

Bulletin #786

May 6, 2010

## BENEFIT CHANGES TO NBPDP

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective May 6, 2010.

**Included in this bulletin:**

- **Extemporaneous Preparation – Temporary Benefit Addition**
- **Special Authorization Additions**
- **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

## EXTEMPORANEOUS PREPARATIONS – TEMPORARY BENEFIT ADDITION

Effective immediately, due to manufacturer shortages of amitriptyline 10 mg tablets and clonidine 0.025, 0.1 and 0.2mg tablets, the following PINs have been created and added as benefits under the New Brunswick Prescription Drug Program Plans AEEGV. Coverage of these products will be provided until manufactured amitriptyline 10 mg tablets and clonidine 0.025, 0.1 and 0.2 mg tablets become available on the market.

Product Name	PIN	Plans	\$
Amitriptyline 10 mg compounded for oral use	00903048	AEEGV	AAC
Clonidine 0.025, 0.1, and 0.2 mg compounded for oral use	00999330	AEEGV	AAC

## SPECIAL AUTHORIZATION ADDITIONS

**Clostridium botulinum neurotoxin type A, free from complexing proteins**  
(*Xeomin*<sup>®</sup>)  
100 unit vial for injection

1. For the treatment of blepharospasm in patients 18 years of age and older.
2. For the treatment of cervical dystonia (spasmodic torticollis) in patients 18 years of age or older.

**Imatinib**  
(*Gleevec*<sup>®</sup>)  
100mg and 400mg tablet

New indication added to criteria:

For the treatment of adult patients with newly diagnosed Philadelphia chromosome-positive acute lymphoblastic leukemia (Ph+ALL) when used as a single agent for induction and maintenance phase therapy.

## SPECIAL AUTHORIZATION ADDITIONS (CONT'D)

### Lenalidomide

(*Revlimid*<sup>®</sup>)

5mg, 10mg, 15mg and 25mg capsule

1. For the treatment of Myelodysplastic Syndrome (MDS) in patients with:
  - Demonstrated diagnosis of MDS on bone marrow aspiration
  - Presence of 5-q deletion documented by appropriate genetic testing
  - International Prognostic Scoring System (IPSS) risk category low or intermediate-1<sup>†</sup>
  - Presence of symptomatic anemia (defined as transfusion dependent)\*

<sup>†</sup> calculator available on [www.uptodate.com](http://www.uptodate.com)

\* Requests for patients who are not transfusion-dependent will be considered on a case-by-case basis. The physician should provide clinical evidence of symptomatic anemia affecting the patient's quality of life and the rationale for why transfusions are not being used.

Initial approval period: 6 months

Renewal criteria:

- For patients who were transfusion-dependent and have demonstrated a reduction in transfusion requirements of at least 50%.
- Renewal requests for all other patients will be considered on a case-by-case basis. Information describing the results of serial CBC (pre- and post-lenalidomide) and any other objective evidence of response should be included.

Renewal period: 1 year

2. For the treatment of multiple myeloma when used in combination with dexamethasone, in patients who:
  - Are not candidates for autologous stem cell transplant;  
AND
  - Where the patient is either:
    - Refractory to or has relapsed after the conclusion of initial or subsequent treatments and who is suitable for further chemotherapy; or
    - Has completed at least one full treatment regimen as initial therapy and is experiencing intolerance to their current chemotherapy.

Note: Due to its structural similarities to thalidomide, lenalidomide (*Revlimid*) is only available through a controlled distribution program called *RevAid*<sup>SM</sup> to minimize the risk of fetal exposure. Only prescribers and pharmacists registered with this program are able to prescribe and dispense lenalidomide (*Revlimid*). In addition, patients must be registered and meet all the conditions of the program in order to receive the product. For information, call 1-888-RevAid1 or log onto [www.RevAid.ca](http://www.RevAid.ca).

## 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.

<b>Clostridium botulinum neurotoxin type A, free from complexing proteins</b> - Post-stroke spasticity	<i>(Xeomin®)</i>	100 unit vial for injection
<b>Eplerenone</b>	<i>(Inspra®)</i>	25 mg and 50 mg tablets
<b>Fulvestrant</b>	<i>(Faslodex®)</i>	50mg/mL (5mL) IM injection
<b>Lisdexamfetamine dimesylate</b>	<i>(Vyvanse®)</i>	30 mg and 50 mg capsules