

Bulletin # 540

May 17, 2002

## BENEFIT CHANGES TO NBPDP

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective May 17, 2002.

### Included in this bulletin:

- **Special Authorization - New Additions**
- **Special Authorization - Revised Criteria**
- **Drugs Reviewed and Not Listed**
- **Regular Benefit Additions**  
Claims for these products will be reimbursed at actual acquisition cost (AAC).

If you have any questions or concerns, please contact our office at 1-800-332-3691.

Yours truly,

Debbie LeBlanc  
New Brunswick Prescription Drug Program

NBPDP PHAR/PHYS

Note: If you would prefer to receive bulletins electronically rather than in hard copy, please send a message to [BC.nbpdp@atl.bluecross.ca](mailto:BC.nbpdp@atl.bluecross.ca) or call 1-800-670-3691.

Bulletins are also available on the NBPDP web page: <http://www.gnb.ca/0212/en/nbpdpfor.htm>.

## SPECIAL AUTHORIZATION (PART B) - ADDITIONS

### **Imiquimod**

(Aldara)

- 5% Cream

- For the treatment of external genital and external perianal/condyloma acuminata warts.

### **Leflunomide**

(Arava)

- 5mg, 10mg and 20mg  
Tablets

- For the treatment of patients with active rheumatoid arthritis who have not responded to, or have had intolerable toxicity with, an adequate trial of combination traditional DMARD (disease modifying antirheumatic drug) therapy. Combination DMARD therapy must include methotrexate unless contraindicated or not tolerated.
- Patients who are not candidates for combination DMARD therapy must have had adequate trial of at least three traditional DMARDs in sequence, one of which must have been methotrexate unless contraindicated.

### **Tizanidine**

(Zanaflex)

- 4mg Tablets

- For the treatment of patients with spasticity caused by traumatic brain injury, multiple sclerosis, spinal cord injury or stroke in whom baclofen or diazepam are not indicated, ineffective or not tolerated.

### **Tryptophan** Line extension

(Tryptan)

- 250mg and 750mg Tablets

- As an adjunctive therapy for drug resistant bipolar affective disorder.

## SPECIAL AUTHORIZATION (PART B) – REVISED CRITERIA

### **Ursodiol**

(Urso)

- 250mg Tablets

- For the management of cholestatic liver diseases, such as primary biliary cirrhosis.

## DRUGS REVIEWED AND NOT LISTED IN THE NBPDP FORMULARY

### Esomeprazole

(Nexium)

- 20mg and 40mg Tablets

- Efficacy over existing agents was not shown in the published trials.
- It is more costly than lansoprazole (Prevacid) and pantoprazole (Pantoloc)
- Requests for coverage through special authorization will not be considered.

### Norethindrone Acetate / Ethinyl Estradiol

(FemHRT)

- 1mg/5mcg Tablets

- Offers no significant therapeutic advantage and is significantly more expensive than continuous combined therapy with other oral hormone replacement products currently listed as NBPDP benefits.

## REGULAR BENEFIT ADDITIONS TO THE NBPDP FORMULARY

Drug/Form/Route/Strength	Brandname	DIN	Manufacturer	Plans	\$
5-Aminosalicylic Acid Sup Rt 1000mg	<b>Salofalk</b>	2242146	AXC	AEFGV	AAC
Levonorgestrel Ins Vag 52mg	<b>Mirena</b>	2243005	BEX	EFG	AAC