

Bulletin #762

August 27, 2009

BENEFIT CHANGES TO NBPDP

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective August 27, 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	\$
Methimazole					
Tab Orl 10mg	Tapazole [®]	2296039	PAL	AEFGVW	AAC
Olmesartan medoxomil					
Tab Orl 20mg	Olmetec [®]	2318660	SCH	AEFGVW	AAC
40mg	Olmetec [®]	2318679			
Olmesartan medoxomil / hydrochlorothiazide					
Tab Orl 20mg/12.5mg	Olmetec Plus [®]	2319616	SCH	AEFGVW	AAC
40mg/12.5mg	Olmetec Plus [®]	2319624			
40mg/25mg	Olmetec Plus [®]	2319632			
Travoprost					
Liq Oph 0.004%	Travatan Z [®]	2318008	ALC	AEFGVW	AAC
Valsartan/hydrochlorothiazide					
Tab Orl 320/12.5mg	Diovan HCT [®]	2308908	NVR	AEFGVW	AAC
320/25mg	Diovan HCT [®]	2308916	NVR		

SPECIAL AUTHORIZATION ADDITIONS

Abatacept
(*Orencia*[®])
250 mg/vial for injection

For the treatment of Juvenile Rheumatoid Arthritis:

- In children (age 6-17) with moderate to severe active polyarticular juvenile idiopathic arthritis/juvenile rheumatoid arthritis who are intolerant to, or who have not had an adequate response from etanercept.
- Initial treatment is limited to a maximum of 16 weeks. Retreatment is permitted for children who demonstrated an adequate initial treatment response and who are experiencing a disease flare.
- Must be prescribed by a rheumatologist.

SPECIAL AUTHORIZATION ADDITIONS

Clozapine

(*Gen-Clozapine*)

50mg and 200mg tablets

- Requests will be considered for beneficiaries who are non-responsive to, or intolerant of, conventional or other atypical antipsychotic drugs.
 - non-responsiveness is defined as a lack of satisfactory clinical response, despite treatment with the appropriate courses of maximum tolerated therapeutic doses of at least two chemically-unrelated antipsychotics.
 - intolerance is defined as the inability to achieve adequate benefit with conventional antipsychotics because of dose-limiting, intolerable adverse effects such as parkinsonism, dystonia, akathisia and tardive dyskinesia.
- Clozapine must be prescribed by, or in consultation with, a psychiatrist. Prescriptions written by New Brunswick psychiatrists do not require special authorization. Subsequent refills ordered by other practitioners will not require special authorization.

Darifenacin hydrobromide

(*Enablex*[®])

7.5mg and 15mg extended release tablets

- For the treatment of overactive bladder with symptoms of urinary frequency, urgency and/or urge incontinence in patients who have not tolerated a reasonable trial of immediate-release oxybutynin.
- Requests for the treatment of stress incontinence will not be considered.

Epoetin alpha

(*Eprex*[®])

30,000IU/0.75mL pre-filled syringe

For the treatment of:

- Anemia associated with chronic renal failure. Note: patients on dialysis (end-stage renal disease) receive epoetin through the dialysis units.
- Transfusion dependent anemia related to therapy with zidovudine in HIV infected patients.
- Transfusion dependent patients with hematologic malignancies whose transfusion requirements are ≥ 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.

Tenofovir disoproxil fumarate

(*Viread*[®])

300mg tablets

- For the treatment of chronic hepatitis B infection in patients with cirrhosis documented on radiologic or histologic grounds and a HBV DNA concentration above 2000 IU/mL.

Topiramate

(*Topamax*[®] and generics)

25mg, 50mg, 100mg and 200mg tablets

- For the treatment of refractory epilepsy not well controlled with conventional therapy.

SPECIAL AUTHORIZATION – REVISED CRITERIA

Botulinum Toxin Type A

(*Botox*[®])

100 unit vial

For the treatment of:

- Focal spasticity following stroke in adults.
- Equinus foot deformity in cerebral palsy in patients 2 years of age and older.
- Cervical dystonia (spasmodic torticollis).
- Blepharospasm, hemifacial spasm (VII nerve disorder) and strabismus in patients 12 years of age and older.

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.

infliximab – in Ulcerative Colitis

(*Remicade*[®])

100mg vial for injection

levonorgestrel/ethinyl estradiol

(*Seasonale*[™])

0.15/0.03 mg tablets

tacrolimus

(*Advagraf*[™])

0.5 mg, 1 mg, and 5 mg
extended-release capsules