HEALTH AND WELLNESS / SANTÉ ET MIEUX-ÊTRE
PRESCRIPTION DRUG PROGRAM / PROGRAMME DE MÉDICAMENTS SUR ORDONNANCE
New Nouveau Brunswick BULLETIN
PO BOX/CP 690 MONCTON NB CANADA E1C 8M7 TEL/TÉL : (506) 867-4515

Bulletin #614 January 26, 2005

BENEFIT CHANGES TO NBPDP

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective January 26, 2005.

Included in this bulletin:

- **Regular Benefit Additions**
- **Special Authorization Additions**
- **Drugs Reviewed and Not Listed**

If you would prefer to receive bulletins electronically rather than in hard copy, please send a message to BC_nbpdp@atl.bluecross.ca or call 1-800-332-3691. Bulletins are also available on the NBPDP web page: www.gnb.ca/0051/0212/index-e.asp

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

REGULAR BENEFIT ADDITIONS

Drug/Form/Route/Strength			Brandname	DIN	Manufacturer	Plans	$
Clarithromycin							
Pws	Orl	125mg/5mL 150mg/5mL	**Biaxin®**	2146908 2244641	ABB	ABEFGVW	AAC
Desmopressin							
Tab	Orl	0.1mg 0.2mg	**DDAVP®**	824305 824143	FEI	EFG under age 18	AAC

SPECIAL AUTHORIZATION ADDITIONS

Fludarabine
(Fludara®)
10mg tablets

For the treatment of chronic lymphocytic leukemia (CLL) in patients with an ECOG performance status of 0-2* when:

- The patient has failed to respond to, or relapsed during/ after previous therapy with an alkylating agent and
- Intravenous administration is not desirable

* Patients who are asymptomatic and those who are symptomatic and in bed less than 50% of the time.

Levetiracetam
(Keppra®)
250mg, 500mg,750mg tablets

An adjunctive therapy in the management of patients with epilepsy who are not satisfactorily controlled by conventional therapy.

Olanzapine
(Zyprexa®)
2.5mg, 5mg, 7.5mg, 10mg, 15mg tablets
(Zyprexa Zydis®)
5mg, 10mg tablets

New indication added to existing criteria:

- For the acute treatment of manic or mixed episodes in bipolar l disorder.

Advice from a psychiatrist is suggested prior to starting therapy. Prescriptions written by New Brunswick psychiatrists do not require special authorization. Subsequent refills ordered by other practitioners will not require special authorization.

SPECIAL AUTHORIZATION ADDITIONS

Oxcarbazepine *(Trileptal®)* 150mg, 300mg, 600mg tablets 60mg/mL suspension	For the treatment of epilepsy in patients who have had an inadequate response or are intolerant to at least 3 other antileptics including carbamazepine.

Thyrotropin alpha
(Thyrogen®)
0.9mg/mL injection
	For on-going evaluation in patients who have documented evidence of thyroid cancer, have undergone appropriate surgical and/or medical management, and require monitoring for recurrence and metastatic disease. This includes:
	
	The patient has failed to respond to, or relapsed during/
	• Primary use in patients with inability to raise an endogenous TSH level (≥ 25 mu/L) with thyroid hormone withdrawal.
	• Primary use in patients with one of the following documented comorbidities in whom severe hypothyroidism could be life threatening:
	  • unstable angina
	  • recent myocardial infarction
	  • class III-IV congestive heart failure
	  • uncontrolled psychiatric illness
	  • other medical condition in which the clinical course could lead to a potential life threatening situation
	• Secondary use in patients with previous thyroid hormone withdrawal resulting in a documented life threatening event.

Peginterferon alfa-2a *(Pegasys®)* 180mcg/0.5mL pre-filled syringe 180mcg/mL vial injection	Requests will be considered from internal medicine specialists for the treatment of chronic hepatitis C (HCV RNA positive) for patients who cannot tolerate ribavirin. • Initial coverage of 24 weeks will be approved for all patients. Coverage for an additional 24 weeks will be approved for patients with HCV genotype 1. • A positive HCV RNA assay after 24 weeks of therapy is an indication to stop treatment.

DRUGS REVIEWED AND NOT LISTED

The reviews of the following products found that they did not offer a therapeutic and/or cost advantage over existing therapies. Requests for coverage through special authorization will not be considered.

Diclofenac	*(Pennsaid®)*	1.5% topical solution
Methylphenidate	*(Concerta®)*	18mg, 36mg, 54mg extended release tablets

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Bulletin #617 March 15, 2005

BENEFIT CHANGES TO NBPDP

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective March 15, 2005.

Included in this bulletin:

- **Regular Benefit Additions**
- **Special Authorization Additions**
- **Drugs Reviewed and Not Listed**

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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

REGULAR BENEFIT ADDITIONS

Drug/Form/Route/Strength			Brandname	DIN	Manufacturer	Plans	$
Aluminum Acetate / Benzethonium Chloride							
Liq	Otic	0.5%/0.03%	Buro-Sol® Otic Solution	674222	TCD	AEFGVW	AAC
Pwr	Top	0.35%/0.023%	Buro-Sol® Powder	579947	TCD	AEFGVW	AAC
Diltiazem Hydrochloride							
Src	Orl	120mg	Cardizem CD®	2097249	BVL	V	MAP
			Ratio-Diltiazem CD®	2229781	RPH	V	
			Apo-Diltiaz CD®	2230997	APX	V	
			Nu-Diltiaz CD®	2231052	NXP	V	
			Novo-Diltiazem CD®	2242538	NOP	V	
			Rhoxal-Diltiazem CD®	2243338	RHO	V	
		180mg	Cardizem CD®	2097257	BVL	V	MAP
			Ratio-Diltiazem CD®	2229782	RPH	V	
			Apo-Diltiaz CD®	2230998	APX	V	
			Nu-Diltiaz CD®	2231053	NXP	V	
			Novo-Diltiazem CD®	2242539	NOP	V	
			Rhoxal-Diltiazem CD®	2243339	RHO	V	
		240mg	Cardizem CD®	2097265	BVL	V	MAP
			Ratio-Diltiazem CD®	2229783	RPH	V	
			Apo-Diltiaz CD®	2230999	APX	V	
			Nu-Diltiaz CD®	2231054	NXP	V	
			Novo-Diltiazem CD®	2242540	NOP	V	
			Rhoxal-Diltiazem CD®	2243340	RHO	V	
		300mg	Cardizem CD®	2097273	BVL	V	MAP
			Ratio-Diltiazem CD®	2229784	RPH	V	
			Apo-Diltiaz CD®	2229526	APX	V	
			Novo-Diltiazem CD®	2242541	NOP	V	
			Rhoxal-Diltiazem CD®	2243341	RHO	V	
Metronidazole							
Crm	Top	1%	Rosasol Cream®	2242919	STI	AEFV	AAC
Mometasone Furoate							
Aem	Nas	50mcg	Nasonex®	2238465	SCH	EFG under age 12	AAC

REGULAR BENEFIT ADDITIONS

Drug/Form/Route/Strength			Brandname	DIN	Manufacturer	Plans	$
ACE Inhibitors							
Fosinopril Sodium							
Tab	Orl	10mg	Monopril®	1907107	BRI	AEFGVW	MAP
			Novo-Fosinopril®	2247802	NOP	AEFGVW	
		20mg	Monopril®	1907115	BRI	AEFGVW	MAP
			Novo-Fosinopril®	2247803	NOP	AEFGVW	
Perindopril Erbumine							
Tab	Orl	2mg	Coversyl®	2123274	SEV	AEFGVW	AAC
		4mg	Coversyl®	2123282	SEV	AEFGVW	AAC
Perindopril Erbumine/ Indapamide							
Tab	Orl						
		4mg/1.25mg	Coversyl® Plus	2246569	SEV	AEFGVW	AAC
Quinapril HCl							
Tab	Orl	5mg	Accupril®	1947664	PFI	AEFGVW	AAC
		10mg	Accupril®	1947672	PFI	AEFGVW	AAC
		20mg	Accupril®	1947680	PFI	AEFGVW	AAC
		40mg	Accupril®	1947699	PFI	AEFGVW	AAC
Quinapril HCl/ Hydrochlorothiazide							
Tab	Orl						
		10mg/ 12.5mg	Accuretic®	2237367	PFI	AEFGVW	AAC
		20mg/12.5mg	Accuretic®	2237368	PFI	AEFGVW	AAC
		20mg/25mg	Accuretic®	2237369	PFI	AEFGVW	AAC
Trandolapril							
Cap	Orl	1mg	Mavik®	2231459	ABB	AEFGVW	AAC
		2mg	Mavik®	2231460	ABB	AEFGVW	AAC
		4mg	Mavik®	2239267	ABB	AEFGVW	AAC

REGULAR BENEFIT ADDITIONS

Drug/Form/Route/Strength			Brandname	DIN	Manufacturer	Plans	$
HIV/AIDS Drugs							
Abacavir Sulfate							
Tab	Orl	300mg	Ziagen®	2240357	GSK	U	AAC
Liq	Orl	20mg/mL	Ziagen®	2240358	GSK	U	AAC
Abacavir Sulfate/ Lamivudine/Zidovudine							
Tab	Orl	300mg/150mg/300mg	Trizivir®	2244757	GSB	U	AAC
Amprenavir							
Cap	Orl	50mg	Agenerase®	2243541	GSK	U	AAC
		150mg	Agenerase®	2243542	GSK	U	AAC
Liq	Orl	15mg/mL	Agenerase®	2243543	GSK	U	AAC
Didanosine							
Cap	Orl	125mg	Videx® EC	2244596	BRI	U	AAC
		200mg	Videx® EC	2244597	BRI	U	AAC
		250mg	Videx® EC	2244598	BRI	U	AAC
		400mg	Videx® EC	2244599	BRI	U	AAC
Pws	Orl	10mg/mL	Videx® Oral Solution	1940635	BRI	U	AAC
Efavirenz							
Cap	Orl	50mg	Sustiva®	2239886	BRI	U	AAC
		100mg	Sustiva®	2239887	BRI	U	AAC
		200mg	Sustiva®	2239888	BRI	U	AAC
Tab	Orl	600mg	Sustiva®	2246045	BRI	U	AAC
Lopinavir/Ritonavir							
Cap	Orl	133.3mg/33.3mg	Kaletra®	2243643	ABB	U	AAC
Liq	Orl	80mg/mL/20mg/mL	Kaletra® Oral Solution	2243644	ABB	U	AAC

REGULAR BENEFIT ADDITIONS

Drug/Form/Route/Strength			Brandname	DIN	Manufacturer	Plans	$
Nelfinavir Mesylate							
Tab	Orl	250mg	Viracept®	2238617	PFI	U	AAC
Pwr	Orl	50mg/gm	Viracept®	2238618	PFI	U	AAC
Nevirapine							
Tab	Orl	200mg	Viramune®	2238748	BOE	U	AAC
Saquinivir							
Cap	Orl	200mg	Fortovase®	2239083	HLR	U	AAC
Saquinivir Mesylate							
Cap	Orl	200mg	Invirase®	2216965	HLR	U	AAC

SPECIAL AUTHORIZATION ADDITIONS

Ciprofloxacin HCL / Hydrocortisone *(Cipro HC Otic Solution®)* 2mg/mL/10mg/mL suspension	For the treatment of acute, diffuse, bacterial otitis externa when treatment with a listed agent has been ineffective or is contraindicated.

DRUGS REVIEWED AND NOT LISTED

Delavirdine Mesylate	*(Rescriptor®)*	100mg tablets

HEALTH AND WELLNESS / SANTÉ ET MIEUX-ÊTRE
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Bulletin # 619 April 6, 2005

BENEFIT CHANGES TO NBPDP

Please find attached lists of **interchangeable product additions** to the New Brunswick Prescription Drug Program Formulary and additional products subject to a Maximum Allowable Price (MAP).

BENEFIT ADDITIONS:
Claims for products that are reimbursed at Actual Acquisition Cost up to May 3, 2005 will be subject to a Maximum Allowable Price (MAP) effective May 4, 2005.

For purposes of special authorization, MAPs have been established on all interchangeable products in New Brunswick.

If you would prefer to receive bulletins electronically rather than in hard copy, please send a message to BC_nbpdp@medavie.bluecross.ca or call 1-800-332-3691. Bulletins are also available on the NBPDP web page: www.gnb.ca/0051/0212/index-e.asp.

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 BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

							to May 3/05	MAP May 4/05
Acebutolol Hydrochloride Acébutolol (chlorhydrate d')								
Tab Co.	Orl	100mg	Rhoxal-Acebutolol	2257599	RHO	AEFGVW	MAP	
		200mg	Rhoxal-Acebutolol	2257602	RHO	AEFGVW	MAP	
		400mg	Rhoxal-Acebutolol	2257610	RHO	AEFGVW	MAP	
Ciprofloxacin Hydrochloride Ciprofloxacine (chlorhydrate de)								
Liq	Oph	0.3%	pms-Ciprofloxacin	2253933	PMS	Spec. Auth	AAC	1.1280
Clindamycin Hydrochloride Clindamycine (chlorhydrate de)								
Cap Caps.	Orl	150mg	Gen-Clindamycin	2258331	GPM	AEFGVW	MAP	
Clonidine Hydrochloride Clonidine (chlorhydrate de)								
Tab Co.	Orl	0.025mg	Apo-Clonidine	2248732	APX	AEFGVW	AAC	0.1817
Dexamethasone Dexaméthasone								
Tab Co.	Orl	0.5mg	Apo-Dexamethasone	2261081	APX	AEFGVW	MAP	
Fluconazole								
Tab Co.	Orl	50mg	Taro-Fluconazole	2249294	TAR	AEFGVW	MAP	
		100mg	Taro-Fluconazole	2249308	TAR	AEFGVW	MAP	
Fosinopril Sodium Fosinopril Sodique								
Tab Co.	Orl	10mg	Gen-Fosinopril	2262401	GPM	AEFGVW	MAP	
		20mg	Gen-Fosinopril	2262428	GPM	AEFGVW	MAP	
Framycetin Sulfate/Esculin/Dibucaine Hydrochloride/Hydrocortisone Acetate Framycétine (sulfate d')/esculine/dibucaine (chlorhydrate de)/hydrocortisone (acétate de)								
Ont	Rt	1%/1%/0.5%/0.5%						
			Sab-Proctomyxin HC	2242527	SIL	AEFGVW	MAP	
Sup Supp.	Rt	10mg/10mg/5mg/5mg						
			Sab-Proctomyxin HC	2242528	SIL	AEFGVW	MAP	

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

							to May 3/05	MAP May 4/05
Gabapentin								
Cap Caps.	Orl	100mg	Co-Gabapentin	2256142	COB	Spec. Auth	MAP	
		300mg	Co-Gabapentin	2256150	COB	Spec. Auth	MAP	
		400mg	Co-Gabapentin	2256169	COB	Spec. Auth	MAP	
Hydrocortisone Acetate/Zinc Sulfate Hydrocortisone (acétate d')/zinc (sulfate de)								
Ont	Rt	0.5%/0.5%	Sab-Anuzinc HC	2247691	SIL	AEFGVW	MAP	
Sup Supp.	Rt	10mg/10mg	Sab-Anuzinc HC	2242798	SIL	AEFGVW	MAP	
Leflunomide								
Tab Co.	Orl	10mg	Novo-Leflunomide	2261251	NOP	Spec. Auth	MAP	
		20mg	Novo-Leflunomide	2261278	NOP	Spec. Auth	MAP	
Ofloxacin Ofloxacine								
Liq	Oph	0.3%	pms-Ofloxacin	2252570	PMS	Spec. Auth	MAP	
Omeprazole Oméprazole								
Cap Caps.	Orl	20mg	Apo-Omeprazole	2245058	APX	Spec. Auth	AAC	1.2500
Paroxetine								
Tab Co.	Orl	20mg	Rhoxal-Paroxetine	2254751	RHO	AEFGVW	MAP	
		30mg	Rhoxal-Paroxetine	2254778	RHO	AEFGVW	MAP	
Pramoxine Hydrochloride/Hydrocortisone Acetate/ Zinc Sulfate Pramoxine (chlorhydrate de)/hydrocortisone (acétate d')/ zinc (sulfate de)								
Ont	Rt	1%/0.5%/0.5%	Sab-Anuzinc HC Plus	2247692	SIL	AEFGVW	MAP	
Sup Supp.	Rt	20mg/10mg/10mg	Sab-Anuzinc HC Plus	2242797	SIL	AEFGVW	MAP	
Terbinafine Hydrochloride Terbinafine (chlorhydrate de)								
Tab Co.	Orl	250mg	Co-Terbinafine	2254727	COB	Spec. Auth	MAP	

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

								to May 3/05	MAP May 4/05
Tizanidine Hydrochloride Tizanidine (chlorhydrate de)									
Tab Co.	Orl	4mg	Apo-Tizanidine	2259893	APX	Spec. Auth	AAC	0.5106	
Zopiclone									
Tab Co.	Orl	5mg	Rhoxal-Zopiclone	2257572	RHO	AEFVW	MAP		
		7.5mg	Rhoxal-Zopiclone	2257580	RHO	AEFVW	MAP		

ADDITIONAL PRODUCTS SUBJECT TO MAP / PRODUITS SUPPLÉMENTAIRES ASSUJETIS AUX PAM

								to May 3/05	MAP May 4/05
Clindamycin Hydrochloride Clindamycine (chlorhydrate de)									
Cap Caps	Orl	300mg	Gen-Clindamycin	2258358	GPM	Spec. Auth	MAP		
Gliclazide									
Tab Co.	Orl	80mg	Rhoxal-Gliclazide	2254719	RHO	Spec. Auth	MAP		
Levofloxacin Levofloxacine									
Tab Co.	Orl	250mg	Novo-Levofloxacin	2248262	NOP	Spec. Auth	AAC	3.1080	
		500mg	Novo-Levofloxacin	2248263	NOP	Spec. Auth	AAC	3.5070	

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Bulletin #624 May 31, 2005

BENEFIT CHANGES TO NBPDP

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective May 31, 2005.

Included in this bulletin:

- **Regular Benefit Additions**
- **Special Authorization Additions**
- **Drugs Reviewed and Not Listed**

Special Authorization Unit Fax Number

Please ensure that special authorization (SA) requests are sent to the correct fax number. Some faxes have been sent to the wrong number by using 1-800 instead of **1-888**.

SA Local Fax: 506-867-4872
SA Toll Free Fax: **1-888**-455-8322

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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

REGULAR BENEFIT ADDITIONS

Drug/Form/Route/Strength			Brandname	DIN	Manufacturer	Plans	$
Atazanavir							
Cap	Orl	150mg	Reyataz®	2248610	BRI	U	AAC
		200mg	Reyataz®	2248611	BRI	U	AAC
Lamivudine							
Tab	Orl	300mg	3TC®	2247825	GSB	U	AAC
Mirtazapine							
Tab	Orl	15mg	Remeron RD®	2248542	ORG	AEFGVW	AAC
		30mg	Remeron RD®	2248543	ORG	AEFGVW	AAC
		45mg	Remeron RD®	2248544	ORG	AEFGVW	AAC

SPECIAL AUTHORIZATION ADDITIONS

Almotriptan malate
(Axert®)
6.25mg and 12.5mg tablets

1. For the treatment of migraine headache where patients have a definite diagnosis of migraine with or without aura based on the current Canadian guidelines.
2. The initial approval for persons not previously treated with a 'triptan' will be limited to a quantity equal to three days of therapy per month at the maximum dose for two months. If therapy has been successful, special authorization could be renewed for a period of up to 12 months.

Note: Patients experiencing three or more severe migraine attacks in one month should be considered for migraine prophylaxis therapy.

Special authorization for the products almotriptan 6.25mg and 12.5mg tablets, naratriptan 1mg and 2.5mg tablets, sumatriptan 100mg tablets, sumatriptan 20mg nasal spray and zolmitriptan 2.5mg tablets will be considered as a set. Approvals will include all products in this list, however reimbursement will be available for a maximum quantity of one agent per month.

SPECIAL AUTHORIZATION ADDITIONS

Methadone HCl *(Metadol®)* 1mg, 5mg, 10mg, 25mg tablets	• Requests will be considered from New Brunswick physicians authorized to prescribe methadone for the treatment of severe cancer-related or chronic non-malignant pain. • Requests will not be considered for the treatment of opiate dependence.
Methadone Compounded Oral Solution	Requests from New Brunswick physicians authorized to prescribe methadone will be considered: 1. For the treatment of severe cancer-related or chronic non-malignant pain as an alternative to other opiates. 2. For the treatment of opiate dependence as an adjunct to psychosocial interventions. All requests must meet requirements set out in the NBPDP methadone reimbursement policies.
Tolterodine *(Detrol®LA - formerly Unidet®)* 2mg, 4mg capsules	• 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 oxybutynin immediate release. • Requests for the treatment of stress incontinence will not be considered.

SPECIAL AUTHORIZATION – REVISED CRITERIA

Oxybutynin *(Ditropan XL®)* 5mg and 10mg tablets **Tolterodine** *(Detrol®)* 1mg and 2mg 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 oxybutynin immediate release. • Requests for the treatment of stress incontinence will not be considered.

SPECIAL AUTHORIZATION – REVISED CRITERIA

Formoterol
(Foradil®)
12 mcg inhalation capsules
(Oxeze®)
6mcg,12mcg inhalation turbuhaler

Salmeterol
(Serevent®)
25mcg metered dose inhaler
50mcg diskus

The criteria have been revised to include:

- For the treatment of moderate to severe chronic obstructive pulmonary disease (COPD) as defined by the Canadian Thoracic Society*, if a patient continues to be symptomatic after an adequate trial of ipratropium (4 puffs QID for 2-4 months) and appropriate use of short-acting $beta_2$-agonists, indicative of poor control.

Requests for concurrent therapy with long-acting $beta_2$-agonists and tiotropium will not be considered.

Formoterol/Budesonide
(Symbicort®)
6mcg/100mcg,6mcg/200mcg
metered dose inhaler

Salmeterol/Fluticasone
(Advair®)
25/125mcg,25/250mcg
metered dose inhaler
50/100mcg,50/250mcg,50/500mcg
diskus dry powder inhalation

The criteria have been revised to include:

- For the treatment of moderate to severe chronic obstructive pulmonary disease (COPD) as defined by the Canadian Thoracic Society*, if a patient continues to be symptomatic after an adequate trial of ipratropium (4 puffs QID for 2-4 months) and appropriate use of short-acting $beta_2$-agonists, indicative of poor control.

  Requests will be considered for patients with more advanced disease who experience frequent exacerbations (e.g. 3 or more per year especially requiring oral corticosteroid) and are already using a long-acting $beta_2$-agonist and inhaled corticosteroid separately.

Requests for concurrent therapy with long-acting $beta_2$-agonists and tiotropium will not be considered.

* Canadian Thoracic Society COPD classification:
- Moderate: Shortness of breath from COPD causing the patient to stop walking about 100 meters (or after a few minutes) on the level or FEV_1 40 to 59% predicted, $FEV_1/FVC<0.7$.
- Severe: Shortness of breath from COPD resulting in the patient being too breathless to leave the house, breathless after undressing, or the presence of chronic respiratory failure or clinical signs of right heart failure or FEV_1 <40% predicted, $FEV_1/FEC<0.7$.

SPECIAL AUTHORIZATION – REVISED CRITERIA

Imatinib
(Gleevec®)
100mg capsules

The criteria have been revised to include its indication in newly diagnosed chronic myeloid leukemia.

Requests from specialists in hematology/oncology will be considered for:

1. Patients who have documented evidence of Philadelphia chromosome positive (Ph+) chronic myeloid leukemia (CML), with an ECOG performance status of 0-2*.
2. Patients with C-Kit positive (CD117), metastatic or locally advanced, inoperable gastrointestinal stromal tumours (GIST), who have an ECOG performance status of 0-2*.

* Patients who are asymptomatic and those who are symptomatic and in bed less than 50% of the time.

DRUGS REVIEWED AND NOT LISTED

The reviews of the following products found that they did not offer a therapeutic and/or cost advantage over existing therapies. Requests for coverage through special authorization will not be considered.

Gefitinib	*(Iressa®)*	250mg tablets
Methadone HCl	*(Metadol®)*	1mg/mL solution, 10mg/mL oral concentrate
Multivitamin and Minerals	*(Pregvit®)*	tablets
Norelgestromin / Ethinyl estradiol	*(Evra®)*	6mg/0.6mg transdermal system

HEALTH AND WELLNESS / SANTÉ ET MIEUX-ÊTRE
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Bulletin # 626 June 17, 2005

BENEFIT CHANGES TO NBPDP

Please find attached lists of **interchangeable product additions** to the New Brunswick Prescription Drug Program Formulary and additional products subject to a Maximum Allowable Price (MAP).

BENEFIT ADDITIONS:
Claims for products that are reimbursed at Actual Acquisition Cost up to July 12, 2005 will be subject to a Maximum Allowable Price (MAP) effective July 13, 2005.

For purposes of special authorization, MAPs have been established on all interchangeable products in New Brunswick.

If you would prefer to receive bulletins electronically rather than in hard copy, please send a message to BC_nbpdp@medavie.bluecross.ca or call 1-800-332-3691. Bulletins are also available on the NBPDP web page: www.gnb.ca/0051/0212/index-e.asp.

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 BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

							to July 12/05	MAP July 13/05
Acetaminophen / Oxycodone Hydrochloride Acétaminophène / Oxycodone (chlorhydrate d')								
Tab Co.	Orl	325/5mg	ratio-Oxycocet	608165	RPH	current benefit	AAC	0.1248
Bupropion Hydrochloride Bupropion (chlorhydrate d')								
Tab Co.	Orl	150mg	Novo-Bupropion SR	2260239	NOP	Spec. Auth.	AAC	0.5600
Cilazapril								
Tab Co.	Orl	1mg	Novo-Cilazapril	2266350	NOP	AEFGVW	AAC	0.4130
		2.5mg	Novo-Cilazapril	2266369	NOP	AEFGVW	AAC	0.4760
		5mg	Novo-Cilazapril	2266377	NOP	AEFGVW	AAC	0.5530
Fosinopril Sodium Fosinopril Sodique								
Tab Co.	Orl	10mg	Apo-Fosinopril	2266008	APX	AEFGVW	MAP	
		20mg	Apo-Fosinopril	2266016	APX	AEFGVW	MAP	
			pms-Fosinopril	2255952	PMS	AEFGVW	MAP	
Gabapentin								
Cap Caps.	Orl	100mg	ratio-Gabapentin	2260883	RPH	Spec. Auth	MAP	
		300mg	ratio-Gabapentin	2260891	RPH	Spec. Auth	MAP	
		400mg	ratio-Gabapentin	2260905	RPH	Spec. Auth	MAP	
Lamotrigine								
Tab Co.	Orl	25mg	Gen-Lamotrigine	2265494	GPM	Spec. Auth	MAP	
		100mg	Gen-Lamotrigine	2265508	GPM	Spec. Auth	MAP	
		150mg	Gen-Lamotrigine	2265516	GPM	Spec. Auth	MAP	
Loperamide Hydrochloride Lopéramide (chlorhydrate d')								
Tab Co.	Orl	2mg	Rhoxal-Loperamide	2257564	RHO	AEFGVW	MAP	

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

								to July 12/05	MAP July 13/05
Paroxetine									
Tab Co.	Orl	10mg	Co-Paroxetine	2262746	COB	AEFGVW	MAP		
		20mg	Co-Paroxetine	2262754	COB	AEFGVW	MAP		
		30mg	Co-Paroxetine	2262762	COB	AEFGVW	MAP		

ADDITIONAL PRODUCTS SUBJECT TO MAP / PRODUITS SUPPLÉMENTAIRES ASSUJETIS AUX PAM

								to July 12/05	MAP July 13/05
Sotalol Hydrochloride Sotalol (chlorhydrate de)									
Tab Co.	Orl	80mg	Rhoxal-Sotalol	2257831	RHO	Spec. Auth	MAP		
Triamcinolone Acetonide Triamcinolone (acétonide de)									
Sus Sus.	Im	40mg/mL	Triamcinolone Acetonide	2229550	SIL	Spec. Auth	AAC	5.800	

HEALTH AND WELLNESS / SANTÉ ET MIEUX-ÊTRE
PRESCRIPTION DRUG PROGRAM / PROGRAMME DE MÉDICAMENTS SUR ORDONNANCE
New Nouveau Brunswick
PO BOX/CP 690 MONCTON NB CANADA E1C 8M7 TEL/TÉL : (506) 867-4515

BULLETIN

Bulletin #635 September 23, 2005

BENEFIT CHANGES TO NBPDP

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective September 23, 2005.

Included in this bulletin:

- **Regular Benefit Additions**
- **Special Authorization Additions**
- **Drugs Reviewed and Not Listed**

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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

REGULAR BENEFIT ADDITIONS

Drug/Form/Route/Strength	Brandname	DIN	Manufacturer	Plans	$
Brimonidine tartrate 0.2%/ Timolol maleate 0.5%					
Liq Oph 0.2/0.5%	Combigan®	2248347	ALL	AEFGVW	AAC
Perindopril erbumine					
Tab Orl 8mg	Coversyl®	2246624	SEV	AEFGVW	AAC

SPECIAL AUTHORIZATION ADDITIONS

Peginterferon alpha-2a / Ribavirin
(Pegasys®RBV™)
180mcg/mL Injection + 200mg tablets

Requests will be considered from internal medicine specialists for the treatment of chronic hepatitis C (HCV RNA positive).

- Initial coverage of 24 weeks will be approved for all patients. Coverage for an additional 24 weeks will be approved for patients with HCV genotypes other than 2 and 3.
- A positive HCV RNA assay after 24 weeks of therapy is an indication to stop treatment.
- Interferon monotherapy should be reserved for patients who cannot tolerate ribavirin.

DRUGS REVIEWED AND NOT LISTED

The reviews of the following products found that they did not offer a therapeutic and/or cost advantage over existing therapies.

Brimonidine tartrate	*(Alphagan P®)*	0.15% ophthalmic solution
Enfuvirtide	*(Fuzeon®)*	108mg/vial for injection
Tenofovir Disoproxil Fumarate	*(Viread®)*	300mg tablets

HEALTH AND WELLNESS / SANTÉ ET MIEUX-ÊTRE
PRESCRIPTION DRUG PROGRAM / PROGRAMME DE MÉDICAMENTS SUR ORDONNANCE
New Nouveau Brunswick BULLETIN
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Bulletin # 638 October 24, 2005

BENEFIT CHANGES TO NBPDP

Please find attached lists of **interchangeable product additions** to the New Brunswick Prescription Drug Program Formulary and additional products subject to a Maximum Allowable Price (MAP).

BENEFIT ADDITIONS:
Claims for products that are reimbursed at Actual Acquisition Cost up to November 22, 2005 will be subject to a Maximum Allowable Price (MAP) effective November 23, 2005.

For purposes of special authorization, MAPs have been established on all interchangeable products in New Brunswick.

