

Bulletin #698

November 5, 2007

BENEFIT CHANGES TO NBPDP

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective November 5, 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	\$
Citalopram Tab Orl 10mg	pms-Citalopram	2270609	PMS	AEFGVW	AAC
Hyoscine Butylbromide Liq Inj 20mg/mL	Hyoscine Butylbromide	2229868	SDZ	VW	AAC
Lorazepam Liq Inj 4mg/mL	Lorazepam	2243278	SDZ	VW	AAC
Methylphenidate Tab Orl 5mg	Apo-Methylphenidate	2273950	APX	AEFGVW	AAC
Midazolam Liq Inj 1mg/mL	Midazolam	2240285	SDZ	VW	AAC
	Midazolam	2240286	SDZ		
Ramipril/hydrochlorothiazide Tab Orl 2.5mg/12.5mg	Altace [®] HCT	2283131	SAV	AEFGVW	AAC
	Altace [®] HCT	2283158	SAV		
	Altace [®] HCT	2283174	SAV		
	Altace [®] HCT	2283166	SAV		
	Altace [®] HCT	2283182	SAV		
Saquinavir Tab Orl 500mg	Invirase [®]	2279320	HLR	U	AAC

Aromatase Inhibitors– No longer require special authorization

Anastrozole Tab Orl 1mg	Arimidex [®]	2224135	AZE	AEFVW	AAC
Exemestane Tab Orl 25mg	Aromasin [®]	2242705	PFI	AEFVW	AAC
Letrozole Tab Orl 2.5mg	Femara [®]	2231384	NVR	AEFVW	AAC

Cost Comparison (NBPDP)

Drug	Daily Cost	Monthly Cost
Arimidex [®] 1mg	\$4.9500	\$148.50
Aromasin [®] 25mg	\$4.9500	\$148.50
Femara [®] 2.5mg	\$5.3513	\$160.54

SPECIAL AUTHORIZATION ADDITIONS

Abatacept
(*Orencia™*)
250mg vial for intravenous injection

For the treatment of adult patients with severely active rheumatoid arthritis, in combination with DMARDs (when not contraindicated), who have failed to respond to an adequate trial of an anti-TNF agent.

Abatacept should not be used in combination with anti-TNF agents or other TNF antagonists.

Oxybutynin
(*Uromax®*)
10mg, 15mg controlled release 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

Dalteparin sodium
(*Fragmin™*)
25,000IU/mL multidose vial
25,000IU/mL prefilled syringe

1. For the treatment of deep vein thrombosis (DVT) and/or pulmonary embolism (PE) for a maximum of 10 days.
2. For the extended treatment of recurrent symptomatic venous thromboembolism (VTE) that has occurred while patients are on therapeutic doses of warfarin.

Enoxaparin sodium
(*Lovenox™*)
100mg/mL multidose vial

Note: One prescription claim annually will be automatically reimbursed, up to the average amount required for one DVT treatment (approximately 10 days of therapy). If additional medication is required subsequent to the initial prescription, a request should be made through special authorization.

Nadroparin calcium
(*Fraxiparin™*)
(*Fraxiparin™ Forte*)
19,000IU/mL prefilled syringe

Tinzaparin sodium
(*Innohep™*)
10,000IU/mL multidose vial
20,000IU/mL multidose vial
20,000IU/mL prefilled syringe

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.

Calcium Acetate	<i>(PhosLo[®])</i>	667mg tablets
Olanzapine	<i>(Zyprexa[™])</i>	10mg vial for IM injection
Tramadol hydrochloride / acetaminophen	<i>(Tramacet[™])</i>	37.5mg/325mg tablets