

Bulletin #814

May 30, 2011

NBPDP Formulary Update

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective May 30, 2011.

Included in this bulletin:

- **Regular Benefit Additions**
- **Special Authorization Additions**
- **Biologic Therapy in Rheumatoid Arthritis - Cost Comparison**
- **Drugs Reviewed and Not Listed**
- **DIN Changes**

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If you have any questions, please contact our office at 1-800-332-3691.

REGULAR BENEFIT ADDITIONS

Drug/Form/Route/Strength	Brand Name	DIN	Manufacturer	Plans	\$
Desmopressin ODT Slg 240µg	DDAVP Melt	02285010	FEI	EFG-18	AAC

SPECIAL AUTHORIZATION ADDITIONS

Desmopressin (DDAVP®)

10µg/metered dose nasal spray and 0.1mg/mL intranasal solution

Change in Benefit Status – Now requires special authorization

- For the treatment of patients with diabetes insipidus.

The nasal formulations are no longer indicated for nocturnal enuresis due to the risk of hyponatremia.

Desmopressin (DDAVP®)

0.1mg and 0.2mg tablet; 60µg, 120µg, 240µg melts

New indication added to criteria:

- For the treatment of patients 18 years and older with diabetes insipidus or nocturnal enuresis.

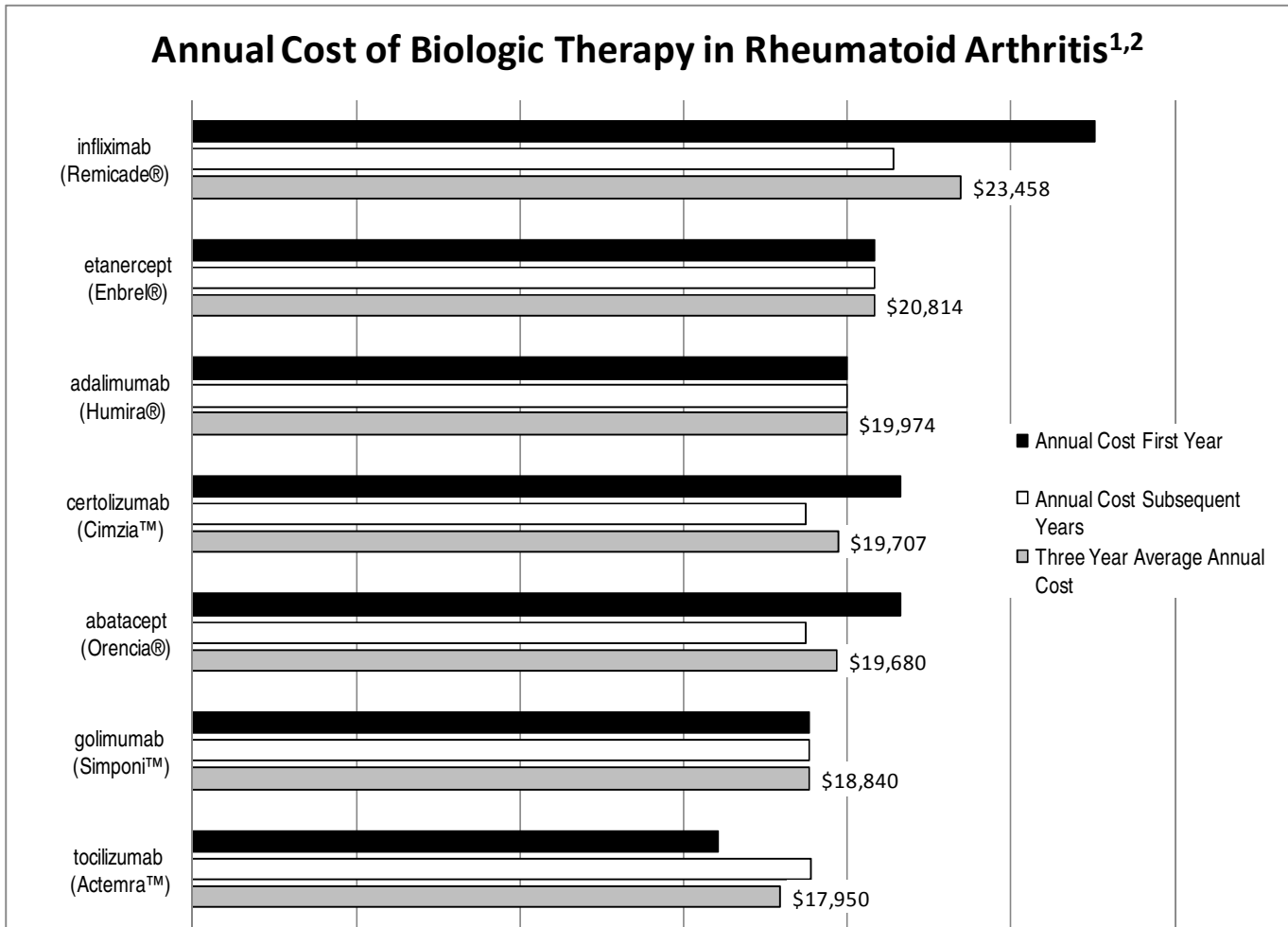
Note: Desmopressin oral formulations and solution for injection are regular benefits for Plans EFG-18.

Tocilizumab (Actemra®)

80mg, 200mg, 400mg single dose vials (20mg/mL)

- For patients with moderate to severe active rheumatoid arthritis who:
 - Have not responded to 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 inadequate response to a tumour necrosis factor (TNF)-alpha antagonist.
- Must be prescribed by a rheumatologist.
- Initial approval will be for 16 weeks at a dose of 4 mg/kg.
- Requests for continuation of therapy must include information demonstrating clinical response.
- No dose escalation permitted above 8 mg/kg every 4 weeks or a maximum dose of 800 mg per infusion for individuals whose body weight is more than 100 kg.
- Will not be reimbursed in combination with other biologic agents.

COST COMPARISON



1. Costs calculated using wholesale prices from McKesson March 2011. No additional markups or dispensing fees applied.
2. Dosage based on 75 kg patient and manufacturer's Product Information

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.

Niacin - resubmission

(*Niaspan*®)

500mg, 750mg, 1000mg
extended release tablets

DIN CHANGES

New unique DINs have been assigned to Fragmin[®] and Innohep[®] pre-filled syringes. Please use the appropriate DIN below when submitting claims for these products.

<u>Dalteparin (Fragmin[®]) Syringe</u>	<u>New DIN</u>
5,000IU/mL, 0.2mL	02132648
7,500IU/mL, 0.3mL	02352648
10,000IU/mL, 0.4mL	02352656
12,500IU/mL, 0.5mL	02352664
15,000IU/mL, 0.6mL	02352672
18,000IU/mL, 0.72mL	02352680

<u>Tinzaparin (Innohep[®]) Syringe</u>	<u>New DIN (effective July 2011)</u>
2,500IU/mL, 0.25mL	02229755
3,500IU/mL, 0.35mL	02358158
4,500IU/mL, 0.45mL	02358166
10,000IU/mL, 0.5mL	02231478
14,000IU/mL, 0.7mL	02358174
18,000IU/mL, 0.9mL	02358182