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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 BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

							to Nov 22/05	MAP Nov 23/05
Acetaminophen / Oxycodone HCL Acétaminophène / Oxycodone (chlorhydrate d')								
Tab Co.	Orl	325/5mg	pms-Oxycodone-Acetaminophen	2245758	PMS	AEFGVW	MAP	
Alendronate								
Tab Co.	Orl	40mg	Co-Alendronate	2258102	COB	Spec. Auth	AAC	2.6097
		70mg	Apo-Alendronate	2248730	APX	Spec. Auth	AAC	5.575
			Co-Alendronate	2258110	COB			
			Novo-Alendronate	2261715	NOP			
Atenolol Aténolol								
Tab Co.	Orl	50mg	Ran-Atenolol	2267985	RAN	AEFGVW	MAP	
		100mg	Ran-Atenolol	2267993	RAN	AEFGVW	MAP	
Brimonidine tartrate Brimonidine (tartrate de)								
Liq	Oph	0.2%	Apo-Brimonidine	2260077	APX	AEFV	MAP	
Carvedilol Carvédilol								
Tab Co.	Orl	3.125mg	Ran-Carvedilol	2268027	RAN	Spec. Auth	MAP	
		6.25mg	Ran-Carvedilol	2268035	RAN	Spec. Auth	MAP	
		12.5mg	Ran-Carvedilol	2268043	RAN	Spec. Auth	MAP	
		25mg	Ran-Carvedilol	2268051	RAN	Spec. Auth	MAP	
Ciprofloxacin Hydrochloride Ciprofloxacine (chlorhydrate de)								
Tab Co.	Orl	250mg	Ran-Ciprofloxacin	2267934	RAN	Spec. Auth	MAP	
		500mg	Ran-Ciprofloxacin	2267942	RAN	Spec. Auth	MAP	
		750mg	Ran-Ciprofloxacin	2267950	RAN	Spec. Auth	MAP	
Liq	Oph	0.3%	Apo-Ciproflox	2263130	APX	Spec. Auth	MAP	
Citalopram Hydrobromide Citalopram (bromhydrate de)								
Tab Co.	Orl	20mg	Ran-Citalopram	2268000	RAN	AEFGV	MAP	
		40mg	Ran-Citalopram	2268019	RAN	AEFGV	MAP	

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

							to Nov 22/05	MAP Nov 23/05
Diltiazem Hydrochloride Diltiazem (chlorhydrate de)								
Src Capsl.	Orl	120mg	Gen-Diltiazem CD	2254808	GPM	AEFGVW	MAP	
		180mg	Gen-Diltiazem CD	2254816	GPM	AEFGVW	MAP	
		240mg	Gen-Diltiazem CD	2254824	GPM	AEFGVW	MAP	
		300mg	Gen-Diltiazem CD	2254832	GPM	AEFGVW	MAP	
Divalproex Sodium Divalproex sodique								
Ect Co.Ent.	Orl	125mg	Gen-Divalproex	2265133	GPM	AEFGVW	MAP	
		250mg	Gen-Divalproex	2265141	GPM	AEFGVW	MAP	
		500mg	Gen-Divalproex	2265168	GPM	AEFGVW	MAP	
Domperidone Maleate Dompéridone (maléate de)								
Tab Co.	Orl	10mg	Ran-Domperidone	2268078	RAN	AEFGVW	MAP	
Fosinopril Sodium Fosinopril Sodique								
Tab Co.	Orl	10mg	pms-Fosinopril	2255944	PMS	AEFGVW	MAP	
Lovastatin Lovastatine								
Tab Co.	Orl	20mg	Ran-Lovastatin	2267969	RAN	AEFGVW	MAP	
		40mg	Ran-Lovastatin	2267977	RAN	AEFGVW	MAP	
Medroxyprogesterone Acetate Médroxyprogestérone (acétate de)								
Tab Co.	Orl	10mg	pms-Medroxyprogesterone	2246629	PMS	AEFGVW	MAP	
		100mg	Apo-Medroxy	2267640	APX	AEFGVW	AAC	0.8543
Miconazole Nitrate Miconazole (nitrate de)								
Crm Cr.	Vag	2%	Micozole Vaginal Cream	2231106	TAR	AEFGVW	AAC	0.1389
Phenytoin Phénytoïne								
Sus Susp.	Orl	25mg	Taro-Phenytoin	2250896	TAR	AEFGVW	AAC	0.0311

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

							to Nov 22/05	MAP Nov 23/05
Simvastatin Simvastatine								
Tab Co.	Orl	10mg	Taro-Simvastatin	2265885	TAR	AEFGVW	MAP	
		20mg	Taro-Simvastatin	2265893	TAR	AEFGVW	MAP	
		40mg	Taro-Simvastatin	2265907	TAR	AEFGVW	MAP	
Sumatriptan								
Tab Co.	Orl	100mg	Apo-Sumatriptan	2268396	APX	Spec. Auth	AAC	9.9867
			Co-Sumatriptan	2257904	COB			
			Gen-Sumatriptan	2268922	GPM			
			Novo-Sumatriptan	2239367	NOP			
			pms-Sumatriptan	2256444	PMS			
			Rhoxal-Sumatriptan	2263033	RHO			
Timolol Maleate Timolol (maléate de)								
Liq	Oph	0.25%	Timolol Maleate	2242275	PMS	AEFGVW	AAC	2.6080
		0.5%	Timolol Maleate	2242276	PMS	AEFGVW	AAC	3.1200
Warfarin Sodium Warfarine sodique								
Tab Co.	Orl	1mg	Novo-Warfarin	2265273	NOP	AEFGVW	MAP	
		2mg	Novo-Warfarin	2265281	NOP	AEFGVW	MAP	
		2.5mg	Novo-Warfarin	2265303	NOP	AEFGVW	MAP	
		3mg	Novo-Warfarin	2265311	NOP	AEFGVW	MAP	
		4mg	Novo-Warfarin	2265338	NOP	AEFGVW	MAP	
		5mg	Novo-Warfarin	2265346	NOP	AEFGVW	MAP	
Zopiclone								
Tab Co.	Orl	5mg	Ran-Zopiclone	2267918	RAN	AEFVW	MAP	
		7.5mg	Ran-Zopiclone	2267926	RAN	AEFVW	MAP	

ADDITIONAL PRODUCTS SUBJECT TO MAP / PRODUITS SUPPLÉMENTAIRES ASSUJETIS AUX PAM

							to Nov 22/05	MAP Nov 23/05
Anagrelide								
Cap Caps	Orl	0.5mg	Gen-Anagrelide	2253054	GPM	Spec. Auth	MAP	
Sumatriptan								
Tab Co.	Orl	25mg	Gen-Sumatriptan	2268906	GPM	Spec. Auth	AAC	8.9900
			pms-Sumatriptan	2256428	PMS			
			Co-Sumatriptan	2257882	COB			
		50mg	Apo-Sumatriptan	2268388	APX	Spec. Auth	AAC	9.0650
			Co-Sumatriptan	2257890	COB			
			Gen-Sumatriptan	2268914	GPM			
			pms-Sumatriptan	2256436	PMS			
			Rhoxal-Sumatriptan	2263025	RHO			
Topiramate								
Tab Co.	Orl	25mg	Novo-Topiramate	2248860	NOP	Spec. Auth	AAC	0.7350
			pms-Topiramate	2262991	PMS			
			ratio-Topiramate	2256827	RPH			
			Rhoxal-Topiramate	2260050	RHO			
			Gen-Topiramate	2263351	GPM			
		100mg	Novo-Topiramate	2248861	NOP	Spec. Auth	AAC	1.3930
			pms-Topiramate	2263009	PMS			
			ratio-Topiramate	2256835	RPH			
			Rhoxal-Topiramate	2260069	RHO			
			Gen-Topiramate	2263378	GPM			
		200mg	Novo-Topiramate	2248862	NOP	Spec. Auth	AAC	2.2050
			pms-Topiramate	2263017	PMS			
			ratio-Topiramate	2256843	RPH			
			Rhoxal-Topiramate	2267837	RHO			
			Gen-Topiramate	2263386	GPM			

HEALTH AND WELLNESS / SANTÉ ET MIEUX-ÊTRE
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New Nouveau Brunswick
BULLETIN
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Bulletin #640 November 18, 2005

BENEFIT CHANGES TO NBPDP

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective November 18, 2005.

Included in this bulletin:

- **Regular Benefit Additions**
- **Special Authorization Additions**
- **Drugs Reviewed and Not Listed**

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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

REGULAR BENEFIT ADDITIONS

Drug/Form/Route/Strength			Brandname	DIN	Manufacturer	Plans	$
Fluvastatin Sodium							
Srt	Orl	80mg	Lescol XL®	2250527	NVR	AEFGVW	AAC
Leuprolide Acetate							
Sus	Sc	7.5mg	Eligard®	2248239	SNS	AEFVW	AAC
		22.5mg	Eligard®	2248240	SNS	AEFVW	AAC
		30mg	Eligard®	2248999	SNS	AEFVW	AAC
Metoprolol Tartrate							
Tab	Orl	25mg	pms-Metoprolol-L®	2248855	PMS	AEFGVW	AAC
Metronidazole							
Lot	Top	0.75%	MetroLotion®	2248206	GAC	AEFGVW	AAC
Mirtazapine							
Tab	Orl	15mg	Rhoxal-Mirtazapine®	2250594	RHO	AEFGVW	AAC

Angiotensin Converting Enzyme (ACE) Inhibitors and Diuretic Combination Products

Cilazapril / hydrochlorothiazide							
Tab	Orl	5/12.5mg	Inhibace® Plus	2181479	HLR	AEFGVW	AAC
Enalapril / hydrochlorothiazide							
Tab	Orl	5/12.5mg	Vaseretic®	2242826	FRS	AEFGVW	AAC
Lisinopril / hydrochlorothiazide							
Tab	Orl	10/12.5mg	Prinzide®	2108194	FRS	AEFGVW	AAC
			Zestoretic®	2103729	AZE	AEFGVW	AAC
		20/12.5mg	Prinzide®	884413	FRS	AEFGVW	AAC
			Zestoretic®	2045737	AZE	AEFGVW	AAC
		20/25mg	Prinzide®	884421	FRS	AEFGVW	AAC
			Zestoretic®	2045729	AZE	AEFGVW	AAC

REGULAR BENEFIT ADDITIONS

Drug/Form/Route/Strength			Brandname	DIN	Manufacturer	Plans	$
<u>Angiotensin-II Receptor Blockers (ARB)</u> – No longer require special authorization							
Candesartan							
Tab	Orl	8mg	Atacand®	2239091	AZE	AEFGVW	AAC
		16mg	Atacand®	2239092	AZE	AEFGVW	AAC
Eprosartan mesylate							
Tab	Orl	400mg	Teveten®	2240432	SPH	AEFGVW	AAC
		600mg	Teveten®	2243942	SPH	AEFGVW	AAC
Irbesartan							
Tab	Orl	75mg	Avapro®	2237923	SNS	AEFGVW	AAC
		150mg	Avapro®	2237924	SNS	AEFGVW	AAC
		300mg	Avapro®	2237925	SNS	AEFGVW	AAC
Losartan							
Tab	Orl	25mg	Cozaar®	2182815	FRS	AEFGVW	AAC
		50mg	Cozaar®	2182874	FRS	AEFGVW	AAC
		100mg	Cozaar®	2182882	FRS	AEFGVW	AAC
Telmisartan							
Tab	Orl	40mg	Micardis®	2240769	BOE	AEFGVW	AAC
		80mg	Micardis®	2240770	BOE	AEFGVW	AAC
Valsartan							
Tab	Orl	80mg	Diovan®	2244781	NVR	AEFGVW	AAC
		160mg	Diovan®	2244782	NVR	AEFGVW	AAC

REGULAR BENEFIT ADDITIONS

Drug/Form/Route/Strength			Brandname	DIN	Manufacturer	Plans	$
ARB and Diuretic Combination Products							
Candesartan / hydrochlorothiazide							
Tab	Orl	16/12.5mg	Atacand® Plus	2244021	AZE	AEFGVW	AAC
Eprosartan mesylate / hydrochlorothiazide							
Tab	Orl	600/12.5mg	Teveten® Plus	2253631	SPH	AEFGVW	AAC
Irbesartan / hydrochlorothiazide							
Tab	Orl	150/12.5mg	Avalide®	2241818	SNS	AEFGVW	AAC
		300/12.5mg	Avalide®	2241819	SNS	AEFGVW	AAC
Losartan / hydrochlorothiazide							
Tab	Orl	50/12.5mg	Hyzaar®	2230047	FRS	AEFGVW	AAC
		100/25mg	Hyzaar DS®	2241007	FRS	AEFGVW	AAC
Telmisartan / hydrochlorothiazide							
Tab	Orl	80/12.5mg	Micardis® Plus	2244344	BOE	AEFGVW	AAC
Valsartan / hydrochlorothiazide							
Tab	Orl	80/12.5mg	Diovan-HCT®	2241900	NVR	AEFGVW	AAC
		160/12.5mg	Diovan-HCT®	2241901	NVR	AEFGVW	AAC
		160/25mg	Diovan-HCT®	2246955	NVR	AEFGVW	AAC

SPECIAL AUTHORIZATION ADDITIONS

Betahistine *(Serc®)* 24mg tablets	For the symptomatic treatment of the recurrent episodes of vertigo associated with Ménière's disease.
Ciprofloxacin *(Cipro XL®)* 1000mg tablets	For the treatment of complicated urinary tract infection and acute uncomplicated pyelonephritis when alternative agents are ineffective, not tolerated or contraindicated.
Oseltamivir *(Tamiflu®)* 75mg capsules	For beneficiaries residing in long-term care facilities* during an influenza outbreak situation and further to the recommendation of a Medical Officer of Health: • For treatment of long-term care residents with clinically suspected or lab confirmed influenza A or B. A clinically suspected case is one in which the patient meets the criteria of influenza-like illness and there is confirmation of influenza A or B circulating within the facility or surrounding community. • For prophylaxis of long-term care residents where the facility has an influenza A or B outbreak. Prophylaxis should be continued until the outbreak is over. An outbreak is declared over 7 days after the onset of the last case in the facility. * In these criteria, *long-term care facility* refers to a licensed nursing home and does not include special care homes.

DRUGS REVIEWED AND NOT LISTED

The reviews of the following products found that they did not offer a therapeutic and/or cost advantage over existing therapies. Requests for coverage through special authorization will not be considered.

Levothyroxine	*(Synthroid®)*	137mcg tablets
Miglustat	*(Zavesca®)*	100mg capsules
Perindopril / Indapamide	*(Preterax®)*	2mg/0.625mg tablets
Teriparatide	*(Forteo®)*	250mcg/mL injection
Trandolapril	*(Mavik®)*	0.5mg capsules
Treprostinil Sodium	*(Remodulin®)*	1, 2.5, 5, 10mg/mL injection

HEALTH AND WELLNESS / SANTÉ ET MIEUX-ÊTRE
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Bulletin #643 December 9, 2005

Oseltamivir (Tamiflu®) for NBPDP Beneficiaries in Long-term Care Facilities

Information for Pharmacies Providing Services to Licensed Nursing Homes

Oseltamivir (Tamiflu®) is available as a special authorization benefit for NBPDP beneficiaries who are residents of long-term care (LTC) facilities (refers to licensed nursing homes and does not include special care homes.) The following protocol has been developed by Public Health for the treatment of infected patients and management of influenza outbreaks in LTC facilities.

- When an attending physician or the LTC facility's Medical Advisor/House Physician determines influenza to be the cause of an outbreak, the Medical Officer of Health (MOH) will be contacted.

- If the MOH recommends antiviral use in a facility, the process for coverage depends on the drug recommended.
    - Amantadine:
        - Option for treatment or prophylaxis of influenza A unless resistance is noted or its use is contraindicated.
        - Regular NBPDP benefit
    - Oseltamivir:
        - Option for treatment or prophylaxis of influenza A or influenza B.
        - Special authorization NBPDP benefit

- When antiviral medication is being considered for treatment of a resident who is symptomatic, it is important to confirm that the influenza symptoms have been present for less than 48 hours. Antiviral medication is unlikely to benefit residents who have been ill for more than 48 hours.

The 2005-2006 National Advisory Committee on Immunization (NACI) Statement includes recommendations for amantadine and oseltamivir. (The full 2005-2006 NACI Statement including dosing guidelines can be accessed at: http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/05vol31/acs-dcc-6/index.html)

Process for Coverage and Ordering Oseltamivir

NBPDP Special Authorization Approval:

If oseltamivir is recommended by the MOH, the LTC facility's Medical Advisor/House Physician or other staff designated by the facility will notify the NBPDP of the decision to start oseltamivir therapy in that LTC facility by calling the NBPDP Inquiry line: 1-800-332-3691.

After hours, a message containing the following information will be left:

- Date of message
- Name and address of LTC facility
- Name of pharmacy filling the prescriptions for oseltamivir and
- Name and telephone number of a contact person at the LTC facility in case the NBPDP needs to clarify any details.

Obtaining Oseltamivir from the Manufacturer:

Roche Canada has temporarily suspended sales of oseltamivir and will only make it available to LTC facilities and hospitals after receipt of a written confirmation of an influenza outbreak from the LTC facility's Medical Advisor/House Physician or other staff designated by the facility.

LTC Facility:
The LTC facility's Medical Advisor/House Physician or other staff designated by the facility is responsible for providing written confirmation of the influenza outbreak.

1. Confirmation of the influenza outbreak and the name of the pharmacy that will be ordering the oseltamivir for the LTC facility is faxed to Roche Canada at: 1-800-436-3481. (Sample fax template for LTC facility to use attached.)
2. To avoid delays in approving the release of oseltamivir, the LTC facility's Medical Advisor/House Physician or other staff designated by the facility must also confirm the influenza outbreak and identify the pharmacy that will be ordering the oseltamivir by telephoning Roche Canada's 24-hour (7-days/week) order management department at: 1-800-268-0440.
3. The LTC facility will notify the appropriate pharmacy about the decision to start therapy so the pharmacy can make arrangements to obtain the required supply of oseltamivir.
4. A physician will authorize prescriptions for the residents.

Pharmacy:
The pharmacy contacts Roche Canada's 24-hour (7 days/week) order management department at: 1-800-268-0440. The pharmacy will be required to provide the following information:

- Name of the LTC facility for which the oseltamivir is being ordered
- Full shipping address
- Contact name and telephone number
- Quantity of blister packs (10 capsules per blister pack) required
- Purchase order number (if required)

Roche Canada has indicated all efforts will be made to deliver oseltamivir to pharmacies in a timely fashion.

On-Line Payment of Special Authorization Claims for Oseltamivir:

When notified by the LTC facility that oseltamivir therapy has been ordered for residents, NBPDP will initiate special authorization approval for all beneficiaries of Plan V (nursing home residents) in the facility. NBPDP will notify the pharmacy when special authorization for oseltamivir has been activated and the pharmacy can then bill claims on-line. Approval for oseltamivir for relief care residents who are not beneficiaries of Plan V must be done separately. The LTC facility must notify NBPDP if they have any relief care residents.

SPECIAL AUTHORIZATION CRITERIA

Oseltamivir *(Tamiflu®)* 75mg capsules	For beneficiaries residing in long-term care facilities* during an influenza outbreak situation and further to the recommendation of a Medical Officer of Health: • For treatment of long-term care residents with clinically suspected or lab confirmed influenza A or B. A clinically suspected case is one in which the patient meets the criteria of influenza-like illness and there is confirmation of influenza A or B circulating within the facility or surrounding community. • For prophylaxis of long-term care residents where the facility has an influenza A or B outbreak. Prophylaxis should be continued until the outbreak is over. An outbreak is declared over 7 days after the onset of the last case in the facility. * In these criteria, *long-term care facility* refers to a licensed nursing home and does not include special care homes.

OSELTAMIVIR (TAMIFLU®)
FAX FORM

This is to confirm that an influenza outbreak has been identified in the following long-term care facility:

FACILITY IDENTIFICATION

Name: _____

Address: _____ (Street address)

_____

_____ (City / Province)

_____ (Postal code)

MEDICAL ADVISOR/HOUSE PHYSICIAN or DESIGNATED STAFF

Name: _____ (Please print)

Title: _____ (Please print)

Tel: (_____) _____

Fax: (_____) _____

Signature: _____ Date: _____

PHARMACY THAT WILL DISPENSE OSELTAMIVIR (TAMIFLU®)

Name: _____

Tel: (_____) _____

PLEASE FAX TO ROCHE CANADA AT
1-800-436-3481

HEALTH AND WELLNESS / SANTÉ ET MIEUX-ÊTRE
PRESCRIPTION DRUG PROGRAM / PROGRAMME DE MÉDICAMENTS SUR ORDONNANCE
New Nouveau Brunswick
BULLETIN
PO BOX/CP 690 MONCTON NB CANADA E1C 8M7 TEL/TÉL : (506) 867-4515

Bulletin # 645 December 22, 2005

BENEFIT CHANGES TO NBPDP

Please find attached lists of **interchangeable product additions** to the New Brunswick Prescription Drug Program Formulary and additional products subject to a Maximum Allowable Price (MAP).

BENEFIT ADDITIONS:
Claims for products that are reimbursed at Actual Acquisition Cost up to January 29, 2006 will be subject to a Maximum Allowable Price (MAP) effective January 30, 2006.

For purposes of special authorization, MAPs have been established on all interchangeable products in New Brunswick.

If you would prefer to receive bulletins electronically rather than in hard copy, please send a message to BC_nbpdp@medavie.bluecross.ca or call 1-800-332-3691. Bulletins are also available on the NBPDP web page: www.gnb.ca/0051/0212/index-e.asp.

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 BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

							to Jan 29/06	MAP Jan 30/06
Atenolol Aténolol								
Tab Co.	Orl	25mg	Novo-Atenolol	2266660	NOP	AEFGVW	AAC	0.1758
Azithromycin (all polymorphic forms) Azithromycine (toutes les formes polymorphiques)								
Tab Co.	Orl	250mg	Apo-Azithromycin	2247423	APX	AEFGVW	AAC	3.4533
			Co-Azithromycin	2255340	COB			
			Novo-Azithromycin	2267845	NOP			
			Sandoz-Azithromycin	2265826	SDZ			
		600mg	Co-Azithromycin	2256088	COB	W & Spec. Auth.	AAC	7.6250
Bisoprolol Fumarate Fumarate de bisoprolol								
Tab Co.	Orl	5mg	Novo-Bisoprolol	2267470	NOP	AEFV	MAP	
		10mg	Novo-Bisoprolol	2267489	NOP	AEFV	MAP	
Buspirone Hydrochloride Buspirone (chlorhydrate de)								
Tab Co.	Orl	10mg	Co-Buspirone	2262916	COB	AEFGVW	MAP	
Clindamycin Phosphate Clindamycine (phosphate de)								
Liq	Top	1%	Taro-Clindamycin	2266938	TAR	AEFGV	AAC	0.2260
Lithium Carbonate Lithium (carbonate de)								
Srt Co.L.C.	Orl	300mg	Apo-Lithium Carbonate SR	2266695	APX	AEFGVW	AAC	0.1334
Metformin Hydrochloride Metformine (chlorhydrate de)								
Tab Co.	Orl	500mg	Ran-Metformin	2269031	RAN	AEFGVW	MAP	
Pravastatin Sodium Pravastatine sodique								
Tab Co.	Orl	10mg	Gen-Pravastatin	2257092	GPM	AEFGVW	MAP	
		20mg	Gen-Pravastatin	2257106	GPM	AEFGVW	MAP	
		40mg	Gen-Pravastatin	2257114	GPM	AEFGVW	MAP	

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

							to Jan 29/06	MAP Jan 30/06	
Sertraline Hydrochloride Sertraline (chlorhydrate de)									
Cap Caps	Orl	25mg	Novo-Sertraline	2240485	NOP	AEFGVW	MAP		
		50mg	Novo-Sertraline	2240484	NOP	AEFGVW	MAP		
		100mg	Novo-Sertraline	2240481	NOP	AEFGVW	MAP		

ADDITIONAL PRODUCTS SUBJECT TO MAP / PRODUITS SUPPLÉMENTAIRES ASSUJETIS AUX PAM

Estradiol-17B								
Pth	Trd	50mcg	Estradot 50	2244000	NVR	Spec. Auth	AAC	1.7050
		75mcg	Estradot 75	2244001	NVR	Spec. Auth	AAC	1.8300
		100mcg	Estradot 100	2244002	NVR	Spec. Auth	AAC	1.9250

HEALTH AND WELLNESS / SANTÉ ET MIEUX-ÊTRE
PRESCRIPTION DRUG PROGRAM / PROGRAMME DE MÉDICAMENTS SUR ORDONNANCE
New Nouveau Brunswick
BULLETIN
PO BOX/CP 690 MONCTON NB CANADA E1C 8M7 TEL/TÉL : (506) 867-4515

Bulletin #649 January 19, 2006

BENEFIT CHANGES TO NBPDP

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective January 19, 2006.

Included in this bulletin:

- **Special Authorization Additions**
- **Special Authorization Revised Criteria**
- **Drugs Reviewed and Not Listed**

If you would prefer to receive bulletins electronically rather than in hard copy, please send a message to BC_nbpdp@medavie.bluecross.ca or call 1-800-332-3691. Bulletins are also available on the NBPDP web page: www.gnb.ca/0051/0212/index-e.asp

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

SPECIAL AUTHORIZATION ADDITIONS

Adalimumab
(Humira®)
40mg/0.8mL (50mg/mL)
injection

- For patients with moderate to severe active rheumatoid arthritis who:
  - Have not responded to, or have had intolerable side-effects with, an adequate trial of combination traditional DMARD (disease modifying antirheumatic drug) therapy. Combination DMARD therapy must include methotrexate unless contraindicated or not tolerated, OR
  - 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

    AND
  - Have had an adequate trial of leflunomide unless it is contraindicated or not tolerated.

- Must be prescribed by a rheumatologist.
- The number of doses is limited to twenty-six 40 mg doses per year with no dose escalation permitted.
- Should not be used in combination with other tumor necrosis factor (TNF) antagonists.

Dutasteride
(Avodart®)
0.5mg capsules

1. For the treatment of symptomatic benign prostatic hyperplasia.
   - Requests will be considered for beneficiaries whose symptoms are sufficiently severe to be considered for surgery including those patients who are a poor surgical risk.
   - Not indicated for those patients who are candidates for immediate surgery.

2. Initial approval limits payment to a maximum of 6 months which can be renewed at the request of the physician upon determination of clinical response.

SPECIAL AUTHORIZATION – REVISED CRITERIA

Finasteride
(Proscar®)
5mg tablets

1. For the treatment of symptomatic benign prostatic hyperplasia.
   - Requests will be considered for beneficiaries whose symptoms are sufficiently severe to be considered for surgery including those patients who are a poor surgical risk.
   - Not indicated for those patients who are candidates for immediate surgery.

2. Initial approval limits payment to a maximum of 6 months which can be renewed at the request of the physician upon determination of clinical response.

DRUGS REVIEWED AND NOT LISTED

The reviews of the following products found that they did not offer a therapeutic and/or cost advantage over existing therapies. Requests for coverage through special authorization will not be considered.

Butoconazole Nitrate	*(Gynazole•1®)*	2% vaginal cream
Cinacalcet	*(Sensipar™)*	30mg, 60mg, 90mg tablets
Ciprofloxacin HCl / Dexamethasone	*(Ciprodex®)*	0.3%/0.1% otic solution
Eletriptan Hydrobromide	*(Relpax®)*	20mg, 40mg tablets

HEALTH AND WELLNESS / SANTÉ ET MIEUX-ÊTRE
PRESCRIPTION DRUG PROGRAM / PROGRAMME DE MÉDICAMENTS SUR ORDONNANCE
New Nouveau Brunswick BULLETIN
PO BOX/CP 690 MONCTON NB CANADA E1C 8M7 TEL/TÉL : (506) 867-4515

Bulletin # 653 March 31, 2006

BENEFIT CHANGES TO NBPDP

Please find attached lists of **interchangeable product additions** to the New Brunswick Prescription Drug Program Formulary and additional products subject to a Maximum Allowable Price (MAP).

BENEFIT ADDITIONS:
Claims for products that are reimbursed at Actual Acquisition Cost up to May 2, 2006 will be subject to a Maximum Allowable Price (MAP) effective May 3, 2006.

For purposes of special authorization, MAPs have been established on all interchangeable products in New Brunswick.

If you would prefer to receive bulletins electronically rather than in hard copy, please send a message to BC_nbpdp@medavie.bluecross.ca or call 1-800-332-3691. Bulletins are also available on the NBPDP web page: www.gnb.ca/0051/0212/index-e.asp.

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 BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

							to May 2/06	MAP May 3/06
Alendronate								
Tab Co.	Orl	10mg	Gen-Alendronate	2270110	GPM	Spec. Auth.	MAP	
		70mg	pms-Alendronate	2273179	PMS	Spec. Auth.	MAP	
Ciprofloxacin Hydrochloride Ciprofloxacine (chlorhydrate de)								
Tab Co.	Orl	250mg	Taro-Ciprofloxacin	2266962	TAR	Spec. Auth.	MAP	
		500mg	Taro-Ciprofloxacin	2266970	TAR	Spec. Auth.	MAP	
Clonazepam								
Tab Co.	Orl	0.5mg	Co-Clonazepam	2270641	COB	AEFGVW	MAP	
		1mg	Co-Clonazepam	2270668	COB	AEFGVW	MAP	
		2mg	Co-Clonazepam	2270676	COB	AEFGVW	MAP	
Diltiazem Hydrochloride Diltiazem (chlorhydrate de)								
Cap Caps	Orl	120mg	Sandoz-Diltiazem T	2245918	SDZ	AEFVW	AAC	0.5094
			Novo-Diltiazem ER	2271605	NOP	AEFVW		
		180mg	Sandoz-Diltiazem T	2245919	SDZ	AEFVW	AAC	0.6761
			Novo-Diltiazem ER	2271613	NOP	AEFVW		
		240mg	Sandoz-Diltiazem T	2245920	SDZ	AEFVW	AAC	0.8968
			Novo-Diltiazem ER	2271621	NOP	AEFVW		
		300mg	Sandoz-Diltiazem T	2245921	SDZ	AEFVW	AAC	1.1210
			Novo-Diltiazem ER	2271648	NOP	AEFVW		
		360mg	Sandoz-Diltiazem T	2245922	SDZ	AEFVW	AAC	1.3522
			Novo-Diltiazem ER	2271656	NOP	AEFVW		
Gabapentin Gabapentine								
Cap Caps	Orl	600mg	Novo-Gabapentin	2248457	NOP	Spec. Auth	AAC	1.3045
		800mg	Novo-Gabapentin	2247346	NOP	Spec. Auth	AAC	1.7393

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

							to May 2/06	MAP May 3/06
Levetiracetam Lévétiracétam								
Tab Co.	Orl	250mg	Co-Levetiracetam	2274183	COB	Spec. Auth.	AAC	1.1175
		500mg	Co-Levetiracetam	2274191	COB	Spec. Auth.	AAC	1.3650
		750mg	Co-Levetiracetam	2274205	COB	Spec. Auth.	AAC	1.9425
Metformin Hydrochloride Metformine (chlorhydrate de)								
Tab Co.	Orl	850mg	Ran-Metformin	2269058	RAN	AEFGVW	MAP	
Methylphenidate Hydrochloride Méthylphénidate (chlorhydrate de)								
Tab Co.	Orl	20mg	Apo-Methylphenidate SR	2266687	APX	AEFGVW	AAC	0.3364
Mirtazapine								
Tab Co.	Orl	15mg	pms-Mirtazapine	2273942	PMS	AEFGVW	AAC	0.3750
		30mg	ratio-Mirtazapine	2270927	RPH	AEFGV	MAP	
			Sandoz-Mirtazapine FC	2267292	SDZ	AEFGV		
Simvastatin Simvastatine								
Tab Co.	Orl	5mg	pms-Simvastatin	2269252	PMS	AEFGVW	MAP	
		10mg	pms-Simvastatin	2269260	PMS	AEFGVW	MAP	
		20mg	pms-Simvastatin	2269279	PMS	AEFGVW	MAP	
		40mg	pms-Simvastatin	2269287	PMS	AEFGVW	MAP	
		80mg	pms-Simvastatin	2269295	PMS	AEFGVW	MAP	
Zopiclone								
Tab Co.	Orl	5mg	Co-Zopiclone	2271931	COB	AEFVW	MAP	
		7.5mg	Co-Zopiclone	2271958	COB	AEFVW	MAP	

ADDITIONAL PRODUCTS SUBJECT TO MAP / PRODUITS SUPPLÉMENTAIRES ASSUJETIS AUX PAM

							to May 2/06	MAP May 3/06
Anagrelide Hydrochloride Anagrélide (chlorhydrate d')								
Cap Caps.	Orl	0.5mg	pms-Anagrelide	2274949	PMS	Spec. Auth	MAP	
Bicalutamide								
Tab Co.	Orl	50mg	Novo-Bicalutamide	2270226	NOP	Spec. Auth	AAC	4.5080
			Sandoz-Bicalutamide	2276089	SDZ			
			pms-Bicalutamide	2275589	PMS			
Isosorbide-5-Mononitrate Isosorbide (5-mononitrate d')								
Tab Co.	Orl	60mg	Apo-ISMN	2272830	APX	Spec. Auth	AAC	0.4950
Mometasone Furoate Mométasone (furoate de)								
Ont	Top	0.1%	pms-Mometasone	2270862	PMS	Spec. Auth	MAP	
Salbutamol Sulfate/Ipratropium Bromide Salbutamol (sulfate de)/Ipratropium (bromure d')								
Liq	Inh	2.5mg/0.5mg/2.5mL						
			Gen-Combo Sterinebs	2272695	GPM	Spec. Auth	MAP	

New Nouveau Brunswick CANADA

Prescription Drug Program/Plan de médicaments sur ordonnance

BULLETIN

PO Box/CP 690 Moncton NB Canada E1C 8M7 Tel/Tél (506) 867-4515

Bulletin #655 April 28, 2006

BENEFIT CHANGES TO NBPDP

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective April 28, 2006.

Included in this bulletin:

- **Regular Benefit Additions**
- **Special Authorization Additions**
- **Drugs Reviewed and Not Listed**

If you would prefer to receive bulletins electronically rather than in hard copy, please send a message to BC_nbpdp@medavie.bluecross.ca or call 1-800-332-3691. Bulletins are also available on the NBPDP web page: www.gnb.ca/0051/0212/index-e.asp

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

REGULAR BENEFIT ADDITIONS

Drug/Form/Route/Strength			Brandname	DIN	Manufacturer	Plans	$
Drospirenone/Ethinyl Estradiol							
Tab	Orl	3mg/0.030mg	Yasmin-21®	2261723	BEX	EFGV	AAC
			Yasmin-28®	2261731	BEX	EFGV	AAC
Fosamprenavir							
Tab	Orl	700mg	Telzir™	2261545	GSK	U	AAC
Sus	Orl	50mg/mL	Telzir™	2261553	GSK	U	AAC
Mycophenolate Mofetil							
Cap	Orl	250mg	Cellcept®	2192748	HLR	R	AAC
Tab	Orl	500mg	Cellcept®	2237484	HLR	R	AAC
Mycophenolate Sodium							
ECT	Orl	180mg	Myfortic®	2264560	NVR	R	AAC
		360mg	Myfortic®	2264579	NVR	R	AAC

SPECIAL AUTHORIZATION ADDITIONS

Montelukast
(Singulair®)
4mg, 5mg chewable tablets
10mg tablets
4mg oral granules

Zafirlukast
(Accolate®)
20mg tablets

For the treatment of moderate to severe asthma in patients who:

- Are not adequately controlled with moderate to high dose inhaled corticosteroids despite compliance with treatment AND
- Require increasing amounts of short-acting $beta_2$ agonists.

SPECIAL AUTHORIZATION ADDITIONS

Etanercept
(Enbrel®)
25mg injection

New indications added to criteria:

Juvenile Rheumatoid Arthritis

- For the treatment of children (age 4-17) with moderately to severely active polyarticular juvenile rheumatoid arthritis who have:
  - not responded to adequate treatment with one or more disease modifying antirheumatic drug (DMARD) for at least 3 months, OR
  - intolerance to DMARDs
- Must be prescribed by a rheumatologist.

Psoriatic Arthritis

- For the treatment of patients with active psoriatic arthritis who have not responded to an adequate trial with two disease modifying antirheumatic drugs (DMARDs) or who have an intolerance or contraindication to DMARDs.
- Must be prescribed by a rheumatologist.

Peginterfon alfa-2b
(Pegetron Redipen®)
50mcg, 80mcg,100mcg, 120mcg,150mcg/0.5mL injection + Ribavirin 200mg tablets

Requests will be considered from internal medicine specialists for the treatment of chronic hepatitis C (HCV RNA positive)

- Initial coverage of 24 weeks will be approved for all patients. Coverage for an additional 24 weeks will be approved for patients with HCV genotypes other than 2 and 3.
- A positive HCV RNA assay after 24 weeks of therapy is an indication to stop treatment.
- Interferon monotherapy should be reserved for patients who cannot tolerate ribavirin.

Voriconazole
(VFEND®)
50mg, 200mg tablets

- For the treatment of invasive aspergillosis. Initial requests will be approved for a maximum of 3 months.
- Must be prescribed in consultation with a specialist in infectious diseases or medical microbiology.

DRUGS REVIEWED AND NOT LISTED

The review of the following product found that it did not offer a therapeutic and/or cost advantage over existing therapies. Requests for coverage through special authorization will not be considered.

Alefacept	*(Amevive®)*	15mg/0.5mL injection
Doxycycline Hyclate	*(Periostat®)*	20mg capsules
Laronidase	*(Aldurazyme®)*	0.58mg/mL injection

New Nouveau Brunswick CANADA

Prescription Drug Program/Plan de médicaments sur ordonnance

BULLETIN

PO Box/CP 690 Moncton NB Canada E1C 8M7 Tel/Tél (506) 867-4515

Bulletin # 657 June 9, 2006

BENEFIT CHANGES TO NBPDP

Please find attached lists of **interchangeable product additions** to the New Brunswick Prescription Drug Program Formulary and non listed products subject to a Maximum Allowable Price (MAP).

