

Bulletin #801

November 30, 2010

BENEFIT CHANGES TO NBPDP

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective November 30, 2010.

Included in this bulletin:

- **Regular Benefit Additions**
- **Special Authorization Additions and Revised Criteria**
- **Drugs Reviewed and Not Listed**

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Yours truly,



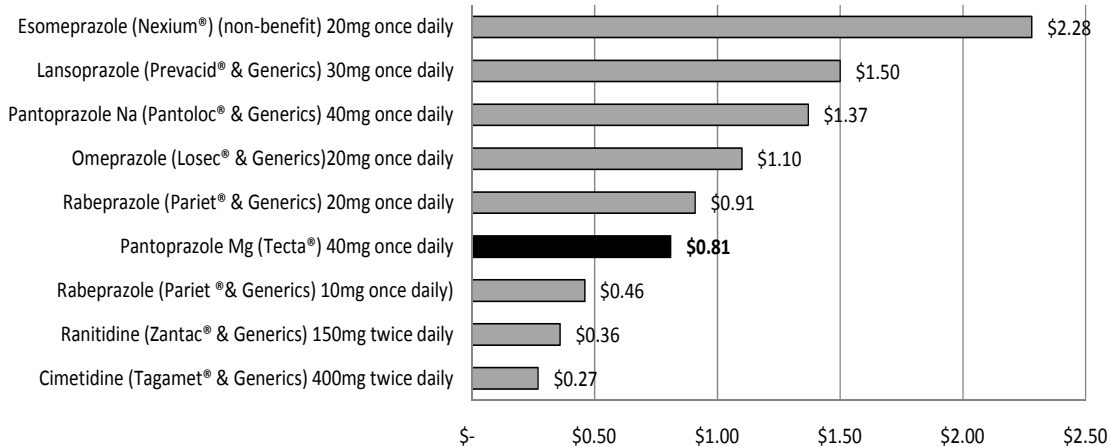
Debbie LeBlanc
New Brunswick Prescription Drug Program

REGULAR BENEFIT ADDITIONS

Drug/Form/Route/Strength	Brand Name	DIN	Manufacturer	Plans	\$
Acetaminophen Tab Orl 325mg 500mg	Acetaminophen	1938088 1939122	JPC	G	AAC
Acetylsalicylic Acid Tab Orl 325mg	EC ASA	2245443	JPC	AEFGVW	AAC
Diphenhydramine Tab Orl 25mg 50mg	Diphenhydramine	2257548 2257556	JPC	G	AAC
Ferrous Sulfate Liq Orl 75mg/mL 150mg/5mL	Ferrous Sulfate	80008295 80008309	JPC	AEFGVW	AAC
Loperamide Hydrochloride Tab Orl 2mg	Loperamide	2256452	JPC	AEFGVW	AAC
Metronidazole Gel Top 1%	Metrogel®	2297809	GAC	AEFGVW	AAC
Pantoprazole magnesium EC Orl 40mg	Tecta®	2267233	NYC	AEFGVW	AAC

Change in Benefit Status - As a result of a price reduction by the manufacturer, **pantoprazole magnesium (Tecta®)** is now listed as a regular NBPDP benefit (restrictions removed). Tecta® is the lowest priced PPI based on a standard treatment dose.

Acid-Reducing Drugs Daily Cost Comparison



REGULAR BENEFIT ADDITIONS (CONTINUED)

Drug/Form/Route/Strength	Brand Name	DIN	Manufacturer	Plans	\$
Quetiapine Fumarate Extended Release					
Tab	Orl	50mg	Seroquel XR*	2300184	
		150mg		2321513	
		200mg		2300192	AZE AEEGVW AAC
		300mg		2300206	
		400mg		2300214	

*Seroquel XR[®] is being added as a regular NBPDP benefit. In conjunction with this addition, a pilot program utilizing the SmartSample[®] card technology delivered by Sampling Technologies Incorporated (STI) is being implemented, supported by AstraZeneca Canada Inc.

The SmartSample[®] cards will be provided by physicians to NBPDP beneficiaries who are either starting or, being switched to, Seroquel XR[®]. NBPDP beneficiaries will present a SmartSample[®] card allowing for a 30 day sample supply of Seroquel XR[®] and up to two repeat prescriptions.

- First prescription covered by the SmartSample[®] card
- Next 2 prescriptions covered by NBPDP

NBPDP beneficiaries should present a new Seroquel XR[®] SmartSample[®] card every 3 months.

Directions for processing, using ESI Canada, will accompany the Seroquel XR[®] SmartSample[®] card and be clearly displayed on the card. In the event that a NBPDP patient does not have a Seroquel XR[®] SmartSample[®] card, the claim should be electronically submitted as a NBPDP benefit.

