

Bulletin #740

December 23, 2008

BENEFIT CHANGES TO NBPDP

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective December 23, 2008.

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, 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	\$
Niacin + lovastatin					
Tab Orl 1000/40 mg	Advicor®	2293501	SEP	AEFGVW	AAC
Valsartan					
Tab Orl 320 mg	Diovan®	2289504	NVR	AEFGVW	AAC

SPECIAL AUTHORIZATION ADDITIONS

Methylphenidate
(*Biphentin*®)
80 mg capsules

For the treatment of Attention-Deficit Hyperactivity Disorder (ADHD) in children age 6 to 18 years who demonstrate significant symptoms and who have tried immediate release and slow release methylphenidate with unsatisfactory results.

Requests will be considered from specialists in pediatric psychiatry, pediatricians or general practitioners with expertise in ADHD.

SPECIAL AUTHORIZATION – REVISED CRITERIA

Clopidogrel
(*Plavix*®)
75 mg tablets

The duration of coverage has been extended when used for the prevention of vascular ischemic events in patients who have been hospitalized with non-ST elevation acute coronary syndrome (NSTEMI-ACS) (i.e. unstable angina or non-ST segment elevation myocardial infarction) in combination with ASA for a period of three months.

Longer term combination therapy may be considered for a period of 12 months post NSTEMI-ACS for patients:

- with a second acute coronary syndrome within 12 months, or
- with complex or extensive CAD (i.e. diffuse 3 vessel CAD not amenable to revascularization), or
- who have had a previous stroke, transient ischemic attack or symptomatic PAD

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.

Aliskiren	<i>(Rasilez®)</i>	150 mg & 300 mg tablets
Mixed amphetamine salts	<i>(Adderall XR®)</i>	5, 10, 15, 20, 25, & 30 mg capsules
Donepezil	<i>(Aricept RDT™)</i>	5 mg & 10 mg rapidly disintegrating tablets
Sitagliptin	<i>(Januvia™)</i>	100 mg tablets
Tramadol hydrochloride	<i>(Ralivia™)</i>	100 mg, 200 mg, & 300 mg tablets
Zoledronic acid – for osteoporosis in post-menopausal women	<i>(Aclasta®)</i>	5 mg/100 mL vial for IV infusion