

Bulletin #757

July 7, 2009

## BENEFIT CHANGES TO NBPDP

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective July 7, 2009.

**Included in this bulletin:**

- **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

## SPECIAL AUTHORIZATION ADDITIONS

### Olanzapine

(Zyprexa<sup>®</sup> Zydys<sup>®</sup>)

20mg orally disintegrating tablet

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.

### Testosterone

(Andriol<sup>®</sup>)

40 mg capsules

(Androderm<sup>®</sup>)

12.2mg and 24.3mg patches

(AndroGel<sup>®</sup>)

2.5g and 5g packets

(Testim<sup>®</sup>)

1% gel

For the treatment of congenital and acquired primary or secondary hypogonadism in males with a specific diagnosis of:

- Primary: cryptorchidism, Klinefelter's, orchiectomy, and other established causes
- Secondary: Pituitary-hypothalamic injury due to tumors, trauma, radiation

Testosterone deficiency should be clearly demonstrated by clinical features and confirmed by two separate free testosterone measurements before initiating any replacement therapy

Note: Older males with non-specific symptoms of fatigue, malaise, or depression who have low testosterone levels do not satisfy these criteria.

## SPECIAL AUTHORIZATION – REVISED CRITERIA

### Sumatriptan

(Imitrex<sup>®</sup>, Imitrex<sup>®</sup> DF and generic brands)

50mg and 100mg tablets

- For the treatment of migraine<sup>1</sup> headache when:
  - Migraines are moderate<sup>2</sup> in severity and other therapies (e.g. NSAIDs, acetaminophen, DHE spray) are not effective, or
  - Migraine attacks are severe<sup>2</sup> or ultra severe<sup>2</sup>
- Coverage limited to 6 doses / 30 days<sup>3</sup>
  - patients with >3 migraines/month on average despite prophylactic therapy may be considered for up to a maximum of 12 doses / 30 days

## SPECIAL AUTHORIZATION – REVISED CRITERIA

### **Almotriptan**

(*Axert*<sup>®</sup>)

6.25mg and 12.5mg tablets

- For the treatment of migraine<sup>1</sup> headache of moderate<sup>2</sup> intensity when other therapies (e.g. NSAIDs, acetaminophen, DHE spray) are not effective AND patients have not responded to oral sumatriptan.

### **Naratriptan**

(*Amerge*<sup>®</sup>)

1mg and 2.5mg tablets

- For the treatment of migraine<sup>1</sup> headache of severe<sup>2</sup> or ultra severe<sup>2</sup> intensity when patients have not responded to oral sumatriptan.

### **Rizatriptan**

(*Maxalt*<sup>®</sup>, *Maxalt*<sup>®</sup> RPD)

5mg and 10mg tablets

- Coverage limited to 6 doses / 30 days<sup>3</sup>
  - patients with >3 migraines/month on average despite prophylactic therapy may be considered for up to a maximum of 12 doses / 30 days

### **Sumatriptan**

(*Imitrex*<sup>®</sup> Nasal Spray)

5mg and 20mg nasal spray

### **Zolmitriptan**

(*Zomig*<sup>®</sup>, *Zomig*<sup>®</sup> Rapidmelt)

2.5mg tablets

(*Zomig*<sup>®</sup> Nasal Spray)

2.5mg and 5mg nasal spray

### **Sumatriptan**

(*Imitrex*<sup>®</sup> Injection)

6mg injection

- For the treatment of migraine<sup>1</sup> headache of moderate<sup>2</sup> intensity when other therapies (e.g. NSAIDs, acetaminophen, DHE spray) are not effective AND oral and nasal triptans are not appropriate.
- For the treatment of migraine<sup>1</sup> headache of severe<sup>2</sup> or ultra severe<sup>2</sup> intensity when oral and nasal triptans are not appropriate.
- Coverage limited to 6 doses / 30 days<sup>3</sup>
  - patients with >3 migraines/month on average despite prophylactic therapy may be considered for up to a maximum of 12 doses / 30 days

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<sup>1</sup> As diagnosed based on current Canadian guidelines.

<sup>2</sup> Definitions:

- Moderate - pain is distracting causing need to slow down and limit activities;
- Severe - pain affects ability to concentrate and very difficult to continue with daily activities;
- Ultra severe - unable to speak or think clearly; not able to function; likely lying down or sleeping

<sup>3</sup> Reimbursement will be available for a maximum quantity of triptan doses as outlined in criteria per 30 days regardless of the agent(s) used within the 30 day period.

## 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.

**Clindamycin phosphate 1%  
+ benzoyl peroxide 5%**

*(Clindoxyl®)*

5% gel

**Levofloxacin – resubmission**

*(Levaquin®)*

750mg tablets