

Bulletin #782

March 11, 2010

BENEFIT CHANGES TO NBPDP

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective March 11, 2010.

Included in this bulletin:

- **Regular Benefit Additions**
- **Special Authorization Additions and Revised Process**
- **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 | \$ |
|---|-----|-------------|---------------------|---------|--------------|--------|-----|
| Acetylcysteine | | | | | | | |
| Liq | Inh | 200mg/mL | Mucomyst® | 2091526 | WLS | | |
| | | | Acetylcysteine Sol | 2243098 | SDZ | W | AAC |
| | | | Parvolex® | 2181460 | BCH | | |
| Alendronate sodium | | | | | | | |
| Tab | Orl | 10mg | Fosamax® | 2201011 | FRS | | |
| | | | Novo-Alendronate | 2247373 | NOP | | |
| | | | Apo-Alendronate | 2248728 | APX | W | MAP |
| | | | Mylan-Alendronate | 2270129 | MYL | | |
| | | | Sandoz-Alendronate | 2288087 | SDZ | | |
| | | 40mg | Fosamax® | 2201038 | FRS | | |
| | | | Co-Alendronate | 2258102 | COB | W | MAP |
| | | 70mg | Fosamax® | 2245329 | FRS | | |
| | | | Novo-Alendronate | 2261715 | NOP | | |
| | | | Apo-Alendronate | 2248730 | APX | | |
| | | | Co-Alendronate | 2258110 | COB | | |
| | | | pms-Alendronate | 2273179 | PMS | | |
| | | | ratio-Alendronate | 2275279 | RPH | W | MAP |
| | | | Mylan-Alendronate | 2286335 | MYL | | |
| | | | pms- Alendronate FC | 2284006 | PMS | | |
| | | | Sandoz-Alendronate | 2288109 | SDZ | | |
| | | | phl-Alendronate FC | 2299712 | PHL | | |
| Alendronate sodium/Cholecalciferol | | | | | | | |
| Tab | Orl | 70mg/5600mg | Fosavance® | 2314940 | FRS | W | AAC |
| Amikacin sulfate | | | | | | | |
| Liq | IM | 250mg/mL | Amikacin | 2242971 | SDZ | W | AAC |
| Ampicillin | | | | | | | |
| PWS | IM | 2g | Ampicillin | 1933353 | NOP | W | AAC |
| Bupropion XL | | | | | | | |
| SRT | Orl | 150mg | Wellbutrin® XL | 2275090 | BVL | AEFGVW | AAC |
| | | 300mg | Wellbutrin® XL | 2275104 | | | |
| Calcitonin Salmon | | | | | | | |
| Liq | Nas | 200IU/MD | Miacalcin® | 2240775 | NVR | | |
| | | | Apo-Calcitonin | 2247585 | APX | W | MAP |
| | | | Sandoz-Calcitonin | 2261766 | SDZ | | |

REGULAR BENEFIT ADDITIONS

| Drug/Form/Route/Strength | Brand Name | DIN | Manufacturer | Plans | \$ |
|--------------------------------|---------------------|---------|--------------|--------|-----|
| Ketorolac tromethamine | | | | | |
| Tab Orl 10mg | Toradol® | 2162660 | HLR | | |
| | Apo-Ketorolac | 2229080 | APX | W | MAP |
| | Novo-Ketorolac | 2230201 | NOP | | |
| | Nu-Ketorolac | 2237910 | NXP | | |
| Lithium citrate | | | | | |
| Liq Orl 8mmol/5mL | pms-Lithium Citrate | 2074834 | PMS | AEFGVW | AAC |
| Lopinavir/ritonavir | | | | | |
| Tab Orl 100mg/25mg | Kaletra® | 2312301 | ABB | U | AAC |
| Penicillin G benzathine | | | | | |
| Susp Inj 1200000Units/2mL | Bicillin LA® | 2291924 | KNG | AEFGVW | AAC |
| Penicillin G sodium | | | | | |
| Pws IM 1000000IU/vial | Crystapen® | 2060086 | BCH | W | AAC |
| 10000000IU/vial | Crystapen® | 2060108 | BCH | W | AAC |

Drugs no longer requiring special authorization

| | | | | | |
|----------------------------------|---------|---------|-----|--------|-----|
| Ziprasidone Hydrochloride | | | | | |
| Cap Orl 20mg | Zeldox® | 2298597 | | | |
| 40mg | Zeldox® | 2298600 | | | |
| 60mg | Zeldox® | 2298619 | PFI | AEFGVW | AAC |
| 80mg | Zeldox® | 2298627 | | | |

SPECIAL AUTHORIZATION ADDITIONS

Darunavir
(*Prezista™*)
400mg tablets

As part of a HIV treatment regimen for treatment-naïve patients (Plan U beneficiaries) for whom protease inhibitor therapy is indicated.

Natalizumab
(*Tysabri™*)
300 mg vial for intravenous
infusion

For monotherapy in patients with a diagnosis of MS (Plan H beneficiaries) established according to current clinical criteria and MRI evidence and:

- Who have failed to respond to a full and adequate course of treatment with at least two disease-modifying therapies or who are intolerant or have contraindications to these therapies; and
 - Who have a significant increase in T2 lesion load compared to a previous MRI or at least one gadolinium-enhancing lesion; and
 - Who experience two or more disabling relapses in the previous year.
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SPECIAL AUTHORIZATION - REVISED PROCESS

Ranibizumab
(*Lucentis™*)
2.3 mg / 0.23 mL vial for
intravitreal injection

In order to facilitate the claims process for ranibizumab, an initial claim of up to two vials of ranibizumab (one vial per eye treated) will be reimbursed without special authorization when prescribed by an ophthalmologist. This change will be effective Monday March 23, 2010.

Subsequent claims will require special authorization approval for reimbursement. Detailed criteria are published in the NBPDP formulary which is available online at <http://www.qnb.ca/0212/NBPDPFormulary-e.asp>.

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.

| | | |
|---|-------------------|---|
| Desvenlafaxine – in Major Depressive Disorder | <i>(Pristiq™)</i> | 50mg, 100mg extended release tablets |
| Insulin detemir – resubmission #2 - in Type 1 or Type 2 diabetes mellitus in adults | <i>(Levemir®)</i> | 100 U/mL solution for injection |
| Insulin detemir – in Type 1 diabetes mellitus in pediatric patients | <i>(Levemir®)</i> | 100 U/mL solution for injection |
| Levodopa/carbidopa – in Parkinson's Disease | <i>(Duodopa™)</i> | 100mL gel cassette |
| Pregabalin – resubmission - in neuropathic pain associated with diabetic peripheral neuropathy | <i>(Lyrica®)</i> | 25mg, 50mg, 75mg, 150mg, 300mg capsules |
| Teriparatide – in Glucocorticoid-induced osteoporosis | <i>(Forteo™)</i> | 250µg/mL solution for injection |