



Prescription Drug Program/Plan de médicaments sur ordonnance

# BULLETIN

PO Box/CP 690 Moncton NB Canada E1C 8M7 Tel/Tél (506) 867-4515

Bulletin #655

April 28, 2006

## BENEFIT CHANGES TO NBPDP

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective April 28, 2006.

### 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@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>Drospirenone/Ethinyl Estradiol</b>					
Tab      Orl      3mg/0.030mg	Yasmin-21 <sup>®</sup>	2261723	BEX	EFGV	AAC
	Yasmin-28 <sup>®</sup>	2261731	BEX	EFGV	AAC
<b>Fosamprenavir</b>					
Tab      Orl            700mg	Telzir™	2261545	GSK	U	AAC
Sus      Orl            50mg/mL	Telzir™	2261553	GSK	U	AAC
<b>Mycophenolate Mofetil</b>					
Cap      Orl            250mg	Cellcept <sup>®</sup>	2192748	HLR	R	AAC
Tab      Orl            500mg	Cellcept <sup>®</sup>	2237484	HLR	R	AAC
<b>Mycophenolate Sodium</b>					
ECT      Orl            180mg	Myfortic <sup>®</sup>	2264560	NVR	R	AAC
	Myfortic <sup>®</sup>	2264579	NVR	R	AAC

## SPECIAL AUTHORIZATION ADDITIONS

### Montelukast

(Singular<sup>®</sup>)

4mg, 5mg chewable tablets

10mg tablets

4mg oral granules

### Zafirlukast

(Accolate<sup>®</sup>)

20mg tablets

For the treatment of moderate to severe asthma in patients who:

- Are not adequately controlled with moderate to high dose inhaled corticosteroids despite compliance with treatment AND
- Require increasing amounts of short-acting beta<sub>2</sub> agonists.

## SPECIAL AUTHORIZATION ADDITIONS

---

**Etanercept**  
(*Enbrel*<sup>®</sup>)  
25mg injection

New indications added to criteria:

### **Juvenile Rheumatoid Arthritis**

- For the treatment of children (age 4-17) with moderately to severely active polyarticular juvenile rheumatoid arthritis who have:
  - not responded to adequate treatment with one or more disease modifying antirheumatic drug (DMARD) for at least 3 months, OR
  - intolerance to DMARDs
- Must be prescribed by a rheumatologist.

### **Psoriatic Arthritis**

- For the treatment of patients with active psoriatic arthritis who have not responded to an adequate trial with two disease modifying antirheumatic drugs (DMARDs) or who have an intolerance or contraindication to DMARDs.
  - Must be prescribed by a rheumatologist.
- 

**Peginterferon alfa-2b**  
(*Pegetron Redipen*<sup>®</sup>)  
50mcg, 80mcg, 100mcg,  
120mcg, 150mcg/0.5mL  
injection + Ribavirin  
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.
- 

**Voriconazole**  
(*VFEND*<sup>®</sup>)  
50mg, 200mg tablets

- For the treatment of invasive aspergillosis. Initial requests will be approved for a maximum of 3 months.
  - Must be prescribed in consultation with a specialist in infectious diseases or medical microbiology.
-

## DRUGS REVIEWED AND NOT LISTED

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

<b>Alefacept</b>	<i>(Amevive®)</i>	15mg/0.5mL injection
<b>Doxycycline Hyclate</b>	<i>(Periostat®)</i>	20mg capsules
<b>Laronidase</b>	<i>(Aldurazyme®)</i>	0.58mg/mL injection