BENEFIT ADDITIONS:
Claims for products that are reimbursed at Actual Acquisition Cost up to July 12, 2006 will be subject to a Maximum Allowable Price (MAP) effective July 13, 2006.

For purposes of special authorization, MAPs have been established on all interchangeable products in New Brunswick.

If you would prefer to receive bulletins electronically rather than in hard copy, please send a message to BC_nbpdp@medavie.bluecross.ca or call 1-800-332-3691. Bulletins are also available on the NBPDP web page: www.gnb.ca/0051/0212/index-e.asp.

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 BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

							to July 12/06	MAP July 13/06
Alendronate								
Tab Co.	Orl	70mg	ratio-Alendronate	2275279	RPH	Spec. Auth.	MAP	
Amiloride Hydrochloride/Hydrochlorothiazide								
Amiloride (chlorhydrate d') / hydrochlorothiazide								
Tab Co.	Orl	5mg / 50mg	Gen-Amilazide	2257378	GPM	AEFGVW	MAP	
Benazepril Hydrochloride								
Benazepril (chlorhydrate de)								
Tab Co.	Orl	20mg	Apo-Benazepril	2273918	APX	AEFGVW	AAC	0.5460
Calcitonin Salmon Synthetic								
Clacitonine de saumon								
Liq	Nas	200IU	Sandoz-Calcitonin	2261766	SDZ	Spec. Auth.	AAC	1.4000
Carbamazepine								
Carbamazépine								
TabC Co.C	Orl	100mg	Sandoz-Carbamazepine chewtabs	2261855	SDZ	AEFGVW	MAP	
		200mg	Sandoz-Carbamazepine chewtabs	2261863	SDZ	AEFGVW	MAP	
Srt Co.L.C.	Orl	200mg	Sandoz-Carbamazepine CR	2261839	SDZ	AEFGVW	MAP	
		400mg	Sandoz-Carbamazepine CR	2261847	SDZ	AEFGVW	MAP	
Diclofenac Sodium								
Diclofénac sodique								
Ect Co.Ent.	Orl	25mg	Sandoz-Diclofenac	2261952	SDZ	AEFGVW	MAP	
		50mg	Sandoz-Diclofenac	2261960	SDZ	AEFGVW	MAP	
Srt. Co.L.C.	Orl	75mg	Sandoz-Diclofenac SR	2261901	SDZ	AEFGVW	MAP	
		100mg	Sandoz-Diclofenac SR	2261944	SDZ	AEFGVW	MAP	
Domperidone Maleate								
Dompéridone (maléate de)								
Tab Co.	Orl	10mg	Gen-Domperidone	2278669	GPM	AEFGVW	MAP	

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

							to July 12/06	MAP July 13/06
Fenofibrate Fénofibrate								
Tab Co.	Orl	100mg	Apo-Feno-Super	2246859	APX	AEFGVW	AAC	0.7875
		160mg	Apo-Feno-Super	2246860	APX	AEFGVW	AAC	0.8470
Flecainide Acetate Flecaénide (acétate de)								
Tab Co.	Orl	50mg	Apo-Flecainide	2275538	APX	AEFGVW	AAC	0.3620
		100mg	Apo-Flecainide	2275546	APX	AEFGVW	AAC	0.7239
Fosinopril Sodium Fosinopril sodique								
Tab Co.	Orl	10mg	pms-Fosinopril (new formulation)	2255944	PMS	AEFGVW	MAP	
		20mg	pms-Fosinopril (new formulation)	2255952	PMS	AEFGVW	MAP	
Isotretinoin Isotrétinoïne								
Cap Caps	Orl	10mg	Clarus	2257955	PRE	EFG	AAC	1.3660
		40mg	Clarus	2257963	PRE	EFG	AAC	2.7877
Methylphenidate Hydrochloride Méthylphénidate (chlorhydrate de)								
Tab	Orl	5mg	Apo-Methylphenidate	2273950	APX	AEFGVW	AAC	0.0947
Co.			ratio-Methylphenidate	2247364	RPH	current benefit		
Mirtazapine								
Tab Co.	Orl	30mg	Co-Mirtazapine	2274361	COB	AEFGVW	MAP	
Ondansetron Hydrochloride Dihydrate Ondansétron dihydrate (chlorhydrate d')								
Tab	Orl	4mg	pms-Ondansetron	2258188	PMS	W & Spec. Auth.	AAC	8.3837
Co.			ratio-Ondansetron	2278529	RPH			
			Sandoz-Ondansetron	2274310	SDZ			
		8mg	pms-Ondansetron	2258196	PMS	W & Spec. Auth.	AAC	12.7962
			ratio-Ondansetron	2278537	RPH			
			Sandoz-Ondansetron	2274329	SDZ			

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

							to July 12/06	MAP July 13/06
Pindolol								
Tab Co.	Orl	5mg	Sandoz-Pindolol	2261782	SDZ	AEFGVW	MAP	
		10mg	Sandoz-Pindolol	2261790	SDZ	AEFGVW	MAP	
		15mg	Sandoz-Pindolol	2261804	SDZ	AEFGVW	MAP	
Sumatriptan Succinate								
Tab Co.	Orl	100mg	ratio-Sumatriptan	2271591	RPH	Spec. Auth.	MAP	
Terbinafine Hydrochloride Terbinafine (chlorhydrate de)								
Tab Co.	Orl	250mg	Sandoz-Terbinafine	2262177	SDZ	Spec. Auth.	MAP	
Tizanidine Hydrochloride Tizanidine (chlorhydrate de)								
Tab Co.	Orl	4mg	Gen-Tizanidine	2272059	GPM	Spec. Auth.	MAP	

NON LISTED PRODUCTS SUBJECT TO MAP / PRODUITS NE FIGURANT PAS SUR LA LISTE ASSUJETIS AUX PAM

Bicalutamide								
Tab Co.	Orl	50mg	Co-Bicalutamide	2274337	COB		AAC	4.0572
			ratio-Bicalutamide	2277700	RPH			
Glimepiride Glimépiride								
Tab Co.	Orl	1mg	Novo-Glimepiride	2273756	NOP		MAP	
			Co-Glimepiride	2274248	COB			
		2mg	Novo-Glimepiride	2273764	NOP		MAP	
			Co-Glimepiride	2274256	COB			
		4mg	Novo-Glimepiride	2273772	NOP		MAP	
			Co-Glimepiride	2274272	COB			
Sumatriptan Succinate								
Tab Co.	Orl	50mg	ratio-Sumatriptan	2271583	RPH		MAP	

Prescription Drug Program/Plan de médicaments sur ordonnance

BULLETIN

PO Box/CP 690 Moncton NB Canada E1C 8M7 Tel/Tél (506) 867-4515

Bulletin #660 July 26, 2006

BENEFIT CHANGES TO NBPDP

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective July 26, 2006.

Included in this bulletin:

- **Regular Benefit Additions**
- **Special Authorization Additions**
- **Special Authorization - Revised Criteria**
- **Drugs Reviewed and Not Listed**

If you would prefer to receive bulletins electronically rather than in hard copy, please send a message to BC_nbpdp@medavie.bluecross.ca or call 1-800-332-3691. Bulletins are also available on the NBPDP web page: www.gnb.ca/0051/0212/index-e.asp

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

REGULAR BENEFIT ADDITIONS

Drug/Form/Route/Strength			Brandname	DIN	Manufacturer	Plans	$
Diltiazem Hydrochloride							
ERT	Orl	120mg	Tiazac® XC	2256738	BVL	AEFGVW	AAC
		180mg	Tiazac® XC	2256746	BVL	AEFGVW	AAC
		240mg	Tiazac® XC	2256754	BVL	AEFGVW	AAC
		300mg	Tiazac® XC	2256762	BVL	AEFGVW	AAC
		360mg	Tiazac® XC	2256770	BVL	AEFGVW	AAC
Estradiol-17β							
Pth	Trd	25mcg	Climara 25®	2247499	BEX	AEFVW	AAC
Pth	Trd	75mcg	Climara 75®	2247500	BEX	AEFVW	AAC
Nabilone							
Cap	Orl	0.5mg	Cesamet®	2256193	VLN	AEFGVW	AAC
Quetiapine – No longer requires special authorization							
Tab	Orl	25mg	Seroquel®	2236951	AZE	AEFGVW	AAC
		100mg	Seroquel®	2236952	AZE	AEFGVW	AAC
		200mg	Seroquel®	2236953	AZE	AEFGVW	AAC
		300mg	Seroquel®	2244107	AZE	AEFGVW	AAC
Somatropin							
Liq	SC	10mg/2mL	Nutropin AQ Pen®	2249002	HLR	T	AAC
Ctg	SC	24mg	Humatrope®	2243079	LIL	T	AAC

SPECIAL AUTHORIZATION ADDITIONS

Imatinib
(Gleevec®)
100mg, 400mg tablets
New formulation

Requests from specialists in hematology/oncology will be considered for:

1. Patients who have documented evidence of Philadelphia chromosome positive (Ph+) chronic myeloid leukemia (CML), with an ECOG performance status of 0-2*.
2. Patients with C-Kit positive (CD117), metastatic or locally advanced, inoperable gastrointestinal stromal tumours (GIST), who have an ECOG performance status of 0-2*.

* Patients who are asymptomatic and those who are symptomatic and in bed less than 50% of the time.

SPECIAL AUTHORIZATION – REVISED CRITERIA

Imiquimod
(Aldara™)
5% Cream

New indication added to criteria:

- For the treatment of actinic keratosis in patients who have failed treatment with 5-Fluorouracil (5-FU) and cryotherapy.

Infliximab
(Remicade®)
10mg/mL Injection

New indication added to criteria:

Maintenance therapy for chronic active Crohn's Disease

Requests will be considered for treatment of patients refractory to therapy with EACH of the following:

- 5-ASA products-minimum trial of 3 grams per day for 6 weeks AND
- Glucocorticosteroids - including steroid dependent disease AND
- Immunosuppressive therapy - azathioprine, 6-mercaptopurine or methotrexate for minimum 3 months

Initial approval will be for a single 5 mg/kg dose. A second infusion may be considered for patients not responding to the first infusion, or in patients initially responsive but worsening before maintenance therapy is effective.

For maintenance therapy after a successful induction regimen in cases where treatment with other immunosuppressive therapies (listed above) does not provide disease control in the longer term. Approval will be for a 5mg/kg dose up to every 8 weeks.

DRUGS REVIEWED AND NOT LISTED

The review of the following product found that it did not offer a therapeutic and/or cost advantage over existing therapies.

Moxifloxacin	*(Vigamox®)*	0.5% ophthalmic solution
Gatifloxacin	*(Zymar®)*	0.5% ophthalmic solution

Prescription Drug Program/Plan de médicaments sur ordonnance

BULLETIN

PO Box/CP 690 Moncton NB Canada E1C 8M7 Tel/Tél (506) 867-4515

Bulletin #662 August 25, 2006

BENEFIT CHANGES TO NBPDP

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective August 25, 2006.

Included in this bulletin:

- **Regular Benefit Additions**
- **Special Authorization Additions**
- **Special Authorization - Revised Criteria**
- **Drugs Reviewed and Not Listed**

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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

REGULAR BENEFIT ADDITIONS

Drug/Form/Route/Strength			Brandname	DIN	Manufacturer	Plans	$
Abacavir/ Lamivudine							
Tab	Orl	600mg/300mg	Kivexa™	2269341	GSB	U	AAC
Ethacrynic Acid							
Tab	Orl	25mg	Edecrin®	2258528	FRS	AEFGVW	AAC
Methotrexate Sodium							
Tab	Orl	10mg	Methotrexate	2182750	MAY	AEFGVW	AAC
Liq	Inj	10mg/mL	Methotrexate Inj USP	2182947	MAY	AEFGVW	AAC
		25mg/mL	Methotrexate Inj USP	2099705	NOP	AEFGVW	AAC
		25mg/mL	Methotrexate Inj USP	2182955	MAY	AEFGVW	AAC
		25mg/mL	Methotrexate Inj USP	2182777	MAY	AEFGVW	AAC
Nelfinavir							
Tab	Orl	625mg	Viracept®	2248761	PFI	U	AAC

SPECIAL AUTHORIZATION ADDITIONS

Erlotinib
(Tarceva™)
100mg, 150mg tablets

For the treatment of patients with locally advanced or metastatic non-small cell lung cancer (NSCLC) after failure of at least one prior chemotherapy regimen and whose epidermal growth factor receptor (EGFR) expression status is positive or unknown.

Risperidone
(Risperdal Consta®)
25mg, 37.5mg and 50mg/vial prolonged-release suspension for injection

For the treatment of schizophrenia or schizoaffective disorder patients who have:

- A history of non-adherence, *and*
- Inadequate control or significant side-effects from two or more oral antipsychotic medications, *and*
- Inadequate control or significant side-effects from at least one typical depot antipsychotic agent.

SPECIAL AUTHORIZATION – REVISED CRITERIA

Galantamine *(Reminyl ER®)* 8mg, 16mg and 24mg extended release capsules	New indication added to criteria: • For the treatment of mild to moderate Alzheimer's disease with the same criteria as the other cholinesterase inhibitors.
Valgancicolvir *(Valcyte®)* 450mg tablets	New indication added to criteria: • For the prevention of cytomegalovirus (CMV) disease in solid organ transplant patients at high-risk (i.e. donor CMV seropositive / recipient seronegative.) Coverage will be for a maximum of 100 days post transplant.

DRUGS REVIEWED AND NOT LISTED

The reviews of the following products found that they did not offer a therapeutic and/or cost advantage over existing therapies. Requests for coverage through special authorization will not be considered.

Alendronate	*(Fosamax®)*	70mg/75mL oral solution
Atomoxetine	*(Strattera™)*	10mg, 18mg, 25mg, 40mg, 60mg capsules
Ciclopirox Olamine	*(Stieprox®)*	1.5% shampoo
Insulin Glargine	*(Lantus®)*	100IU/mL (10mL vial) injection
Memantine	*(Ebixa®)*	10mg tablets
Oxybutynin	*(Oxytrol™)*	36mg transdermal system

New Nouveau Brunswick CANADA

Prescription Drug Program/Plan de médicaments sur ordonnance

BULLETIN

PO Box/CP 690 Moncton NB Canada E1C 8M7 Tel/Tél (506) 867-4515

Bulletin # 665 October 16, 2006

BENEFIT CHANGES TO NBPDP

Please find attached lists of **interchangeable product additions** to the New Brunswick Prescription Drug Program Formulary and non listed products subject to a Maximum Allowable Price (MAP).

BENEFIT ADDITIONS:
Claims for products that are reimbursed at Actual Acquisition Cost up to November 13, 2006 will be subject to a Maximum Allowable Price (MAP) effective November 14, 2006.

For purposes of special authorization, MAPs have been established on all interchangeable products in New Brunswick.

If you would prefer to receive bulletins electronically rather than in hard copy, please send a message to BC_nbpdp@medavie.bluecross.ca or call 1-800-332-3691. Bulletins are also available on the NBPDP web page: www.gnb.ca/0051/0212/index-e.asp.

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 BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

							to Nov 13/06	MAP Nov 14/06
Azithromycin								
Azithromycine								
Tab	Orl	250mg	pms-Azithromycin	2261634	PMS	AEFGVW	MAP	
Co.			ratio-Azithromycin	2275287	RPH			
			Gen-Azithromycin	2278359	GPM			
		600mg	pms-Azithromycin	2261642	PMS	W & Spec. Auth.	MAP	
Betahistine Hydrochloride								
Bétahistine (dichlorhydrate de)								
Tab	Orl	16mg	Novo-Betahistine	2280191	NOP	Spec. Auth.	AAC	0.2940
Co.								
		24mg	Novo-Betahistine	2280205	NOP	Spec. Auth.	AAC	0.4410
Bupropion Hydrochloride								
Bupropion (chlorhydrate de)								
SRT	Orl	100mg	Sandoz-Bupropion SR	2275074	SDZ	Spec. Auth.	AAC	0.3733
Co.L.C.								
		150mg	Sandoz-Bupropion SR	2275082	SDZ	Spec. Auth.	MAP	
Cilazapril								
Tab	Orl	1mg	pms-Cilazapril	2280442	PMS	AEFGVW	MAP	
Co.			Gen-Cilazapril	2283778	GPM			
		2.5mg	pms-Cilazapril	2280450	PMS	AEFGVW	MAP	
			Gen-Cilazapril	2283786	GPM			
		5mg	pms-Cilazapril	2280469	PMS	AEFGVW	MAP	
			Gen-Cilazapril	2283794	GPM			
Felodipine								
Félodipine								
SRT	Orl	5mg	Sandoz-Felodipine	2280264	SDZ	AEFVW	AAC	0.4620
Co.L.C.								
		10mg	Sandoz-Felodipine	2280272	SDZ	AEFVW	AAC	0.6923
Mupirocin								
Mupirocine								
Ont	Top	2%	Taro-Mupirocin	2279983	TAR	AEFGVW	AAC	0.3453
Norfloxacin								
Norfloxacine								
Tab	Orl	400mg	Co-Norfloxacin	2269627	COB	AEFVW	MAP	
Co.								

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

							to Nov 13/06	MAP Nov 14/06
Ondansetron Hydrochloride Dihydrate Ondansétron dihydraté (chlorhydrate d')								
Tab Co.	Orl	4mg	Novo-Ondansetron	2264056	NOP	W & Spec. Auth.	MAP	
		8mg	Novo-Ondansetron	2264064	NOP	W & Spec. Auth.	MAP	
Oxcarbazepine Oxcarbazépine								
Tab Co.	Orl	150mg	Apo-Oxcarbazepine	2284294	APX	Spec. Auth.	AAC	0.5625
		300mg	Apo-Oxcarbazepine	2284308	APX	Spec. Auth.	AAC	1.1250
		600mg	Apo-Oxcarbazepine	2284316	APX	Spec. Auth.	AAC	2.2500
Ranitidine Hydrochloride Ranitidine (chlorhydrate de)								
Liq Liq	Orl	15mg/mL	Apo-Ranitidine	2280833	APX	V	MAP	
Risperidone Rispéridone								
Tab Co.	Orl	0.25mg	Apo-Risperidone	2282119	APX	AVW& Spec. Auth	AAC	0.2615
			Co-Risperidone	2282585	COB			
			Gen-Risperidone	2282240	GPM			
			Novo-Risperidone	2282690	NOP			
			pms-Risperidone	2252007	PMS			
			Ran-Risperidone	2280906	RAN			
			ratio-Risperidone	2264757	RPH			
			Sandoz-Risperidone	2279509	SDZ			
		0.5mg	Apo-Risperidone	2282127	APX	AVW & Spec. Auth.	AAC	0.4378
			Co-Risperidone	2282593	COB			
			Gen-Risperidone	2282259	GPM			
			Novo-Risperidone	2264188	NOP			
			pms-Risperidone	2252015	PMS			
			Ran-Risperidone	2280914	RAN			
			ratio-Risperidone	2264765	RPH			
			Sandoz-Risperidone	2279495	SDZ			
		1mg	Apo-Risperidone	2282135	APX	AVW & Spec. Auth.	AAC	0.6048
			Co-Risperidone	2282607	COB			
			Gen-Risperidone	2282267	GPM			
			Novo-Risperidone	2264196	NOP			
			pms-Risperidone	2252023	PMS			
			Ran-Risperidone	2280922	RAN			
			ratio-Risperidone	2264773	RPH			
			Sandoz-Risperidone	2279800	SDZ			

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

							to Nov 13/06	MAP Nov 14/06
Risperidone Rispéridone								
Tab Co.	Orl	2mg	Apo-Risperidone	2282143	APX	Spec. Auth.	AAC	1.2075
			Co-Risperidone	2282615	COB			
			Gen-Risperidone	2282275	GPM			
			Novo-Risperidone	2264218	NOP			
			pms-Risperidone	2252031	PMS			
			Ran-Risperidone	2280930	RAN			
			ratio-Risperidone	2264781	RPH			
			Sandoz-Risperidone	2279819	SDZ			
		3mg	Apo-Risperidone	2282151	APX	Spec. Auth.	AAC	1.8113
			Co-Risperidone	2282623	COB			
			Gen-Risperidone	2282283	GPM			
			Novo-Risperidone	2264226	NOP			
			pms-Risperidone	2252058	PMS			
			Ran-Risperidone	2280949	RAN			
			ratio-Risperidone	2264803	RPH			
			Sandoz-Risperidone	2279827	SDZ			
		4mg	Apo-Risperidone	2282178	APX	Spec. Auth.	AAC	2.4150
			Co-Risperidone	2282631	COB			
			Gen-Risperidone	2282291	GPM			
			Novo-Risperidone	2264234	NOP			
			pms-Risperidone	2252066	PMS			
			Ran-Risperidone	2280957	RAN			
			ratio-Risperidone	2264811	RPH			
			Sandoz-Risperidone	2279835	SDZ			
Sotalol Hydrochloride Sotalol (chlorhydrate de)								
Tab Co.	Orl	160mg	Co-Sotalol	2270633	COB	AEFGVW	MAP	
			Sandoz-Sotalol	2257858	SDZ			

NON LISTED PRODUCTS SUBJECT TO MAP /
PRODUITS NE FIGURANT PAS SUR LA LISTE ASSUJETIS AUX PAM

						to Nov 13/06	MAP Nov 14/06
Midodrine Hydrochloride Midodrine (chlorhydrate de)							
Tab Co.	Orl	2.5mg	Apo-Midodrine	2278677	APX	AAC	0.2999
		5mg	Apo-Midodrine	2278685	APX	AAC	0.4998
Risperidone Rispéridone							
Liq	Orl	1mg/mL	Apo-Risperidone	2280396	APX	AAC	0.7727
			pms-Risperidone	2279266	PMS		
Sotalol Hydrochloride Sotalol (chlorhydrate de)							
Tab Co.	Orl	80mg	Co-Sotalol	2270625	COB	MAP	
Topiramate							
Tab Co.	Orl	25mg	Apo-Topiramate	2279614	APX	MAP	
		100mg	Apo-Topiramate	2279630	APX	MAP	
		200mg	Apo-Topiramate	2279649	APX	MAP	

Bulletin #669 November 30, 2006

Oseltamivir (Tamiflu®) for NBPDP Beneficiaries in Long-term Care Facilities

Information for Pharmacies Providing Services to Licensed Nursing Homes

Oseltamivir (Tamiflu®) is available as a special authorization benefit for NBPDP beneficiaries who are residents of long-term care (LTC) facilities (refers to licensed nursing homes and does not include special care homes.) The following protocol has been developed by Public Health for the treatment of infected patients and management of influenza outbreaks in LTC facilities.

- When an attending physician or the LTC facility's Medical Advisor/House Physician determines influenza to be the cause of an outbreak, the Medical Officer of Health (MOH) will be contacted.

- If the MOH recommends antiviral use in a facility, the process for coverage depends on the drug recommended.
  - Amantadine - Regular NBPDP benefit
    - Option for treatment or prophylaxis of influenza A unless resistance is noted or its use is contraindicated. **Note: The 2006-2007 National Advisory Committee on Immunization (NACI) Statement does not recommend using amantadine for treatment or prophylaxis of influenza because in the most recent influenza season, 82% of influenza A isolates were resistant to amantadine.**

  - Oseltamivir: Special authorization NBPDP benefit
    - Option for treatment or prophylaxis of influenza A or influenza B.

- When antiviral medication is being considered for treatment of a resident who is symptomatic, it is important to confirm that the influenza symptoms have been present for less than 48 hours. Antiviral medication is unlikely to benefit residents who have been ill for more than 48 hours.

The 2006-2007 NACI Statement includes recommendations for use of oseltamivir. Despite the fact that amantadine is not recommended, information for amantadine is also included in the event that testing of the 2006-2007 strain indicates susceptibility to it. (The full 2006-2007 NACI Statement, including dosing guidelines, can be accessed at: http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/06vol32/acs-07/index.html).

Process for Coverage and Ordering Oseltamivir

NBPDP Special Authorization Approval:

If oseltamivir is recommended by the MOH, the LTC facility's Medical Advisor/House Physician or other staff designated by the facility will notify the NBPDP of the decision to start oseltamivir therapy in that LTC facility by calling the NBPDP Inquiry line: 1-800-332-3691.

After hours, a message containing the following information will be left:

- Date of message
- Name and address of LTC facility
- Name of pharmacy filling the prescriptions for oseltamivir and
- Name and telephone number of a contact person at the LTC facility in case the NBPDP needs to clarify any details.

The LTC facility's pharmacist should be contacted at the same time as the NBPDP to allow time to secure and dispense the quantity of oseltamivir required. Roche Canada (the manufacturer of oseltamivir) is no longer suspending sales of oseltamivir, so pharmacies can obtain the medication through their normal order processes.

On-Line Payment of Special Authorization Claims for Oseltamivir:

When notified by the LTC facility that oseltamivir therapy has been ordered for residents, NBPDP will initiate special authorization approval for all beneficiaries of Plan V (nursing home residents) in the facility. NBPDP will notify the pharmacy when special authorization for oseltamivir has been activated and the pharmacy can then bill claims on-line. Approval for oseltamivir for relief care residents who are not beneficiaries of Plan V must be done separately. The LTC facility must notify NBPDP if they have any relief care residents.

SPECIAL AUTHORIZATION CRITERIA

Oseltamivir *(Tamiflu®)* 75mg capsules	For beneficiaries residing in long-term care facilities* during an influenza outbreak situation and further to the recommendation of a Medical Officer of Health: • For treatment of long-term care residents with clinically suspected or lab confirmed influenza A or B. A clinically suspected case is one in which the patient meets the criteria of influenza-like illness and there is confirmation of influenza A or B circulating within the facility or surrounding community. • For prophylaxis of long-term care residents where the facility has an influenza A or B outbreak. Prophylaxis should be continued until the outbreak is over. An outbreak is declared over 7 days after the onset of the last case in the facility. * In these criteria, *long-term care facility* refers to a licensed nursing home and does not include special care homes.

Bulletin # 670 December 4, 2006

BENEFIT CHANGES TO NBPDP

Please find attached lists of **interchangeable product additions** to the New Brunswick Prescription Drug Program Formulary and non-listed products subject to a Maximum Allowable Price (MAP).

BENEFIT ADDITIONS:
Claims for products that are reimbursed at Actual Acquisition Cost up to January 14, 2007 will be subject to a Maximum Allowable Price (MAP) effective January 15, 2007.

For purposes of special authorization, MAPs have been established on all interchangeable products in New Brunswick.

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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 BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

							to Jan 14/07	MAP Jan 15/07
Acyclovir								
Tab Co.	Orl	200mg	Novo-Acyclovir	2285959	NOP	AEFGVW	MAP	
		400mg	Novo-Acyclovir	2285967	NOP	AEFGVW	MAP	
		800mg	Novo-Acyclovir	2285975	NOP	AEFGVW	MAP	
Alendronate								
Tab Co.	Orl	70mg	Gen-Alendronate	2286335	GPM	Spec. Auth.	MAP	
			pms-Alendronate FC	2284006	PMS			
Azithromycin Azithromycine								
Pws Pds.	Orl	20mg	pms-Azithromycin	2274388	PMS	AEFGVW	AAC	0.7467
		40mg	pms-Azithromycin	2274396	PMS	AEFGVW	AAC	1.0580
Cilazapril/Hydrochlorothiazide								
Tab Co.	Orl	5mg/12.5mg	Apo-Cilazapril/HCTZ	2284987	APX	AEFGVW	AAC	0.5530
Cyclosporine								
Cap Caps	Orl	25mg	Sandoz Cyclosporine	2247073	SDZ	R	AAC	
		50mg	Sandoz Cyclosporine	2247074	SDZ	R	AAC	
		100mg	Sandoz Cyclosporine	2242821	SDZ	R	AAC	

Please note that a maximum allowable price (MAP) will not be applied to cyclosporine at this time.

Famciclovir								
Tab Co.	Orl	500mg	Sandoz Famciclovir	2278650	SDZ	Spec. Auth.	AAC	4.2280
Fenofibrate Fénofibrate								
Cap Caps	Orl	200mg	pms-Fenofibrate Micro	2273551	PMS	AEFGVW	MAP	
Fentanyl Transdermal Fentanyl (transdermal de)								
Srd	Trd	25mcg	Ran-Fentanyl Transdermal	2249391	RAN	W & Spec. Auth.	AAC	5.9500
		50mcg	Ran-Fentanyl Transdermal	2249413	RAN	W & Spec. Auth.	AAC	11.2000
		75mcg	Ran-Fentanyl Transdermal	2249421	RAN	W & Spec. Auth.	AAC	15.7500
		100mcg	Ran-Fentanyl Transdermal	2249448	RAN	W & Spec. Auth.	AAC	19.6000

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

								to Jan 14/07	MAP Jan 15/07
Leflunomide Léflunomide									
Tab Co.	Orl	10mg	Sandoz Leflunomide	2283964	SDZ	Spec. Auth.	MAP		
		20mg	Sandoz Leflunomide	2283972	SDZ	Spec. Auth.	MAP		
Levetiracetam Lévétiracétam									
Tab Co.	Orl	250mg	Apo-Levetiracetam	2285924	APX	Spec. Auth.	MAP		
		500mg	Apo-Levetiracetam	2285932	APX	Spec. Auth.	MAP		
		750mg	Apo-Levetiracetam	2285940	APX	Spec. Auth.	MAP		
Mirtazapine									
Tab Co.	Orl	15mg	Apo-Mirtazapine	2286610	APX	AEFGVW	MAP		
		30mg	Apo-Mirtazapine	2286629	APX	AEFGVW	MAP		
ODT Co. D.O.	Orl	15mg	Novo-Mirtazapine OD	2279894	NOP	AEFGVW	AAC	0.2730	
		30mg	Novo-Mirtazapine OD	2279908	NOP	AEFGVW	AAC	0.5460	
		45mg	Novo-Mirtazapine OD	2279916	NOP	AEFGVW	AAC	0.8190	
Sumatriptan									
Tab Co.	Orl	100mg	Novo-Sumatriptan DF	2286831	NOP	Spec. Auth.	MAP		
Tamsulosin Hydrochloride Tamsulosine (chlorhydrate de)									
SRC Caps.L.L.	Orl	0.4mg	Novo-Tamsulosin	2281392	NOP	Spec. Auth.	AAC	0.6000	
Venlafaxine Hydrochloride Venlafaxine (chlorhydrate de)									
SRC Caps.L.L.	Orl	37.5mg	Novo-Venlafaxine XR	2275023	NOP	AEFGVW	AAC	0.5879	
		75mg	Novo-Venlafaxine XR	2275031	NOP	AEFGVW	AAC	1.1758	
		150mg	Novo-Venlafaxine XR	2275058	NOP	AEFGVW	AAC	1.2414	
Warfarin Sodium Warfarine sodique									
Tab Co.	Orl	3mg	Gen-Warfarin	2287498	GPM	AEFGVW	MAP		
		6mg	Gen-Warfarin	2287501	GPM	AEFGVW	MAP		

NON-LISTED PRODUCTS SUBJECT TO MAP / PRODUITS NE FIGURANT PAS SUR LA LISTE ASSUJETIS AUX PAM

						to Jan 14/07	MAP Jan 15/07
Famciclovir							
Tab Co.	Orl	125mg	Sandoz Famciclovir	2278634	SDZ	AAC	2.0240
		250mg	Sandoz Famciclovir	2278642	SDZ	AAC	2.7200
Ipratropium Bromide/Salbutamol Sulfate Ipratropium (bromure d')/Salbutamol (sulfate de)							
Liq	Inh	2.5mg/0.5mg/2.5mL	Apo-Salvent Ipravent Sterules	2266393	APX	MAP	
Sumatriptan							
Tab Co.	Orl	25mg	Novo-Sumatriptan DF	2286815	NOP	MAP	
		50mg	Novo-Sumatriptan DF	2286823	NOP	MAP	

Bulletin #671 December 20, 2006

BENEFIT CHANGES TO NBPDP

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective December 20, 2006.

Included in this bulletin:

- **Regular Benefit Additions**
- **Special Authorization Additions**
- **Special Authorization - Revised Criteria**
- **Drugs Reviewed and Not Listed**

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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

REGULAR BENEFIT ADDITIONS

Drug/Form/Route/Strength			Brandname	DIN	Manufacturer	Plans	$
Bupropion HCl		**No longer requires special authorization**					
SRT	Orl	100mg	Wellbutrin SR®	2237824	BVL	AEFGVW	MAP
			Sandoz Bupropion SR	2275074	SDZ		
		150mg	Wellbutrin SR®	2237825	BVL	AEFGVW	MAP
			Novo-Bupropion SR	2260239	NOP		
			Sandoz Bupropion SR	2275082	SDZ		
Famciclovir		**No longer requires special authorization**					
Tab	Orl	125mg	Famvir®	2229110	NVR	AEFGVW	MAP
			Sandoz Famciclovir	2278634	SDZ		
		250mg	Famvir®	2229129	NVR	AEFGVW	MAP
			Sandoz Famciclovir	2278642	SDZ		
		500mg	Famvir®	2177102	NVR	AEFGVW	MAP
			Sandoz Famciclovir	2278650	SDZ		
Lovastatin/Nicotinic Acid							
SRT	Orl	20mg/500mg	Advicor®	2270439	ORX	AEFGVW	AAC
		20mg/1000mg	Advicor®	2270447	ORX		
Mesalamine							
ECT	Orl	800mg	Asacol®	2267217	PGA	AEFGVW	AAC

SPECIAL AUTHORIZATION ADDITIONS

Quinagolide *(Norprolac®)* 0.075mg, 0.15mg tablets	For the treatment of patients with hyperprolactinemia who have failed or are intolerant to bromocriptine.
Tenofovir *(Viread®)* 300mg tablets	For the treatment of adult patients who have experienced adverse events or virologic failure with nucleoside reverse transcriptase inhibitors.

SPECIAL AUTHORIZATION ADDITIONS

Tipranavir
(Aptivus®)
250mg capsules

For the treatment of adult patients with HIV-1 infection who are treatment experienced, have demonstrated failure to multiple protease inhibitors and in whom no other protease inhibitor is a treatment option.

Etanercept
(Enbrel®)
25mg liquid injection

Infliximab
(Remicade®)
100mg liquid injection

Ankylosing Spondylitis

- For the treatment of patients with moderate to severe ankylosing spondylitis (e.g. Bath AS Disease Activity Index (BASDAI) score ≥ 4 on 10 point scale) who:
  - have axial symptoms* or peripheral symptoms and who have failed to respond to the sequential use of at least 2 NSAIDs at the optimum dose for a minimum period of 3 months observation or in whom NSAIDs are contraindicated

    AND
  - have had an inadequate response to an optimal dose or maximal tolerated dose of a DMARD.

