

Bulletin #746

March 16, 2009

## BENEFIT CHANGES TO NBPDP

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective March 16, 2009.

**Included in this bulletin:**

- **Regular Benefit Additions**
- **Special Authorization Additions and Revised Criteria**
- **Drugs Reviewed and Not Listed**
- **Drugs Delisted**

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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	\$
<b>Losartan/hydrochlorothiazide</b> Tab    Orl    100/12.5 mg	Hyzaar®	2297841	FRS	AEFGVW	AAC

## SPECIAL AUTHORIZATION ADDITIONS

**Buprenorphine/  
naloxone**  
(*Suboxone*™)  
2 mg/0.5 mg and  
8 mg/2 mg sublingual  
tablets

For the treatment of opioid dependence for patients in whom methadone is contraindicated (e.g. patients at high risk of, or with QT prolongation, or hypersensitivity to methadone).

Requests from New Brunswick physicians authorized to prescribe methadone will be considered.

**Epoetin alpha**  
(*Eprex*®)  
20,000 IU/0.5 mL pre-filled  
syringe

- Treatment of anemia associated with chronic renal failure. Note: patients on dialysis (end-stage renal disease) receive epoetin through the dialysis units.
- Treatment of transfusion dependent anemia related to therapy with zidovudine in HIV-infected patients.
- Treatment of transfusion dependent patients with hematologic malignancies whose transfusion requirements are  $\geq 2$  units of packed red blood cells per month over 3 months.
  - Initial approval for 12 weeks
  - Approval of further 12 week cycles is dependent on evidence of satisfactory clinical response or reduced treatment requirement to less than 2 units of PRBC monthly.

**Levodopa/carbidopa/  
entacapone**  
(*Stalevo*™)  
50/12.5/200 mg,  
100/25/200 mg,  
150/37.5/200 mg tablets

For the treatment of patients with Parkinson's disease

- who are currently receiving immediate-release levodopa/carbidopa and entacapone, OR
- who are not well controlled and are experiencing significant "wearing off" symptoms despite optimal therapy with levodopa/decarboxylase.

**Maraviroc**  
(*Celsentri*™)  
150 mg and 300 mg tablets

For the treatment of HIV-1 infection in patients (Plan U beneficiaries) who have CCR5 tropic viruses and who have documented resistance to at least one agent from each of the three major classes of antiretrovirals (i.e. nucleoside/tide reverse transcriptase inhibitors, non-nucleoside reverse transcriptase inhibitors and protease inhibitors.)

## SPECIAL AUTHORIZATION ADDITIONS FOR PLAQUE PSORIASIS

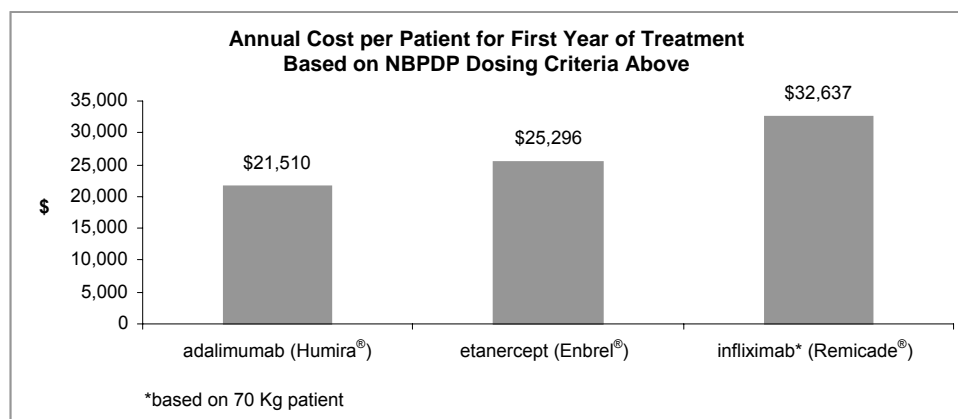
**Adalimumab**  
(*Humira*<sup>®</sup>)  
40 mg/0.8 mL injection

