miacalcin[®], Apo-Calcitonin[®]), Raloxifene (Evista[®]) and Risedronate (Actonel[®]).

The reviews of the following products found that they did not offer a significant therapeutic and/or cost advantage over existing therapies. Requests for coverage through special authorization will not be considered.

Alendronate	(Fosamax [®])	5mg tablets
Testosterone	(Androderm [®])	12.2mg & 24.3mg transdermal delivery
	(AndroGel [®])	1% gel
Trandolapril/Verapamil SR	(Tarka [®])	1/240mg, 2/180mg, 2/240mg, 4/240mg tablets