  * Patients with recurrent uveitis (2 or more episodes within 12 months) as a complication to axial disease, do not require a trial of NSAIDs alone.

- Must be prescribed by a rheumatologist or internist
- Approval will be for a maximum of 6 months
- Requests for renewal must include information showing the beneficial effects of the treatment, specifically:
  - a decrease of at least 2 points on the BASDAI scale, compared with the pre-treatment score;

    OR
  - patient and expert opinion of an adequate clinical response as indicated by a significant functional improvement (measured by outcomes such as HAQ or "ability to return to work")

For infliximab: Approvals will be for a maximum of 5mg/kg at weeks 0, 2 and 6, then every 6 to 8 weeks thereafter.

For etanercept: Approvals will be for a maximum dose of 50mg per week.

SPECIAL AUTHORIZATION ADDITIONS

Levofloxacin
(Levaquin®)
250mg, 500mg tablets

Moxifloxacin
(Avelox®)
400mg tablets
Revised Criteria

- For the completion of therapy instituted in the hospital setting for the treatment of nosocomial pneumonia, community acquired pneumonia (CAP) or acute exacerbation of chronic bronchitis (AECB)
- For the treatment of severe pneumonia in nursing home patients (regular benefit for Plan V).
- For the treatment[1] of CAP in patients
  - with co-morbidity[2] upon radiographic confirmation of pneumonia, *or*
  - who have failed first line therapies (macrolide, doxycycline, amoxicillin-clavulanate)
- For the treatment[1] of AECB in complicated patients[3] who have failed treatment with one of the following (amoxicillin, doxycycline, TMP-SMX, cefuroxime, macrolide, ketolide or amoxicillin-clavulanate).

Prescriptions written by New Brunswick infectious disease specialists, medical microbiologists, respirologists and internal medicine specialists will not require special authorization.

[1] If treated with an antibiotic within the past 3 months choose an antibiotic from a different class.

[2] Co-morbidity includes chronic lung disease, malignancy, diabetes, liver, renal or congestive heart failure, use of antibiotics or steroids in the past 3 months, suspected macroaspiration, hospitalization within last 3 months, HIV/AIDs, smoking, malnutrition or acute weight loss.

[3] Complicated AECB defined as increased cough and sputum, sputum purulence and increased dyspnea **AND**

- $FEV_1 < 50\%$ predicted
  OR
- FEV_1 50-65% and one of the following:
  - ≥ 4 exacerbations per year
  - Ischemic heart disease
  - Chronic oral steroid use
  - Antibiotic use in the past 3 months

SPECIAL AUTHORIZATION – REVISED CRITERIA

Tiotropium
(Spiriva®)
18mcg capsule for inhalation

- For the treatment of moderate to severe chronic obstructive pulmonary disease (COPD) if a patient continues to be symptomatic after an adequate trial (2-4 months) of ipratropium at a dose of 12 puffs daily.

Requests for concurrent therapy with long-acting beta2-agonists and tiotropium will not be considered.

DRUGS REVIEWED AND NOT LISTED

The reviews of the following products found that they did not offer a therapeutic and/or cost advantage over existing therapies. Requests for coverage through special authorization will not be considered.

Levofloxacin	*Levaquin®*	750mg tablets
Omalizumab	*Xolair®*	150mg/vial injection
Rosuvastatin	*Crestor®*	5mg tablets
30% insulin aspart, 70% insulin aspart protamine	*NovoMix™30*	100U/mL injection

Bulletin # 677 February 23, 2007

BENEFIT CHANGES TO NBPDP

Please find attached lists of **interchangeable product additions** to the New Brunswick Prescription Drug Program Formulary and non-listed products subject to a Maximum Allowable Price (MAP).

Claims for products that are reimbursed at Actual Acquisition Cost up to March 27, 2007 will be subject to a Maximum Allowable Price (MAP) effective March 28, 2007.

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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 BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

							to Mar 27/07	MAP Mar 28/07
Alendronate								
Tab Co.	Orl	10mg	Sandoz-Alendronate	2288087	SDZ	Spec. Auth.	MAP	
		70mg	Sandoz-Alendronate	2288109	SDZ	Spec. Auth.	MAP	
Bupropion Hydrochloride Bupropion (chlorhydrate de)								
SRT Co.L.L.	Orl	100mg	ratio-Bupropion SR	2285657	RPH	AEFGVW	MAP	
		150mg	ratio-Bupropion SR	2285665	RPH	AEFGVW	MAP	
Digoxin Digoxine								
Tab Co.	Orl	0.0625mg	Apo-Digoxin	2281236	APX	AEFGVW	AAC	0.1520
		0.125mg	Apo-Digoxin	2281228	APX	AEFGVW	AAC	0.1412
			pms-Digoxin	2245427	PMS			
		0.25mg	Apo-Digoxin	2281201	APX	AEFGVW	AAC	0.1412
			pms-Digoxin	2245428	PMS			
Famciclovir								
Tab Co.	Orl	125mg	pms-Famciclovir	2278081	PMS	AEFGVW	MAP	
		250mg	pms-Famciclovir	2278103	PMS	AEFGVW	MAP	
		500mg	pms-Famciclovir	2278111	PMS	AEFGVW	MAP	
Fenofibrate Fénofibrate								
Tab Co.	Orl	100mg	Sandoz-Fenofibrate S	2288044	SDZ	AEFGVW	AAC	0.7874
		160mg	Sandoz-Fenofibrate S	2288052	SDZ	AEFGVW	MAP	
Fentanyl Transdermal Fentanyl (transdermal de)								
Srd	Trd	25mcg	ratio-Fentanyl Transdermal	2282941	RPH	W & Spec. Auth.	MAP	
		50mcg	ratio-Fentanyl Transdermal	2282968	RPH	W & Spec. Auth.	MAP	
		75mcg	ratio-Fentanyl Transdermal	2282976	RPH	W & Spec. Auth.	MAP	
		100mcg	ratio-Fentanyl Transdermal	2282984	RPH	W & Spec. Auth.	MAP	
Medroxyprogesterone Acetate Médroxyprogestérone (acétate de)								
Tab Co.	Orl	10mg	Apo-Medroxy	2277298	APX	AEFGVW	MAP	

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

							to Mar 27/07	MAP Mar 28/07
Omeprazole Magnesium								
Oméprazole Magnésien								
SRT Co.L.L.	Orl	20mg	ratio-Omeprazole	2260867	RPH	Spec. Auth.	AAC	1.2500
Ondansetron Hydrochloride Dihydrate								
Ondansétron dihydraté (chlorhydrate d')								
Tab Co.	Orl	4mg	Apo-Ondansetron	2288184	APX	W & Spec. Auth.	MAP	
		8mg	Apo-Ondansetron	2288192	APX	W & Spec. Auth.	MAP	
Pramipexole Dihydrochloride (Monohydrate)								
Pramipexole dihydrochloride								
Tab Co.	Orl	0.25mg	pms-Pramipexole	2290111	PMS	AEFVW	AAC	0.6930
			Novo-Pramipexole	2269309	NOP			
		0.5mg	pms-Pramipexole	2290138	PMS	AEFVW	AAC	1.3860
			Novo-Pramipexole	2269317	NOP			
		1mg	pms-Pramipexole	2290146	PMS	AEFVW	AAC	1.3860
			Novo-Pramipexole	2269325	NOP			
		1.5mg	pms-Pramipexole	2290154	PMS	AEFVW	AAC	1.3860
			Novo-Pramipexole	2269333	NOP			
Ramipril								
Cap Caps	Orl	1.25mg	Apo-Ramipril	2251515	APX	AEFGVW	AAC	0.4550
			ratio-Ramipril	2287692	RPH			
		2.5mg	Apo-Ramipril	2251531	APX	AEFGVW	AAC	0.5250
			ratio-Ramipril	2287706	RPH			
		5mg	Apo-Ramipril	2251574	APX	AEFGVW	AAC	0.5250
			ratio-Ramipril	2287714	RPH			
		10mg	Apo-Ramipril	2251582	APX	AEFGVW	AAC	0.6650
			ratio-Ramipril	2287722	RPH			
Trazodone Hydrochloride								
Trazodone (chlorhydrate de)								
Tab Co.	Orl	50mg	ratio-Trazodone (new formulation)	2277344	RPH	AEFGVW	MAP	
		100mg	ratio-Trazodone (new formulation)	2277352	RPH	AEFGVW	MAP	
		150mg	ratio-Trazodone (new formulation)	2277360	RPH	AEFGVW	MAP	

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

							to Mar 27/07	MAP Mar 28/07
Ursodiol								
Tab Co.	Orl	250mg	pms-Ursodiol C	2273497	PMS	Spec. Auth.	AAC	0.9869
		500mg	pms-Ursodiol C	2273500	PMS	Spec. Auth.	AAC	1.8720

NON-LISTED PRODUCTS SUBJECT TO MAP / PRODUITS NE FIGURANT PAS SUR LA LISTE ASSUJETIS AUX PAM

Alendronate							
Tab Co.	Orl	5mg	Sandoz-Alendronate	2288079	SDZ		MAP

Bulletin #678 February 28, 2007

BENEFIT CHANGES TO NBPDP

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective February 28, 2007.

Included in this bulletin:

- **Regular Benefit Additions**
- **Special Authorization Additions and Revised Criteria**
- **Drugs Reviewed and Not Listed**
- **Clozapine maximum allowable price (MAP)**

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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

REGULAR BENEFIT ADDITIONS

Drug/Form/Route/Strength			Brand Name	DIN	Manufacturer	Plans	$
Amlodipine Besylate		**No longer requires special authorization**					
Tab	Orl	5mg	Norvasc®	878928	PFI	AEFVW	AAC
		10mg	Norvasc®	878936	PFI	AEFVW	AAC
Gliclazide							
Tab	Orl	80mg	Diamicron®	765996	SEV	ABEFGVW	MAP
			Gen-Gliclazide	2229519	GPM		
			Novo-Gliclazide	2238103	NOP		
			Apo-Gliclazide	2245247	APX		
			Sandoz Gliclazide	2254719	SDZ		
Glimepiride							
Tab	Orl	1mg	Amaryl®	2245272	SAV	ABEFGVW	MAP
			Sandoz Glimepiride	2269589	SDZ		
			ratio-Glimepiride	2273101	RPH		
			Novo-Glimepiride	2273756	NOP		
			Co Glimepiride	2274248	COB		
		2mg	Amaryl®	2245273	SAV	ABEFGVW	MAP
			Sandoz Glimepiride	2269597	SDZ		
			ratio-Glimepiride	2273128	RPH		
			Novo-Glimepiride	2273764	NOP		
			Co Glimepiride	2274256	COB		
		4mg	Amaryl®	2245274	SAV	ABEFGVW	MAP
			Sandoz Glimepiride	2269619	SDZ		
			ratio-Glimepiride	2273136	RPH		
			Novo-Glimepiride	2273772	NOP		
			Co Glimepiride	2274272	COB		
Triptorelin Pamoate							
Pws	IM	3.75mg	Trelstar®SR	2240000	PAL	AEFVW	AAC
		11.25mg	Trelstar®LA	2243856	PAL	AEFVW	AAC

SPECIAL AUTHORIZATION ADDITIONS

Amlodipine/Atorvastatin
(Caduet™)
5/10mg, 5/20mg, 5/40mg, 5/80mg, 10/10mg, 10/20mg, 10/40mg, 10/80mg tablets

For the treatment of patients who have been titrated to a stable combination of the separate components, amlodipine and atorvastatin.

Note: If the beneficiary has had a claim for both amlodipine and atorvastatin reimbursed by NBPDP in the previous 6 months, the claim for Caduet™ will automatically be reimbursed without requiring special authorization.

Treprostinil
(Remodulin™)
1mg/mL, 2.5mg/mL, 5mg/mL, 10mg/mL solution

For the treatment of patients with primary pulmonary hypertension or pulmonary hypertension secondary to collagen vascular disease, with New York Heart Association class III or IV disease who have both:

1. failed to respond to non-prostanoid therapies and
2. who are not candidates for epoprostenol therapy because of:
   - prior recurrent complications with central line access (e.g. infection, thrombosis) or,
   - inability to operate the complicated delivery system of epoprostenol or,
   - they reside in an area without ready access to medical care, which could complicate problems associated with an abrupt interruption of epoprostenol.

SPECIAL AUTHORIZATION – REVISED CRITERIA

Olanzapine *(Zyprexa®)*
2.5mg, 5mg, 7.5mg, 10mg,15mg tablets

(Zyprexa Zydis®)
5mg, 10mg tablets

- For the acute and maintenance treatment of schizophrenia and related psychotic disorders.
- For the acute treatment of manic or mixed episodes in bipolar l disorder in patients with intolerance or a history of failure to one other atypical antipsychotic.
- For maintenance treatment in patients with bipolar disorder who are currently stabilized on olanzapine.

Advice from a psychiatrist is suggested prior to starting therapy. Prescriptions written by New Brunswick psychiatrists do not require special authorization. Subsequent refills ordered by other practitioners will not require special authorization.

DRUGS REVIEWED AND NOT LISTED

The reviews of the following products found that they did not offer a therapeutic and/or cost advantage over existing therapies. Requests for coverage through special authorization will not be considered.

Gliclazide	*Diamicron®MR*	30mg modified release tablets
Insulin detemir	*Levemir®*	100units/mL Penfill cartridges
Pegaptanib	*Macugen™*	0.3mg/90µL prefilled syringe
Pegvisomant	*Somavert™*	10mg, 15mg, 20mg vial
Pregabalin	*Lyrica®*	25mg, 50mg, 75mg, 150mg, 300mg capsules

This following product has been approved for listing. However, it cannot be listed since it is not currently marketed in Canada.

Pantoprazole Magnesium	*Pantoloc M™*	40mg tablets

CLOZAPINE – NOTICE OF MAP

All brands of clozapine are currently reimbursed at actual acquisition cost. **Effective May 15, 2007**, a maximum allowable price (MAP) will be applied to clozapine. This advance notice is being provided to allow sufficient time to transfer those patients who are not currently receiving a lower cost brand from one manufacturer-specific clozapine registry system to another.

The following MAPs will be effective May 15, 2007.

Drug / Strength	Interchangeable Brand	DIN	Manufacturer	MAP
Clozapine 25mg tablet	Clozaril®	894737	NVR	$0.6594
	Gen-Clozapine	2247243	GPM	
	Apo-Clozapine	2248034	APX	
Clozapine 100mg tablet	Clozaril®	894745	NVR	$2.6446
	Gen-Clozapine	2247244	GPM	
	Apo-Clozapine	2247035	APX	

Information from Health Canada's June 2004 Advisory for Health Care Professionals regarding the monitoring of patients taking clozapine is attached and is available at: http://www.hc-sc.gc.ca/dhp-mps/alt_formats/hpfb-dgpsa/pdf/medeff/clozapine_hpc-cps_e.pdf.

Health Canada releases important information on the dispensation of CLOZAPINE products in Canada

June 22, 2004

Subject: Monitoring of patients taking clozapine in Canada

Dear Health Care Professional,

The Marketed Health Products Directorate (MHPD) and the Therapeutic Products Directorate (TPD) would like to draw your attention to important upcoming revisions to the Product Monographs of all clozapine products marketed in Canada. These revisions will strengthen the labelling and address ongoing issues around patient consent for the sharing of information between registries. As you know, monitoring of patients with the use of registries is the risk mitigation strategy in place to address the known risk of agranulocytosis.

Revisions to clozapine Product Monographs will emphasize the following:

1. **the switching of a patient from one brand of clozapine to another must not be done by a pharmacist unless he/she obtains a new, registry-specific patient registration form filled out by the prescribing physician.**

2. **the physician has to inform his/her patient about the potential sharing of information between clozapine registries and document if there is consent from the patient to allow it, in order to ensure the safe use and continuous monitoring of patients taking clozapine.**

3. **the responsibility of physicians concerning the sending of the mandatory laboratory results (white blood cell counts and differential) to the appropriate registry will be limited to informing the laboratory where the patient's haematological results have to be sent.**

4. **weekly monitoring of neutrophils and white cell counts for four weeks at the end of the treatment is necessary only in case of cessation of all clozapine treatment.**

Due to a significant risk of agranulocytosis, patients on clozapine and their treating physicians and dispensing pharmacists have to be enrolled in registries, which are currently specific to each market authorization holder. Patients must undergo regular haematological tests to

monitor their total white blood-cell and absolute neutrophil counts. Between 1991 and 2003, clozapine was distributed by a single manufacturer, and patients were monitored by this manufacturer's specific registry. The introduction of generic clozapine in the last year has led to the establishment of other registries.

After consultations with representatives from market authorization holders, the Canadian Psychiatric Association (CPA), the Schizophrenia Society of Canada and the National Association of Pharmacy Regulatory Authorities (NAPRA), Health Canada is taking the following steps to ensure the safe use and continuous monitoring of patients taking clozapine in Canada:

- inclusion of a statement in the registry-specific Patient Registration Form signed by the treating physician certifying that the patient has been informed of the necessary sharing of information between clozapine registries to enable continuous monitoring and safe use of the medication. The inclusion of this text in the Patient Registration Form is necessary to overcome ongoing problems with the exchange of information between registries, caused in part by some potential implications of the "Personal Information Protection and Electronic Documents Act" (PIPEDA), the federal legislation protecting personal information in the private sector, including health information. As a preventive measure and to avoid any confusion, physicians may also ask patients already on clozapine to fill out the updated Patient Registration Form.

- A "Questions and Answers" patient information leaflet, prepared in collaboration with the Schizophrenia Society of Canada, is also provided to help physicians to document the actual consent from the patient on information exchange between registries.

- Appropriate revision of clozapine Product Monographs to reflect the above.

Any questions related to a clozapine product or a registry should be directed to the company concerned. Any further questions on clozapine Products Monographs' updates should be adressed to the Therapeutic Products Directorate (TPD), by phone: (613) 957-0368, by fax: (613) 952-7756 or by email: TPD-General-DPT-Général@hc-sc.gc.ca. Any further questions related to this letter should be adressed to the Marketed Health Products Directorate (MHPD): (613) 946-5140, by fax: (613) 946-6011 or by email: mhpd_dpsc@hc-sc.gc.ca.

The implementation of these steps will permit the achievement of a more efficient network of independent registries, and therefore improve the continuity of care of patients treated with clozapine.

We thank you in advance for your collaboration in the implementation of these changes.

original signed by

Christopher Turner, MD FRCPC
Director General
Marketed Health Products Directorate

original signed by

Robert Peterson MD MPH PhD
Director General
Therapeutic Products Directorate

Q & As Regarding Patient Consent for information sharing

1. Why does my blood need to be monitored if I am taking clozapine?

Clozapine has been associated with a serious condition that reduces white blood cell counts (agranulocytosis). Due to the risk of developing this condition, regular blood testing of white blood cell counts must take place for individuals on clozapine, to ensure that the white blood cell counts remains within the normal range.

2. Why does my doctor need my consent?

The medication you are taking, clozapine, is produced by several different suppliers. Each supplier has a different monitoring system to ensure patient safety. Should your doctor and/or pharmacist (with the approval of your doctor) change the brand of clozapine you are taking, you will be transferred to a different monitoring system. If this happens, it is very important that your new supplier is able to access your past white blood cell counts results in order to help your doctor ensure that you are properly monitored.

It is also important to check with all registries at the start of the treatment that you have not experienced in the past a decrease of your white blood cell count with clozapine. Your consent is needed to allow this verification and sharing of information to take place.

3. Why is personal information such as my initials, birth date, gender and health card number being collected and used for identification purposes?

This information will be collected and used for several reasons. Since this information is specific to you, it helps to ensure that your test results are not mixed up with those of another person on the same medication. Using this information also avoids the need to use your full name and therefore protects your privacy.

4. Can my personal information be used for other purposes?

No. Your information will only be used to ensure that you are properly monitored while using any brand of clozapine.

5. Where can I find information on the protection of health related personal information in the private sector?

Information on this topic can be found on the website of Industry Canada, at the following address:
http://www.e-com.ic.gc.ca/epic/internet/inecic-ceac.nsf/en/gv00235e.html.

Bulletin #680 April 30, 2007

BENEFIT CHANGES TO NBPDP

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective April 30, 2007.

Included in this bulletin:

- **Regular Benefit Additions**
- **Special Authorization Additions and Revised Criteria**
- **Reminder: Clozapine maximum allowable price (MAP) effective May, 15, 2007**
- **Drugs Reviewed and Not Listed**

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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

REGULAR BENEFIT ADDITIONS

Drug/Form/Route/Strength			Brand Name	DIN	Manufacturer	Plans	$
Norgestimate/ethinyl estradiol							
Tab	Orl	180/215/250/25μg	Tri-Cyclen Lo® (21)	2258560	JAN	EFGV	AAC
			Tri-Cyclen Lo® (28)	2258587	JAN	EFGV	AAC
Travoprost / timolol maleate							
Sol	Oph	0.004%/0.05%	DuoTrav™	2278251	ALC	AEFVW	AAC
Prostaglandin Analogues – No longer require special authorization							
Bimatoprost							
Sol	Oph	0.03%	Lumigan®	2245860	ALL	AEFGVW	AAC
Latanoprost							
Sol	Oph	50mcg/mL	Xalatan®	2231493	PFI	AEFGVW	AAC
Latanoprost/Timolol							
Sol	Oph	50mcg/5mg/mL	Xalacom®	2246619	PFI	AEFGVW	AAC
Travoprost							
Sol	Oph	0.004%	Travatan®	2244896	ALC	AEFGVW	AAC

SPECIAL AUTHORIZATION ADDITIONS

Tamsulosin *(Flomax CR®)* 0.4mg capsules	For the treatment of benign prostatic hyperplasia (BPH) in patients who have experienced treatment failure or intolerance to alternative agents (e.g. terazosin, doxazosin).
Tenofovir / emtricitabine *(Truvada™)* 300mg/200mg tablets	An alternative for the initial phase of treatment of adult patients with HIV infection (Plan U beneficiaries) who have experienced intolerance or adverse events with other nucleoside combinations, including lamivudine in combination with zidovudine, abacavir, stavudine or didanosine and, who have not developed virologic failure or clinical progression on initial antiretroviral therapy.
Trospium *(Trosec™)* 20mg 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.

SPECIAL AUTHORIZATION – REVISED CRITERIA

Finasteride
(Proscar®)
5mg tablets

New indication added to criteria:

1. For the treatment of benign prostatic hyperplasia (BPH)

   - when alpha-blockers are contraindicated, not tolerated or failed.
   - in combination with an alpha-blocker when alpha-blocker therapy has been tried as monotherapy and a partial response has been observed.

2. The initial approval will be limited to a maximum of 6 months which can be renewed at the request of the physician upon determination of clinical response.

Voriconazole
(Vfend™)
50mg, 200mg tablets

New indication added to existing criteria:

- For the treatment of invasive aspergillosis. Initial requests will be approved for a maximum of 3 months.

- For culture proven invasive candidiasis with documented resistance to fluconazole.

Must be prescribed in consultation with a specialist in infectious diseases or medical microbiology.

CLOZAPINE – MAXIMUM ALLOWABLE PRICE (MAP) REMINDER

Please note that a maximum allowable price (MAP) will be applied to clozapine **effective May 15, 2007**. Additional information was included in Bulletin #678 dated February 28, 2007. (www.gnb.ca/0212/pdf/NBPDP_Bulletin/NBPDPBulletin678February28,2007.pdf)

DRUGS REVIEWED AND NOT LISTED

The reviews of the following products found that they did not offer a therapeutic and/or cost advantage over existing therapies. Requests for coverage through special authorization will not be considered.

Alefacept (re-submission)	*Amevive*®	15mg/0.5mL vial for injection
Alendronate + Cholecalciferol	*Fosavance™*	70mg + 70 µg (2800 IU vitamin D_3) tablets
Darifenacin	*Enablex*®	7.5mg, 15mg tablets
Fenofibrate	*Lipidil EZ*®	48mg, 145mg tablets
Insulin glargine (re-submission)	*Lantus*®	100IU/mL vial & cartridge for injection
Iron Sucrose	*Venofer*®	20mg/mL injection

Bulletin #682 May 24, 2007

BENEFIT CHANGES TO NBPDP

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective May 24, 2007.

Included in this bulletin:

- **Regular Benefit Additions**
- **Special Authorization Additions and Revised Criteria**
- **Drugs Reviewed and Not Listed**

If you would prefer to receive bulletins electronically rather than in hard copy, please send a message to BC_nbpdp@medavie.bluecross.ca or call 1-800-332-3691. Bulletins are also available on the NBPDP web page: www.gnb.ca/0051/0212/index-e.asp

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

REGULAR BENEFIT ADDITIONS

Drug/Form/Route/Strength			Brand Name	DIN	Manufacturer	Plans	$
Ciclesonide							
Aem	Inh	100mcg	Alvesco®	2285606	ATA	ABEFGVW	AAC
		200mcg	Alvesco®	2285614	ATA	ABEFGVW	AAC
Isosorbide-5-Mononitrate							
Tab	Orl	60mg	Imdur®	2126559	AZE	AEFGVW	MAP
			Apo-ISMN	2272830	APX	AEFGVW	MAP
Lamivudine			**No longer requires special authorization**				
Tab	Orl	100mg	Heptovir®	2239193	GSB	AEFGVW	AAC
Tamsulosin			**No longer requires special authorization**				
Cap	Orl	0.4mg	Novo-Tamsulosin	2281392	NOP	AEFVW	MAP

SPECIAL AUTHORIZATION ADDITIONS

Epoprostenol
(Flolan®)
0.5mg and 1.5mg vials for injection

1. For the treatment of World Health Organization (WHO) class III or IV idiopathic pulmonary arterial hypertension in patients who do not demonstrate vasoreactivity on testing or who demonstrate vasoreactivity on testing but fail a trial of, or are intolerant to, calcium channel blockers.

2. For the treatment of WHO class III or IV pulmonary arterial hypertension associated with scleroderma in patients who do not respond adequately to conventional therapy.

Etonogestrel / Ethinyl Estradiol
(NuvaRing™)
11.4mg /2.6mg vaginal ring

For conception control in women who are unable to take oral contraceptives.

SPECIAL AUTHORIZATION – REVISED CRITERIA

Adalimumab *(Humira™)* 40mg/0.8mL (50mg/mL) injection	New indication added to criteria: For the treatment of active psoriatic arthritis in patients who: • Have at least three active and tender joints, and • Have not responded to an adequate trial of two DMARDs or have an intolerance or contraindication to DMARDs.

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.

Adefovir dipivoxil	*(Hepsera®)*	10mg tablets
Escitalopram oxalate	*(Cipralex®)*	10mg, 20mg tablets
Solifenacin	*(Vesicare®)*	5mg, 10mg tablets

The manufacturer has advised it will not be marketing the following product and has withdrawn the submission.

Ramipril + Felodipine	*(Altace® Plus Felodipine)*	2.5mg/2.5mg, 5mg/5mg tablets

Bulletin # 685 June 11, 2007

BENEFIT CHANGES TO NBPDP

Please find attached lists of **interchangeable product additions** to the New Brunswick Prescription Drug Program Formulary and non-listed products subject to a Maximum Allowable Price (MAP).

Claims for products that are reimbursed at Actual Acquisition Cost up to July 17, 2007 will be subject to a Maximum Allowable Price (MAP) effective July 18, 2007.

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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 BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

								to July 17/07	MAP July 18/07
Ceftriaxone Disodium Ceftriaxone disodique									
Pws Pds.	Inj	1gm	Ceftriaxone	2292270	SDZ	BEFGVW	AAC		24.5000
		2gm	Ceftriaxone	2292289	SDZ	BEFGVW	AAC		48.2750
Cilazapril									
Tab Co.	Orl	1mg	Apo-Cilazapril	2291134	APX	AEFGVW	MAP		
		2.5mg	Apo-Cilazapril	2291142	APX	AEFGVW	MAP		
			Co-Cilazapril	2285215	COB				
		5mg	Apo-Cilazapril	2291150	APX	AEFGVW	MAP		
			Co-Cilazapril	2285223	COB				
Famciclovir									
Tab Co.	Orl	125mg	Apo-Famciclovir	2292025	APX	AEFGVW	MAP		
		250mg	Apo-Famciclovir	2292041	APX	AEFGVW	MAP		
		500mg	Apo-Famciclovir	2292068	APX	AEFGVW	MAP		
Fenofibrate Fénofibrate									
Tab Co.	Orl	100mg	Novo-Fenofibrate S	2289083	NOP	AEFGVW	MAP		
		160mg	Novo-Fenofibrate S	2289091	NOP	AEFGVW	MAP		
Fluconazole									
Cap Caps	Orl	150mg	pms-Fluconazole	2282348	PMS	AEFGVW	MAP		
Fluticasone Propionate									
Aem Aém	Orl	50mcg	Apo-Fluticasone	2294745	APX	ABEFGVW	AAC		0.1831
Leflunomide Léflunomide									
Tab Co.	Orl	10mg	pms-Leflunomide	2288265	PMS	Spec. Auth.	MAP		
		20mg	pms-Leflunomide	2288273	PMS	Spec. Auth.	MAP		

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

								to July 17/07	MAP July 18/07
Ondansetron Hydrochloride Dihydrate Ondansétron dihydraté (chlorhydrate d')									
Liq	Inj	2mg/mL	Ondansetron (Preservative Free)		2265524	NOP	W	AAC	6.6100
			Ondansetron (With Preservative)		2265532	NOP	W	AAC	6.6100
Oxycodone Hydrochloride Oxycodone (chlorhydrate d')									
Tab Co.	Orl	10mg	Supeudol		443948	SDZ	W & Spec. Auth.	AAC	0.3680
		20mg	Supeudol		2262983	SDZ	W & Spec. Auth.	AAC	0.5810
Perindopril Erbumine									
Tab Co.	Orl	8mg	Apo-Perindopril		2289296	APX	AEFGVW	AAC	0.8927
Pramipexole Dihydrochloride (Monohydrate) Pramipexole dihydrochloride									
Tab Co.	Orl	0.25mg	Apo-Pramipexole		2292378	APX	AEFVW	MAP	
		0.5mg	Apo-Pramipexole		2292386	APX	AEFVW	MAP	
		1mg	Apo-Pramipexole		2292394	APX	AEFVW	MAP	
		1.5mg	Apo-Pramipexole		2292408	APX	AEFVW	MAP	
Ramipril									
Cap Caps	Orl	1.25mg	Novo-Ramipril		2283891	NOP	AEFVW	MAP	
		2.5mg	Novo-Ramipril		2247945	NOP	AEFVW	MAP	
		5mg	Novo-Ramipril		2247946	NOP	AEFVW	MAP	
		10mg	Novo-Ramipril		2247947	NOP	AEFVW	MAP	
Risperidone Rispéridone									
Tab Co.	Orl	0.25mg	Sandoz-Risperidone (New DIN)		2292807	SDZ	AV & Spec. Auth.	MAP	

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

							to July 17/07	MAP July 18/07
Sertraline Hydrochloride Sertraline (chlorhydrate de)								
Cap Caps	Orl	25mg	Co-Sertraline	2287390	COB	AEFGVW	MAP	
		50mg	Co-Sertraline	2287404	COB	AEFGVW	MAP	
		100mg	Co-Sertraline	2287412	COB	AEFGVW	MAP	
Tamsulosin Hydrochloride Tamsulosin (chlorhydrate de)								
SRC Caps.L.L.	Orl	0.4mg	ratio-Tamsulosin	2294265	RPH	AEFVW	MAP	
			Sandoz-Tamsulosin	2295121	SDZ			

NON-LISTED PRODUCTS SUBJECT TO MAP / PRODUITS NE FIGURANT PAS SUR LA LISTE ASSUJETIS AUX PAM

Cefprozil								
Pwr Pds.	Orl	250mg/mL	Ran-Cefprozil	2293579	RAN		AAC	0.2213
Tab Co.	Orl	250mg	Apo-Cefprozil	2292998	APX		AAC	1.1329
			Ran-Cefprozil	2293528	RAN			
		500mg	Apo-Cefprozil	2293005	APX		AAC	2.2214
			Ran-Cefprozil	2293536	RAN			
Lactulose								
Syr Sir.	Orl	667mg/mL	GPI-Lactulose	2280078	ORB		MAP	

Bulletin #686 July 11, 2007

BENEFIT CHANGES TO NBPDP

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective July 11, 2007.

Included in this bulletin:

- **Regular Benefit Additions**
- **Special Authorization Additions**
- **Drugs Reviewed and Not Listed**

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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

REGULAR BENEFIT ADDITIONS

Drug/Form/Route/Strength	Brand Name	DIN	Manufacturer	Plans	$
Leuprolide Acetate					
Sus SC 45mg 6 months treatment	Eligard®	2268892	SAV	AEFVW	AAC
Risperidone					
Liq Orl 1mg/mL	Risperdal®	2236950	JAN	AEFGVW	MAP
	pms-Risperidone	2279266	PMS		
	Apo-Risperidone	2280396	APX		
Risperidone – No longer requires special authorization					
Tab Orl 0.25mg	Risperdal®	2240551	JAN	AEFGVW	MAP
	pms-Risperidone	2252007	PMS		
	ratio-Risperidone	2264757	RPH		
	Sandoz-Risperidone	2279509	SDZ		
	Sandoz-Risperidone	2292807	SDZ		
	Ran-Risperidone	2280906	RAN		
	Apo-Risperidone	2282119	APX		
	Gen-Risperidone	2282240	GEN		
	Co-Risperidone	2282585	COB		
	Novo-Risperidone	2282690	NOP		
0.5mg	Risperdal®	2240552	JAN	AEFGVW	MAP
	pms-Risperidone	2252015	PMS		
	ratio-Risperidone	2264765	RPH		
	Sandoz-Risperidone	2279495	SDZ		
	Ran-Risperidone	2280914	RAN		
	Apo-Risperidone	2282127	APX		
	Gen-Risperidone	2282259	GEN		
	Co-Risperidone	2282593	COB		
	Novo-Risperidone	2264188	NOP		
1mg	Risperdal®	2025280	JAN	AEFGVW	MAP
	pms-Risperidone	2252023	PMS		
	ratio-Risperidone	2264773	RPH		
	Sandoz-Risperidone	2279800	SDZ		
	Ran-Risperidone	2280922	RAN		
	Apo-Risperidone	2282135	APX		
	Gen-Risperidone	2282267	GEN		
	Co-Risperidone	2282607	COB		
	Novo-Risperidone	2264196	NOP		

REGULAR BENEFIT ADDITIONS

Drug/Form/Route/Strength			Brand Name	DIN	Manufacturer	Plans	$
Risperidone – No longer requires special authorization							
Tab	Orl	2mg	Risperdal®	2025299	JAN	AEFGVW	MAP
			pms-Risperidone	2252031	PMS		
			ratio-Risperidone	2264781	RPH		
			Sandoz-Risperidone	2279819	SDZ		
			Ran-Risperidone	2280930	RAN		
			Apo-Risperidone	2282143	APX		
			Gen-Risperidone	2282275	GEN		
			Co-Risperidone	2282615	COB		
			Novo-Risperidone	2264218	NOP		
		3mg	Risperdal®	2025302	JAN	AEFGVW	MAP
			pms-Risperidone	2252058	PMS		
			ratio-Risperidone	2264803	RPH		
			Sandoz-Risperidone	2279827	SDZ		
			Ran-Risperidone	2280949	RAN		
			Apo-Risperidone	2282151	APX		
			Gen-Risperidone	2282283	GEN		
			Co-Risperidone	2282623	COB		
			Novo-Risperidone	2264226	NOP		
		4mg	Risperdal®	2025310	JAN	AEFGVW	MAP
			pms-Risperidone	2252066	PMS		
			ratio-Risperidone	2264811	RPH		
			Sandoz-Risperidone	2279835	SDZ		
			Ran-Risperidone	2280957	RAN		
			Apo-Risperidone	2282178	APX		
			Gen-Risperidone	2282291	GEN		
			Co-Risperidone	2282631	COB		
			Novo-Risperidone	2264234	NOP		
Valacyclovir – No longer requires special authorization							
Tab	Orl	500mg	Valtrex®	2219492	GSK	AEFGVW	AAC

SPECIAL AUTHORIZATION ADDITIONS

Oxycodone
(Oxycontin®)
5mg controlled release tablets

For the treatment of moderate to severe cancer-related or chronic non-malignant pain.

