

Bulletin #750

April 24, 2009

BENEFIT CHANGES TO NBPDP

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective April 24, 2009.

Included in this bulletin:

- **Regular Benefit Additions**
- **Special Authorization 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	\$
Budesonide							
Cap	Orl	3mg	Entocort®	2229293	AZE	AEFGVW	AAC
Citalopram							
Tab	Orl	30mg	CTP 30	2296152	SEP	AEFGVW	AAC
Isopropyl myristate							
Sol	Top	50%	Resultz™	2279592	NYC	EFGV	AAC
Mesalamine (5-aminosalicylic acid)							
Tab	Orl	1.2gm	Mezavant®	2297558	SHB	AEFGVW	AAC
Drugs no longer requiring special authorization							
Gabapentin							
Cap	Orl	100mg	Neurontin®	2084260	PFI		
			pms-Gabapentin	2243446	PMS		
			Apo-Gabapentin	2244304	APX		
			Novo-Gabapentin	2244513	NOP	AEFGVW	MAP
			Gen-Gabapentin	2248259	GPM		
			Co-Gabapentin	2256142	COB		
			ratio-Gabapentin	2260883	RPH		
		300mg	Neurontin®	2084279	PFI		
			pms-Gabapentin	2243447	PMS		
			Apo-Gabapentin	2244305	APX		
			Novo-Gabapentin	2244514	NOP	AEFGVW	MAP
			Gen-Gabapentin	2248260	GPM		
			Co-Gabapentin	2256150	COB		
			ratio-Gabapentin	2260891	RPH		
		400mg	Neurontin®	2084287	PFI		
			pms-Gabapentin	2243448	PMS		
			Apo-Gabapentin	2244306	APX		
			Novo-Gabapentin	2244515	NOP	AEFGVW	MAP
			Gen-Gabapentin	2248261	GPM		
			Co-Gabapentin	2256169	COB		
			ratio-Gabapentin	2260905	RPH		
Tab	Orl	600mg	Neurontin®	2239717	PFI		
			pms-Gabapentin	2255898	PMS		
			Apo-Gabapentin	2293358	APX	AEFGVW	MAP
			Novo-Gabapentin	2248457	NOP		
		800mg	Neurontin®	2239718	PFI		
			pms-Gabapentin	2255901	PMS		
			Apo-Gabapentin	2293366	APX	AEFGVW	MAP
			Novo-Gabapentin	2247346	NOP		

SPECIAL AUTHORIZATION – REVISED CRITERIA (FOR LAAC & LABA IN COPD)

LAAC:

Tiotropium

(*Spiriva*[®])

18mcg Inhalation capsules

LABAs:

Formoterol

(*Foradil*[®])

12mcg Inhalation capsules

(*Oxeze*[®]/*Turbuhaler*[®])

6mcg, 12mcg metered dose inhaler

Salmeterol

(*Serevent*[®]/*Diskhaler*[®]/*Disk*,
Serevent[®]/*Diskus*[®])

25mcg/actuation metered dose inhaler, 50mcg discus

LABA/ICS:

Formoterol + budesonide

(*Symbicort*[®]/*Turbuhaler*[®])

6/100 mcg and 6/200 mcg metered dose inhaler

Salmeterol + fluticasone

(*Advair*[®]/*Diskus*[®])

50/100mcg, 50/250mcg and 50/500mcg diskus
25/125mcg and 25/250mcg metered dose inhaler

- Coverage will be considered for either a long-acting beta-agonist (LABA) or long-acting anticholinergic (LAAC) for the treatment of chronic obstructive pulmonary disease (COPD) if:
 - symptoms persist after 2-3 months of short-acting bronchodilator therapy (i.e. salbutamol at a maximum dose of 8 puffs/day or ipratropium at maximum dose of 12 puffs/day)
- Coverage can be provided without a trial of short-acting agent if:
 - there is spirometric evidence of at least moderate to severe airflow obstruction ($FEV_1 < 60\%$ and FEV_1/FVC ratio < 0.7) and significant symptoms i.e. MRC score of 3-5**.
- Combination therapy with tiotropium and a long-acting beta agonist/inhaled corticosteroid (LABA/ICS) will only be considered if:
 - there is spirometric evidence of at least moderate to severe airflow obstruction ($FEV_1 < 60\%$ and FEV_1/FVC ratio < 0.7), and significant symptoms i.e., MRC score of 3-5** *and*
 - there is evidence of one or more moderate-to-severe exacerbations per year, on average, for 2 consecutive years requiring antibiotics and/or systemic (oral or intravenous) corticosteroids.

NOTE: If spirometry cannot be obtained, reasons must be clearly explained and other evidence regarding severity of condition must be provided for consideration (i.e. MRC scale). Spirometry reports from any point in time will be accepted.

**Medical Research Council (MRC) Dyspnea Scale

COPD Stage	Symptoms
MODERATE – MRC 3 to 4	Shortness of breath from COPD causing the patient to stop after walking about 100 meters (or after a few minutes) on the level.
SEVERE – MRC 5	Shortness of breath from COPD resulting in the patient being too breathless to leave the house or breathless after undressing, or the presence of chronic respiratory failure or clinical signs of right heart failure.

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.

Cyproterone acetate/ethinyl estradiol

(*CyEstra-35*)

2mg/0.035mg tablet

Somatropin – in idiopathic short-stature

(*Humatrope*[®])

5mg vial, 6, 12 and 24mg cartridge for sc injection