

Bulletin #708

February 11, 2008

## BENEFIT CHANGES TO NBPDP

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective February 11, 2008.

**Included in this bulletin:**

- **Regular Benefit Additions**
- **Special Authorization Additions**

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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>Acetylsalicylic Acid</b>					
Tab Orl 81mg	ASA ECT 81mg	2244993	PMS	V	AAC
	Equate Daily Low-Dose EC	2243801	PMS	V	AAC
	Exact Coated Daily Low Dose ASA	2243896	PMS	V	AAC
	Life Brand Daily Low Dose ASA	2243101	PMS	V	AAC
	Rexall Coated Daily Low Dose ASA	2243802	PMS	V	AAC

## SPECIAL AUTHORIZATION ADDITIONS

### Dasatinib

(Sprycel®)

20mg, 50mg, 70mg tablets

- For adult patients with chronic phase chronic myeloid leukemia (CML)
  - with primary or acquired resistance to imatinib 600mg per day. Dosing recommendation: 100mg per day or 70mg two times daily
  - who progress to accelerated phase on imatinib 800mg per day. Dosing recommendation: 140mg per day
  - who have blast crisis while on imatinib 800mg per day. Dosing recommendation: 140mg per day
  - who have intolerance to imatinib or have experienced grade 3 or higher toxicities to imatinib
- Renewal criteria: Request for renewal must specify how the patient has benefited from therapy and is expected to continue to do so.
- Renewal period: 1 year

### Sorafenib

(Nexavar®)

200mg tablets - resubmission

- As second-line therapy for patients with histologically confirmed metastatic clear cell renal cell carcinoma (MRCC), who:
  - have had prior nephrectomy; and
  - have disease progression after prior cytokine therapy (e.g. interferon; aldesleukin) within the previous 8 months; and
  - have a performance status of 0 or 1 on the basis of the Eastern Cooperative Oncology Group (ECOG) criteria<sup>†</sup>; and
  - have a favourable or intermediate risk status, according to the Memorial Sloan-Kettering Cancer Center (MSKCC) prognostic score\*.
- Initial approval period: 1 year
- Renewal criteria: Written confirmation that the patient has benefited from therapy and is expected to continue to do so.
- Renewal period: 1 year

## SPECIAL AUTHORIZATION ADDITIONS

### Sunitinib (Sutent™)

12.5mg, 25mg and 50mg capsules – resubmission

- For patients with histologically confirmed metastatic clear cell renal cell carcinoma (MRCC), who require:
  - First-line therapy for the treatment of MRCC, and the patient is either a favourable or intermediate risk according to the Memorial Sloan-Kettering Cancer Center (MSKCC) prognostic score\* or,
  - Second-line therapy for the treatment of MRCC, provided that disease progression has occurred after prior cytokine therapy (e.g. interferon; aldesleukin).
- The prescribed dosage is 50mg daily for four weeks, followed by two weeks off. This dosage is repeated in six week cycles.
- Initial approval period: 1 year
- Renewal criteria: Written confirmation that the patient has benefited from therapy and is expected to continue to do so.
- Renewal period: 1 year

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

\* The Memorial Sloan-Kettering Cancer Center (MSKCC) Prognostic Score categorizes patients into three risk groups according to the number of pre-treatment risk factors present: Favourable = none; Intermediate = one or two; Poor = three or more. Pre-treatment risk factors:

- Low Karnofsky performance status (<80%)
- Lactate Dehydrogenase level greater than 1.5 times the upper limit of normal
- Hemoglobin level below the lower limit of normal
- High corrected serum calcium level (>10 mg/dL or 2.5 mmol/L)
- Interval of less than 1 year between diagnosis and treatment

Reference: Motzer RJ, Bacik J, Murphy BA et al. Interferon-alfa as a comparative treatment for clinical trials of new therapies against advanced renal cell carcinoma. *J Clin Oncol* 2002;20:289-96.