

Bulletin #624

May 31, 2005

## BENEFIT CHANGES TO NBPDP

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective May 31, 2005.

### Included in this bulletin:

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

### Special Authorization Unit Fax Number

Please ensure that special authorization (SA) requests are sent to the correct fax number. Some faxes have been sent to the wrong number by using 1-800 instead of **1-888**.

SA Local Fax: 506-867-4872  
SA Toll Free Fax: **1-888**-455-8322

If you would prefer to receive bulletins electronically rather than in hard copy, please send a message to [BC\\_nbpdp@medavie.bluecross.ca](mailto:BC_nbpdp@medavie.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	\$		
<b>Atazanavir</b>							
Cap	Orl	150mg	Reyataz <sup>®</sup>	2248610	BRI	U	AAC
		200mg	Reyataz <sup>®</sup>	2248611	BRI	U	AAC
<b>Lamivudine</b>							
Tab	Orl	300mg	3TC <sup>®</sup>	2247825	GSB	U	AAC
<b>Mirtazapine</b>							
Tab	Orl	15mg	Remeron RD <sup>®</sup>	2248542	ORG	AEFGVW	AAC
		30mg	Remeron RD <sup>®</sup>	2248543	ORG	AEFGVW	AAC
		45mg	Remeron RD <sup>®</sup>	2248544	ORG	AEFGVW	AAC

## SPECIAL AUTHORIZATION ADDITIONS

**Almotriptan malate**  
(*Axert*<sup>®</sup>)  
6.25mg and 12.5mg tablets

1. For the treatment of migraine headache where patients have a definite diagnosis of migraine with or without aura based on the current Canadian guidelines.
2. The initial approval for persons not previously treated with a 'triptan' will be limited to a quantity equal to three days of therapy per month at the maximum dose for two months. If therapy has been successful, special authorization could be renewed for a period of up to 12 months.

Note: Patients experiencing three or more severe migraine attacks in one month should be considered for migraine prophylaxis therapy.

*Special authorization for the products almotriptan 6.25mg and 12.5mg tablets, naratriptan 1mg and 2.5mg tablets, sumatriptan 100mg tablets, sumatriptan 20mg nasal spray and zolmitriptan 2.5mg tablets will be considered as a set. Approvals will include all products in this list, however reimbursement will be available for a maximum quantity of one agent per month.*

## SPECIAL AUTHORIZATION ADDITIONS

### **Methadone HCl**

(*Metadol*<sup>®</sup>)

1mg, 5mg, 10mg, 25mg tablets

- Requests will be considered from New Brunswick physicians authorized to prescribe methadone for the treatment of severe cancer-related or chronic non-malignant pain.
- Requests will not be considered for the treatment of opiate dependence.

### **Methadone**

Compounded Oral Solution

Requests from New Brunswick physicians authorized to prescribe methadone will be considered:

1. For the treatment of severe cancer-related or chronic non-malignant pain as an alternative to other opiates.
2. For the treatment of opiate dependence as an adjunct to psychosocial interventions.

All requests must meet requirements set out in the NBPDP methadone reimbursement policies.

### **Tolterodine**

(*Detrol*<sup>®</sup> LA - formerly *Unidet*<sup>®</sup>)

2mg, 4mg capsules

- For the treatment of overactive bladder with symptoms of urinary frequency, urgency and/or urge incontinence in patients who have not tolerated a reasonable trial of oxybutynin immediate release.
- Requests for the treatment of stress incontinence will not be considered.

## SPECIAL AUTHORIZATION – REVISED CRITERIA

### **Oxybutynin**

(*Ditropan XL*<sup>®</sup>)

5mg and 10mg tablets

- For the treatment of overactive bladder with symptoms of urinary frequency, urgency and/or urge incontinence in patients who have not tolerated a reasonable trial of oxybutynin immediate release.

### **Tolterodine**

(*Detrol*<sup>®</sup>)

1mg and 2mg tablets

- Requests for the treatment of stress incontinence will not be considered.

## SPECIAL AUTHORIZATION – REVISED CRITERIA

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### **Formoterol**

(*Foradil*<sup>®</sup>)

12 mcg inhalation capsules

(*Oxeze*<sup>®</sup>)

6mcg,12mcg inhalation turbuhaler

### **Salmeterol**

(*Serevent*<sup>®</sup>)

25mcg metered dose inhaler

50mcg diskus

The criteria have been revised to include:

- For the treatment of moderate to severe chronic obstructive pulmonary disease (COPD) as defined by the Canadian Thoracic Society\*, if a patient continues to be symptomatic after an adequate trial of ipratropium (4 puffs QID for 2-4 months) and appropriate use of short-acting beta<sub>2</sub>-agonists, indicative of poor control.

Requests for concurrent therapy with long-acting beta<sub>2</sub>-agonists and tiotropium will not be considered.

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### **Formoterol/Budesonide**

(*Symbicort*<sup>®</sup>)

6mcg/100mcg,6mcg/200mcg

metered dose inhaler

### **Salmeterol/Fluticasone**

(*Advair*<sup>®</sup>)

25/125mcg,25/250mcg

metered dose inhaler

50/100mcg,50/250mcg,50/500mcg

diskus dry powder inhalation

The criteria have been revised to include:

- For the treatment of moderate to severe chronic obstructive pulmonary disease (COPD) as defined by the Canadian Thoracic Society\*, if a patient continues to be symptomatic after an adequate trial of ipratropium (4 puffs QID for 2-4 months) and appropriate use of short-acting beta<sub>2</sub>-agonists, indicative of poor control.

Requests will be considered for patients with more advanced disease who experience frequent exacerbations (e.g. 3 or more per year especially requiring oral corticosteroid) and are already using a long-acting beta<sub>2</sub>-agonist and inhaled corticosteroid separately.

Requests for concurrent therapy with long-acting beta<sub>2</sub>-agonists and tiotropium will not be considered.

\* Canadian Thoracic Society COPD classification:

- Moderate: Shortness of breath from COPD causing the patient to stop walking about 100 meters (or after a few minutes) on the level or FEV<sub>1</sub> 40 to 59% predicted, FEV<sub>1</sub>/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 FEV<sub>1</sub> <40% predicted, FEV<sub>1</sub>/FEC<0.7.
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## SPECIAL AUTHORIZATION – REVISED CRITERIA

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

The criteria have been revised to include its indication in newly diagnosed chronic myeloid leukemia.

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

1. Patients who have documented evidence of Philadelphia chromosome positive (Ph+) chronic myeloid leukemia (CML), with an ECOG performance status of 0-2\*.
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.

## 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>Gefitinib</b>	( <i>Iressa</i> <sup>®</sup> )	250mg tablets
<b>Methadone HCl</b>	( <i>Metadol</i> <sup>®</sup> )	1mg/mL solution, 10mg/mL oral concentrate
<b>Multivitamin and Minerals</b>	( <i>Pregvit</i> <sup>®</sup> )	tablets
<b>Norelgestromin / Ethinyl estradiol</b>	( <i>Evra</i> <sup>®</sup> )	6mg/0.6mg transdermal system