Rosiglitazone + metformin
(Avandamet®)
1mg/500mg, 2mg/500mg, 4mg/500mg, 2mg/1000mg, 4mg/1000mg tablets

For the treatment of type 2 diabetes in patients currently stabilized on equivalent strengths of metformin and rosiglitazone.

Risperidone
(Risperdal® M-Tab®)
3mg, 4mg
Orally disintegrating tablets

- For the treatment of schizophrenia and related psychotic disorders.
- For use in severe dementia for the short-term symptomatic management of inappropriate behavior due to aggression and/or psychosis.
- For the acute management of manic episodes associated with Bipolar 1 disorder

Requests will be considered for patients who have difficulty swallowing oral tablets.

Prescriptions written by New Brunswick psychiatrists do not require special authorization. Subsequent refills ordered by other practitioners will not require special authorization.

Change in benefit status

Risperidone
(Risperdal® M-Tab®)
0.5mg, 1mg, 2mg
Orally disintegrating tablets

Risperdal® M-Tab® 0.5mg and 1mg tablets now require special authorization for all Plans. The above criteria will apply to all strengths.

Note: Risperidone (Risperdal® and generics) film-coated tablets and oral solution are now regular benefits for all Plans.

Risperidone Costs (NBPDP)

Strength	Oral Solution	Tablets	M-Tabs®
0.25mg	$0.19	$0.26	-
0.5mg	$0.39	$0.44	$0.75
1mg	$0.77	$0.60	$1.04
2mg	$1.54	$1.21	$2.08
3mg	$2.31	$1.81	$3.12
4mg	$3.08	$2.42	$4.16

DRUGS REVIEWED AND NOT LISTED

The reviews of the following products found that they did not offer a therapeutic and/or cost advantage over existing therapies. Requests for coverage through special authorization will not be considered.

Botulinum toxin Type A - for axillary hyperhidrosis	*(Botox®)*	100IU vial
Candesartan	*(Atacand®)*	4mg tablets
Niacin	*(Niaspan®)*	500mg, 750mg, 1000mg ER tablets
Pravastatin (pms-Pravastatin) packaged with ASA (Asaphen EC)	*(PravASA®)*	10mg, 20mg, 40mg tablets packaged with ASA 81mg delayed release tablets
Telithromycin - Resubmission	*(Ketek®)*	400mg tablets

Bulletin #688 July 13, 2007

Methadone Claims

It has come to our attention that there may be some confusion with respect to billing procedures when submitting compounded methadone oral solution claims to the New Brunswick Prescription Drug Program (NBPDP).

In order to ensure accurate adjudication and consistent data quality, please submit methadone claims using the following criteria:

- The unit of measure (quantity) for billing compounded methadone oral solution claims is milligrams. For example, a 70mg dose of methadone should be billed as a quantity of 70.
- The actual acquisition cost (AAC) for the compounded methadone oral solution dispensed.
- The NBPDP PINs for compounded methadone oral solution are:
  - Opioid dependence 00999734
  - Chronic pain regularly scheduled doses 00999801
  - Chronic pain breakthrough doses 00999802

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

Sincerely,

Debbie LeBlanc
New Brunswick Prescription Drug Program

Bulletin #689 July 18, 2007

BENEFIT CHANGES TO NBPDP

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective July 18, 2007.

Included in this bulletin:

- **Special Authorization Additions**
- **Drugs Reviewed and Not Listed**

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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

SPECIAL AUTHORIZATION ADDITIONS

Darunavir *(Prezista™)* 300mg tablets for Plan U (HIV-infected persons)	As part of a HIV treatment regimen for treatment-experienced adult patients (Plan U beneficiaries) who have demonstrated failure to multiple protease inhibitors (PIs), and in whom less expensive PIs are not a treatment option.

Rituximab
(Rituxan®)
100mg and 500mg vials for IV injection
	• For the treatment of adult patients with severe active rheumatoid arthritis who have failed to respond to an adequate trial with an anti-TNF agent
	  o Rituximab will not be reimbursed concomitantly with anti-TNF agents
	  o Approval for re-treatment with rituximab will only be considered for patients who have achieved a response, followed by a subsequent loss of effect and, after an interval of no less than six months from the previous dose

Sildenafil citrate *(Revatio™)* 20mg tablets	• For the treatment of patients with World Health Organization (WHO) functional class III idiopathic pulmonary arterial hypertension (IPAH) who do not demonstrate vasoreactivity on testing or who do demonstrate vasoreactivity on testing but fail a trial of calcium channel blockers • For the treatment of patients with World Health Organization (WHO) functional class III pulmonary arterial hypertension (PAH) associated with connective tissue disease who do not respond to conventional therapy • Diagnosis of PAH should be confirmed by cardiac catheterization • The maximum dose of sildenafil that will be reimbursed is 20mg three times daily

SPECIAL AUTHORIZATION ADDITIONS

Sunitinib *(Sutent™)* 12.5mg, 25mg and 50mg capsules	• For the treatment of patients with c-KIT expressing (CD117+) unresectable or metastatic/recurrent gastrointestinal stromal tumour (GIST) who meet the criteria for imatinib and who have: o Early progression (within 6 months) while on imatinib; o Progression following treatment with optimum (escalated) doses of imatinib; or o Intolerance to imatinib • The dose reimbursed will be 50mg per day (4 weeks on, 2 weeks off) • Response to sunitinib therapy should be assessed at least every six months and therapy should be discontinued when there is objective evidence of disease progression • Sunitinib will not be reimbursed concomitantly with imatinib

DRUGS REVIEWED AND NOT LISTED

The reviews of the following products found that they did not offer a therapeutic and/or cost advantage over existing therapies. Requests for coverage through special authorization will not be considered.

Rasagiline mesylate	*(Azilect ™)*	0.5mg, 1mg tablets
Sorafenib	*(Nexavar®)*	200mg tablets

Bulletin #692 August 31, 2007

BENEFIT CHANGES TO NBPDP

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective August 31, 2007.

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 or concerns, 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	$
Deferoxamine Mesylate							
Pws	Inj	500mg	Desferal®	1981242	NVR		
			pms-Deferoxamine	2242055	PMS	AEFGVW	MAP
			Desferrioxamine	2241600	HOS		
		2g	Desferal®	1981250	NVR	AEFGVW	MAP
			Desferrioxamine	2247022	HOS		
Epinephrine USP							
Liq	Inj	0.15mg	Twinject™	2268205	PAL	AEFGVW	AAC
		0.3mg	Twinject™	2247310	PAL		
Interferon beta-1a							
Liq	Inj	30mcg/0.5mL	Avonex®PS	2269201	BIG	H	AAC
Metoprolol Tartrate							
SRT	Orl	100mg	Lopresor SR®	658855	NVR	AEFGVW	AAC
		200mg	Lopresor SR®	534560	NVR		
Somatropin							
Pws	Inj	8.8mg	Saizen®	2272083	EMD	T	AAC
Sotalol Hydrochloride							
Tab	Orl	80mg	Apo-Sotalol	2210428	APX	AEFGVW	MAP
			Co Sotalol	2270625	COB		
			Gen-Sotalol	2229778	GPM		
			Novo-Sotalol	2231181	NOP		
			Nu-Sotalol	2200996	NXP		
			pms-Sotalol	2238326	PMS		
			Rhoxal-Sotalol	2234008	RHO		
			Sandoz Sotalol	2257831	SDZ		

SPECIAL AUTHORIZATION ADDITIONS

Deferasirox *(Exjade™)* 125mg, 250mg, 500mg dispersable tablets for suspension	For patients who require iron chelation but in whom deferoxamine is contraindicated.
Etanercept *(Enbrel®)* 50mg/mL pre-filled syringe	Same criteria as currently listed etanercept formulations for the treatment of Ankylosing Spondylitis, Juvenile Rheumatoid Arthritis, Psoriatic Arthritis and Rheumatoid Arthritis. See the NBPDP Formulary for complete criteria. www.gnb.ca/0051/0212/index-e.asp
Lansoprazole *(Prevacid® FasTab)* 30mg delayed release tablet	For patients who meet the special authorization criteria for a proton pump inhibitor and require administration through a feeding tube.
Somatropin *(Saizen®)* 8.8mg vial for injection	• For the treatment of short stature associated with Turner's Syndrome in patients whose epiphyses are not closed. • Must be prescribed by, or in consultation with, an endocrinologist. Note: Somatropin is a regular benefit of Plan T.
Zoledronic Acid *(Aclasta®)* 5mg/100mL solution for IV infusion	For the treatment of Paget's disease of bone.

SPECIAL AUTHORIZATION – REVISED CRITERIA

Capecitabine
(Xeloda®)
150mg and 500mg tablets

New indication added to criteria:

1. For single agent therapy of colorectal cancer in patients who are chemotherapy naive or patients who have progressed 6 months after completion of adjuvant 5-FU/ leucovorin therapy. Coverage will be limited to:
    a) Metastatic colorectal cancer, with an ECOG performance status of 0-2*, when first line combination chemotherapy (5-FU/ leucovorin/irinotecan) is declined or not tolerated.
    b) Stage III (Dukes' C) colon cancer and ECOG status 0-1† as adjuvant therapy.

2. For treatment of patients with metastatic breast cancer who have failed or are intolerant to taxane therapy and have an ECOG performance status of 0-2*.

Must be prescribed by a specialist in hematology/oncology. Approvals will be granted for up to 6 months at a time.

* Patients who are asymptomatic and those who are symptomatic and in bed less than 50% of the time.
† Patients who are asymptomatic and those who are symptomatic but completely ambulant

Tizanidine
(Zanaflex®and generics)
4mg tablets

For treatment of spasticity caused by traumatic brain injury, multiple sclerosis (MS), spinal cord injury (SCI) or cerebral vascular accident (CVA) in patients in whom baclofen is contraindicated, ineffective or not tolerated.

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.

Histrelin Acetate	*(Vantas®)*	50mg subdermal implant
Natalizumab	*(Tysabri™)*	300mg/15mL vial for IV infusion
Penciclovir	*(Denavir™)*	1% tropical cream
Sunitinib - for metastatic renal cell carcinoma	*(Sutent™)*	12.5mg, 25mg, 50mg capsules
Valsartan	*(Diovan®)*	40mg tablets

Bulletin # 694 October 2, 2007

METHADONE REIMBURSEMENT

This Bulletin outlines policy and procedures related to the provision and reimbursement of methadone for opioid dependence under the New Brunswick Prescription Drug Program (NBPDP) effective October 8, 2007.

This policy is aligned with other provincial policies and guidelines for the provision and distribution of methadone. The key changes are:

- Carry doses will be reimbursed for eligible beneficiaries
- A second pharmacy may be authorized to be reimbursed for methadone for beneficiaries who live in an area where 7 day pharmacy service is not available.

Details on these provisions and other related information is attached.

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

Sincerely,

Debbie LeBlanc
New Brunswick Prescription Drug Program

New Brunswick Prescription Drug Program (NBPDP)
Methadone Reimbursement Policy

Eligibility

To receive methadone for opioid dependence as a benefit under the NBPDP the beneficiary must:

- Have been assessed and prescribed methadone maintenance treatment by a New Brunswick physician in accordance with the *Methadone Maintenance Treatment Policies and Procedures for New Brunswick Addiction Services*. (http://www.gnb.ca/0051/0378/pdf/Methadone_Policies-e.pdf)
- Be 16 years of age or older.
- Be receiving comprehensive treatment for opioid addiction in accordance with *Methadone Maintenance Treatment Policies and Procedures for New Brunswick Addiction Services.*
- Have completed and submitted a Consent for Restricted Prescription Services form identifying the beneficiary's choice of prescriber(s) and pharmacy(ies).
- Have a written Special Authorization request for methadone, from a New Brunswick physician authorized to prescribe methadone (i.e. has received an exemption under Section 56 of the *Controlled Drugs and Substances Act* from Health Canada), submitted and approved.

Effective Date

Methadone approvals are effective from the date of receipt of the written Special Authorization request from the physician.

Copay

Copay charges are waived for NBPDP beneficiaries who have a Special Authorization approval to receive methadone for opioid dependence.

Carry Doses

The policy allows for the reimbursement by NBPDP of carry doses of methadone in the treatment of opioid dependence for NBPDP beneficiaries who meet the Methadone Maintenance Treatment Clinic criteria for carries.

- Carry doses are daily doses of methadone dispensed by the pharmacy in appropriate prefilled containers for consumption by the beneficiary at a later date.
- Carry doses must be dispensed in a locked container which is to be provided by the client in accordance with Methadone Maintenance Treatment Clinic Policies.
- NBPDP will reimburse up to six carry doses in any 7 day period.

Second Pharmacy

Methadone patients, who are NBPDP beneficiaries, will ideally continue to be restricted to one pharmacy providing methadone as outlined in the *Methadone Distribution Guidelines for a Methadone Maintenance Program* of the New Brunswick Pharmaceutical Society.

- When this primary pharmacy is located in an area where 7 day service is not available and where the client does not meet the established Methadone MaintenanceTreatment criteria for carry doses, a second pharmacy may be authorized to be reimbursed for methadone on days when the primary pharmacy is closed.
- In order to qualify for approval of a second pharmacy the beneficiary's primary residence must lie outside the municipal boundary of any community having a 7 day methadone provider.
- A 7 day methadone provider is defined as any licensed pharmacy open for business 365 days per year agreeing to dispense methadone for opioid dependence on a regular daily basis.
- Prior to involving a second pharmacy, it will be the responsibility of the beneficiary to ascertain the willingness of both pharmacies to participate and to ensure that their methadone provider/clinic is aware of the need to provide methadone prescriptions to both pharmacies.
- The beneficiary's Family and Community Services Case Manager will be responsible for completing/updating and submitting the Consent for Restricted Prescription Services form.

Pharmacy Claims

In order to ensure accurate adjudication and consistent data quality, please submit methadone claims using the following criteria:

- The unit of measure (quantity) for billing compounded methadone oral solution claims is milligrams. For example, a 70mg dose of methadone should be billed as a quantity of 70.
- The actual acquisition cost (AAC) for the compounded methadone oral solution dispensed.
- The NBPDP PINs for compounded methadone oral solution are:
    - Opioid dependence 00999734
    - Chronic pain regularly scheduled doses 00999801
    - Chronic pain breakthrough doses 00999802
- Electronic billing is to be completed by the pharmacy on a daily basis for the NBPDP beneficiary receiving witnessed and carry doses of methadone. One claim is permitted per day.
- Back dating and resubmission of electronic claims is permitted within 90 days.

Bulletin # 696 October 12, 2007

BENEFIT CHANGES TO NBPDP

Please find attached lists of **interchangeable product additions** to the New Brunswick Prescription Drug Program Formulary and non-listed products subject to a Maximum Allowable Price (MAP).

Claims for products that are reimbursed at Actual Acquisition Cost up to November 13, 2007 will be subject to a Maximum Allowable Price (MAP) effective November 14, 2007.

If you would prefer to receive bulletins electronically rather than in hard copy, please send a message to BC_nbpdp@medavie.bluecross.ca or call 1-800-332-3691. Bulletins are also available on the NBPDP web page: www.gnb.ca/0051/0212/index-e.asp.

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 BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

							to Nov 13/07	MAP Nov 14/07
Acetylsalicylic Acid Acide Acétylsalicylique								
ECT Co.Ent.	Orl	325mg	pms-ASA EC	2284529	PMS	AEFGVW	AAC	
		650mg	pms-ASA EC	2284537	PMS	AEFGVW	AAC	
Benazepril Hydrochloride Benazepril (chlorhydrate de)								
Tab Co.	Orl	5mg	Apo-Benazepril	2290332	APX	AEFGVW	AAC	0.5060
		10mg	Apo-Benazepril	2290340	APX	AEFGVW	AAC	0.5981
Clarithromycin								
Tab Co.	Orl	250mg	Apo-Clarithromycin	2274744	APX	ABEFGVW	AAC	1.1005
			Gen-Clarithromycin	2248856	GPM			
			pms-Clarithromycin	2247573	PMS			
			ratio-Clarithromycin	2247818	RPH			
		500mg	Apo-Clarithromycin	2274752	APX	ABEFGVW	AAC	2.2009
			Gen-Clarithromycin	2248857	GPM			
			pms-Clarithromycin	2247574	PMS			
			ratio-Clarithromycin	2247819	RPH			
Desmopressin Acetate Desmopressine (acétate de)								
Tab Co.	Orl	0.1mg	Apo-Desmopressin	2284030	APX	EF-18G	AAC	0.9913
			Novo-Desmopressin	2287730	NOP			
		0.2mg	Apo-Desmopressin	2284049	APX	EF-18G	AAC	1.9826
			Novo-Desmopressin	2287749	NOP			
Digoxin Digoxine								
Tab Co.	Orl	0.0625mg	pms-Digoxin	2245426	PMS	AEFGVW	MAP	
Doxycycline Hyclate Doxycycline (hyclate de)								
Tab Co.	Orl	100mg	pms-Doxycycline	2289466	PMS	ABEFGVW	MAP	
Cap Caps.	Orl	100mg	pms-Doxycycline	2289539	PMS	ABEFGVW	MAP	
Fluticasone Propionate								
Aem Aém	Nas	50mcg	ratio-Fluticasone	2296071	RPH	ABEFGVW	MAP	

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

								to Nov 13/07	MAP Nov 14/07
Levetiracetam Lévétiracétam									
Tab Co.	Orl	250mg		pms-Levetiracetam	2296101	PMS	Spec. Auth.	MAP	
		500mg		pms-Levetiracetam	2296128	PMS	Spec. Auth.	MAP	
		750mg		pms-Levetiracetam	2296136	PMS	Spec. Auth.	MAP	
Levonorgestrel/Ethinyl Estradiol Lévonorgestrel/éthinyl estradiol									
Tab Co.	Orl	0.15mg / 0.03mg		Portia 21	2295946	APX	EFGV		0.4638
				Portia 28	2295954	APX	EFGV		0.3479
Metoprolol Tartrate Métoprolol (tartrate de)									
SRT Co.L.L.	Orl	100mg		Apo-Metoprolol SR	2285169	APX	AEFGVW		0.2021
		200mg		Apo-Metoprolol SR	2285177	APX	AEFGVW		0.3668
Octreotide Acetate Octréotide (acétate d')									
Liq	Inj	0.05mg/mL		Octreotide Acetate Omega	2248639	OMG	W & Spec. Auth.	AAC	4.7400
		0.1mg/mL		Octreotide Acetate Omega	2248640	OMG	W & Spec. Auth.	AAC	8.9500
		0.2mg/mL		Octreotide Acetate Omega	2248642	OMG	W & Spec. Auth.	AAC	17.2100
		0.5mg/mL		Octreotide Acetate Omega	2248641	OMG	W & Spec. Auth.	AAC	42.0500
Olanzapine									
Tab Co.	Orl	2.5mg		Novo-Olanzapine	2276712	NOP	Spec. Auth.	AAC	
		5mg		Novo-Olanzapine	2276720	NOP	Spec. Auth.	AAC	
		7.5mg		Novo-Olanzapine	2276739	NOP	Spec. Auth.	AAC	
		10mg		Novo-Olanzapine	2276747	NOP	Spec. Auth.	AAC	
		15mg		Novo-Olanzapine	2276755	NOP	Spec. Auth.	AAC	
Omeprazole Oméprazole									
SRC CapsL.L.	Orl	20mg		Sandoz Omeprazole	2296446	SDZ	Spec. Auth.	MAP	

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

							to Nov 13/07	MAP Nov 14/07
Pravastatin Sodium Pravastatine sodique								
Tab Co.	Orl	10mg	Ran-Pravastatin	2284421	RAN	AEFGVW	MAP	
		20mg	Ran-Pravastatin	2284448	RAN	AEFGVW	MAP	
		40mg	Ran-Pravastatin	2284456	RAN	AEFGVW	MAP	
Ramipril								
Tab Co.	Orl	1.25mg	Sandoz Ramipril	2291398	SDZ	AEFVW	MAP	
		2.5mg	Sandoz Ramipril	2291401	SDZ	AEFVW	MAP	
		5mg	Sandoz Ramipril	2291428	SDZ	AEFVW	MAP	
		10mg	Sandoz Ramipril	2291436	SDZ	AEFVW	MAP	
Venlafaxine Hydrochloride Venlafaxine (chlorhydrate de)								
SRC Caps.L.L.	Orl	37.5mg	ratio-Venlafaxine XR	2273969	RPH	AEFGVW	MAP	
		75mg	ratio-Venlafaxine XR	2273977	RPH	AEFGVW	MAP	
		150mg	ratio-Venlafaxine XR	2273985	RPH	AEFGVW	MAP	

NON-LISTED PRODUCTS SUBJECT TO MAP / PRODUITS NE FIGURANT PAS SUR LA LISTE ASSUJETIS AUX PAM

Cefprozil								
Pwr Pds.	Orl	125mg/5mL	Apo-Cefprozil	2293943	APX		AAC	0.1107
		250mg/5mL	Apo-Cefprozil	2293951	APX		MAP	
Topiramate								
Tab Co.	Orl	25mg	Co Topiramate	2287765	COB		MAP	
		100mg	Co Topiramate	2287773	COB		MAP	
		200mg	Co Topiramate	2287781	COB		MAP	

Bulletin #698 November 5, 2007

BENEFIT CHANGES TO NBPDP

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective November 5, 2007.

Included in this bulletin:

- **Regular Benefit Additions**
- **Special Authorization Additions and Revised Criteria**
- **Drugs Reviewed and Not Listed**

To subscribe or unsubscribe from the Bulletin e-mail notification list, please send a message to BC_nbpdp@medavie.bluecross.ca or call 1-800-332-3691. Bulletins are also available on the NBPDP web page: www.gnb.ca/0051/0212/index-e.asp

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

REGULAR BENEFIT ADDITIONS

Drug/Form/Route/Strength			Brand Name	DIN	Manufacturer	Plans	$
Citalopram							
Tab	Orl	10mg	pms-Citalopram	2270609	PMS	AEFGVW	AAC
Hyoscine Butylbromide							
Liq	Inj	20mg/mL	Hyoscine Butylbromide	2229868	SDZ	VW	AAC
Lorazepam							
Liq	Inj	4mg/mL	Lorazepam	2243278	SDZ	VW	AAC
Methylphenidate							
Tab	Orl	5mg	Apo-Methylphenidate	2273950	APX	AEFGVW	AAC
Midazolam							
Liq	Inj	1mg/mL	Midazolam	2240285	SDZ	VW	AAC
		5mg/mL	Midazolam	2240286	SDZ		
Ramipril/hydrochlorothiazide							
Tab	Orl	2.5mg/12.5mg	Altace®HCT	2283131	SAV		
		5mg/12.5mg	Altace®HCT	2283158	SAV		
		5mg/25mg	Altace®HCT	2283174	SAV	AEFGVW	AAC
		10mg/12.5mg	Altace®HCT	2283166	SAV		
		10mg/25mg	Altace®HCT	2283182	SAV		
Saquinavir							
Tab	Orl	500mg	Invirase®	2279320	HLR	U	AAC
Aromatase Inhibitors– No longer require special authorization							
Anastrozole							
Tab	Orl	1mg	Arimidex®	2224135	AZE	AEFVW	AAC
Exemestane							
Tab	Orl	25mg	Aromasin®	2242705	PFI	AEFVW	AAC
Letrozole							
Tab	Orl	2.5mg	Femara®	2231384	NVR	AEFVW	AAC

Cost Comparison (NBPDP)

Drug	Daily Cost	Monthly Cost
Arimidex® 1mg	$4.9500	$148.50
Aromasin® 25mg	$4.9500	$148.50
Femara® 2.5mg	$5.3513	$160.54

SPECIAL AUTHORIZATION ADDITIONS

Abatacept *(Orencia™)* 250mg vial for intravenous injection	For the treatment of adult patients with severely active rheumatoid arthritis, in combination with DMARDs (when not contraindicated), who have failed to respond to an adequate trial of an anti-TNF agent. Abatacept should not be used in combination with anti-TNF agents or other TNF antagonists.
Oxybutynin *(Uromax®)* 10mg, 15mg controlled 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.

SPECIAL AUTHORIZATION – REVISED CRITERIA

Dalteparin sodium *(Fragmin™)* 25,000IU/mL multidose vial 25,000IU/mL prefilled syringe **Enoxaparin sodium** *(Lovenox™)* 100mg/mL multidose vial **Nadroparin calcium** *(Fraxiparin™)* *(Fraxiparin™ Forte)* 19,000IU/mL prefilled syringe **Tinzaparin sodium** *(Innohep™)* 10,000IU/mL multidose vial 20,000IU/mL multidose vial 20,000IU/mL prefilled syringe	1. For the treatment of deep vein thrombosis (DVT) and/or pulmonary embolism (PE) for a maximum of 10 days. 2. For the extended treatment of recurrent symptomatic venous thromboembolism (VTE) that has occurred while patients are on therapeutic doses of warfarin. Note: One prescription claim annually will be automatically reimbursed, up to the average amount required for one DVT treatment (approximately 10 days of therapy). If additional medication is required subsequent to the initial prescription, a request should be made through special authorization.

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.

Calcium Acetate	*(PhosLo®)*	667mg tablets
Olanzapine	*(Zyprexa™)*	10mg vial for IM injection
Tramadol hydrochloride / acetaminophen	*(Tramacet™)*	37.5mg/325mg tablets

Bulletin #699 November 22, 2007

Oseltamivir (Tamiflu®) for NBPDP Beneficiaries in Long-term Care Facilities

Information for Pharmacies Providing Services to Licensed Nursing Homes

Oseltamivir (Tamiflu®) is available as a special authorization benefit for NBPDP beneficiaries who are residents of long-term care (LTC) facilities (refers to licensed nursing homes and does not include special care homes.) The following protocol has been developed by Public Health for the treatment of infected patients and management of influenza outbreaks in LTC facilities.

- When an attending physician or the LTC facility's Medical Advisor/House Physician determines influenza to be the cause of an outbreak, the Medical Officer of Health (MOH) will be contacted.

- If the MOH recommends antiviral use in a facility, the process for coverage depends on the drug recommended.
  - Amantadine - Regular NBPDP benefit
    - Option for treatment or prophylaxis of influenza A unless resistance is noted or its use is contraindicated. **Note: At this time, there is no change to the November 2006 Public Health Agency of Canada recommendation that health care providers in Canada not prescribe amantadine to treat and prevent influenza during the current flu season.**

  - Oseltamivir: Special authorization NBPDP benefit
    - Option for treatment or prophylaxis of influenza A or influenza B.

- When antiviral medication is being considered for treatment of a resident who is symptomatic, it is important to confirm that the influenza symptoms have been present for less than 48 hours. Antiviral medication is unlikely to benefit residents who have been ill for more than 48 hours.

The 2007-2008 NACI Statement includes recommendations for use of oseltamivir. Despite the fact that amantadine is not recommended, information for amantadine is also included in the event that testing of the 2007-2008 strain indicates susceptibility to it. (The full 2007-2008 NACI Statement, including dosing guidelines, can be accessed at: http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/07vol33/acs-07/index_e.html).

Process for Coverage and Ordering Oseltamivir

NBPDP Special Authorization Approval:

If oseltamivir is recommended by the MOH, the LTC facility's Medical Advisor/House Physician or other staff designated by the facility will notify the NBPDP of the decision to start oseltamivir therapy in that LTC facility by calling the NBPDP Inquiry line: 1-800-332-3691.

After hours, a message containing the following information will be left:

- Date of message
- Name and address of LTC facility
- Name of pharmacy filling the prescriptions for oseltamivir and
- Name and telephone number of a contact person at the LTC facility in case the NBPDP needs to clarify any details.

The LTC facility's pharmacist should be contacted at the same time as the NBPDP to allow time to secure and dispense the quantity of oseltamivir required. Roche Canada (the manufacturer of oseltamivir) is no longer suspending sales of oseltamivir, so pharmacies can obtain the medication through their normal order processes.

On-Line Payment of Special Authorization Claims for Oseltamivir:

When notified by the LTC facility that oseltamivir therapy has been ordered for residents, NBPDP will initiate special authorization approval for all beneficiaries of Plan V (nursing home residents) in the facility. NBPDP will notify the pharmacy when special authorization for oseltamivir has been activated and the pharmacy can then bill claims on-line. Approval for oseltamivir for relief care residents who are not beneficiaries of Plan V must be done separately. The LTC facility must notify NBPDP if they have any relief care residents.

SPECIAL AUTHORIZATION CRITERIA

Oseltamivir *(Tamiflu®)* 75mg capsules	For beneficiaries residing in long-term care facilities* during an influenza outbreak situation and further to the recommendation of a Medical Officer of Health: • For treatment of long-term care residents with clinically suspected or lab confirmed influenza A or B. A clinically suspected case is one in which the patient meets the criteria of influenza-like illness and there is confirmation of influenza A or B circulating within the facility or surrounding community. • For prophylaxis of long-term care residents where the facility has an influenza A or B outbreak. Prophylaxis should be continued until the outbreak is over. An outbreak is declared over 7 days after the onset of the last case in the facility. * In these criteria, *long-term care facility* refers to a licensed nursing home and does not include special care homes.

Bulletin # 702 December 18, 2007

BENEFIT CHANGES TO NBPDP

Please find attached lists of **interchangeable product additions** to the New Brunswick Prescription Drug Program Formulary and non-listed products subject to a Maximum Allowable Price (MAP).

Claims for products that are reimbursed at Actual Acquisition Cost up to January 22, 2008 will be subject to a Maximum Allowable Price (MAP) effective January 23, 2008.

