

Bulletin #777

December 9, 2009

BENEFIT CHANGES TO NBPDP

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective December 9, 2009.

Included in this bulletin:

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

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If you have any questions, 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	Brand Name	DIN	Manufacturer	Plans	\$
Candesartan cilexetil Tab Orl 32 mg	Atacand®	2311658	AZE	AFIGVW	AAC
Cefuroxime axetil Sus Orl 125 mg/5 mL	Ceftin® Suspension	2212307	GSK	ABFIGVW	AAC

REGULAR BENEFIT ADDITIONS - PLAN W ONLY (EXTRAMURAL PROGRAM)

Cefoxitin sodium Pws Inj					
1 g vial		2128187			
2 g vial	Cefoxitin for injection	2128195	NOP	W	AAC
10 g vial		2240773			
Levofloxacin Tab Orl 250 mg	Levaquin®	2236841	JAN		
	Novo-Levofloxacin	2248262	NOP		
	Apo-Levofloxacin	2284707	APO		
	Co-Levofloxacin	2315424	COB	W	MAP
	Mylan-Levofloxacin	2313979	MYL		
	pms-Levofloxacin	2284677	PMS		
	Sandoz-Levofloxacin	2298635	SDZ		
500 mg	Levaquin®	2236842	JAN		
	Novo-Levofloxacin	2248263	NOP		
	Apo-Levofloxacin	2284715	APO		
	Co-Levofloxacin	2315432	COB	W	MAP
	Mylan-Levofloxacin	2313987	MYL		
	pms-Levofloxacin	2284685	PMS		
	Sandoz-Levofloxacin	2298643	SDZ		
750 mg	Levaquin®	2246804	JAN		
	Apo-Levofloxacin	2325942	NOP		
	Co-Levofloxacin	2315440	APO	W	MAP
	Novo-Levofloxacin	2285649	COB		
	pms-Levofloxacin	2305585	PMS		
	Sandoz-Levofloxacin	2298651	SDZ		
Liq Inj 5 mg/mL	Levaquin® for injection	2236839	JAN	W	AAC
Darifenacin Tab Orl 7.5 mg 15 mg	Enablex®	2273217 2273225	NVR	W	AAC
Trospium Tab Orl 20 mg	Trosec®	2275066	SEP	W	AAC
Solifenacin Tab Orl 5 mg 10 mg	Vesicare®	2277263 2277271	ASL	W	AAC

SPECIAL AUTHORIZATION ADDITIONS

Tacrolimus (*Protopic*[®])
0.1% ointment -
resubmission

For the treatment of adults with moderate to severe atopic dermatitis who have failed or are intolerant to a site appropriate strength of corticosteroid therapy (i.e. low potency for the face versus intermediate to high potency for the trunk and extremities).

SPECIAL AUTHORIZATION – REVISED PROCESS

Trospium (*Trosec*[®])
20mg tablets

For the treatment of overactive bladder with symptoms of urinary frequency, urgency and/or urge incontinence in patients who have not tolerated a reasonable trial of immediate-release oxybutynin. Requests for the treatment of stress incontinence will not be considered.

Darifenacin (*Enablex*[®])
7.5 mg and 15 mg tablets

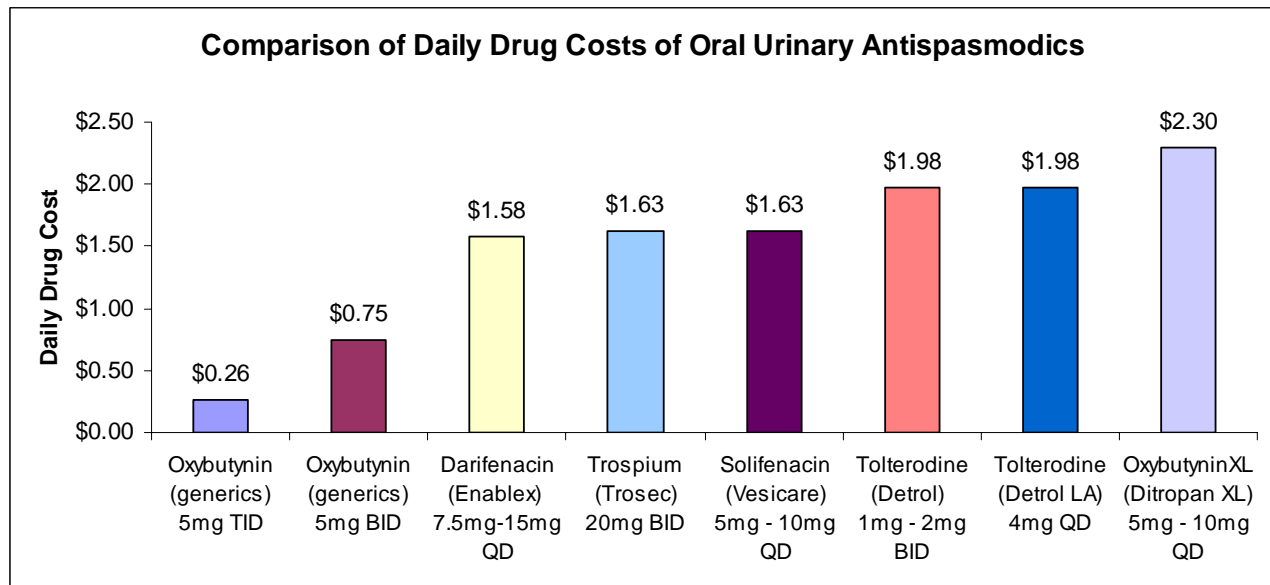
Revised Process:

Solifenacin (*Vesicare*[®])
5 mg and 10 mg tablets

The special authorization process for the urinary antispasmodics darifenacin, solifenacin and trospium has been enhanced as part of a three-year pilot project to permit special authorization approval through the real-time claims adjudication system.

If the beneficiary has had a claim for oxybutynin in the previous 24 months, the adjudication system will recognize this information and the claim for trospium/darifenacin/solifenacin will be automatically reimbursed without the need for a written special authorization request.

Written special authorization will continue to be available as an option for beneficiaries who may not have the relevant first line agent on history due to changes in drug coverage or other factors.



SPECIAL AUTHORIZATION – REVISED PROCESS (CONT'D)

Levofloxacin (*Levaquin*[®]
and generics)
250 mg and 500 mg tablets

Moxifloxacin (*Avelox*[®])
400 mg tablets

As part of pandemic planning during the H1N1 2009 influenza season, the respiratory quinolones, levofloxacin and moxifloxacin will be available *without* special authorization for a **maximum of 14 tablets during a 6 month period**. This temporary measure is to ensure timely treatment of patients with secondary respiratory bacterial infection such as post-viral pneumonia and to ensure continuation of therapy upon discharge for hospitalized patients.

Subsequent treatment beyond 14 tablets within a 6 month period will require special authorization.

Termination of this temporary process will be communicated in a subsequent bulletin near the end of the influenza season.

DRUGS REVIEWED AND NOT LISTED

The review of the following product found it did not offer a therapeutic advantage over existing therapies.

Nifedipine + ASA

(*Adalat*[®]*XL* [®]*Plus*)

20mg, 30mg, 40mg + 81mg ASA
tablets