

Bulletin #614

January 26, 2005

## BENEFIT CHANGES TO NBPDP

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective January 26, 2005.

**Included in this bulletin:**

- **Regular Benefit Additions**
- **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](mailto: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](http://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

## REGULAR BENEFIT ADDITIONS

Drug/Form/Route/Strength	Brandname	DIN	Manufacturer	Plans	\$
Clarithromycin					
Pws	<b>Biaxin®</b>	125mg/5mL	2146908	ABB	ABEFGVW
Orl		150mg/5mL			
Desmopressin					
Tab	<b>DDAVP®</b>	0.1mg	824305	FEI	EFG under age 18
Orl		0.2mg			

## SPECIAL AUTHORIZATION ADDITIONS

**Fludarabine**  
(Fludara®)  
10mg tablets

For the treatment of chronic lymphocytic leukemia (CLL) in patients with an ECOG performance status of 0-2\* when:

- The patient has failed to respond to, or relapsed during/after previous therapy with an alkylating agent and
- Intravenous administration is not desirable

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

**Levetiracetam**  
(Keppra®)  
250mg, 500mg, 750mg tablets

An adjunctive therapy in the management of patients with epilepsy who are not satisfactorily controlled by conventional therapy.

**Olanzapine**  
(Zyprexa®)  
2.5mg, 5mg, 7.5mg, 10mg, 15mg tablets  
(Zyprexa Zydis®)  
5mg, 10mg tablets

New indication added to existing criteria:

- For the acute treatment of manic or mixed episodes in bipolar I disorder.

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.

## SPECIAL AUTHORIZATION ADDITIONS

---

### **Oxcarbazepine**

(*Trileptal*<sup>®</sup>)

150mg, 300mg, 600mg tablets  
60mg/mL suspension

For the treatment of epilepsy in patients who have had an inadequate response or are intolerant to at least 3 other antiepileptics including carbamazepine.

---

### **Thyrotropin alpha**

(*Thyrogen*<sup>®</sup>)

0.9mg/mL injection

For on-going evaluation in patients who have documented evidence of thyroid cancer, have undergone appropriate surgical and/or medical management, and require monitoring for recurrence and metastatic disease. This includes:

The patient has failed to respond to, or relapsed during/

- Primary use in patients with inability to raise an endogenous TSH level ( $\geq 25$  mu/L) with thyroid hormone withdrawal.
  - Primary use in patients with one of the following documented comorbidities in whom severe hypothyroidism could be life threatening:
    - unstable angina
    - recent myocardial infarction
    - class III-IV congestive heart failure
    - uncontrolled psychiatric illness
    - other medical condition in which the clinical course could lead to a potential life threatening situation
  - Secondary use in patients with previous thyroid hormone withdrawal resulting in a documented life threatening event.
- 

### **Peginterferon alfa-2a**

(*Pegasys*<sup>®</sup>)

180mcg/0.5mL pre-filled syringe  
180mcg/mL vial injection

Requests will be considered from internal medicine specialists for the treatment of chronic hepatitis C (HCV RNA positive) for patients who cannot tolerate ribavirin.

- Initial coverage of 24 weeks will be approved for all patients. Coverage for an additional 24 weeks will be approved for patients with HCV genotype 1.
  - A positive HCV RNA assay after 24 weeks of therapy is an indication to stop treatment.
-

## DRUGS REVIEWED AND NOT LISTED

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

<b>Diclofenac</b>	<i>(Pennsaid®)</i>	1.5% topical solution
<b>Methylphenidate</b>	<i>(Concerta®)</i>	18mg, 36mg, 54mg extended release tablets