



Prescription Drug Program/Plan de médicaments sur ordonnance

# BULLETIN

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Bulletin #662

August 25, 2006

## BENEFIT CHANGES TO NBPDP

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective August 25, 2006.

### Included in this bulletin:

- **Regular Benefit Additions**
- **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

## REGULAR BENEFIT ADDITIONS

Drug/Form/Route/Strength	Brandname	DIN	Manufacturer	Plans	\$
<b>Abacavir/ Lamivudine</b>					
Tab    Orl    600mg/300mg	Kivexa™	2269341	GSB	U	AAC
<b>Ethacrynic Acid</b>					
Tab    Orl           25mg	Edecrin®	2258528	FRS	AEFGVW	AAC
<b>Methotrexate Sodium</b>					
Tab    Orl           10mg	Methotrexate	2182750	MAY	AEFGVW	AAC
Liq    Inj	10mg/mL	2182947	MAY	AEFGVW	AAC
	25mg/mL	2099705	NOP	AEFGVW	AAC
	25mg/mL	2182955	MAY	AEFGVW	AAC
	25mg/mL	2182777	MAY	AEFGVW	AAC
<b>Nelfinavir</b>					
Tab    Orl           625mg	Viracept®	2248761	PFI	U	AAC

## SPECIAL AUTHORIZATION ADDITIONS

**Erlotinib**  
(*Tarceva™*)  
100mg, 150mg tablets

For the treatment of patients with locally advanced or metastatic non-small cell lung cancer (NSCLC) after failure of at least one prior chemotherapy regimen and whose epidermal growth factor receptor (EGFR) expression status is positive or unknown.

**Risperidone**  
(*Risperdal Consta®*)  
25mg, 37.5mg and  
50mg/vial prolonged-  
release suspension for  
injection

For the treatment of schizophrenia or schizoaffective disorder patients who have:

- A history of non-adherence, *and*
- Inadequate control or significant side-effects from two or more oral antipsychotic medications, *and*
- Inadequate control or significant side-effects from at least one typical depot antipsychotic agent.

## SPECIAL AUTHORIZATION – REVISED CRITERIA

**Galantamine**  
(*Reminyl ER*<sup>®</sup>)  
8mg, 16mg and 24mg  
extended release  
capsules

New indication added to criteria:

- For the treatment of mild to moderate Alzheimer’s disease with the same criteria as the other cholinesterase inhibitors.

**Valganciclovir**  
(*Valcyte*<sup>®</sup>)  
450mg tablets

New indication added to criteria:

- For the prevention of cytomegalovirus (CMV) disease in solid organ transplant patients at high-risk (i.e. donor CMV seropositive / recipient seronegative.) Coverage will be for a maximum of 100 days post transplant.

## 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>Alendronate</b>	( <i>Fosamax</i> <sup>®</sup> )	70mg/75mL oral solution
<b>Atomoxetine</b>	( <i>Strattera</i> <sup>™</sup> )	10mg, 18mg, 25mg, 40mg, 60mg capsules
<b>Ciclopirox Olamine</b>	( <i>Stieprox</i> <sup>®</sup> )	1.5% shampoo
<b>Insulin Glargine</b>	( <i>Lantus</i> <sup>®</sup> )	100IU/mL (10mL vial) injection
<b>Memantine</b>	( <i>Ebixa</i> <sup>®</sup> )	10mg tablets
<b>Oxybutynin</b>	( <i>Oxytrol</i> <sup>™</sup> )	36mg transdermal system