**Etanercept**  
(*Enbrel*<sup>®</sup>)  
50 mg pre-filled  
syringe

**Infliximab**  
(*Remicade*<sup>®</sup>)  
100 mg injection

See *Drugs Delisted*  
section for  
information on  
*efalizumab (Raptiva*<sup>®</sup>)

- Requests will be considered for treatment of patients with severe, debilitating chronic plaque psoriasis who meet all of the following criteria:
  - Body surface area (BSA) involvement of >10% and/or significant involvement of the face, hands, feet or genital region;
  - Failure to respond to, contraindications to or intolerance to methotrexate and cyclosporine;
  - Failure to respond to, intolerance to or unable to access phototherapy
- Initial approval limited to 16 weeks (for adalimumab) and 12 weeks (for etanercept, or infliximab).
- Continuation of therapy beyond 16 weeks (for adalimumab) and 12 weeks (for etanercept, or infliximab) will be based on response. Patients not responding adequately at these time points should have treatment discontinued with no further treatment with the same agent recommended.
- An adequate response is defined as either:
  - ≥75% reduction in the Psoriasis Area and Severity Index (PASI) score from when treatment started (PASI 75), or
  - ≥50% reduction in the PASI score (PASI 50) with a ≥5 point improvement in the Dermatology Life Quality Index (DLQI) from when treatment started, or
  - A quantitative reduction in BSA affected with qualitative consideration of specific regions such as face, hands, feet, or genital region.
- Must be prescribed by a dermatologist
- Concurrent use of >1 biologic will not be approved
- Approval limited to the following doses:
  - adalimumab dose of 80 mg administered once followed by 40 mg after 1 week of initial dose, then 40 mg every other week thereafter, up to a year (if response criteria met at 16 weeks)
  - etanercept dose of 50 mg twice weekly for an initial 12 weeks, then 50 mg weekly, thereafter up to a year (if response criteria met at 12 weeks)
  - infliximab dose of 5 mg/kg administered at 0, 2, and 6 weeks, then every 8 weeks up to a year (if response criteria met at 12 weeks)



## SPECIAL AUTHORIZATION – REVISED CRITERIA

### **Fentanyl**

(*Duragesic<sup>®</sup>* and generics)  
12 mcg/hr, 25 mcg/hr,  
50 mcg/hr, 75 mcg/hr and  
100 mcg/hr transdermal  
system

For the management of malignant or chronic non-malignant pain in adult patients;

- who were previously receiving continuous opioid administration (i.e. not opioid naive), OR
- who are unable to take oral therapy

### **Risperidone**

(*Risperdal<sup>®</sup>* *Consta<sup>®</sup>*)  
25, 37.5, & 50 mg prolonged-  
release injection

For the treatment of schizophrenia in patients;

- for whom compliance with an oral antipsychotic presents problems, OR
- who are currently receiving a typical depot antipsychotic and experiencing significant side effects (EPS or TD) or lack of efficacy

### **Dornase alpha recombinant**

(*Pulmozyme<sup>®</sup>*)  
1 mg/mL solution

For cystic fibrosis (Plan B) patients with a FEV<sub>1</sub><70% predicted with clinically significant decline in FEV<sub>1</sub> not responsive to usual treatment.

## 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.

<b>Ciclesonide</b>	( <i>Omnaris<sup>™</sup></i> )	50 mcg nasal spray
<b>Daptomycin</b>	( <i>Cubicin<sup>®</sup></i> )	500 mg/10 mL vial

## DRUGS DELISTED

### **Efalizumab**

(*Raptiva<sup>®</sup>*)  
150 mg vial

At the recommendation of Health Canada, EMD Serono Canada Inc. has suspended the marketing of Raptiva<sup>®</sup> in Canada due to safety concerns, including progressive multifocal leukoencephalopathy (PML).

For details, see:

[http://www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/prof/2009/raptiva\\_2\\_hpc-cps-eng.php](http://www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/prof/2009/raptiva_2_hpc-cps-eng.php)

To allow adequate time to transition existing patients to alternative therapies, coverage for NBPDP beneficiaries currently receiving efalizumab (Raptiva<sup>®</sup>) can be continued six months from the delisting date. Prescribers should review the treatment of patients currently taking this medicine to assess the most appropriate alternatives as soon as possible.