

Bulletin #686

July 11, 2007

BENEFIT CHANGES TO NBPDP

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective July 11, 2007.

Included in this bulletin:

- **Regular Benefit Additions**
- **Special Authorization Additions**
- **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	\$
Leuprolide Acetate					
Sus SC 45mg 6 months treatment	Eligard®	2268892	SAV	AEFVW	AAC
Risperidone					
Liq Orl 1mg/mL	Risperdal® pms-Risperidone Apo-Risperidone	2236950 2279266 2280396	JAN PMS APX	AEFGVW	MAP
Risperidone – No longer requires special authorization					
Tab Orl 0.25mg	Risperdal® pms-Risperidone ratio-Risperidone Sandoz-Risperidone Sandoz-Risperidone Ran-Risperidone Apo-Risperidone Gen-Risperidone Co-Risperidone Novo-Risperidone	2240551 2252007 2264757 2279509 2292807 2280906 2282119 2282240 2282585 2282690	JAN PMS RPH SDZ SDZ RAN APX GEN COB NOP	AEFGVW	MAP
0.5mg	Risperdal® pms-Risperidone ratio-Risperidone Sandoz-Risperidone Ran-Risperidone Apo-Risperidone Gen-Risperidone Co-Risperidone Novo-Risperidone	2240552 2252015 2264765 2279495 2280914 2282127 2282259 2282593 2264188	JAN PMS RPH SDZ RAN APX GEN COB NOP	AEFGVW	MAP
1mg	Risperdal® pms-Risperidone ratio-Risperidone Sandoz-Risperidone Ran-Risperidone Apo-Risperidone Gen-Risperidone Co-Risperidone Novo-Risperidone	2025280 2252023 2264773 2279800 2280922 2282135 2282267 2282607 2264196	JAN PMS RPH SDZ RAN APX GEN COB NOP	AEFGVW	MAP

REGULAR BENEFIT ADDITIONS

Drug/Form/Route/Strength		Brand Name	DIN	Manufacturer	Plans	\$	
Risperidone – No longer requires special authorization							
Tab	Orl	2mg	Risperdal®	2025299	JAN	AEFGVW	MAP
			pms-Risperidone	2252031	PMS		
			ratio-Risperidone	2264781	RPH		
			Sandoz-Risperidone	2279819	SDZ		
			Ran-Risperidone	2280930	RAN		
			Apo-Risperidone	2282143	APX		
			Gen-Risperidone	2282275	GEN		
			Co-Risperidone	2282615	COB		
			Novo-Risperidone	2264218	NOP		
		3mg	Risperdal®	2025302	JAN	AEFGVW	MAP
			pms-Risperidone	2252058	PMS		
			ratio-Risperidone	2264803	RPH		
			Sandoz-Risperidone	2279827	SDZ		
			Ran-Risperidone	2280949	RAN		
			Apo-Risperidone	2282151	APX		
			Gen-Risperidone	2282283	GEN		
			Co-Risperidone	2282623	COB		
			Novo-Risperidone	2264226	NOP		
		4mg	Risperdal®	2025310	JAN	AEFGVW	MAP
			pms-Risperidone	2252066	PMS		
			ratio-Risperidone	2264811	RPH		
			Sandoz-Risperidone	2279835	SDZ		
			Ran-Risperidone	2280957	RAN		
			Apo-Risperidone	2282178	APX		
			Gen-Risperidone	2282291	GEN		
			Co-Risperidone	2282631	COB		
			Novo-Risperidone	2264234	NOP		
Valacyclovir – No longer requires special authorization							
Tab	Orl	500mg	Valtrex®	2219492	GSK	AEFGVW	AAC

SPECIAL AUTHORIZATION ADDITIONS

Oxycodone
(*Oxycontin*[®])
5mg controlled release tablets

For the treatment of moderate to severe cancer-related or chronic non-malignant pain.

Rosiglitazone + metformin
(*Avandamet*[®])
1mg/500mg, 2mg/500mg,
4mg/500mg, 2mg/1000mg,
4mg/1000mg tablets

For the treatment of type 2 diabetes in patients currently stabilized on equivalent strengths of metformin and rosiglitazone.

Risperidone
(*Risperdal*[®] *M-Tab*[®])
3mg, 4mg
Orally disintegrating tablets

- For the treatment of schizophrenia and related psychotic disorders.
- For use in severe dementia for the short-term symptomatic management of inappropriate behavior due to aggression and/or psychosis.
- For the acute management of manic episodes associated with Bipolar 1 disorder

Requests will be considered for patients who have difficulty swallowing oral tablets.

Prescriptions written by New Brunswick psychiatrists do not require special authorization. Subsequent refills ordered by other practitioners will not require special authorization.

Change in benefit status

Risperidone
(*Risperdal*[®] *M-Tab*[®])
0.5mg, 1mg, 2mg
Orally disintegrating tablets

Risperdal[®] M-Tab[®] 0.5mg and 1mg tablets now require special authorization for all Plans. The above criteria will apply to all strengths.

Note: Risperidone (Risperdal[®] and generics) film-coated tablets and oral solution are now regular benefits for all Plans.

Strength	Risperidone Costs (NBPDP)		
	Oral Solution	Tablets	M-Tabs [®]
0.25mg	\$0.19	\$0.26	-
0.5mg	\$0.39	\$0.44	\$0.75
1mg	\$0.77	\$0.60	\$1.04
2mg	\$1.54	\$1.21	\$2.08
3mg	\$2.31	\$1.81	\$3.12
4mg	\$3.08	\$2.42	\$4.16

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.

Botulinum toxin Type A - for axillary hyperhidrosis	<i>(Botox[®])</i>	100IU vial
Candesartan	<i>(Atacand[®])</i>	4mg tablets
Niacin	<i>(Niaspan[®])</i>	500mg, 750mg, 1000mg ER tablets
Pravastatin (pms-Pravastatin) packaged with ASA (Asaphen EC)	<i>(PravASA[®])</i>	10mg, 20mg, 40mg tablets packaged with ASA 81mg delayed release tablets
Telithromycin - Resubmission	<i>(Ketek[®])</i>	400mg tablets