

Bulletin #692

August 31, 2007

BENEFIT CHANGES TO NBPDP

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective August 31, 2007.

Included in this bulletin:

- **Regular Benefit Additions**
- **Special Authorization Additions and 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	Brand Name	DIN	Manufacturer	Plans	\$
Deferoxamine Mesylate					
Pws Inj 500mg	Desferal [®]	1981242	NVR		
	pms-Deferoxamine	2242055	PMS	AEFGVW	MAP
	Desferrioxamine	2241600	HOS		
	Desferal [®]	1981250	NVR	AEFGVW	MAP
	Desferrioxamine	2247022	HOS		
Epinephrine USP					
Liq Inj 0.15mg	Twinject [™]	2268205	PAL	AEFGVW	AAC
	Twinject [™]	2247310	PAL		
Interferon beta-1a					
Liq Inj 30mcg/0.5mL	Avonex [®] PS	2269201	BIG	H	AAC
Metoprolol Tartrate					
SRT Orl 100mg	Lopresor SR [®]	658855	NVR	AEFGVW	AAC
	Lopresor SR [®]	534560	NVR		
Somatropin					
Pws Inj 8.8mg	Saizen [®]	2272083	EMD	T	AAC
Sotalol Hydrochloride					
Tab Orl 80mg	Apo-Sotalol	2210428	APX		
	Co Sotalol	2270625	COB		
	Gen-Sotalol	2229778	GPM		
	Novo-Sotalol	2231181	NOP	AEFGVW	MAP
	Nu-Sotalol	2200996	NXP		
	pms-Sotalol	2238326	PMS		
	Rhoxal-Sotalol	2234008	RHO		
	Sandoz Sotalol	2257831	SDZ		

SPECIAL AUTHORIZATION ADDITIONS

Deferasirox

(*Exjade™*)

125mg, 250mg, 500mg dispersable tablets for suspension

For patients who require iron chelation but in whom deferoxamine is contraindicated.

Etanercept

(*Enbrel®*)

50mg/mL pre-filled syringe

Same criteria as currently listed etanercept formulations for the treatment of Ankylosing Spondylitis, Juvenile Rheumatoid Arthritis, Psoriatic Arthritis and Rheumatoid Arthritis.

See the NBPDP Formulary for complete criteria.

www.gnb.ca/0051/0212/index-e.asp

Lansoprazole

(*Prevacid® FasTab*)

30mg delayed release tablet

For patients who meet the special authorization criteria for a proton pump inhibitor and require administration through a feeding tube.

Somatropin

(*Saizen®*)

8.8mg vial for injection

- For the treatment of short stature associated with Turner's Syndrome in patients whose epiphyses are not closed.
- Must be prescribed by, or in consultation with, an endocrinologist.

Note: Somatropin is a regular benefit of Plan T.

Zoledronic Acid

(*Aclasta®*)

5mg/100mL solution for IV infusion

For the treatment of Paget's disease of bone.

SPECIAL AUTHORIZATION – REVISED CRITERIA

Capecitabine
(*Xeloda*[®])
150mg and 500mg tablets

New indication added to criteria:

1. For single agent therapy of colorectal cancer in patients who are chemotherapy naive or patients who have progressed 6 months after completion of adjuvant 5-FU/ leucovorin therapy. Coverage will be limited to:
 - a) Metastatic colorectal cancer, with an ECOG performance status of 0-2*, when first line combination chemotherapy (5-FU/ leucovorin/irinotecan) is declined or not tolerated.
 - b) Stage III (Dukes' C) colon cancer and ECOG status 0-1[†] as adjuvant therapy.**
2. For treatment of patients with metastatic breast cancer who have failed or are intolerant to taxane therapy and have an ECOG performance status of 0-2*.

Must be prescribed by a specialist in hematology/oncology. Approvals will be granted for up to 6 months at a time.

* Patients who are asymptomatic and those who are symptomatic and in bed less than 50% of the time.

[†] Patients who are asymptomatic and those who are symptomatic but completely ambulant

Tizanidine
(*Zanaflex*[®] and generics)
4mg tablets

For treatment of spasticity caused by traumatic brain injury, multiple sclerosis (MS), spinal cord injury (SCI) or cerebral vascular accident (CVA) in patients in whom baclofen is contraindicated, ineffective or not tolerated.

DRUGS REVIEWED AND NOT LISTED

The reviews of the following products found they did not offer a therapeutic and/or cost advantage over existing therapies. Requests for coverage through special authorization will not be considered.

Histrelin Acetate	<i>(Vantas[®])</i>	50mg subdermal implant
Natalizumab	<i>(Tysabri[™])</i>	300mg/15mL vial for IV infusion
Penciclovir	<i>(Denavir[™])</i>	1% topical cream
Sunitinib - for metastatic renal cell carcinoma	<i>(Sutent[™])</i>	12.5mg, 25mg, 50mg capsules
Valsartan	<i>(Diovan[®])</i>	40mg tablets