

Bulletin #711

March 27, 2008

BENEFIT CHANGES TO NBPDP

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective March 27, 2008.

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	\$
Desogestrel / Ethinyl estradiol					
Tab Orl 100/125/150/25mcg	Linessa TM 21	2272903	ORG	EFGV	AAC
	Linessa TM 28	2257238	ORG		
Interferon-beta-1a					
Liq Sc 8.8mcg/0.2mL 22mcg/0.5mL	Rebif [®] Initiation Pack	2281708	EMD	H	AAC
Ramipril					
Cap Orl 15mg	Altace [®]	2281112	SAV	AEFGVW	AAC
No longer requires special authorization					
Lamotrigine					
TabC Orl 2mg	Lamictal [®] Chewtabs	2243803	GSK	AEFGVW	MAP
	5mg Lamictal [®] Chewtabs	2240115	GSK		
Tab Orl 25mg	Lamictal [®]	2142082	GSK	AEFGVW	MAP
	Apo-Lamotrigine	2245208	APX		
	Gen-Lamotrigine	2265494	GPM		
	Novo-Lamotrigine	2248232	NOP		
	pms-Lamotrigine	2246897	PMS		
	ratio-Lamotrigine	2243352	RPH		
	100mg Lamictal [®]	2142104	GSK	AEFGVW	MAP
	Apo-Lamotrigine	2245209	APX		
	Gen-Lamotrigine	2265508	GPM		
	Novo-Lamotrigine	2248233	NOP		
	pms-Lamotrigine	2246898	PMS		
	ratio-Lamotrigine	2243353	RPH		
	150mg Lamictal [®]	2142112	GSK	AEFGVW	MAP
	Apo-Lamotrigine	2245210	APX		
	Gen-Lamotrigine	2265516	GPM		
	Novo-Lamotrigine	2248234	NOP		
	pms-Lamotrigine	2246899	PMS		
	ratio-Lamotrigine	2246963	RPH		

SPECIAL AUTHORIZATION ADDITIONS

Adefovir Dipivoxil
(*Hepsera*[®])
10mg tablets

- For the treatment of Hepatitis B when used in combination with lamivudine, in patients who have failed lamivudine, as defined by an increase in HBV DNA of $\geq 1 \log_{10}$ IU/mL above the nadir, measured on two separate occasions within an interval of at least one month, after the first three months of lamivudine therapy, and when lamivudine failure is not due to poor adherence to therapy.
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**Ciprofloxacin HCl /
Dexamethasone**
(*Ciprodex*[®])
0.3% / 0.1% otic suspension

- For the treatment of acute otitis media with otorrhea through tympanostomy tubes who require treatment
 - For the treatment of acute otitis externa in the presence of a tympanostomy tube or known perforation of the tympanic membrane
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Fentanyl
(*Duragesic*[®])
12mcg/h transdermal patch

- For the management of malignant or chronic non-malignant pain
- When oral drug administration is not possible or practical, or
 - In patients who are unresponsive or intolerant to long acting oral sustained release products such as morphine and hydromorphone, despite appropriate dose titration and adjunctive therapy including laxatives and antiemetics.
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Peginterferon alfa-2a
(*Pegasys*[®])
180mcg/1mL vial
180mcg/0.5mL prefilled syringe

New indication added to criteria:

Requests will be considered from internal medicine specialists for the treatment of:

HBeAg negative chronic hepatitis B patients with compensated liver disease, liver inflammation and evidence of viral replication with demonstrated intolerance or failure to lamivudine therapy.

- Maximum duration of coverage will be 48 weeks.
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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.

Delta-9-tetrahydrocannabinol (THC) / cannabidiol	(<i>Sativex</i> [®])	27mg/mL / 25mg/mL buccal spray
Dorzolamide	(<i>Trusopt</i> [®])	2% preservative-free ophthalmic solution
Dorzolamide + timolol	(<i>Cosopt</i> [®])	2% / 0.5% preservative-free ophthalmic solution
Peginterferon alfa-2a - for the treatment of HBeAg-positive chronic hepatitis B	(<i>Pegasys</i> [®])	180mcg/1mL vial 180mcg/0.5mL prefilled syringe
Telbivudine	(<i>Sebivo</i> [™])	600mg tablets
Tramadol hydrochloride	(<i>Zytram XL</i> [®])	150mg, 200mg, 300mg and 400mg controlled release tablets