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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 BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

								to Jan 22/07	MAP Jan 23/07
Amoxicillin/Clavulanic Acid Amoxicilline/acide clavulanique									
Pws Pds	Orl	400/57mg/5mL		Apo-Amoxi Clav	2288559	APX	ABEFGVW	AAC	0.1969
Ceftriaxone Disodium Ceftriaxone disodique									
Pws Pds	Inj	2g		Ceftriaxone USP	2292882	APX	BEFGVW	AAC	46.9000
Citalopram Hydrobromide Citalopram (bromhydrate de)									
Tab Co.	Orl	20mg	(new formulation)	Novo-Citalopram	2293218	NOP	AEFGVW	MAP	
				Ran-Citalo	2285622	RAN			
		40mg		Ran-Citalo	2285630	RAN	AEFGVW	MAP	
Enalapril Maleate Enalapril (maléate de)									
Tab Co.	Orl	2.5mg		Co Enalapril	2291878	COB			
				Gen-Enalapril	2300036	GPM			
				Novo-Enalapril	2300680	NOP			
				ratio-Enalapril	2299984	RPH	AEFGVW	MAP	
				Sandoz Enalapril	2299933	SDZ			
				Taro-Enalapril	2300117	TAR			
			(re-marketed Oct 2007)	Apo-Enalapril	2020025	APX			
		5mg		Co Enalapril	2291886	COB			
				Gen-Enalapril	2300044	GPM			
				Novo-Enalapril	2233005	NOP			
				ratio-Enalapril	2299992	RPH	AEFGVW	MAP	
				Sandoz Enalapril	2299941	SDZ			
				Taro-Enalapril	2300125	TAR			
			(re-marketed Oct 2007)	Apo-Enalapril	2019884	APX			
		10mg		Co Enalapril	2291894	COB			
				Gen-Enalapril	2300052	GPM			
				Novo-Enalapril	2233006	NOP			
				ratio-Enalapril	2300001	RPH	AEFGVW	MAP	
				Sandoz Enalapril	2299968	SDZ			
				Taro-Enalapril	2300133	TAR			
			(re-marketed Oct 2007)	Apo-Enalapril	2019892	APX			

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

							to Jan 22/07	MAP Jan 23/07
Enalapril Maleate Enalapril (maléate de)								
Tab Co.	Orl	20mg	Co Enalapril	2291908	COB			
			Gen-Enalapril	2300060	GPM			
			Novo-Enalapril	2233007	NOP			
			ratio-Enalapril	2300028	RPH	AEFGVW	MAP	
			Sandoz Enalapril	2299976	SDZ			
			Taro-Enalapril	2300141	TAR			
			(re-marketed Oct 2007) Apo-Enalapril	2019906	APX			
Fenofibrate Fénofibrate								
Cap Caps.	Orl	160mg	Fenomax	2250004	ORX	AEFGVW	MAP	
Glimepiride Glimépiride								
Tab Co.	Orl	1mg	Apo-Glimepiride	2295377	APX	ABEFGVW	MAP	
		2mg	Apo-Glimepiride	2295385	APX	ABEFGVW	MAP	
		4mg	Apo-Glimepiride	2295393	APX	ABEFGVW	MAP	
Levonorgestrel/Ethinyl Estradiol Lévonorgestrel/éthinyl estradiol								
Tab Co.	Orl	100mcg/20mcg	Aviane 21	2298538	APX	EFGV	AAC	0.4638
			Aviane 28	2298546	APX		AAC	0.3479
Lisinopril								
Tab Co.	Orl	5mg	Co Lisinopril	2271443	COB			
			Gen-Lisinopril	2274833	GPM			
			Novo-Lisinopril Type P	2285061	NOP			
			Novo-Lisinopril Type Z	2285118	NOP			
			pms-Lisinopril	2292203	PMS	AEFGVW	MAP	
			Ran-Lisinopril	2294230	RAN			
			ratio-Lisinopril Type P	2256797	RPH			
			ratio-Lisinopril Type Z	2299879	RPH			
			(re-marketed Oct 2007) Apo-Lisinopril	2217481	APX			
		10mg	Co Lisinopril	2271451	COB			
			Gen-Lisinopril	2274841	GPM			
			Novo-Lisinopril Type P	2285088	NOP			
			Novo-Lisinopril Type Z	2285126	NOP			
			pms-Lisinopril	2292211	PMS	AEFGVW	MAP	
			Ran-Lisinopril	2294249	RAN			
			ratio-Lisinopril Type P	2256800	RPH			
			ratio-Lisinopril Type Z	2299887	RPH			
			(re-marketed Oct 2007) Apo-Lisinopril	2217503	APX			

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

							to Jan 22/07	MAP Jan 23/07
Lisinopril								
Tab	Orl	20mg	Co Lisinopril	2271478	COB			
Co.			Gen-Lisinopril	2274868	GPM			
			Novo-Lisinopril Type P	2285096	NOP			
			Novo-Lisinopril Type Z	2285134	NOP			
			pms-Lisinopril	2292238	PMS	AEFGVW	MAP	
			Ran-Lisinopril	2294257	RAN			
			ratio-Lisinopril Type P	2256819	RPH			
			ratio-Lisinopril Type Z	2299895	RPH			
			(re-marketed Oct 2007) Apo-Lisinopril	2217511	APX			
Lisinopril/Hydrochlorothiazide								
Tab	Orl	10mg/12.5mg	Apo-Lisinopril/HCTZ	2261979	APX	AEFGVW	AAC	0.5835
Co.			Gen-Lisinopril HCTZ	2297736	GEN			
		20mg/12.5mg	Apo-Lisinopril/HCTZ	2264987	APX	AEFGVW	AAC	0.7011
			Gen-Lisinopril HCTZ	2297744	GEN			
		20mg/25mg	Apo-Lisinopril/HCTZ	2261995	APX	AEFGVW	AAC	0.7011
			Gen-Lisinopril HCTZ	2297752	GEN			
Ondansetron Hydrochloride Dihydrate								
Ondansétron dihydrate (chlorhydrate d')								
Tab	Orl	4mg	Gen-Ondansetron	2297868	GEN	W & Spec. Auth.	MAP	
Co.								
		8mg	Gen-Ondansetron	2297876	GEN	W & Spec. Auth.	MAP	
Pioglitazone Hydrochloride								
Pioglitazone (chlorhydrate de)								
Tab	Orl	15mg	Apo-Pioglitazone	2302942	APX			
Co.			Gen-Pioglitazone	2298279	GPM			
			Novo-Pioglitazone	2274914	NOP	Spec. Auth.	AAC	1.5716
			ratio-Pioglitazone	2301423	RPH			
			Sandoz Pioglitazone	2297906	SDZ			
		30mg	Apo-Pioglitazone	2302950	APX			
			Gen-Pioglitazone	2298287	GPM			
			Novo-Pioglitazone	2274922	NOP	Spec. Auth.	AAC	2.2017
			ratio-Pioglitazone	2301431	RPH			
			Sandoz Pioglitazone	2297914	SDZ			
		45mg	Apo-Pioglitazone	2302977	APX			
			Gen-Pioglitazone	2298295	GPM			
			Novo-Pioglitazone	2274930	NOP	Spec. Auth.	AAC	3.3105
			ratio-Pioglitazone	2301458	RPH			
			Sandoz Pioglitazone	2297922	SDZ			

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

								to Jan 22/07	MAP Jan 23/07
Rabeprazole									
ECT Co.Ent.	Orl	10mg	Novo-Rabeprazole	2296632	NOP	Spec. Auth.		AAC	0.4550
			Ran-Rabeprazole	2298074	RAN				
		20mg	Novo-Rabeprazole	2296640	NOP	Spec. Auth.		AAC	0.9100
			Ran-Rabeprazole	2298082	RAN				
Tamsulosin Hydrochloride									
Tamsulosin (chlorhydrate de)									
SRC Caps.L.L.	Orl	0.4mg	Gen-Tamsulosin	2298570	GPM	AEFVW		MAP	
			Ran-Tamsulosin	2294885	RAN				
Zopiclone									
Tab Co.	Orl	5mg	Gen-Zopiclone	2296616	GPM	AEFGVW		MAP	

NON-LISTED PRODUCTS SUBJECT TO MAP / PRODUITS NE FIGURANT PAS SUR LA LISTE ASSUJETIS AUX PAM

								to Jan 22/07	MAP Jan 23/07
Mometasone Furoate									
Ont	Top	0.1%	Taro-Mometasone	2264749	TAR			MAP	

Bulletin #704 January 11, 2008

CLAIM SUBMISSION QUANTITIES

Please find attached a list of the units of measure to be used when determining the quantity for NBPDP claim submissions.

Using the correct units of measure will ensure your cost per unit is accurate and claims are adjudicated properly.

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Yours truly,

Debbie LeBlanc
New Brunswick Prescription Drug Program

CLAIM QUANTITY SUBMISSION STANDARDS

New Brunswick Prescription Drug Program

The table below lists the units of measure to be used when submitting NBPDP claims.

FORMULATION	UNIT OF MEASURE
Aerosol	per dose
Capsule	per capsule
Cream*****	per gram
Dry powder inhaler	per dose
Enema*****	per mL
Gel	per gram
Injectable liquid*****	per mL
Injectable powder for reconstitution*****	per vial
Insulin	per mL
Liquid	per mL
Metered dose inhaler	per dose
Nasal spray	per dose
Nebule	per mL
Ointment	per gram
Oral contraceptive	per tablet
Patch	per patch
Prefilled syringe	per mL
Powder*****	per gram
Suppository	per suppository
Tablet	per tablet
Package or kit of more than 1 drug*****	per package/kit

***** See **EXCEPTIONS**

EXCEPTIONS	DIN	UNIT OF MEASURE
Budesonide (Entocort®) enema	2052431	quantity of 7 (in a kit)
Buserelin acetate (Suprefact Depot®)	2228955 2240749	per kit
Enfuvirtide (Fuzeon®)	2247725	per kit
Epinephrine (Epipen® & Epipen® Jr)	509558 578657	per kit
Epinephrine (Twinject®)	2247310 2268205	per kit
Etanercept (Enbrel®)	2242903 2274728	per kit

EXCEPTIONS	DIN	UNIT OF MEASURE
Etidronate Disodium+Calcium Carbonate (Didrocal®)	2176017	per kit
Imiquimod (Aldara®) Cream	2239505	per packet (12 in a box)
Infliximab (Remicade®)	2244016	per vial
Interferon alfa-2b (Intron A®)	2223406	per kit
Interferon beta-1a (Avonex®)	2237770	quantity of 4 (in a kit)
Lansoprazole + Amoxicillin + Clarithromycin (HP-Pac®)	2238525	per kit
Leuprolide acetate (Eligard®)	2248239 2248240 2248999 2268892	per kit
Methadone powder in compounded preparations	999734** 999801** 999802**	per mg
Miconazole nitrate (Monistat 3® Dual Pak)	2126249	per package
Peginterferon alfa-2a + Ribavirin (Pegasys RBV®)	2253410 2253429	per kit
Peginterferon alfa-2b + Ribavirin (Pegetron®)	2246026 2246027 2246028 2246029 2246030 2254573 2254581 2254603 2254638 2254646	per kit
Peginterferon Alfa-2b + Ribavirin (Pegetron Redipen®)	2254573 2254603 2254646 2254581 2254638	per kit
Somatropin (Humatrope®)	745626 2243077 2243078 2243079	per kit
Sumatriptan (Imitrex® Inj.)	2212188	per package

**PIN

Bulletin #705 January 22, 2008

BENEFIT CHANGES TO NBPDP

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective January 22, 2008.

Included in this bulletin:

- **Special Authorization Additions and Revised Criteria**
- **Drugs Reviewed and Not Listed**

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Yours truly,

Debbie LeBlanc
New Brunswick Prescription Drug Program

SPECIAL AUTHORIZATION ADDITIONS

Adalimumab
(Humira™)
40mg/0.8mL (50mg/mL)
prefilled syringe, prefilled Pen

New indication added to criteria:

- For the treatment of patients with moderate to severe ankylosing spondylitis (e.g. Bath AS Disease Activity Index (BASDAI) score ≥ 4 on 10 point scale) who:
  - have axial symptoms* and who have failed to respond to the sequential use of at least 2 NSAIDs at the optimum dose for a minimum period of 3 months observation or in whom NSAIDs are contraindicated OR
  - have peripheral symptoms and who have failed to respond to, or have contraindications to, the sequential use of at least 2 NSAIDs at the optimum dose for a minimum period of 3 months observation and have had an inadequate response to an optimal dose or maximal tolerated dose of a DMARD.

  * Patients with recurrent uveitis (2 or more episodes within 12 months) as a complication to axial disease, do not require a trial of NSAIDs alone.
- Must be prescribed by a rheumatologist or internist
- Approval will be for a maximum of 6 months
- Requests for renewal must include information showing the beneficial effects of the treatment, specifically:
  - a decrease of at least 2 points on the BASDAI scale, compared with the pre-treatment score OR
  - patient and expert opinion of an adequate clinical response as indicated by a significant functional improvement (measured by outcomes such as HAQ or "ability to return to work")
- Approvals will be for a maximum dose of 40mg every two weeks
- Adalimumab will not be reimbursed in combination with other anti-TNF agents

Cost Comparison of Biologic Response Modifiers in the Treatment of Ankylosing Spondylitis

Generic Name	Brand Name	Strength	Dose	Dosing Interval	Cost*	Annual Cost
adalimumab	Humira™	40mg	40mg	bi-weekly	$ 759.12	$ 19,736.99
etanercept	Enbrel®	50mg	50mg	weekly	$ 395.25	$ 20,552.74
infliximab	Remicade®	100mg	5 mg/kg	week 0,2,6 and every 8 weeks thereafter **or** week 0,2,6 and every 6 weeks thereafter	$ 1,019.90	$ 32,636.80 $ 40,796.00

Note: Infliximab cost is for 4 vials per infusion. This is sufficient drug to treat patients who weigh between 70kg and 80kg

***Source:** McKesson Canada Maritimes Price Catalogue February - April 2008

SPECIAL AUTHORIZATION ADDITIONS

Darbepoetin *(Aranesp®)* 10,20,30,40,50,60,80,100,130, 150, 200, 300 and 500mcg SingleJect® prefilled syringes	New indication added to criteria: For the treatment of 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.
Efalizumab *(Raptiva®)* 150mg vial for subcutaneous injection	For patients with severe debilitating psoriasis who meet all of the following criteria: 1. Body surface area (BSA) involvement of >10% and/or significant involvement of the face, hands, feet or genital region 2. Failure to respond to, contraindications to, or intolerant of methotrexate and cyclosporine 3. Failure to respond to, intolerant to or unable to access phototherapy Coverage will be approved initially for 12 weeks. Continued coverage can be approved in patients who have responded to therapy. A response is defined as patients who have achieved a ≥75% reduction in Psoriasis Area Severity Index (PASI) score, or a ≥50% reduction in PASI with a ≥5 point improvement in Dermatology Life Quality Index (DLQI) or a quantitative reduction in BSA affected with qualitative consideration of specific regions such as face, hands, feet or genital region. Patient enrolment in the manufacturer's RESTORE registry program to collect effectiveness and harm outcome information is encouraged.

SPECIAL AUTHORIZATION ADDITIONS

Epoetin Alfa *(Eprex®)* 1,000IU/0.5mL; 2,000IU/0.5mL; 3,000IU/0.3mL; 4,000IU/0.4mL; 5,000IU/0.5mL; 6,000IU/0.6mL; 8,000IU/0.8mL; 10,000IU/mL; 20,000IU/mL and 40,000IU/mL vials & prefilled syringes	New indication added to criteria: For the treatment of 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
Lanreotide acetate *(Somatuline® Autogel®)* 60mg, 90mg and 120mg prefilled syringes	For the treatment of acromegaly.

SPECIAL AUTHORIZATION – REVISED CRITERIA

Bosentan *(Tracleer®)* 62.5mg and 125mg tablets	For treatment of pulmonary arterial hypertension (PAH) in patients with: • World Health Organization (WHO) functional class III or IV idiopathic pulmonary arterial hypertension (IPAH) in patients who do not demonstrate vasoreactivity on testing or who demonstrate vasoreactivity on testing but fail a trial of, or are intolerant to, calcium channel blockers • WHO class III or IV pulmonary arterial hypertension associated with connective tissue disease who do not respond adequately to conventional therapy.

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.

Bupropion *(Wellbutrin XL®)* 150mg and 300mg extended release tablets

Lumiracoxib *(Prexige™)* 100mg tablets
(Lumiracoxib was removed from the market in October 2007)

The following product was recommended for listing, however, smoking cessation products are not eligible NBPDP benefits.

Varenicline *(Champix™)* 0.5mg and 1mg tablets

Bulletin #708 February 11, 2008

BENEFIT CHANGES TO NBPDP

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective February 11, 2008.

Included in this bulletin:

- **Regular Benefit Additions**
- **Special Authorization Additions**

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Yours truly,

Debbie LeBlanc
New Brunswick Prescription Drug Program

REGULAR BENEFIT ADDITIONS

Drug/Form/Route/Strength			Brand Name	DIN	Manufacturer	Plans	$
Acetylsalicylic Acid							
Tab	Orl	81mg	ASA ECT 81mg	2244993	PMS	V	AAC
			Equate Daily Low-Dose EC	2243801	PMS	V	AAC
			Exact Coated Daily Low Dose ASA	2243896	PMS	V	AAC
			Life Brand Daily Low Dose ASA	2243101	PMS	V	AAC
			Rexall Coated Daily Low Dose ASA	2243802	PMS	V	AAC

SPECIAL AUTHORIZATION ADDITIONS

Dasatinib
(Sprycel®)
20mg, 50mg, 70mg tablets

- For adult patients with chronic phase chronic myeloid leukemia (CML)
  - with primary or acquired resistance to imatinib 600mg per day. Dosing recommendation: 100mg per day or 70mg two times daily
  - who progress to accelerated phase on imatinib 800mg per day. Dosing recommendation: 140mg per day
  - who have blast crisis while on imatinib 800mg per day. Dosing recommendation: 140mg per day
  - who have intolerance to imatinib or have experienced grade 3 or higher toxicities to imatinib
- Renewal criteria: Request for renewal must specify how the patient has benefited from therapy and is expected to continue to do so.
- Renewal period: 1 year

Sorafenib
(Nexavar®)
200mg tablets - resubmission

- As second-line therapy for patients with histologically confirmed metastatic clear cell renal cell carcinoma (MRCC), who:
  - have had prior nephrectomy; and
  - have disease progression after prior cytokine therapy (e.g. interferon; aldesleukin) within the previous 8 months; and
  - have a performance status of 0 or 1 on the basis of the Eastern Cooperative Oncology Group (ECOG) criteria†; and
  - have a favourable or intermediate risk status, according to the Memorial Sloan-Kettering Cancer Center (MSKCC) prognostic score*.
- Initial approval period: 1 year
- Renewal criteria: Written confirmation that the patient has benefited from therapy and is expected to continue to do so.
- Renewal period: 1 year

SPECIAL AUTHORIZATION ADDITIONS

Sunitinib *(Sutent™)* 12.5mg, 25mg and 50mg capsules – resubmission	• For patients with histologically confirmed metastatic clear cell renal cell carcinoma (MRCC), who require: o First-line therapy for the treatment of MRCC, and the patient is either a favourable or intermediate risk according to the Memorial Sloan-Kettering Cancer Center (MSKCC) prognostic score* or, o Second-line therapy for the treatment of MRCC, provided that disease progression has occurred after prior cytokine therapy (e.g. interferon; aldesleukin). • The prescribed dosage is 50mg daily for four weeks, followed by two weeks off. This dosage is repeated in six week cycles. • Initial approval period: 1 year • Renewal criteria: Written confirmation that the patient has benefited from therapy and is expected to continue to do so. • Renewal period: 1 year

† Patients who are asymptomatic and those who are symptomatic but completely ambulant

* The Memorial Sloan-Kettering Cancer Center (MSKCC) Prognostic Score categorizes patients into three risk groups according to the number of pre-treatment risk factors present: Favourable = none; Intermediate = one or two; Poor = three or more. Pre-treatment risk factors:
  - Low Karnofsky performance status (<80%)
  - Lactate Dehydrogenase level greater than 1.5 times the upper limit of normal
  - Hemoglobin level below the lower limit of normal
  - High corrected serum calcium level (>10 mg/dL or 2.5 mmol/L)
  - Interval of less than 1 year between diagnosis and treatment

Reference: Motzer RJ, Bacik J, Murphy BA et al. Interferon-alfa as a comparative treatment for clinical trials of new therapies against advanced renal cell carcinoma. J Clin Oncol 2002;20;289-96.

Bulletin # 710 March 4, 2008

BENEFIT CHANGES TO NBPDP

Please find attached lists of **interchangeable product additions** to the New Brunswick Prescription Drug Program Formulary and non-listed products subject to a Maximum Allowable Price (MAP).

Claims for products that are reimbursed at Actual Acquisition Cost up to April 8, 2008 will be subject to a Maximum Allowable Price (MAP) effective April 9, 2008.

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Yours truly,

Debbie LeBlanc
New Brunswick Prescription Drug Program

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

							to Apr 8/08	MAP Apr 9/08
Atenolol Aténolol								
Tab Co.	Orl	25mg	Gen-Atenolol	2303647	GPM	AEFGVW	MAP	
Atenolol/Chlorthalidone Aténolol/Chlorthalidone								
Tab Co.	Orl	50mg/25mg	Novo-Atenolthalidone	2302918	NOP	AEFGVW	MAP	
		100mg/25mg	Novo-Atenolthalidone	2302926	NOP	AEFGVW	MAP	
Bicalutamide								
Tab Co.	Orl	50mg	Apo-Bicalutamide	2296063	APX	AEFVW	MAP	
			Gen-Bicalutamide	2302403	GPM			
Bisoprolol Fumarate Fumarate de bisoprolol								
Tab Co.	Orl	5mg	pms-Bisoprolol	2302632	PMS	AEFVW	MAP	
		10mg	pms-Bisoprolol	2302640	PMS	AEFVW	MAP	
Citalopram Hydrobromide Citalopram (bromhydrate de)								
Tab Co.	Orl	40mg	Novo-Citalopram (new formulation)	2293226	NOP	AEFGVW	MAP	
Clindamycin Hydrochloride Clindamycine (chlorhydrate de)								
Cap Caps	Orl	150mg	pms-Clindamycin	2294826	PMS	ABEFGVW	MAP	
Enalapril Maleate/Hydrochlorothiazide Énalapril (maléate de)/hydrochlorothiazide								
Tab Co.	Orl	5mg/12.5mg	Novo-Enalapril/HCTZ	2300222	NOP	AEFGVW	AAC	0.6417
		10mg/25mg	Novo-Enalapril/HCTZ	2300230	NOP	AEFGVW	AAC	0.7712
Fluconazole								
Tab Co.	Orl	50mg	Co-Fluconazole	2281260	COB	AEFGVW	MAP	
		100mg	Co-Fluconazole	2281279	COB	AEFGVW	MAP	

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

								to Apr 8/08	MAP Apr 9/08
Gliclazide									
Tab Co.	Orl	80mg	pms-Gliclazide	2294400	PMS	ABEFGVW		MAP	
Isosorbide -5- Mononitrate Isosorbide (5-mononitrate d')									
SRT Co.L.L.	Orl	60mg	pms-ISMN	2301288	PMS	AEFGVW		MAP	
Lisinopril/Hydrochlorothiazide									
Tab Co.	Orl	10mg/12.5mg	Novo-Lisinopril HCTZ (Type P)	2302136	NOP	AEFGVW		MAP	
			Novo-Lisinopril HCTZ (Type Z)	2301768	NOP				
		20mg/12.5mg	Novo-Lisinopril HCTZ (Type P)	2302144	NOP	AEFGVW		MAP	
			Novo-Lisinopril HCTZ (Type Z)	2301776	NOP				
		20mg/25mg	Novo-Lisinopril HCTZ (Type P)	2302152	NOP	AEFGVW		MAP	
			Novo-Lisinopril HCTZ (Type Z)	2301784	NOP				
Metoprolol Tartrate Métoprolol (tartrate de)									
Tab Co.	Orl	25mg	Gen-Metoprolol (Type L)	2302055	GPM	AEFGVW		AAC	0.0643
Minocycline Hydrochloride Minocycline (chlorhydrate de)									
Cap Caps	Orl	50mg	pms-Minocycline	2294419	PMS	ABEFGVW		MAP	
		100mg	pms-Minocycline	2294427	PMS	ABEFGVW		MAP	
Pioglitazone Hydrochloride Pioglitazone, chlorhydrate de									
Tab Co.	Orl	15mg	Co-Pioglitazone	2302861	COB	Spec. Auth.		MAP	
			pms-Pioglitazone	2303124	PMS				
		30mg	Co-Pioglitazone	2302888	COB	Spec. Auth.		MAP	
			pms-Pioglitazone	2302132	PMS				
		45mg	Co-Pioglitazone	2302896	COB	Spec. Auth.		MAP	
			pms-Pioglitazone	2303140	PMS				

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

							to Apr 8/08	MAP Apr 9/08
Ramipril								
Cap Caps	Orl	1.25mg	Co-Ramipril	2295482	COB	AEFGVW	MAP	
		2.5mg	Co-Ramipril	2295490	COB	AEFGVW	MAP	
		5mg	Co-Ramipril	2295504	COB	AEFGVW	MAP	
		10mg	Co-Ramipril	2295512	COB	AEFGVW	MAP	
Temazepam Témazépam								
Cap Caps	Orl	15mg	pms-Temazepam	2273039	PMS	AEFGVW	MAP	
		30mg	pms-Temazepam	2273047	PMS	AEFGVW	MAP	
Venlafaxine Hydrochloride Venlafaxine (chlorhydrate de)								
SRC Caps. L.L.	Orl	37.5mg	pms-Venlafaxine XR	2278545	PMS	AEFGVW	MAP	
		75mg	pms-Venlafaxine XR	2278553	PMS	AEFGVW	MAP	
		150mg	pms-Venlafaxine XR	2278561	PMS	AEFGVW	MAP	

NON-LISTED PRODUCTS SUBJECT TO MAP / PRODUITS NE FIGURANT PAS SUR LA LISTE ASSUJETIS AUX PAM

							to Apr 8/08	MAP Apr 9/08
Clindamycin Hydrochloride Clindamycine (chlorhydrate de)								
Cap Caps	Orl	300mg	pms-Clindamycin	2294834	PMS		MAP	

Bulletin #711 March 27, 2008

BENEFIT CHANGES TO NBPDP

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective March 27, 2008.

Included in this bulletin:

- **Regular Benefit Additions**
- **Special Authorization Additions**
- **Drugs Reviewed and Not Listed**

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Yours truly,

Debbie LeBlanc
New Brunswick Prescription Drug Program

REGULAR BENEFIT ADDITIONS

Drug/Form/Route/Strength	Brand Name	DIN	Manufacturer	Plans	$
Desogestrel / Ethinyl estradiol					
Tab Orl 100/125/150/25mcg	Linessa™21	2272903	ORG	EFGV	AAC
	Linessa™28	2257238	ORG		
Interferon-beta-1a					
Liq Sc 8.8mcg/0.2mL 22mcg/0.5mL	Rebif® Initiation Pack	2281708	EMD	H	AAC
Ramipril					
Cap Orl 15mg	Altace®	2281112	SAV	AEFGVW	AAC
No longer requires special authorization					
Lamotrigine					
TabC Orl 2mg	Lamictal® Chewtabs	2243803	GSK	AEFGVW	MAP
5mg	Lamictal® Chewtabs	2240115	GSK		
Tab Orl 25mg	Lamictal®	2142082	GSK	AEFGVW	MAP
	Apo-Lamotrigine	2245208	APX		
	Gen-Lamotrigine	2265494	GPM		
	Novo-Lamotrigine	2248232	NOP		
	pms-Lamotrigine	2246897	PMS		
	ratio-Lamotrigine	2243352	RPH		
100mg	Lamictal®	2142104	GSK	AEFGVW	MAP
	Apo-Lamotrigine	2245209	APX		
	Gen-Lamotrigine	2265508	GPM		
	Novo-Lamotrigine	2248233	NOP		
	pms-Lamotrigine	2246898	PMS		
	ratio-Lamotrigine	2243353	RPH		
150mg	Lamictal®	2142112	GSK	AEFGVW	MAP
	Apo-Lamotrigine	2245210	APX		
	Gen-Lamotrigine	2265516	GPM		
	Novo-Lamotrigine	2248234	NOP		
	pms-Lamotrigine	2246899	PMS		
	ratio-Lamotrigine	2246963	RPH		

SPECIAL AUTHORIZATION ADDITIONS

Adefovir Dipivoxil *(Hepsera®)* 10mg tablets	• For the treatment of Hepatitis B when used in combination with lamivudine, in patients who have failed lamivudine, as defined by an increase in HBV DNA of $\geq$ 1 $\log_{10}$ IU/mL above the nadir, measured on two separate occasions within an interval of at least one month, after the first three months of lamivudine therapy, and when lamivudine failure is not due to poor adherence to therapy.
Ciprofloxacin HCl / Dexamethasone *(Ciprodex®)* 0.3% / 0.1% otic suspension	• For the treatment of acute otitis media with otorrhea through tympanostomy tubes who require treatment • For the treatment of acute otitis externa in the presence of a tympanostomy tube or known perforation of the tympanic membrane
Fentanyl *(Duragesic®)* 12mcg/h transdermal patch	For the management of malignant or chronic non-malignant pain • When oral drug administration is not possible or practical, or • In patients who are unresponsive or intolerant to long acting oral sustained release products such as morphine and hydromorphone, despite appropriate dose titration and adjunctive therapy including laxatives and antiemetics.
Peginterferon alfa-2a *(Pegasys®)* 180mcg/1mL vial 180mcg/0.5mL prefilled syringe	New indication added to criteria: Requests will be considered from internal medicine specialists for the treatment of: HBeAg negative chronic hepatitis B patients with compensated liver disease, liver inflammation and evidence of viral replication with demonstrated intolerance or failure to lamivudine therapy. • Maximum duration of coverage will be 48 weeks.

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.

Delta-9-tetrahydrocannabinol (THC) / cannabidiol	*(Sativex®)*	27mg/mL / 25mg/mL buccal spray
Dorzolamide	*(Trusopt®)*	2% preservative-free ophthalmic solution
Dorzolamide + timolol	*(Cosopt®)*	2% / 0.5% preservative-free ophthalmic solution
Peginterferon alfa-2a - for the treatment of HBeAg-positive chronic hepatitis B	*(Pegasys®)*	180mcg/1mL vial 180mcg/0.5mL prefilled syringe
Telbivudine	*(Sebivo™)*	600mg tablets
Tramadol hydrochloride	*(Zytram XL®)*	150mg, 200mg, 300mg and 400mg controlled release tablets

Bulletin #715 May 7, 2008

BENEFIT CHANGES TO NBPDP

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective May 7, 2008.

Included in this bulletin:

- **Special Authorization Additions and Revised Criteria**
- **Drugs Reviewed and Not Listed**

To subscribe or unsubscribe from the Bulletin e-mail notification list, please send a message to BC_nbpdp@medavie.bluecross.ca or call 1-800-332-3691. Bulletins are also available on the NBPDP web page: www.gnb.ca/0051/0212/index-e.asp

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

SPECIAL AUTHORIZATION ADDITIONS

Adalimumab
(Humira®)
40mg in 0.8mL (50mg/mL) solution for subcutaneous injection

New indication added to criteria:

For moderately to severely active Crohn's disease in patients who are refractory or have contraindications to an adequate course of 5-aminosalicylic acid and corticosteroids and other immunosuppressive therapy.

- Eligible patients should receive an induction dose of 160mg followed by 80mg two weeks later.
- Clinical response should be assessed four weeks after the first induction dose.
- Ongoing coverage for maintenance therapy will only be reimbursed for responders and for a dose not exceeding 40mg every two weeks.

Annual Cost Comparison for anti TNF-α Treatment of Crohn's Disease

Product	Strength	Dose	Dosing Interval	Cost**	Cost Induction Therapy*	1st Year Cost (includes induction)	Annual Cost (post induction)
adalimumab (Humira™)	40mg	40mg	bi-weekly	$759.12	$4,554.69	$22,773.45	$19,736.99
* Adalimumab induction therapy = 160mg week 0, 80 mg week 2 = 6 syringes in total							
infliximab (Remicade®)	100mg	5 mg/kg	week 0,2,6 and every 8 weeks thereafter	$1,019.90	$12,238.80	$32,636.80	$28,557.20
* Infliximab induction therapy = 5mg/kg at week 0, 2, & 6 = 12 vials in total Infliximab cost is for 4 vials per infusion. This is sufficient drug to treat patients who weigh between 70kg and 80kg							
** Source: McKesson Canada Maritimes Price Catalogue May - July 2008							

Entecavir
(Baraclude™)
0.5mg 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 2,000 IU/mL.

Methylphenidate
(Biphentin®)
10mg, 15mg, 20mg, 30mg, 40mg, 50mg and 60mg controlled release capsules

For the treatment of Attention-Deficit Hyperactivity Disorder (ADHD) in children age 6 to 18 years who demonstrate significant symptoms and who have tried immediate release and slow release methylphenidate with unsatisfactory results.

Requests will be considered from specialists in pediatric psychiatry, pediatricians or general practitioners with expertise in ADHD.

SPECIAL AUTHORIZATION ADDITIONS

Bosentan
(Tracleer®)
62.5mg and 125mg tablets

New indications added to criteria:

For the treatment of World Health Organization (WHO) functional class III or IV pulmonary arterial hypertension (PAH)

- secondary to congenital heart disease in patients who did not respond adequately to conventional therapy.
- secondary to human immunodeficiency virus (HIV) in patients who did not respond adequately to conventional therapy.

Costs of oral drugs for pulmonary arterial hypertension

Drug	Monthly Cost	Annual Cost
Bosentan (Tracleer®) 125mg BID	$3,850.72	$46,850.38
Sildenafil (Revatio™) 20mg TID	$1,017.52	$12,379.85

SPECIAL AUTHORIZATION – REVISED CRITERIA

Clopidogrel
(Plavix®)
75mg tablets

The duration of coverage when used post intra-coronary stent implantation has been extended:

For the prevention of thrombosis post intra-coronary stent implantation for a period of up to 6 months for bare-metal stents (BMS) and 12 months for drug- eluting stents (DES).

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.

Idursulfase	*(Elaprase™)*	6mg vial for IV infusion
Methylphenidate - resubmission	*(Concerta®)*	18mg, 27mg, 36mg and 54mg controlled release tablets

Bulletin # 716 June 2, 2008

BENEFIT CHANGES TO NBPDP

Please find attached lists of **interchangeable product additions** to the New Brunswick Prescription Drug Program Formulary and non-listed products subject to a Maximum Allowable Price (MAP).

Claims for products that are reimbursed at Actual Acquisition Cost up to July 1, 2008 will be subject to a Maximum Allowable Price (MAP) effective July 2, 2008.

If you would prefer to receive bulletins electronically rather than in hard copy, please send a message to BC_nbpdp@medavie.bluecross.ca or call 1-800-332-3691. Bulletins are also available on the NBPDP web page: www.gnb.ca/0051/0212/index-e.asp.

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 BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

								to July1/08	MAP July 2/08
Acetaminophen/oxycodone hydrochloride Acétaminophène/oxycodone (chlorhydrate d')									
Tab Co.	Orl	5mg/325mg	Novo-Oxycodone Acet	2307898	NOP	AEFGVW		MAP	
Brimonidine Tartrate									
Liq	Oph	0.2%	Sandoz-Brimonidine	2305429	SDZ	AEFVW		MAP	
Cabergoline									
Tab Co.	Orl	0.5mg	Dostinex	2242471	SQI	Spec. Auth.		AAC	8.8550
			Co-Cabergoline	2301407	COB				
Citalopram Hydrobromide Citalopram (bromhydrate de)									
Tab Co.	Orl	20mg	Mint-Citalopram	2304686	MNT	AEFGVW		MAP	
		40mg	Mint-Citalopram	2304694	MNT	AEFGVW		MAP	
Deferoxamine Mesylate Déféroxamine (mésylate de)									
Pws Pds.	Inj	2g	pms-Deferoxamine	2243450	PMS	AEFGVW		AAC	42.0000
Metoprolol Tartrate Métoprolol (tartrate de)									
SRT Co.L.L.	Orl	100mg	Sandoz-Metoprolol SR	2303396	SDZ	AEFGVW		MAP	
		200mg	Sandoz-Metoprolol SR	2303418	SDZ	AEFGVW		MAP	
Morphine Sulfate Morphine (sulfate de)									
SRT Co.L.L.	Orl	60mg	Novo-Morphine SR	2302780	NOP	AEFGVW		MAP	
		100mg	Novo-Morphine SR	2302799	NOP	AEFGVW		AAC	1.9364
			pms-Morphine Sulfate SR	2245287	PMS				
		200mg	Novo-Morphine SR	2302802	NOP	AEFGVW		AAC	3.5999
			pms-Morphine Sulfate SR	2245288	PMS				
Olanzapine									
Tab Co.	Orl	2.5mg	pms-Olanzapine	2303116	PMS	Spec. Auth.		MAP	
		5mg	pms-Olanzapine	2303159	PMS	Spec. Auth.		MAP	
		7.5mg	pms-Olanzapine	2303167	PMS	Spec. Auth.		MAP	
		10mg	pms-Olanzapine	2303175	PMS	Spec. Auth.		MAP	
		15mg	pms-Olanzapine	2303183	PMS	Spec. Auth.		MAP	

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

							to July1/08	MAP July 2/08
Ondansetron Hydrochloride Dihydrate Ondansétron dihydraté (chlorhydrate d')								
Liq	Orl	4mg/5mL	Apo-Ondansetron	2291967	APX	Spec. Auth.	AAC	1.4614
Pantoprazole Sodium Pantoprazole sodique								
ECT Co.Ent.	Orl	20mg	Apo-Pantoprazole	2292912	APX			
			Novo-Pantoprazole	2285479	NOP	Spec. Auth.	AAC	1.2750
			Ran-Pantoprazole	2305038	RAN			
		40mg	Apo-Pantoprazole	2292920	APX			
			Novo-Pantoprazole	2285487	NOP	Spec. Auth.	AAC	1.3699
			Ran-Pantoprazole	2305046	RAN			
Propafenone Hydrochloride Propafénone (chlorhydrate de)								
Tab Co.	Orl	150mg	pms-Propafenone (new formulation)	2294559	PMS	AEFGVW	MAP	
		300mg	pms-Propafenone (new formulation)	2294575	PMS	AEFGVW	MAP	
Ramipril								
Cap Caps	Orl	2.5mg	Ramipril	2255316	PMS	AEFGVW	MAP	
		5mg	Ramipril	2255324	PMS	AEFGVW	MAP	
		10mg	Ramipril	2255332	PMS	AEFGVW	MAP	
Risperidone Rispéridone								
Tab Co.	Orl	0.5mg	Sandoz-Risperidone (new formulation)	2303663	SDZ	AEFGVW	MAP	
Timolol Maleate Timolol (maléate de)								
Liq	Oph	0.5%	Apo-Timop Gel	2290812	APX	AEFGVW	MAP	
Venlafaxine Hydrochloride Venlafaxine (chlorhydrate de)								
SRC Caps. L.L.	Orl	37.5mg	Co-Venlafaxine XR	2304317	COB	AEFGVW	MAP	
		75mg	Co-Venlafaxine XR	2304325	COB	AEFGVW	MAP	
		150mg	Co-Venlafaxine XR	2304333	COB	AEFGVW	MAP	

NON-LISTED PRODUCTS SUBJECT TO MAP /
PRODUITS NE FIGURANT PAS SUR LA LISTE ASSUJETIS AUX PAM

							to July 1/08	MAP July 2/08
Ciclopirox								
Liq	Top	8%	Apo-Ciclopirox	2298953	APX		AAC	8.2500
Modafinil								
Tab Co.	Orl	100mg	Apo-Modafinil	2285398	APX		AAC	0.9293

Bulletin # 718 **June 16, 2008**

Proton Pump Inhibitors (PPIs)

Benefit Status Change for Omeprazole and Rabeprazole

Effective June 30, 2008 the standard 20 mg daily doses of omeprazole and rabeprazole products listed below will no longer require special authorization for coverage under the New Brunswick Prescription Drug Program.

