

Bulletin #635

September 23, 2005

BENEFIT CHANGES TO NBPDP

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective September 23, 2005.

Included in this bulletin:

- **Regular Benefit Additions**
- **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	\$
Brimonidine tartrate 0.2%/ Timolol maleate 0.5% Liq Oph 0.2/0.5%	Combigan®	2248347	ALL	AEFGVW	AAC
Perindopril erbumine Tab Orl 8mg	Coversyl®	2246624	SEV	AEFGVW	AAC

SPECIAL AUTHORIZATION ADDITIONS

Peginterferon alpha-2a /
Ribavirin
(Pegasys®RBV™)
180mcg/mL Injection + 200mg
tablets

Requests will be considered from internal medicine specialists for the treatment of chronic hepatitis C (HCV RNA positive).

- Initial coverage of 24 weeks will be approved for all patients. Coverage for an additional 24 weeks will be approved for patients with HCV genotypes other than 2 and 3.
- A positive HCV RNA assay after 24 weeks of therapy is an indication to stop treatment.
- Interferon monotherapy should be reserved for patients who cannot tolerate ribavirin.

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.

Brimonidine tartrate	(Alphagan P®)	0.15% ophthalmic solution
Enfuvirtide	(Fuzeon®)	108mg/vial for injection
Tenofovir Disoproxil Fumarate	(Viread®)	300mg tablets