

Bulletin #804

December 29, 2010

BENEFIT CHANGES TO NBPDP

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective December 29, 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	\$
Betamethasone Dipropionate							
Crm	Top	0.05%	ratio-Topilene ratio-Topisone	0849650 0804991	RPH	AEFGVW	AAC
Ont	Top	0.05%	ratio-Topilene ratio-Topisone	0849669 0805009	RPH	AEFGVW	AAC
Lot	Top	0.05%	ratio-Topilene ratio-Topisone	1927914 0809187	RPH	AEFGVW	AAC

Palliative Care Drugs

In order to facilitate end of life care of patients in the home setting, a number of drugs commonly used in palliative medicine have been added as regular NBPDP benefits. The utilization of these drugs will be reviewed in one year to assess continuing the regular benefit status listing.

Drug/Form/Route/Strength			Brand Name	DIN	Manufacturer	Plans	\$
Glycopyrrolate							
Liq	Inj	0.2 mg/mL	Glycopyrrolate	2039508	SDZ	AEF	AAC
Lorazepam							
Liq	Inj	0.4 mg/mL	Lorazepam	2243278	SDZ	AEF	AAC
Methotrimeprazine							
Liq	Inj	25 mg/mL	Nozinan	1927698	SAV	AEFV	AAC
Midazolam							
Liq	Inj	1 mg/mL 5 mg/mL	Midazolam	2240285 2240286	SDZ	AEF	AAC
Scopolamine							
Liq	Inj	0.4 mg/mL 0.6 mg/mL	Scopolamine	0541869 0541877	HOS	AEF	AAC

SPECIAL AUTHORIZATION ADDITIONS

Calcipotriol/betamethasone dipropionate
(*Xamiol*[®])
50µg/0.5mg/g gel

For the treatment of scalp psoriasis after failure of a topical steroid used alone AND failure of a topical steroid used concomitantly with calcipotriol as single agents.

SPECIAL AUTHORIZATION ADDITIONS (CONTINUED)

Thyrotropin alpha

(Thyrogen[®])

0.9mg/mL powder for injection

New indication added to criteria:

As an adjunctive treatment as pre-therapeutic stimulation for radioiodine ablation of thyroid tissue remnants in patients maintained on thyroid hormone suppression therapy who have undergone near-total or total thyroidectomy for well-differentiated thyroid cancer without evidence of distant metastatic thyroid cancer.

SPECIAL AUTHORIZATION – REVISED CRITERIA

Capecitabine

(Xeloda[®])

150mg, 500mg tablets

For treatment of metastatic breast cancer where patients have progressed after prior chemotherapy and who have an ECOG performance status of 0-2*.

Requests for capecitabine must be prescribed by a specialist in hematology/oncology. Approvals will be granted for up to 6 months at a time.

* Patients who are asymptomatic and those who are symptomatic and in bed less than 50% of the time.

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.

Aripiprazole	(Abilify [®])	2mg, 5mg, 10mg, 15mg, 20mg, 30mg tablets
Clindamycin/benzoyl peroxide – Acne Vulgaris	(BenzaClin [®])	1%/5% gel
Drospirenone/ethinyl estradiol – Contraception, acne vulgaris	(Yaz [®])	3mg/0.02mg tablets
Fenofibrate nanocrystals – resubmission Hypertriglyceridemia; mixed Hyperlipidemia	(Lipidil EZ [®])	48mg, 145mg tablets
Imatinib – for adjuvant treatment of GIST	(Gleevec [®])	100mg, 400mg tablets