

Bulletin #680

April 30, 2007

## **BENEFIT CHANGES TO NBPDP**

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective April 30, 2007.

**Included in this bulletin:**

- **Regular Benefit Additions**
- **Special Authorization Additions and Revised Criteria**
- **Reminder: Clozapine maximum allowable price (MAP) effective May, 15, 2007**
- **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	Brand Name	DIN	Manufacturer	Plans	\$
<b>Norgestimate/ethinyl estradiol</b>					
Tab Orl 180/215/250/25µg	Tri-Cyclen Lo <sup>®</sup> (21)	2258560	JAN	EFGV	AAC
	Tri-Cyclen Lo <sup>®</sup> (28)	2258587	JAN	EFGV	AAC
<b>Travoprost / timolol maleate</b>					
Sol Oph 0.004%/0.05%	DuoTrav <sup>™</sup>	2278251	ALC	AEFVW	AAC

### Prostaglandin Analogues – No longer require special authorization

<b>Bimatoprost</b>					
Sol Oph 0.03%	Lumigan <sup>®</sup>	2245860	ALL	AEFGVW	AAC
<b>Latanoprost</b>					
Sol Oph 50mcg/mL	Xalatan <sup>®</sup>	2231493	PFI	AEFGVW	AAC
<b>Latanoprost/Timolol</b>					
Sol Oph 50mcg/5mg/mL	Xalacom <sup>®</sup>	2246619	PFI	AEFGVW	AAC
<b>Travoprost</b>					
Sol Oph 0.004%	Travatan <sup>®</sup>	2244896	ALC	AEFGVW	AAC

## SPECIAL AUTHORIZATION ADDITIONS

**Tamsulosin**  
(*Flomax CR<sup>®</sup>*)  
0.4mg capsules

For the treatment of benign prostatic hyperplasia (BPH) in patients who have experienced treatment failure or intolerance to alternative agents (e.g. terazosin, doxazosin).

**Tenofovir / emtricitabine**  
(*Truvada<sup>™</sup>*)  
300mg/200mg tablets

An alternative for the initial phase of treatment of adult patients with HIV infection (Plan U beneficiaries) who have experienced intolerance or adverse events with other nucleoside combinations, including lamivudine in combination with zidovudine, abacavir, stavudine or didanosine and, who have not developed virologic failure or clinical progression on initial antiretroviral therapy.

**Trospium**  
(*Trosec<sup>™</sup>*)  
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.

## SPECIAL AUTHORIZATION – REVISED CRITERIA

**Finasteride**  
(*Proscar*<sup>®</sup>)  
5mg tablets

New indication added to criteria:

1. For the treatment of benign prostatic hyperplasia (BPH)
  - when alpha-blockers are contraindicated, not tolerated or failed.
  - in combination with an alpha-blocker when alpha-blocker therapy has been tried as monotherapy and a partial response has been observed.
2. The initial approval will be limited to a maximum of 6 months which can be renewed at the request of the physician upon determination of clinical response.

**Voriconazole**  
(*Vfend*<sup>™</sup>)  
50mg, 200mg tablets

New indication added to existing criteria:

- For the treatment of invasive aspergillosis. Initial requests will be approved for a maximum of 3 months.
- For culture proven invasive candidiasis with documented resistance to fluconazole.

Must be prescribed in consultation with a specialist in infectious diseases or medical microbiology.

## CLOZAPINE – MAXIMUM ALLOWABLE PRICE (MAP) REMINDER

Please note that a maximum allowable price (MAP) will be applied to clozapine **effective May 15, 2007**. Additional information was included in Bulletin #678 dated February 28, 2007. ([www.gnb.ca/0212/pdf/NBPDP\\_Bulletin/NBPDPBulletin678February28,2007.pdf](http://www.gnb.ca/0212/pdf/NBPDP_Bulletin/NBPDPBulletin678February28,2007.pdf))

## 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>Alefacept (re-submission)</b>	<i>Amevive</i> <sup>®</sup>	15mg/0.5mL vial for injection
<b>Alendronate + Cholecalciferol</b>	<i>Fosavance</i> <sup>™</sup>	70mg + 70 µg (2800 IU vitamin D <sub>3</sub> ) tablets
<b>Darifenacin</b>	<i>Enablex</i> <sup>®</sup>	7.5mg, 15mg tablets
<b>Fenofibrate</b>	<i>Lipidil EZ</i> <sup>®</sup>	48mg, 145mg tablets
<b>Insulin glargine (re-submission)</b>	<i>Lantus</i> <sup>®</sup>	100IU/mL vial & cartridge for injection
<b>Iron Sucrose</b>	<i>Venofer</i> <sup>®</sup>	20mg/mL injection