

Bulletin #743

February 9, 2009

BENEFIT CHANGES TO NBPDP

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective February 9, 2009.

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	\$
Amiodarone							
Tab	Orl	100 mg	pms-Amiodarone	2292173	PMS	AEFGVW	AAC
Atazanavir							
Cap	Orl	300 mg	Reyataz®	2294176	BRI	U	AAC
Hydrochlorothiazide							
Tab	Orl	12.5 mg	pms- Hydrochlorothiazide	2274086	PMS	AEFGVW	AAC
Paroxetine							
Tab	Orl	40 mg	pms-Paroxetine	2293749	PMS	AEFGVW	AAC
Pantoprazole Mg							
Tab	Orl	40 mg	Tecta™* (formerly Pantoloc M)	2267233	NYC	AEFGVW	MAP \$1.20

*Tecta™ prescribed in doses higher than 40 mg daily will require special authorization (see criteria under PPIs in the NBPDP formulary). A bi-annual quantity limit of 200 tablets has been established.

SPECIAL AUTHORIZATION ADDITIONS

Duloxetine – for DPNP
(*Cymbalta™*)
30 mg and 60 mg capsules

For the treatment of peripheral neuropathic pain in diabetic patients who have failed treatment with at least 2 other less costly agents used for the treatment of neuropathic pain. (i.e. tricyclic antidepressants or an anticonvulsant). The maximum allowable dose is 60 mg/day.

Etravirine
(*Intence™*)
100 mg tablets

For the treatment of HIV-1 infection in patients (plan U beneficiaries) who are antiretroviral experienced and have virologic failure due to HIV-1 strains resistant to multiple antiretroviral agents, including other non-nucleoside reverse transcriptase inhibitors.

Ziprasidone hydrochloride
(*Zeldox™*)
20 mg, 40 mg, 60 mg,
80 mg capsules

For the acute and maintenance treatment of schizophrenia and schizoaffective disorder.

Advice from a psychiatrist is suggested prior to starting therapy. Prescriptions written by New Brunswick psychiatrists do not require special authorization. Subsequent refills will not require special authorization.

CHANGE IN BENEFIT STATUS – SPECIAL AUTHORIZATION CRITERIA

Olanzapine

(Zyprexa® Zydys®)

5 mg, 10mg, 15 mg oral disintegrating tablets

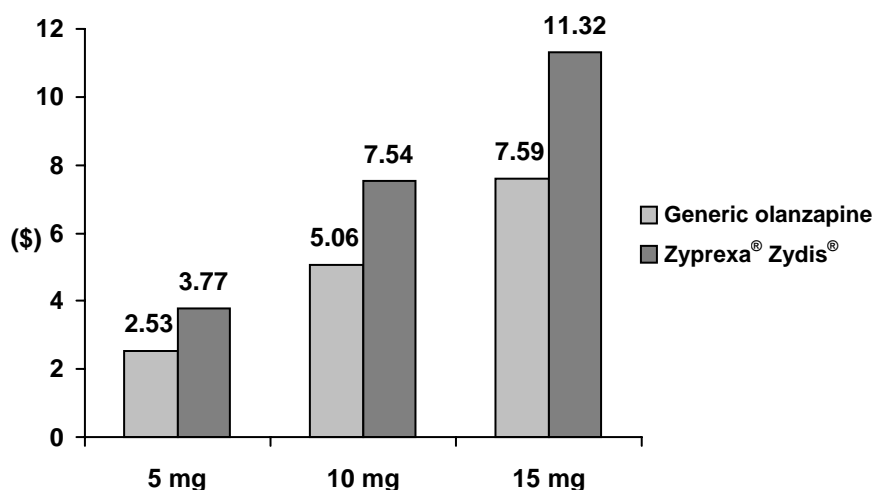
Prescriptions for Zyprexa® Zydys® written by all physicians will now require special authorization. Patients currently receiving Zyprexa® Zydys® will be automatically approved for long-term special authorization. The special authorization criteria are as follows:

Effective Date: Feb 19, 2009

For patients who meet special authorization criteria for regular release oral olanzapine and who have difficulty swallowing.

Advice from a psychiatrist is suggested prior to starting therapy.

Olanzapine Costs (NBPDP)



For the cost of treating 2 patients with Zyprexa® Zydys®, 3 patients could be treated with generic olanzapine

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.

Duloxetine – for major depressive disorder

(Cymbalta™)

30 mg and 60 mg capsules

Infliximab – for psoriatic arthritis

(Remicade®)

100 mg injection

Rivastigmine

(Exelon® Patch)

4.6 mg/24hr and 9.5mg/24hr patches