Regular Benefit Additions*: Plans ABEFGVW

Drug	Brand Name	DIN	Manufacturer
Omeprazole 20 mg cap	Losec	00846503	AZE
	Apo-Omeprazole	02245058	APX
	Sandoz-Omeprazole	02296446	SDZ
Omeprazole 20 mg tab	Losec	02190915	AZE
	ratio-Omeprazole	02260867	RPH
Rabeprazole 10 mg tab	Pariet	02243796	JAN
	Novo-Rabeprazole	02296632	NOP
	Ran-Rabeprazole	02298074	RAN
Rabeprazole 20 mg tab	Pariet	02243797	JAN
	Novo-Rabeprazole	02296640	NOP
	Ran-Rabeprazole	02298082	RAN

* Subject to Maximum Allowable Price (MAP)

Omeprazole and rabeprazole prescribed in doses higher than 20 mg daily will require special authorization.

In order to implement and monitor the benefit status change for the standard dose of omeprazole or rabeprazole 20 mg daily, a quantity limit has been established for each drug.

Guidance provided by the **Canadian Optimal Medication Prescribing and Utilization Service (COMPUS)** informed the NBPDP on the appropriate benefit status for PPIs.

Highlights from COMPUS work:

- All PPIs are equally efficacious
- Standard-dose PPI therapy should be the initial therapy for all patients
- H_2RAs are a less costly option in many patients, controlling symptoms in almost 60% of patients as initial therapy in uninvestigated GERD
- Safety: it is prudent to keep patients at the lowest dose and degree of acid suppression that is necessary for treatment

For the detailed evidence on the prescribing and use of PPIs, consult the COMPUS Optimal Therapy Report - Scientific Report at: **www.cadth.ca/compustools**

- The quantity limit will allow claims for 100 tablets/ capsules of omeprazole 20 mg or rabeprazole 20 mg every 90 days.
- A quantity limit allowing claims of a maximum of 200 tablets of rabeprazole 10 mg tablets will also be established.
- The quantity limit will have a floating time period; it will begin on the date of the beneficiary's first claim for omeprazole or rabeprazole.
- The quantity limit will be renewed every 90 days and can only be overridden with an approved special authorization request.
- When pharmacy claims are submitted electronically, a response message will be sent to advise the pharmacist when the beneficiary has reached 75% or more of their quantity limit.
- Claims that bring a patient above the quantity limit will be cut back to the quantity allowed. The response message will indicate the number of units allowed for payment.

Please note that patients with existing special authorization for PPIs will not be affected by the quantity limit until their current coverage period expires.

REGULAR BENEFIT ADDITIONS

Omeprazole and Rabeprazole doses ≤ 20 mg daily

Omeprazole 20 mg tablets and capsules and **rabeprazole 10 mg and 20 mg tablets** are listed as regular benefits for Plans ABEFGVW when prescribed in doses up to 20 mg daily. Doses above 20 mg daily require special authorization.

SPECIAL AUTHORIZATION – REVISED CRITERIA

Omeprazole and Rabeprazole doses > 20 mg daily

Requests for omeprazole and rabeprazole doses >20 mg daily will be considered for indications listed below when beneficiaries remain symptomatic despite an adequate trial of regular benefit PPI (i.e. omeprazole OR rabeprazole) at a dose of 20 mg daily for a minimum of 8 weeks.

Lansoprazole 15 mg & 30 mg capsules and Pantoprazole 20 mg & 40 mg tablets

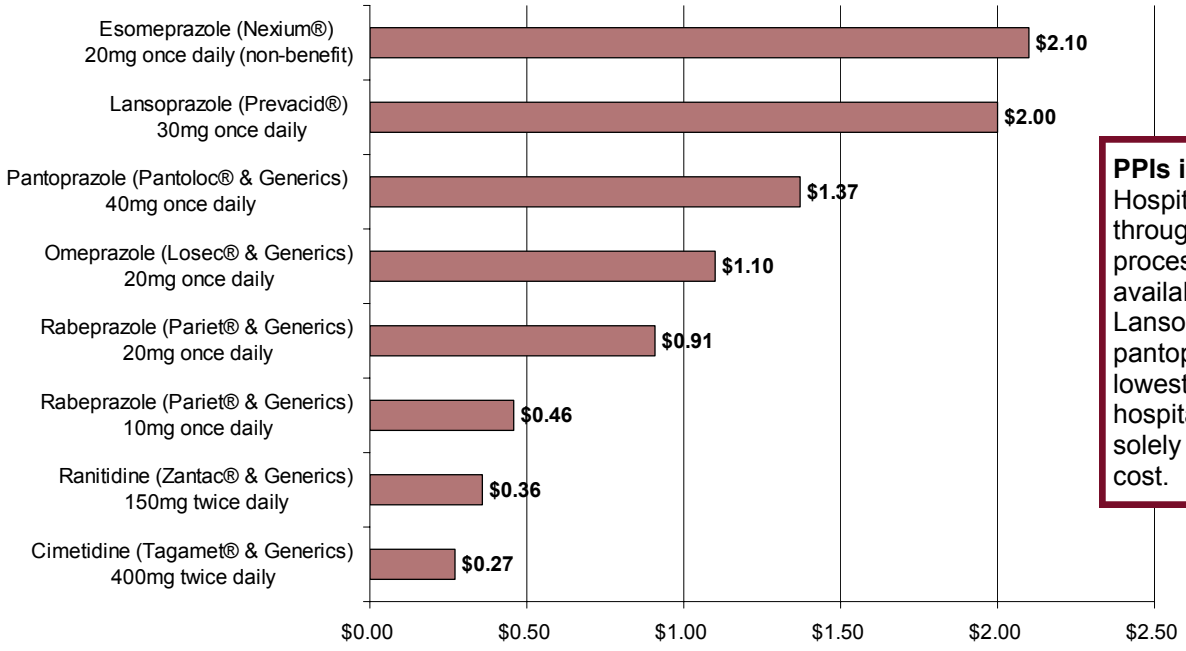
Requests for lansoprazole and pantoprazole will be considered for beneficiaries in whom there has been a therapeutic failure with regular benefit PPIs (i.e. omeprazole 20 mg daily AND rabeprazole 20 mg daily).

Approval Periods

Requests for lansoprazole, pantoprazole, and doses of omeprazole or rabeprazole greater than 20 mg per day meeting criteria above will be considered for the following maximum approval periods:

	Indication and Diagnostic Information	Maximum Approval Period
1	Symptomatic GERD or other reflux-associated indications (i.e. non-cardiac chest pain)	Considered for short-term (8-12 week) approval
2	Erosive/ulcerative esophagitis or Barrett's esophagus	Considered for long term approval
3	Zollinger-Ellison Syndrome	Considered for long-term approval
4	Gastric/duodenal ulcers in individuals who are *H. pylori* negative or having uninvestigated peptic ulcer disease (PUD)	Considered for up to 12 weeks
5	*H. pylori* positive patients with PUD	Omeprazole 20 mg or rabeprazole 20 mg BID will be reimbursed without a special authorization as part of an H. pylori eradication regimen. *H. pylori* regimens containing lansoprazole or pantoprazole will be reimbursed only under special authorization.
6	Gastro-duodenal protection (ulcer prophylaxis) for high risk patients (e.g. high risk NSAID users)	Considered for one year with reassessment

Daily Drug Cost Comparison



PPIs in Hospitals
Hospitals purchase PPIs through group tendering processes that are only available to hospitals. Lansoprazole and pantoprazole have the lowest tendered prices so hospitals purchase them solely based on their cost.

The following optimal therapy information on PPIs is primarily based on work completed by COMPUS—a program of the Canadian Agency for Drugs and Technologies in Health (CADTH). COMPUS promotes the optimal prescribing and use of drugs to improve health outcomes. A description of the COMPUS process and a variety of Optimal Therapy Reports and supporting tools are available at: www.cadth.ca/compustools.

Bottom Line: All PPIs are equally efficacious.

- There are not clinically important differences among standard-doses of PPIs in the treatment of acid-related GI conditions.
- The lowest cost PPI may be chosen without compromising quality of care.

* Standard daily doses are defined as: omeprazole 20mg, lansoprazole 30mg, pantoprazole 40mg, rabeprazole 20mg, and esomeprazole 20mg
* PPIs have been compared in studies of symptomatic GERD, endoscopy-negative reflux disease (ENRD), erosive esophagitis, *H.pylori* eradication, and healing and prophylaxis of NSAID-induced ulcers.

Bottom Line: Double-dose PPI is not necessary for initial therapy.

- Doubling the standard daily dose of PPIs, as initial therapy, is no better than standard daily dose PPI for healing of erosive esophagitis or NSAID-induced ulcer healing

* Double-dose PPI therapy has not been studied for all indications; however, the severity of the above conditions lends support to the efficacy of standard-dose PPI. Higher than standard-dose PPI is officially indicated as initial therapy in *H.pylori* eradication and Zollinger Ellison Syndrome.
* The Canadian GERD Guidelines,[2004] state there is little evidence to support double-dose PPI as initial therapy, but a trial of double-dose PPI may be considered in patients who continue to have severe symptoms despite standard-dose PPI, or in other conditions such as non-cardiac chest pain. The guidelines also recommend that maintenance therapy be given at the lowest dose and frequency that is sufficient to achieve optimal control of the patient's symptoms.
* Patients on double-dose therapy should be reassessed for continued need.

Bottom Line: H_2RAs are a less costly option in treating patients requiring less intense acid suppression.

Initial therapy of uninvestigated GERD:

- Symptom relief at 8 weeks: H_2RA 58%; PPI 75%

Endoscopically negative reflux disease (ENRD):

- Heartburn relief at 4 weeks: H_2RA 42%; PPI 53%
- No significant difference in quality of life

Uninvestigated dyspepsia (*H. pylori* negative):

- Complete symptom control at 4 weeks: H_2RA 11%; PPI 24%
- Maintenance therapy with "on-demand" PPI was not found to offer benefit over on-demand H_2RA

Functional dyspepsia (no organic cause is found to explain symptoms):

- No difference in symptom control between standard dose PPI and H_2RAs with 4-8 weeks of therapy

PPIs are accepted as the treatment of choice for conditions such as erosive esophagitis, (initial and maintenance therapy) and peptic ulcer disease (e.g. *H. pylori* or NSAID-induced ulcers).

Treatment options for maintenance therapy

There is no clear consensus on what constitutes optimal maintenance therapy for subjects who attain symptomatic relief of GERD with PPIs. Based on individual patient characteristics, the following are reasonable options:

- Continuation of daily PPI therapy
- Switching to "on-demand" PPI use
- Stepping-down to H_2RAs
- A trial of medication discontinuation

Safety

Although PPIs have a good safety profile, recent concerns have been raised over their possible association with:

- Increased risk of hip fracture, which is higher with increased duration of therapy and higher daily dose. Evidence from two case control studies and is postulated to be related to decreased calcium absorption with acid suppression.
- Community acquired pneumonia. Evidence is based on two case control studies and is postulated that acid suppression decreases the destruction of ingested pathogens.
- *Clostridium difficile* associated diarrhea. Evidence is based on several observational studies; one did not find a significant association between PPI use and *C. difficile*.

Further study is required to establish the clinical significance of these adverse reactions. In the meantime, the lowest dose required for symptom control and the shortest duration is prudent. References available upon request.

For full project details and supporting intervention tools, please visit the CADTH web site:

www.cadth.ca/compustools

Bulletin #721 July 30, 2008

BENEFIT CHANGES TO NBPDP

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective July 30, 2008.

Included in this bulletin:

- **Proton Pump Inhibitors (PPIs) follow-up information**
- **Regular Benefit Additions**
- **Special Authorization Additions and Revised Criteria**
- **Drugs Reviewed and Not Listed**

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Yours truly,

Debbie LeBlanc
New Brunswick Prescription Drug Program

PROTON PUMP INHIBITORS (PPIS) FOLLOW-UP INFORMATION

As previously announced, effective June 30, 2008, omeprazole and rabeprazole are listed as regular NBPDP benefits when prescribed in doses up to 20mg daily.

Special authorization is required for omeprazole and rabeprazole doses greater than 20mg daily and for lansoprazole and pantoprazole.

To facilitate the implementation of this change in benefit status, please note that:

- Patients with existing special authorization for PPIs will not be affected by the quantity limit until their current coverage period expires.
- Patients who have had a prescription for lansoprazole and pantoprazole from a gastroenterologist in the past 100 days will have a one year special authorization approval established based on their current dose. A new special authorization request will be required when either the coverage period expires or the quantity limit is reached.
- Starting October 1, 2008, the quantity limit for omeprazole and rabeprazole will be 200 x 20mg or 400 x 10mg tablets/capsules bi-annually rather than a floating time period.

REGULAR BENEFIT ADDITIONS

Drug/Form/Route/Strength			Brand Name	DIN	Manufacturer	Plans	$
Desmopressin							
Tab	Orl	60mcg	DDAVP® Melt	2284995	FEI	EFG -18	AAC
		120mcg	DDAVP® Melt	2285002	FEI	EFG -18	
Dexamethasone							
Tab	Orl	2mg	pms-Dexamethasone®	2279363	PMS	AEFGVW	AAC
Irbesartan / hydrochlorothiazide							
Tab	Orl	300mg/25mg	Avalide®	2280213	BRI	AEFGVW	AAC
Lopinavir / ritonavir							
Tab	Orl	200mg/50mg	Kaletra®	2285533	ABB	U	AAC

SPECIAL AUTHORIZATION ADDITIONS

Desmopressin *(DDAVP® Melt)* 60mcg and 120mcg tablets	For the management of diabetes insipidus. Note: Desmopressin is a regular benefit for plans EFG -18.

SPECIAL AUTHORIZATION ADDITIONS

Itraconazole
(Sporanox®)
100mg capsules

1. For the treatment of severe systemic fungal infections.
2. For the treatment of severe or resistant fungal infections in immunocompromised patients.
3. For the treatment of severe onychomycosis when used as pulse therapy;
   - Reimbursement for the treatment of fingernail mycosis is limited to 56 x 100mg capsules over an 8 week period.
   - Reimbursement for the treatment of toenail mycosis is limited to 84 x 100mg capsules over a 12 week period.

Alglucosidase alfa
(Myozyme®)
50mg vial injection

For the treatment of infantile-onset Pompe disease, as demonstrated by onset of symptoms and confirmed cardiomyopathy within the first 12 months of life.

Monitoring of therapy

The monitoring of markers of disease severity and response to treatment must include at least:

1. Weight, length and head circumference.
2. Need for ventilatory assistance, including supplementary oxygen, CPAP, BiPAP, or endotracheal intubation and ventilation.
3. Left ventricular mass index (LVMI) as determined by echocardiography (not ECG alone).
4. Periodic consultation with cardiology.
5. Periodic consultation with respirology.

Withdrawal of therapy

1. Patients to be considered for reimbursement of drug costs for alglucosidase alfa treatment must be willing to participate in the long-term evaluation of the efficacy of treatment by periodic medical assessment. Failure to comply with recommended medical assessment and investigations may result in withdrawal of financial support of drug therapy.
2. The development of the need for continuing invasive ventilatory support after the initiation of ERT should be considered a treatment failure. Funding for ERT should not be continued for infants who fail to achieve ventilator-free status, or who deteriorate further, within 6 months after the initiation of ventilatory support.
3. Deterioration of cardiac function, as shown by failure of LV hypertrophy (as indicated by LV mass index) to regress by more than Z=1 unit, or persistent clinical or echocardiographic findings of cardiac systolic or diastolic failure without evidence of improvement, in spite of 24 weeks of ERT, should be considered a treatment failure and funding for ERT should be discontinued.

SPECIAL AUTHORIZATION ADDITIONS

Pegfilgrastim
(Neulasta®)
6mg prefilled syringe

Reimbursement of pegfilgrastim is available through special authorization as part of an NBPDP Pilot Project to monitor usage. See enclosed information sheet for details.

Requests will be considered when prescribed by, or on the advice of, a hematologist or medical oncologist for the following indications:

Chemotherapy Support

- Primary prophylaxis:
  For use in previously untreated patients receiving a moderate to severely myelosuppressive chemotherapy regimen (i.e. ≥ 40% incidence of febrile neutropenia). Febrile neutropenia is defined as a temperature ≥ 38.5°C or > 38.0°C three times in a 24 hour period and neutropenia with an absolute neutrophil count (ANC) < 0.5 x 10^9/L.

- Secondary prophylaxis:
  - For use in patients receiving myelosuppressive chemotherapy who have experienced an episode of febrile neutropenia, neutropenic sepsis or profound neutropenia in a previous cycle of chemotherapy; or
  - For use in patients who have experienced a dose reduction or treatment delay longer than one week, due to neutropenia.

- Dosing for chemotherapy support:
  The recommended dosage of pegfilgrastim is a single subcutaneous injection of 6mg, administered once per cycle of chemotherapy. Pegfilgrastim should be administered no sooner than 24 hours after the administration of cytotoxic chemotherapy.

Pegfilgrastim is not indicated and requests will not be considered for the following:

- Myeloid malignancies
- Pediatric patients with cancer receiving myelosuppressive chemotherapy
- Non-malignant neutropenias
- Stem-cell transplantation
- Treatment of prevention of febrile neutropenia in the palliative setting

Note: Filgrastim (Neupogen®) dosing is 5 mcg/kg/day. For patients ≤ 60 kg who are prescribed filgrastim 300mcg for 9 or fewer days, the cost for filgrastim therapy is less than the cost of pegfilgrastim 6mg.

SPECIAL AUTHORIZATION – REVISED CRITERIA

Carvedilol *(Coreg®)* 3.125mg, 6.25mg, 12.5mg and 25mg tablets	For the treatment of stable symptomatic heart failure in patients with a left ventricular ejection fraction (LVEF) less than or equal to 40%. Prescriptions written by cardiologists or internists do not require special authorization.

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.

Delta-9-tetrahydrocannabinol (THC) / Cannabidiol – in advanced cancer pain	*(Sativex®)*	27mg/mL/25mg/mL – 5.5mL buccal spray
Lanthanum carbonate hydrate	*(Fosrenol®)*	250mg, 500mg, 750mg and 1000mg chewable tablets
Posaconazole	*(Spriafil ™)*	40mg/mL oral suspension
Sitaxsentan	*(Thelin ™)*	100mg tablets

Pegfilgrastim (Neulasta®)
Pilot Project to Assess Usage

BACKGROUND

Pegfilgrastim (Neulasta®) is a long-acting form of recombinant human granulocyte colony-stimulating factor. Pegfilgrastim is indicated to decrease the incidence of infection, as manifested by febrile neutropenia, in patients with non-myeloid malignancies receiving myelosuppressive anti-neoplastic drugs. Currently, NBPDP lists filgrastim (Neupogen®) under special authorization for this indication.

The Canadian Expert Drug Advisory Committee (CEDAC) recommended that pegfilgrastim be listed for patients with non-myeloid cancer who are receiving regimens with curative intent who are at high risk of developing prolonged neutropenia. In cancer patients who have received myelosupressive chemotherapy, filgrastim is administered once daily for a maximum of 14 days. Pegfilgrastim is administered as one single injection per cycle of chemotherapy. The cost of pegfilgrastim compared to that of filgrastim may be higher or lower depending on the dose, duration, patient and clinical practice.

PEGFILGRASTIM (Neulasta®) PROJECT

Effective August 1, 2008, a pilot project will be implemented to monitor the usage of pegfilgrastim. During the pilot project, NBPDP will provide coverage for pegfilgrastim through special authorization and assess its utilization in beneficiaries who meet the criteria. Upon completion of the pilot project, a determination will be made with respect to the benefit status for pegfilgrastim on the NBPDP formulary.

ROLE OF AMGEN CANADA PATIENT ASSISTANCE PROGRAM (VICTORY®)

Pegfilgrastim will be supplied to NBPDP beneficiaries through Amgen Canada's Victory Program Pharmacy (Keswick Pharmacy). Once the special authorization request has been approved, the prescribing physician or their delegate enrols the patient in the manufacturer's Victory Program. The Victory Program enrolment form should be completed and faxed, along with a copy of the prescription, to 1-888-987-2201.

The prescribed quantity of pegfilgrastim is delivered by the Victory Program directly to the patient. The Victory Program pharmacist will provide pharmacy consultation to the patient regarding pegfilgrastim, schedule delivery to the patient, and fill the prescription via cold chain certified delivery.

Victory customer service representatives are available to answer questions from patients or healthcare providers at any time of the day or night at 1-888-706-4717.

MAXIMUM ALLOWABLE PRICE FOR PEGFILGRASTIM (Neulasta®)

A maximum allowable price (MAP) has been established for pegfilgrastim. Claims for pegfilgrastim submitted by pharmacies not associated with the Victory Program will be reimbursed up to the MAP, but no dispensing or other fees will be paid.

FILGRASTIM (Neupogen®) BENEFIT STATUS UNCHANGED

The special authorization criteria, approval process, dispensing and claims reimbursement process for filgrastim (Neupogen®) have not changed. Filgrastim is still listed as a special authorization benefit for NBPDP beneficiaries. Enrolment in the Victory Program is not required.

Filgrastim continues to be the preferred agent in a number of situations:

- Filgrastim is approved for additional indications which Pegfilgrastim has not received Health Canada approval.
- For patients ≤ 60 kg who are prescribed filgrastim 300mcg for 9 or fewer days, the cost of filgrastim therapy is less than the cost of pegfilgrastim 6mg.

FILGRASTIM / PEGFILGRASTIM SPECIAL AUTHORIZATION FORM

A form has been developed to assist with the submission of special authorization requests. This form is available on the NBPDP website at www.gnb.ca/0051/0212/index-e.asp. If you have any questions, please call the NBPDP Inquiry line at 1-800-332-3691.

Bulletin # 727 September 18, 2008

BENEFIT CHANGES TO NBPDP

Please find attached lists of **interchangeable product additions** to the New Brunswick Prescription Drug Program Formulary and non-listed products subject to a Maximum Allowable Price (MAP).

Claims for products that are reimbursed at Actual Acquisition Cost up to October 21, 2008 will be subject to a Maximum Allowable Price (MAP) effective October 22, 2008.

If you would prefer to receive bulletins electronically rather than in hard copy, please send a message to BC_nbpdp@medavie.bluecross.ca or call 1-800-332-3691. Bulletins are also available on the NBPDP web page: www.gnb.ca/0051/0212/index-e.asp.

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 BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

							to Oct 21/08	MAP Oct 22/08
Butalbital/Acetylsalicylic Acid/Caffeine Butalbital/acide acétylsalicylique/caféine								
Cap Caps	Orl	50mg/330mg/40mg	ratio-Tecnal	608238	RPH	W	AAC	0.5038
Butalbital/Acetylsalicylic Acid/Caffeine/Codeine Phosphate Butalbital/acide acétylsalicylique/caféine/codéine (phosphate de)								
Cap Caps	Orl	50mg/330mg/40mg/15mg	ratio-Tecnal C1/4	608203	RPH	W	AAC	0.5400
Butalbital/Acetylsalicylic Acid/Caffeine/Codeine Phosphate Butalbital/acide acétylsalicylique/caféine/codéine (phosphate de)								
Cap Caps	Orl	50mg/330mg/40mg/30mg	ratio-Tecnal C1/2	608181	RPH	W	AAC	0.6615
Cefazolin Sodium Céfazoline sodique								
Pws Pds	Inj	500mg	Cefazolin	2308932	SDZ	BEFGW	AAC	4.0000
		1gm	Cefazolin	2308959	SDZ	BEFGW	AAC	6.0000
Ceftriaxone Disodium Ceftriaxone disodique								
Pws Pds	Inj	250mg	Ceftriaxone	2292866	APX	BEFGW	AAC	7.5300
		1gm	Ceftriaxone	2292874	APX	BEFGVW	MAP	
Ciprofloxacin Hydrochloride Ciprofloxacine (chlorhydrate de)								
Tab Co.	Orl	250mg	Ran-Ciproflox	2303728	RAN	BW & Spec. Auth.	MAP	
		500mg	Ran-Ciproflox	2303736	RAN	BW & Spec. Auth.	MAP	
		750mg	Ran-Ciproflox	2303744	RAN	BW & Spec. Auth.	MAP	

Note: All currently listed brands of ciprofloxacin 250mg, 500mg & 750mg tablets are now regular benefits of Plan B.

Clonidine Hydrochloride Clonidine (chlorhydrate de)								
Tab Co.	Orl	0.025mg	Novo-Clonidine	2304163	NOP	AEFGVW	MAP	
Cyclosporine								
Liq	Orl	100mg/mL	Apo-Cyclosporine	2244324	APX	R	AAC	3.7708
Fentanyl Transdermal Fentanyl transdermal de								
Srd	Trd	12mcg	ratio-Fentanyl	2311925	RPH	Spec. Auth.	AAC	3.1980

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

							to Oct 21/08	MAP Oct 22/08
Gabapentin Gabapentine								
Tab Orl Co.	600mg	Apo-Gabapentin	2293358	APX	Spec. Auth.		MAP	
	800mg	Apo-Gabapentin	2293366	APX	Spec. Auth.		MAP	
Gliclazide								
ERT Orl Co. L.P.	30mg	Diamicron MR	2242987	SEV	ABEFGVW		AAC	0.1405
		Apo-Gliclazide MR	2297795	APX				
Pantoprazole Sodium Pantoprazole sodique								
ECT Orl Co. Ent.	20mg	ratio-Pantoprazole	2308681	RPH	Spec. Auth.		MAP	
		Sandoz-Pantoprazole	2301075	SDZ				
	40mg	Co-Pantoprazole	2300486	COB	Spec. Auth.		MAP	
		Gen-Pantoprazole	2299585	GPM				
		pms-Pantoprazole	2307871	PMS				
		ratio-Pantoprazole	2308703	RPH				
		Sandoz-Pantoprazole	2301083	SDZ				
Quetiapine Fumarate Quétiapine (fumarate de)								
Tab Orl Co.	25mg	Co-Quetiapine	2316080	COB	AEFGVW		AAC	0.3458
		Gen-Quetiapine	2307804	GPM				
		Novo-Quetiapine	2284235	NOP				
		pms-Quetiapine	2296551	PMS				
		ratio-Quetiapine	2311704	RPH				
	100mg	Co-Quetiapine	2316099	COB	AEFGVW		AAC	0.9226
		Gen-Quetiapine	2307812	GPM				
		Novo-Quetiapine	2284243	NOP				
		pms-Quetiapine	2296578	PMS				
		ratio-Quetiapine	2311712	RPH				
	200mg	Co-Quetiapine	2316110	COB	AEFGVW		AAC	1.8527
		Gen-Quetiapine	2307839	GPM				
		Novo-Quetiapine	2284278	NOP				
		pms-Quetiapine	2296594	PMS				
		ratio-Quetiapine	2311747	RPH				
	300mg	Co-Quetiapine	2316129	COB	AEFGVW		AAC	2.7038
		Gen-Quetiapine	2307847	GPM				
		Novo-Quetiapine	2284286	NOP				
		pms-Quetiapine	2296608	PMS				
		ratio-Quetiapine	2311755	RPH				

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

							to Oct 21/08	MAP Oct 22/08
Ramipril								
Cap Caps	Orl	1.25mg	Gen-Ramipril	2301148	GPM	AEFGVW	MAP	
		2.5mg	Gen-Ramipril	2301156	GPM	AEFGVW	MAP	
		5mg	Gen-Ramipril	2301164	GPM	AEFGVW	MAP	
		10mg	Gen-Ramipril	2301172	GPM	AEFGVW	MAP	
Valacyclovir								
Tab Co.	Orl	500mg	Apo-Valacyclovir	2295822	APX	AEFGVW	AAC	2.5443
			pms-Valacyclovir	2298457	PMS			
Venlafaxine Hydrochloride Venlafaxine (chlorhydrate de)								
SRC Caps. L.L.	Orl	37.5mg	Gen-Venlafaxine XR	2310279	GPM	AEFGVW	MAP	
			Sandoz-Venlafaxine XR	2310317	SDZ			
		75mg	Gen-Venlafaxine XR	2310287	GPM	AEFGVW	MAP	
			Sandoz-Venlafaxine XR	2310325	SDZ			
		150mg	Gen-Venlafaxine XR	2310295	GPM	AEFGVW	MAP	
			Sandoz-Venlafaxine XR	2310333	SDZ			

NON-LISTED PRODUCTS SUBJECT TO MAP / PRODUITS NE FIGURANT PAS SUR LA LISTE ASSUJETIS AUX PAM

							to Oct 21/08	MAP Oct 22/08
Brimonidine Tartrate								
Liq	Oph	0.15%	Apo-Brimonidine P	2301334	APX		AAC	1.7330
Naproxen								
ECT Co. Ent.	Orl	375mg	pms-Naproxen EC	2294702	PMS		MAP	
		500mg	pms-Naproxen EC	2294710	PMS		MAP	

Bulletin #732 October 31, 2008

Payment of Claims for NBPDP Benefits Prescribed by NB Pharmacists

It is the intent of the New Brunswick Prescription Drug Program (NBPDP) to accommodate recent changes to the NB Pharmacy Act and Regulations enabling pharmacist prescribing. However, an amendment to the Regulations of the *Prescription Drug Payment Act* adding pharmacist to the definition of prescriber is required to enable payment of claims for NBPDP benefits prescribed by a licensed pharmacist in New Brunswick.

Another bulletin will be forthcoming once this amendment has been signed by the Lieutenant-Governor. At that time NBPDP will reimburse claims prescribed by pharmacists (as detailed below) subject to the drug being a benefit listed on the NBPDP Formulary.

NBPDP Recognition of Pharmacist Prescribing

NBPDP will recognize all prescribing authorities extended under Section 19.01 of the Regulations to the *Pharmacy Act*.

These include:

- Adapting a prescription
- Altering dose, formulation, regimen
- Renewing a Rx for continuity of care
- Continuing therapy without a prescription for a previously diagnosed condition
- Therapeutic substitution
- Prescribing non-prescription drugs, treatments and devices
- Prescribing in an emergency
- Collaborative practice prescribing

Procedure for Submitting Claims Once the *Prescription Drug Payment Act* Regulation Has Been Approved

For the purpose of claims payment all claims submitted to NBPDP which have been prescribed by a New Brunswick Pharmacist must contain the license number of the prescribing pharmacist as issued by the New Brunswick Pharmaceutical Society preceded by a prefix of **8000**. Example: NB Pharmacist license number 2325 should be entered as 80002325 in the "Prescriber ID" field of your pharmacy vendor software.

It is also recommended to insert the two digit Prescriber ID Reference number in the assigned field as this will soon become mandatory. In New Brunswick, the prescriber ID reference numbers are:

College of Physicians and Surgeons of NB	(41)
NB Dental Society	(45)
NB Pharmaceutical Society	(46)
NB Association of Optometrists	(47)
Nurses Association of NB	(48)

Information on Other Prescribing Related Activities

Presently, the NBPDP is exploring options to enable the submission of Special Authorization requests by prescribing pharmacists. Additional information on this matter will be forthcoming. The Quantitative Limit policy is undergoing a review. Updates to this policy will be communicated following the conclusion of this review.

If you have any questions please contact our office at 1-800-332-3691

Bulletin #734 November 12, 2008

Oseltamivir (Tamiflu®) for NBPDP Beneficiaries in Long-term Care Facilities

Information for Pharmacies Providing Services to Licensed Nursing Homes

Oseltamivir (Tamiflu®) is available as a special authorization benefit for NBPDP beneficiaries who are residents of long-term care (LTC) facilities (refers to licensed nursing homes and does not include special care homes.) The following protocol has been developed by Public Health for the treatment of infected patients and prophylaxis during influenza outbreaks in LTC facilities.

- In the event of a respiratory outbreak in a LTC facility, the attending physician or the facility's Medical Advisor/House Physician will consult with the regional MOH to determine if the cause of the outbreak is, or believed to be due to influenza.
- If the cause of the outbreak is determined to be, or likely to be, influenza, the MOH will make general recommendations regarding antiviral use in the facility. The responsibility for individual resident treatment decisions during the outbreak remains with the attending physician. The process for coverage is as follows:
  - Oseltamivir: Special authorization NBPDP benefit, Plan V only
    - Option for treatment or prophylaxis of influenza A or influenza B
  - Amantadine: Regular NBPDP benefit
    - **<u>Note</u>: Although amantadine has been an option in the past for the treatment and prophylaxis of influenza A, it is <u>not</u> currently recommended by the National Advisory Committee on Immunization (NACI) because of observed increased levels of resistance.**
- When antiviral medication is being considered for treatment of a resident who is symptomatic, it is important to confirm that the influenza symptoms have been present for *less* than 48 hours. Antiviral medication is unlikely to benefit residents who have been ill for more than 48 hours.

