



Prescription Drug Program/Plan de médicaments sur ordonnance

# BULLETIN

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

Bulletin #660

July 26, 2006

## BENEFIT CHANGES TO NBPDP

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective July 26, 2006.

### Included in this bulletin:

- **Regular Benefit Additions**
- **Special Authorization Additions**
- **Special Authorization - Revised Criteria**
- **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>Diltiazem Hydrochloride</b>							
ERT	Orl	120mg	Tiazac <sup>®</sup> XC	2256738	BVL	AEFGVW	AAC
		180mg	Tiazac <sup>®</sup> XC	2256746	BVL	AEFGVW	AAC
		240mg	Tiazac <sup>®</sup> XC	2256754	BVL	AEFGVW	AAC
		300mg	Tiazac <sup>®</sup> XC	2256762	BVL	AEFGVW	AAC
		360mg	Tiazac <sup>®</sup> XC	2256770	BVL	AEFGVW	AAC
<b>Estradiol-17<math>\beta</math></b>							
Pth	Trd	25mcg	Climara 25 <sup>®</sup>	2247499	BEX	AEFVW	AAC
Pth	Trd	75mcg	Climara 75 <sup>®</sup>	2247500	BEX	AEFVW	AAC
<b>Nabilone</b>							
Cap	Orl	0.5mg	Cesamet <sup>®</sup>	2256193	VLN	AEFGVW	AAC
<b>Quetiapine – No longer requires special authorization</b>							
Tab	Orl	25mg	Seroquel <sup>®</sup>	2236951	AZE	AEFGVW	AAC
		100mg	Seroquel <sup>®</sup>	2236952	AZE	AEFGVW	AAC
		200mg	Seroquel <sup>®</sup>	2236953	AZE	AEFGVW	AAC
		300mg	Seroquel <sup>®</sup>	2244107	AZE	AEFGVW	AAC
<b>Somatropin</b>							
Liq	SC	10mg/2mL	Nutropin AQ Pen <sup>®</sup>	2249002	HLR	T	AAC
Ctg	SC	24mg	Humatrope <sup>®</sup>	2243079	LIL	T	AAC

## SPECIAL AUTHORIZATION ADDITIONS

---

**Imatinib**  
(*Gleevec*<sup>®</sup>)  
100mg, 400mg tablets  
**New formulation**

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.

---

## SPECIAL AUTHORIZATION – REVISED CRITERIA

---

**Imiquimod**  
(*Aldara*<sup>™</sup>)  
5% Cream

New indication added to criteria:

- For the treatment of actinic keratosis in patients who have failed treatment with 5-Fluorouracil (5-FU) and cryotherapy.
- 

**Infliximab**  
(*Remicade*<sup>®</sup>)  
10mg/mL Injection

New indication added to criteria:

### **Maintenance therapy for chronic active Crohn's Disease**

Requests will be considered for treatment of patients refractory to therapy with EACH of the following:

- 5-ASA products-minimum trial of 3 grams per day for 6 weeks AND
- Glucocorticosteroids - including steroid dependent disease AND
- Immunosuppressive therapy - azathioprine, 6-mercaptopurine or methotrexate for minimum 3 months

Initial approval will be for a single 5 mg/kg dose. A second infusion may be considered for patients not responding to the first infusion, or in patients initially responsive but worsening before maintenance therapy is effective.

For maintenance therapy after a successful induction regimen in cases where treatment with other immunosuppressive therapies (listed above) does not provide disease control in the longer term. Approval will be for a 5mg/kg dose up to every 8 weeks.

---

## 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.

<b>Moxifloxacin</b>	<i>(Vigamox<sup>®</sup>)</i>	0.5% ophthalmic solution
<b>Gatifloxacin</b>	<i>(Zymar<sup>®</sup>)</i>	0.5% ophthalmic solution