

Bulletin #671

December 20, 2006

## **BENEFIT CHANGES TO NBPDP**

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective December 20, 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>Bupropion HCl</b>	<b>No longer requires special authorization</b>				
SRT Orl	100mg Wellbutrin SR® Sandoz Bupropion SR	2237824 2275074	BVL SDZ	AEFGVW	MAP
	150mg Wellbutrin SR® Novo-Bupropion SR Sandoz Bupropion SR	2237825 2260239 2275082	BVL NOP SDZ	AEFGVW	MAP
<b>Famciclovir</b>	<b>No longer requires special authorization</b>				
Tab Orl	125mg Famvir® Sandoz Famciclovir	2229110 2278634	NVR SDZ	AEFGVW	MAP
	250mg Famvir® Sandoz Famciclovir	2229129 2278642	NVR SDZ	AEFGVW	MAP
	500mg Famvir® Sandoz Famciclovir	2177102 2278650	NVR SDZ	AEFGVW	MAP
<b>Lovastatin/Nicotinic Acid</b>					
SRT Orl	20mg/500mg Advicor® 20mg/1000mg Advicor®	2270439 2270447	ORX ORX	AEFGVW	AAC
<b>Mesalamine</b>					
ECT Orl	800mg Asacol®	2267217	PGA	AEFGVW	AAC

## SPECIAL AUTHORIZATION ADDITIONS

**Quinagolide**  
(*Norprolac*®)  
0.075mg, 0.15mg tablets

For the treatment of patients with hyperprolactinemia who have failed or are intolerant to bromocriptine.

**Tenofovir**  
(*Viread*®)  
300mg tablets

For the treatment of adult patients who have experienced adverse events or virologic failure with nucleoside reverse transcriptase inhibitors.

## SPECIAL AUTHORIZATION ADDITIONS

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**Tipranavir**  
(*Aptivus*<sup>®</sup>)  
250mg capsules

For the treatment of adult patients with HIV-1 infection who are treatment experienced, have demonstrated failure to multiple protease inhibitors and in whom no other protease inhibitor is a treatment option.

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**Etanercept**  
(*Enbrel*<sup>®</sup>)  
25mg liquid injection

**Infliximab**  
(*Remicade*<sup>®</sup>)  
100mg liquid  
injection

### **Ankylosing Spondylitis**

- For the treatment of patients with moderate to severe ankylosing spondylitis (e.g. Bath AS Disease Activity Index (BASDAI) score  $\geq 4$  on 10 point scale) who:
    - have axial symptoms\* or peripheral symptoms and who have failed to respond to the sequential use of at least 2 NSAIDs at the optimum dose for a minimum period of 3 months observation or in whom NSAIDs are contraindicated
- AND
- have had an inadequate response to an optimal dose or maximal tolerated dose of a DMARD.

\* Patients with recurrent uveitis (2 or more episodes within 12 months) as a complication to axial disease, do not require a trial of NSAIDs alone.

- Must be prescribed by a rheumatologist or internist
  - Approval will be for a maximum of 6 months
  - Requests for renewal must include information showing the beneficial effects of the treatment, specifically:
    - a decrease of at least 2 points on the BASDAI scale, compared with the pre-treatment score;
- OR
- patient and expert opinion of an adequate clinical response as indicated by a significant functional improvement (measured by outcomes such as HAQ or “ability to return to work”)

For infliximab: Approvals will be for a maximum of 5mg/kg at weeks 0, 2 and 6, then every 6 to 8 weeks thereafter.

For etanercept: Approvals will be for a maximum dose of 50mg per week.

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## SPECIAL AUTHORIZATION ADDITIONS

**Levofloxacin**  
(*Levaquin*<sup>®</sup>)  
250mg, 500mg tablets

**Moxifloxacin**  
(*Avelox*<sup>®</sup>)  
400mg tablets  
**Revised Criteria**

- For the completion of therapy instituted in the hospital setting for the treatment of nosocomial pneumonia, community acquired pneumonia (CAP) or acute exacerbation of chronic bronchitis (AECB)
- For the treatment of severe pneumonia in nursing home patients (regular benefit for Plan V).
- For the treatment<sup>1</sup> of CAP in patients
  - with co-morbidity<sup>2</sup> upon radiographic confirmation of pneumonia, *or*
  - who have failed first line therapies (macrolide, doxycycline, amoxicillin-clavulanate)
- For the treatment<sup>1</sup> of AECB in complicated patients<sup>3</sup> who have failed treatment with one of the following (amoxicillin, doxycycline, TMP-SMX, cefuroxime, macrolide, ketolide or amoxicillin-clavulanate).

Prescriptions written by New Brunswick infectious disease specialists, medical microbiologists, respirologists and internal medicine specialists will not require special authorization.

- <sup>1</sup> If treated with an antibiotic within the past 3 months choose an antibiotic from a different class.
- <sup>2</sup> Co-morbidity includes chronic lung disease, malignancy, diabetes, liver, renal or congestive heart failure, use of antibiotics or steroids in the past 3 months, suspected macroaspiration, hospitalization within last 3 months, HIV/AIDs, smoking, malnutrition or acute weight loss.
- <sup>3</sup> Complicated AECB defined as increased cough and sputum, sputum purulence and increased dyspnea **AND**
  - $FEV_1 < 50\%$  predicted
  - OR**
  - $FEV_1$  50-65% and one of the following:
    - $\geq 4$  exacerbations per year
    - Ischemic heart disease
    - Chronic oral steroid use
    - Antibiotic use in the past 3 months

## SPECIAL AUTHORIZATION – REVISED CRITERIA

**Tiotropium**  
(*Spiriva*<sup>®</sup>)  
18mcg capsule for inhalation

- For the treatment of moderate to severe chronic obstructive pulmonary disease (COPD) if a patient continues to be symptomatic after an adequate trial (2-4 months) of ipratropium at a dose of 12 puffs daily.

Requests for concurrent therapy with long-acting beta2-agonists and tiotropium will not be considered.

## 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>Levofloxacin</b>	<i>Levaquin</i> <sup>®</sup>	750mg tablets
<b>Omalizumab</b>	<i>Xolair</i> <sup>®</sup>	150mg/vial injection
<b>Rosuvastatin</b>	<i>Crestor</i> <sup>®</sup>	5mg tablets
<b>30% insulin aspart, 70% insulin aspart protamine</b>	<i>NovoMix</i> <sup>™</sup> 30	100U/mL injection