Somatropin

Liq	Inj	5mg/1.5mL	Omnitrope [™]	2325063	SDZ	T	AAC
		10mg/1.5mL		2325071			

SPECIAL AUTHORIZATION ADDITIONS

Darunavir

(Prezista[®])

75mg, 400mg, 600mg tablets

New indication added to criteria:

- As part of a HIV treatment regimen for treatment-experienced pediatric patients (Plan U beneficiaries).

Nabilone

(Cesamet[®])

0.25mg (new addition), 0.5 mg and 1 mg capsules

Change in Benefit Status - All nabilone capsule strengths now require special authorization.

- For the management of severe nausea and vomiting associated with cancer chemotherapy.

Note: Beneficiaries currently receiving nabilone will continue to have it covered without requiring special authorization.

SPECIAL AUTHORIZATION ADDITIONS (continued)

Ondansetron
(Zofran ODT®)
4mg and 8mg oral
disintegrating tablet

Requests will be considered for the treatment of emesis in patients who **have difficulty swallowing oral tablets** and are:

- receiving moderately or severely emetogenic chemotherapy
OR
- receiving intravenous chemotherapy or radiotherapy and who have not experienced adequate control with other available antiemetics
OR
- receiving any intravenous chemotherapy or radiotherapy and have experienced emesis with a prior cycle of chemotherapy with intolerable side effects to other antiemetics, including steroids and anti-dopaminergic agents.

Only requests for the oral dosage forms are eligible for consideration.

Usually a single oral dose pre-chemotherapy is sufficient to control symptoms.

Some patients may require additional therapy up to 48 hours after the last dose of chemotherapy or last radiation treatment. Benefit beyond 48 hours has not been established.

When used in combination with aprepitant, only a single oral dose prechemotherapy will be covered.

SPECIAL AUTHORIZATION – REVISED CRITERIA

Abatacept
(Orencia®)
250mg vial

- 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 therapy of at least two traditional DMARDs (disease modifying antirheumatic drugs). 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.
- Abatacept should not be used in combination with anti-TNF agents or other TNF antagonists.

SPECIAL AUTHORIZATION – REVISED CRITERIA (continued)

Aprepitant

(*Emend*[®])

80 mg and 125 mg capsule;
Tri-Pack

The conditional benefit has been revised to include oncology clinical associates/general practitioners oncology as follows:

Prescription claims for up to a maximum of 2 Tri-packs, or 6 capsules will be automatically reimbursed every 28 days when the prescription is written by an oncologist or an oncology clinical associate/general practitioner oncology. If additional medication is required within a 28 day period subsequent to the initial prescription, a request should be made through special authorization.

Ondansetron

(*Zofran*[®] and generics)

4 mg and 8 mg tablets

The conditional benefit has been revised to include oncology clinical associates/general practitioners oncology as follows:

Prescription claims for up to a maximum of 12 tablets of ondansetron or 2 tablets of either granisetron or dolasetron will be automatically reimbursed every 28 days when the prescription is written by an oncologist or an oncology clinical associate/general practitioner oncology. If additional medication is required within a 28 day period subsequent to the initial prescription, a request should be made through special authorization.

Granisetron

(*Kytril*[®] and generic)

1 mg tablets

Dolasetron

(*Anzemet*[®])

100 mg tablet

DRUGS REVIEWED AND NOT LISTED

The review of the following products found they did not offer a therapeutic and/or cost advantage over existing therapies. Requests for special authorization will not be considered.

Calcipotriol/betamethasone Dipropionate - resubmission	(<i>Dovobet</i> [®])	Ointment
Certolizumab pegol	(<i>Cimzia</i> [®])	200mg/mL prefilled syringe
Dronedaron hydrochloride	(<i>Multaq</i> [®])	400mg tablets
Hydromorphone hydrochloride	(<i>Jurnista</i> [®])	4mg, 8mg, 16mg, 32mg prolonged-release tablets
Loteprednol etabonate	(<i>Lotemax</i> [®])	0.5% ophthalmic suspension
Low Molecular Weight Heparins - Primary prophylaxis in patients with central venous catheters	(<i>various</i>)	Injection
Raltegravir - for treatment naïve patients with HIV-1	(<i>Isentress</i> [®])	400mg tablets
Risedronate sodium	(<i>Actone</i> [®])	150mg tablets
Romiplostim	(<i>Nplate</i> [®])	250µg, 500µg
Saxagliptin	(<i>Onglyza</i> [®])	5mg tablets