

Bulletin #649

January 19, 2006

BENEFIT CHANGES TO NBPDP

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective January 19, 2006.

Included in this bulletin:

- **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

SPECIAL AUTHORIZATION ADDITIONS

Adalimumab
(Humira®)
40mg/0.8mL (50mg/mL)
injection

- For patients with moderate to severe active rheumatoid arthritis who:
 - Have not responded to, or have had intolerable side-effects with, an adequate trial of combination traditional DMARD (disease modifying antirheumatic drug) therapy. Combination DMARD therapy must include methotrexate unless contraindicated or not tolerated, OR
 - Are not candidates for combination DMARD therapy must have had adequate trial of at least three traditional DMARDs in sequence, one of which must have been methotrexate unless contraindicated
- AND
- Have had an adequate trial of leflunomide unless it is contraindicated or not tolerated.
- Must be prescribed by a rheumatologist.
 - The number of doses is limited to twenty-six 40 mg doses per year with no dose escalation permitted.
 - Should not be used in combination with other tumor necrosis factor (TNF) antagonists.
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Dutasteride
(Avodart®)
0.5mg capsules

1. For the treatment of symptomatic benign prostatic hyperplasia.
 - Requests will be considered for beneficiaries whose symptoms are sufficiently severe to be considered for surgery including those patients who are a poor surgical risk.
 - Not indicated for those patients who are candidates for immediate surgery.
 2. Initial approval limits payment to a maximum of 6 months which can be renewed at the request of the physician upon determination of clinical response.
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SPECIAL AUTHORIZATION – REVISED CRITERIA

Finasteride
(*Proscar*[®])
5mg tablets

1. For the treatment of symptomatic benign prostatic hyperplasia.
 - Requests will be considered for beneficiaries whose symptoms are sufficiently severe to be considered for surgery including those patients who are a poor surgical risk.
 - Not indicated for those patients who are candidates for immediate surgery.
2. Initial approval limits payment to a maximum of 6 months which can be renewed at the request of the physician upon determination of clinical response.

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.

Butoconazole Nitrate	(<i>Gynazole-1</i> [®])	2% vaginal cream
Cinacalcet	(<i>Sensipar</i> [™])	30mg, 60mg, 90mg tablets
Ciprofloxacin HCl / Dexamethasone	(<i>Ciprodex</i> [®])	0.3%/0.1% otic solution
Eletriptan Hydrobromide	(<i>Relpax</i> [®])	20mg, 40mg tablets