The 2008-2009 NACI Statement provides information regarding vaccination as well as antiviral therapy, including recommendations for the use of oseltamivir. Amantadine is not recommended, however, this recommendation may be revised should new information become available. The full 2008-2009 NACI Statement, including dosing guidelines, can be accessed at: http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/08vol34/acs-3/index-eng.php.

Process for Coverage of Oseltamivir

NBPDP Special Authorization Approval:

If antiviral use is recommended by the MOH, the LTC facility's Medical Advisor/House Physician or other staff designated by the facility will notify the NBPDP of the decision to start oseltamivir therapy in that LTC facility by calling the NBPDP Inquiry line: 1-800-332-3691.

After hours, a message containing the following information should be left:

- Date of message
- Name and address of LTC facility
- Name of pharmacy filling the prescriptions for oseltamivir and
- Name and telephone number of a contact person at the LTC facility in case the NBPDP needs to clarify any details.

The LTC facility's pharmacist should be contacted at the same time as the NBPDP to allow time to secure and dispense the quantity of oseltamivir required.

On-Line Payment of Special Authorization Claims for Oseltamivir:

When notified by the LTC facility that oseltamivir therapy has been ordered for residents, NBPDP will initiate special authorization approval for all beneficiaries of Plan V (nursing home residents) in the facility. NBPDP will notify the pharmacy when special authorization for oseltamivir has been activated and the pharmacy can then bill claims on-line. Approval for oseltamivir for relief care residents who are not beneficiaries of Plan V must be done separately. The LTC facility must notify NBPDP if they have any relief care residents.

SPECIAL AUTHORIZATION CRITERIA

Oseltamivir *(Tamiflu®)* 75mg caps	For beneficiaries residing in long-term care facilities* during an influenza outbreak situation and further to the general recommendation of a Medical Officer of Health on antiviral use: • For treatment of long-term care residents with clinically suspected or lab confirmed influenza A or B. A clinically suspected case is one in which the patient meets the criteria of influenza-like illness and there is confirmation of influenza A or B circulating within the facility or surrounding community. • For prophylaxis of long-term care residents where the facility has an influenza A or B outbreak. Prophylaxis should be continued until the outbreak is over. An outbreak is declared over 7 days after the onset of the last case in the facility. * In these criteria, *long-term care facility* refers to a licensed nursing home and does not include special care homes.

Bulletin #735 November 20, 2008

Claims Now Accepted for NBPDP Benefits Prescribed by NB Pharmacists

The Regulations of the *Prescription Drug Payment Act* have been amended adding pharmacist to the definition of prescriber.

NBPDP will now reimburse claims prescribed by New Brunswick pharmacists subject to the drug being a benefit listed on the NBPDP Formulary.

NBPDP recognizes all prescribing authorities extended under Section 19.01 of the Regulations to the *Pharmacy Act*.

Procedure for Submitting Claims

For the purpose of claims payment all claims submitted to NBPDP which have been prescribed by a New Brunswick Pharmacist must contain the license number of the prescribing pharmacist as issued by the New Brunswick Pharmaceutical Society preceded by a prefix of **8000**. Example:
NB Pharmacist license number 2325 should be entered as 80002325 in the "Prescriber ID" field of your pharmacy vendor software.

The pharmacist directory can be accessed under the Consumer Info tab of the NBPhS homepage:
http://www.nbpharmacists.ca/ConsumerInfo/PharmacistDirectory/tabid/472/language/en-CA/default.aspx

It is also recommended to insert the two digit Prescriber ID Reference number in the assigned field as this will soon become mandatory. In New Brunswick, the prescriber ID reference numbers are:

College of Physicians and Surgeons of NB	(41)
NB Dental Society	(45)
NB Pharmaceutical Society	(46)
NB Association of Optometrists	(47)
Nurses Association of NB	(48)

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

Bulletin #737 November 26, 2008

BENEFIT CHANGES TO NBPDP

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective November 26, 2008.

Included in this bulletin:

- **Regular Benefit Additions**
- **Special Authorization Additions and Revised Criteria**
- **Drugs Reviewed and Not Listed**

To subscribe or unsubscribe from the Bulletin e-mail notification list, please send a message to BC_nbpdp@medavie.bluecross.ca or call 1-800-332-3691. Bulletins are also available on the NBPDP web page: www.gnb.ca/0051/0212/index-e.asp

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	$
Darbepoetin					
Liq Inj 130mcg	Aranesp®	2246358	AGA	W	AAC

SPECIAL AUTHORIZATION ADDITIONS

Acamprosate calcium *(Campral®)* 333mg tablets	For the maintenance of abstinence from alcohol in patients with alcohol dependence who have been abstinent for at least four days, and who have contraindications to naltrexone (e.g. currently receiving opioids, acute hepatitis or liver failure). Treatment with acamprosate should be part of a comprehensive management plan that includes counseling.
Emtricitabine / tenofovir disoproxil fumarate / efavirenz *(Atripla™)* 200/300/600mg tablets	For the treatment of HIV-1 infection in patients (Plan U beneficiaries) where the combination of tenofovir, emtricitabine and efavirenz is indicated, and: • Atripla™ is used to replace existing therapy with its component drugs, or • the patient is treatment naive, or • the patient has established viral suppression but requires antiretroviral therapy modification due to intolerance or adverse effects.
Lansoprazole *(Prevacid FasTab®)* 15mg tablets	For patients who meet the special authorization criteria for a proton pump inhibitor and require administration through a feeding tube.
Raltegravir (Isentress™) 400mg tablets	For the treatment of HIV infection in patients (Plan U beneficiaries) who are antiretroviral experienced and have virologic failure due to resistance to at least one agent from each of the three major classes of antiretrovirals (i.e. nucleoside/tide reverse transcriptase inhibitors, non-nucleoside reverse transcriptase inhibitors and protease inhibitors.)

SPECIAL AUTHORIZATION – REVISED CRITERIA

Alendronate
(Fosamax®and generics)
10mg and 70mg tablets

Risedronate
(Actonel®)
5mg and 35mg tablets

1. For the treatment of osteoporosis:
   - with documented fragility fracture or;
   - without documented fractures in patients at high 10-year fracture risk (see fracture risk tables).
2. For prophylaxis of corticosteroid induced osteoporosis in patients who will be or have been on systemic corticosteroid therapy for ≥ 3 months.

Women			
Age (years)	10-YEAR RISK		
	Low Risk < 10%	Moderate Risk 10% - 20%	High Risk > 20%
	LOWEST T-SCORE Lumbar spine, total hip, femoral neck, trochanter		
50	> - 2.3	- 2.3 to - 3.9	< - 3.9
55	> - 1.9	- 1.9 to - 3.4	< - 3.4
60	> - 1.4	- 1.4 to - 3.0	< - 3.0
65	> - 1.0	- 1.0 to – 2.6	< - 2.6
70	> - 0.8	- 0.8 to – 2.2	< - 2.2
75	> - 0.7	- 0.7 to – 2.1	< - 2.1
80	> - 0.6	- 0.6 to – 2.0	< - 2.0
85	> - 0.7	- 0.7 to – 2.2	< - 2.2

Men			
Age (years)	10-YEAR RISK		
	Low Risk < 10%	Moderate Risk 10% - 20%	High Risk > 20%
	LOWEST T-SCORE Lumbar spine, total hip, femoral neck, trochanter		
50	>-3.4	<=-3.4	---
55	>-3.1	<=-3.1	---
60	>-3.0	<=-3.0	---
65	>-2.7	<=-2.7	---
70	>-2.1	-2.1 to -3.9	<-3.9
75	>-1.5	-1.5 to -3.2	<-3.2
80	>-1.2	-1.2 to -3.0	<-3.0
85	>-1.3	-1.3 to -3.3	<-3.3

Ref: Can Assoc Radiol J, 2005; 56(3): 178-88

Calcitonin salmon
(Miacalcin®)
200 IU nasal spray

1. For the treatment of osteoporosis
   - with documented fragility fracture when alendronate, risedronate and raloxifene are not tolerated or contraindicated or:
   - without documented fractures in patients at high 10-year fracture risk (see fracture risk tables) and alendronate, risedronate and raloxifene are not tolerated or contraindicated.

2. For the short term (up to 3 months) treatment of pain associated with osteoporotic fragility fractures, bone metastases or pathological fractures.

Raloxifene
(Evista®)
60mg tablets

For the treatment of postmenopausal osteoporosis
- with documented fragility fracture when bisphosphonates are not tolerated or contraindicated or
- without documented fractures in patients at high 10-year fracture risk (see fracture risk tables) when bisphosphonates are not tolerated or contraindicated.

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.

Fenofibrate nanocrystals - resubmission	*(Lipidil EZ®)*	48mg and 145mg tablets
Paliperidone	*(Invega™)*	3mg, 6mg and 9mg extended release tablets
Tramadol hydrochloride	*(Tridural™)*	100mg, 200mg and 300mg tablets

Bulletin # 738 December 10, 2008

BENEFIT CHANGES TO NBPDP

Please find attached lists of **interchangeable product additions** to the New Brunswick Prescription Drug Program Formulary and non-listed products subject to a Maximum Allowable Price (MAP).

Claims for products that are reimbursed at Actual Acquisition Cost up to January 20, 2009 will be subject to a Maximum Allowable Price (MAP) effective January 21, 2009.

To subscribe or unsubscribe from the Bulletin e-mail notification list, please send a message to BC_nbpdp@medavie.bluecross.ca or call 1-800-332-3691. Bulletins are also available on the NBPDP web page: www.gnb.ca/0051/0212/index-e.asp

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

Yours truly,

Debbie LeBlanc
New Brunswick Prescription Drug Program

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

								to Jan 20/09	MAP Jan 21/09
Bupropion Hydrochloride Bupropion (chlorhydrate de)									
SRT Co. L.L.	Orl	150mg	pms-Bupropion SR	2313421	PMS	AEFGVW	MAP		
Cefazolin Sodium Céfazoline sodique									
Pws Pds.	Inj	1gm	Cefazolin	2297205	APX	BEFGW	MAP		
Citalopram Hydrobromide Citalopram (bromhydrate de)									
Tab Co.	Orl	20mg	Jamp-Citalopram Odan-Citalopram	2313405 2306239	JPC ODN	AEFGVW	MAP		
		40mg	Jamp-Citalopram Odan-Citalopram	2313413 2306247	JPC ODN	AEFGVW	MAP		
Diclofenac Sodium Diclofénac sodique									
Sup Supp.	Rt	50mg	Sandoz-Diclofenac (new formulation)	2261928	SDZ	AEFGVW	MAP		
		100mg	Sandoz-Diclofenac (new formulation)	2261936	SDZ	AEFGVW	MAP		
Diltiazem Hydrochloride Diltiazem (chlorhydrate de)									
ERC Caps. L.P.	Orl	120mg	Apo-Diltiazem TZ	2291037	APX	AEFVW	MAP		
		180mg	Apo-Diltiazem TZ	2291045	APX	AEFVW	MAP		
		240mg	Apo-Diltiazem TZ	2291053	APX	AEFVW	MAP		
		300mg	Apo-Diltiazem TZ	2291061	APX	AEFVW	MAP		
		360mg	Apo-Diltiazem TZ	2291088	APX	AEFVW	MAP		
Etidronate Disodium/calcium Etidronate disodique/calcique									
Tab Co.	Orl	400mg/500mg	Co-Etidrocal	2263866	COB	AEFVW	AAC	29.9900	
Famciclovir									
Tab Co.	Orl	125mg	Co-Famciclovir	2305682	COB	AEFGVW	MAP		
		250mg	Co-Famciclovir	2305690	COB	AEFGVW	MAP		
		500mg	Co-Famciclovir	2305704	COB	AEFGVW	MAP		

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

							to Jan 20/09	MAP Jan 21/09
Gabapentin Gabapentine								
Tab Co.	Orl	600mg	pms-Gabapentin	2255898	PMS	Spec. Auth.	MAP	
		800mg	pms-Gabapentin	2255901	PMS	Spec. Auth.	MAP	
Leflunomide Léflunomide								
Tab Co.	Orl	10mg	Gen-Leflunomide	2319225	GPM	Spec. Auth.	MAP	
		20mg	Gen-Leflunomide	2319233	GPM	Spec. Auth.	MAP	
Ondansetron Hydrochloride Dihydrate Ondansétron dihydraté (chlorhydrate d')								
Tab Co.	Orl	4mg	Mint-Ondansetron Odan-Ondansetron	2305259 2306212	MNT ODN	W & Spec. Auth.	MAP	
		8mg	Mint-Ondansetron Odan-Ondansetron	2305267 2306220	MNT ODN	W & Spec. Auth.	MAP	
Paroxetine								
Tab Co.	Orl	20mg	Sandoz-Paroxetine (new formulation)	2269430	SDZ	AEFGVW	MAP	
		30mg	Sandoz-Paroxetine (new formulation)	2269449	SDZ	AEFGVW	MAP	
Pramipexole Dihydrochloride (Monohydrate) Pramipexole dihydrochloride								
Tab Co.	Orl	0.25mg	Sandoz-Pramipexole	2315262	SDZ	AEFVW	MAP	
		0.5mg	Sandoz-Pramipexole	2315270	SDZ	AEFVW	MAP	
		1mg	Sandoz-Pramipexole	2315289	SDZ	AEFVW	MAP	
		1.5mg	Sandoz-Pramipexole	2315297	SDZ	AEFVW	MAP	
Quetiapine Fumarate Quétiapine (fumarate de)								
Tab Co.	Orl	25mg	Apo-Quetiapine Sandoz-Quetiapine	2313901 2313995	APX SDZ	AEFGVW	MAP	
		100mg	Apo-Quetiapine Sandoz-Quetiapine	2313928 2314002	APX SDZ	AEFGVW	MAP	
		150mg	Novo-Quetiapine	2284251	NOP	AEFGVW	AAC	1.3518

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

							to Jan 20/09	MAP Jan 21/09
Quetiapine Fumarate Quétiapine (fumarate de)								
Tab Co.	Orl	200mg	Apo-Quetiapine Sandoz-Quetiapine	2313936 2314010	APX SDZ	AEFGVW	MAP	
		300mg	Apo-Quetiapine Sandoz-Quetiapine	2313944 2314029	APX SDZ	AEFGVW	MAP	
Rabeprazole Sodium Rabéprazole sodique								
ECT Co. Ent.	Orl	10mg	pms-Rabeprazole EC	2310805	PMS	ABEFGVW	MAP	
		20mg	pms-Rabeprazole EC	2310813	PMS	ABEFGVW	MAP	
Ranitidine Hydrochloride Ranitidine (chlorhydrate de)								
Tab Co.	Orl	150mg	Apo-Ranitidine (new formulation)	733059	APX	ABEFGVW	MAP	
		300mg	Apo-Ranitidine (new formulation)	733067	APX	ABEFGVW	MAP	
Vitamin D2 Vitamin d2								
Dps Gttes	Orl	8288IU/mL	Erdol (Drisodan)	80003615	ODN	AEFGVW	AAC	0.3520

NON-LISTED PRODUCTS SUBJECT TO MAP / PRODUITS NE FIGURANT PAS SUR LA LISTE ASSUJETIS AUX PAM

							to Jan 20/09	MAP Jan 21/09
Alfuzosin Hydrochloride Alfuzosine (chlorhydrate d')								
ERT Co. L.P.	Orl	10mg	Apo-Alfuzosin	2315866	APX		AAC	0.7450
Cefazolin Sodium Céfazoline sodique								
Pws Pds.	Inj	10gm	Cefazolin	2297213	APX		AAC	56.0000
Paroxetine								
Tab Co.	Orl	10mg	Sandoz-Paroxetine (new formulation)	2269422	SDZ		MAP	
Piperacillin Sodium/Tazobactam Sodium Pipéracilline sodique/Tazobactam sodique								
Pws Pds.	Inj	2g/0.25g	Piperacillin & Tazobactam	2308444	APX		AAC	0.3377
		3g/0.375g	Piperacillin & Tazobactam	2308452	APX		AAC	0.5067
		4g/0.5g	Piperacillin & Tazobactam	2308460	APX		AAC	0.4223
Ranitidine Hydrochloride Ranitidine (chlorhydrate de)								
Tab Co.	Orl	75mg	Apo-Ranitidine (new formulation)	2230507	APX		AAC	0.1663

Bulletin #739 December 22, 2008

NBPDP DISPENSING FEE INCREASE

The following dispensing fee schedule will be effective January 1, 2009:

Ingredient Cost/Prescription	Dispensing Fee	Dispensing Fee for Compounds
$0.00 - $99.99	$8.90	$13.35
$100.00 - $199.99	$11.40	$17.10
$200.00 - $499.99	$16.50	$17.50
$500.00 - $999.99	$21.50	$21.50
$1000.00 - $1999.99	$61.50	$61.50
$2000.00 - $2999.99	$81.50	$81.50
$3000.00 - $3999.99	$101.50	$101.50
$4000.00 – $4999.99	$121.50	$121.50
$5000.00 – $5999.99	$141.50	$141.50
greater than or equal to $6000.00	$161.50	$161.50

Note: Dispensing physicians will be reimbursed 80% of the applicable fee listed in the above table.

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

Yours truly,

Debbie LeBlanc
New Brunswick Prescription Drug Program

Bulletin #740 December 23, 2008

BENEFIT CHANGES TO NBPDP

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective December 23, 2008.

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	$
Niacin + lovastatin					
Tab Orl 1000/40 mg	Advicor®	2293501	SEP	AEFGVW	AAC
Valsartan					
Tab Orl 320 mg	Diovan®	2289504	NVR	AEFGVW	AAC

SPECIAL AUTHORIZATION ADDITIONS

Methylphenidate
(Biphentin®)
80 mg capsules

For the treatment of Attention-Deficit Hyperactivity Disorder (ADHD) in children age 6 to18 years who demonstrate significant symptoms and who have tried immediate release and slow release methylphenidate with unsatisfactory results.

Requests will be considered from specialists in pediatric psychiatry, pediatricians or general practitioners with expertise in ADHD.

SPECIAL AUTHORIZATION – REVISED CRITERIA

Clopidogrel
(Plavix®)
75 mg tablets

The duration of coverage has been extended when used for the prevention of vascular ischemic events in patients who have been hospitalized with non-ST elevation acute coronary syndrome (NSTE-ACS) (i.e. unstable angina or non-ST segment elevation myocardial infarction) in combination with ASA for a period of three months.

Longer term combination therapy may be considered for a period of 12 months post NSTE-ACS for patients:

- with a second acute coronary syndrome within 12 months, or
- with complex or extensive CAD (i.e. diffuse 3 vessel CAD not amendable to revascularization), or
- who have had a previous stroke, transient ischemic attack or symptomatic PAD

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.

Aliskiren	*(Rasilez®)*	150 mg & 300 mg tablets
Mixed amphetamine salts	*(Adderall XR®)*	5, 10, 15, 20, 25, & 30 mg capsules
Donepezil	*(Aricept RDT™)*	5 mg & 10 mg rapidly disintegrating tablets
Sitagliptin	*(Januvia™)*	100 mg tablets
Tramadol hydrochloride	*(Ralivia™)*	100 mg, 200 mg, & 300 mg tablets
Zoledronic acid – for osteoporosis in post-menopausal women	*(Aclasta®)*	5 mg/100 mL vial for IV infusion

Bulletin #743 February 9, 2009

BENEFIT CHANGES TO NBPDP

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective February 9, 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	$
Amiodarone							
Tab	Orl	100 mg	pms-Amiodarone	2292173	PMS	AEFGVW	AAC
Atazanavir							
Cap	Orl	300 mg	Reyataz®	2294176	BRI	U	AAC
Hydrochlorothiazide							
Tab	Orl	12.5 mg	pms- Hydrochlorothiazide	2274086	PMS	AEFGVW	AAC
Paroxetine							
Tab	Orl	40 mg	pms-Paroxetine	2293749	PMS	AEFGVW	AAC
Pantoprazole Mg							
Tab	Orl	40 mg	Tecta™* (formerly Pantoloc M)	2267233	NYC	AEFGVW	MAP $1.20

***Tecta™ prescribed in doses higher than 40 mg daily will require special authorization (see criteria under PPIs in the NBPDP formulary). A bi-annual quantity limit of 200 tablets has been established.**

SPECIAL AUTHORIZATION ADDITIONS

Duloxetine – for DPNP *(Cymbalta™)* 30 mg and 60 mg capsules	For the treatment of peripheral neuropathic pain in diabetic patients who have failed treatment with at least 2 other less costly agents used for the treatment of neuropathic pain. (i.e. tricyclic antidepressants or an anticonvulsant). The maximum allowable dose is 60 mg/day.
Etravirine *(Intelence™)* 100 mg tablets	For the treatment of HIV-1 infection in patients (plan U beneficiaries) who are antiretroviral experienced and have virologic failure due to HIV-1 strains resistant to multiple antiretroviral agents, including other non-nucleoside reverse transcriptase inhibitors.
Ziprasidone hydrochloride *(Zeldox™)* 20 mg, 40 mg, 60 mg, 80 mg capsules	For the acute and maintenance treatment of schizophrenia and schizoaffective disorder. Advice from a psychiatrist is suggested prior to starting therapy. Prescriptions written by New Brunswick psychiatrists <u>*do not*</u> require special authorization. Subsequent refills will not require special authorization.

CHANGE IN BENEFIT STATUS – SPECIAL AUTHORIZATION CRITERIA

Olanzapine
(Zyprexa® Zydis®)
5 mg, 10mg, 15 mg oral disintegrating tablets

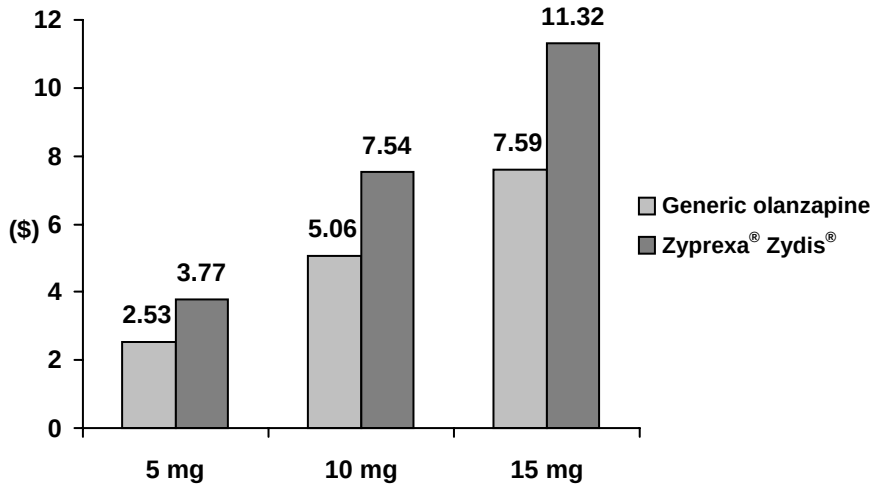
Effective Date: Feb 19, 2009

Prescriptions for Zyprexa® Zydis® written by all physicians will now require special authorization. Patients currently receiving Zyprexa® Zydis® will be automatically approved for long-term special authorization. The special authorization criteria are as follows:

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.

Olanzapine Costs (NBPDP)



For the cost of treating 2 patients with Zyprexa® Zydis®, 3 patients could be treated with generic olanzapine

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.

Duloxetine – for major depressive disorder	*(Cymbalta™)*	30 mg and 60 mg capsules
Infliximab – for psoriatic arthritis	*(Remicade®)*	100 mg injection
Rivastigmine	*(Exelon®Patch)*	4.6 mg/24hr and 9.5mg/24hr patches

Bulletin # 745 March 4, 2009

BENEFIT CHANGES TO NBPDP

Please find attached lists of **interchangeable product additions** to the New Brunswick Prescription Drug Program Formulary and non-listed products subject to a Maximum Allowable Price (MAP).

Claims for products that are reimbursed at Actual Acquisition Cost up to April 14, 2009 will be subject to a Maximum Allowable Price (MAP) effective April 15, 2009.

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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

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

							to Apr 14/09	MAP Apr 15/09
Azithromycin Azithromycine								
Pws Pds.	Orl	100mg/5mL	Novo-Azithromycin	2315157	NOP	ABEFGVW	MAP	
		200mg/5mL	Novo-Azithromycin	2315165	NOP	ABEFGVW	MAP	
Ciprofloxacin Ciprofloxacine								
Liq Liq	Orl	2mg/mL	Ciprofloxacin IV	2267462	NOP	W	AAC	0.1198
Citalopram								
Tab Co.	Orl	10mg	Novo-Citalopram pms-Citalopram	2312336 2270609	NOP PMS	AEFGVW	AAC	0.4464
Desogestrel/Ethinyl Estradiol Désogestrel/Éthinylestradiol								
Tab Co.	Orl	0.15mg/0.03mg	Marvelon 21 Apri 21	2042487 2317192	ORG APX	EFGV	AAC	0.4376
		0.15mg/0.03mg	Marvelon 28 Apri 28	2042479 2317206	ORG APX	EFGV	AAC	0.3282
Diclofenac Sodium Diclofénac sodique								
ECT Co. Ent.	Orl	25mg	pms-Diclofenac (new formulation)	2302616	PMS	AEFGVW	MAP	
		50mg	pms-Diclofenac (new formulation)	2302624	PMS	AEFGVW	MAP	
Granisetron Hydrochloride Granisétron (chlorhydrate de)								
Tab Co.	Orl	1mg	Apo-Granisetron	2308894	APX	AEFGVW	AAC	13.5000
Nifedipine Nifédipine								
ERT Co.L.P.	Orl	60mg	Gen-Nifedipine XL	2321149	GPM	AEFGVW	AAC	1.2512
Ondansetron Hydrochloride Dihydrate Ondansétron dihydraté (chlorhydrate d')								
Tab Co.	Orl	4mg	Jamp-Ondansetron Ran-Ondansetron	2313685 2312247	JPC RAN	W & Spec. Auth.	MAP	
		8mg	Jamp-Ondansetron Ran-Ondansetron	2313693 2312255	JPC RAN	W & Spec. Auth.	MAP	

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

								to Apr 14/09	MAP Apr 15/09
Oxycodone Hydrochloride Oxycodone (chlorhydrate d')									
Tab Co.	Orl	5mg	pms-Oxycodone IR	2319977	PMS	W & Spec. Auth.	AAC		0.1776
		10mg	pms-Oxycodone IR	2319985	PMS	W & Spec. Auth.	MAP		
		20mg	pms-Oxycodone IR	2319993	PMS	W & Spec. Auth.	MAP		
Ramipril									
Cap Caps	Orl	1.25mg	Ran-Ramipril Ramipril	2310503 2299372	RAN RIV	AEFGVW	MAP		
		2.5mg	Ran-Ramipril	2310511	RAN	AEFGVW	MAP		
		5mg	Ran-Ramipril	2310538	RAN	AEFGVW	MAP		
		10mg	Ran-Ramipril	2310546	RAN	AEFGVW	MAP		

Bulletin #746 March 16, 2009

BENEFIT CHANGES TO NBPDP

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective March 16, 2009.

Included in this bulletin:

- **Regular Benefit Additions**
- **Special Authorization Additions and Revised Criteria**
- **Drugs Reviewed and Not Listed**
- **Drugs Delisted**

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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	$
Losartan/hydrochlorothiazide					
Tab Orl 100/12.5 mg	Hyzaar®	2297841	FRS	AEFGVW	AAC

SPECIAL AUTHORIZATION ADDITIONS

Buprenorphine/ naloxone *(Suboxone™)* 2 mg/0.5 mg and 8 mg/2 mg sublingual tablets	For the treatment of opioid dependence for patients in whom methadone is contraindicated (e.g. patients at high risk of, or with QT prolongation, or hypersensitivity to methadone). Requests from New Brunswick physicians authorized to prescribe methadone will be considered.
Epoetin alpha *(Eprex®)* 20,000 IU/0.5 mL pre-filled syringe	• Treatment of anemia associated with chronic renal failure. Note: patients on dialysis (end-stage renal disease) receive epoetin through the dialysis units. • Treatment of transfusion dependent anemia related to therapy with zidovudine in HIV-infected patients. • Treatment of transfusion dependent patients with hematologic malignancies whose transfusion requirements are ≥ 2 units of packed red blood cells per month over 3 months. o Initial approval for 12 weeks o 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.
Levodopa/carbidopa/ entacapone *(Stalevo™)* 50/12.5/200 mg, 100/25/200 mg, 150/37.5/200 mg tablets	For the treatment of patients with Parkinson's disease • who are currently receiving immediate-release levodopa/carbidopa and entacapone, OR • who are not well controlled and are experiencing significant "wearing off" symptoms despite optimal therapy with levodopa/decarboxylase.
Maraviroc *(Celsentri™)* 150 mg and 300 mg tablets	For the treatment of HIV-1 infection in patients (Plan U beneficiaries) who have CCR5 tropic viruses and who have documented resistance to at least one agent from each of the three major classes of antiretrovirals (i.e. nucleoside/tide reverse transcriptase inhibitors, non-nucleoside reverse transcriptase inhibitors and protease inhibitors.)

SPECIAL AUTHORIZATION ADDITIONS FOR PLAQUE PSORIASIS

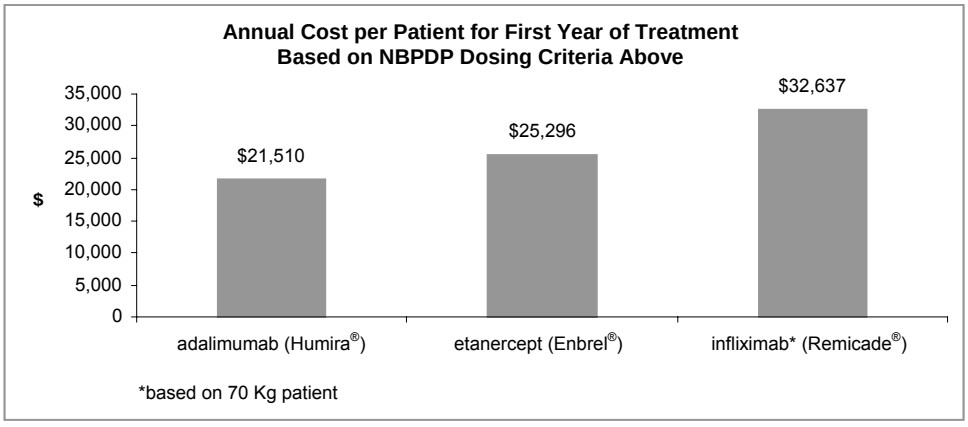
Adalimumab
(Humira®)
40 mg/0.8 mL injection

Etanercept
(Enbrel®)
50 mg pre-filled syringe

Infiximab
(Remicade®)
100 mg injection

See Drugs Delisted section for information on efalizumab (Raptiva®)

- Requests will be considered for treatment of patients with severe, debilitating chronic plaque psoriasis who meet all of the following criteria:
  - Body surface area (BSA) involvement of >10% and/or significant involvement of the face, hands, feet or genital region;
  - Failure to respond to, contraindications to or intolerance to methotrexate and cyclosporine;
  - Failure to respond to, intolerance to or unable to access phototherapy
- Initial approval limited to 16 weeks (for adalimumab) and 12 weeks (for etanercept, or infliximab).
- Continuation of therapy beyond 16 weeks (for adalimumab) and 12 weeks (for etanercept, or infliximab) will be based on response. Patients not responding adequately at these time points should have treatment discontinued with no further treatment with the same agent recommended.
- An adequate response is defined as either:
  - ≥75% reduction in the Psoriasis Area and Severity Index (PASI) score from when treatment started (PASI 75), or
  - ≥50% reduction in the PASI score (PASI 50) with a ≥5 point improvement in the Dermatology Life Quality Index (DLQI) from when treatment started, or
  - A quantitative reduction in BSA affected with qualitative consideration of specific regions such as face, hands, feet, or genital region.
- Must be prescribed by a dermatologist
- Concurrent use of >1 biologic will not be approved
- Approval limited to the following doses:
  - adalimumab dose of 80 mg administered once followed by 40 mg after 1 week of initial dose, then 40 mg every other week thereafter, up to a year (if response criteria met at 16 weeks)
  - etanercept dose of 50 mg twice weekly for an initial 12 weeks, then 50 mg weekly, thereafter up to a year (if response criteria met at 12 weeks)
  - infliximab dose of 5 mg/kg administered at 0, 2, and 6 weeks, then every 8 weeks up to a year (if response criteria met at 12 weeks)



SPECIAL AUTHORIZATION – REVISED CRITERIA

Fentanyl *(Duragesic® and generics)* 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr and 100 mcg/hr transdermal system	For the management of malignant or chronic non-malignant pain in adult patients; • who were previously receiving continuous opioid administration (i.e. not opioid naive), OR • who are unable to take oral therapy
Risperidone *(Risperdal® Consta®)* 25, 37.5, & 50 mg prolonged-release injection	For the treatment of schizophrenia in patients; • for whom compliance with an oral antipsychotic presents problems, OR • who are currently receiving a typical depot antipsychotic and experiencing significant side effects (EPS or TD) or lack of efficacy
Dornase alpha recombinant *(Pulmozyme®)* 1 mg/mL solution	For cystic fibrosis (Plan B) patients with a FEV_1<70% predicted with clinically significant decline in FEV_1 not responsive to usual treatment.

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.

Ciclesonide	*(Omnaris™)*	50 mcg nasal spray
Daptomycin	*(Cubicin®)*	500 mg/10 mL vial

DRUGS DELISTED

Efalizumab *(Raptiva®)* 150 mg vial	At the recommendation of Health Canada, EMD Serono Canada Inc. has suspended the marketing of Raptiva® in Canada due to safety concerns, including progressive multifocal leukoencephalopathy (PML). For details, see: http://www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/prof/_2009/raptiva_2_hpc-cps-eng.php To allow adequate time to transition existing patients to alternative therapies, coverage for NBPDP beneficiaries currently receiving efalizumab (Raptiva®) can be continued six months from the delisting date. Prescribers should review the treatment of patients currently taking this medicine to assess the most appropriate alternatives as soon as possible.

Bulletin #748 March 25, 2009

Quantitative Limits Review

Policy and Procedure Update

A review of the NBPDP Quantitative Limits (QL) policy was recently completed. The objective of the QL initiative has been updated to align with initiatives identified in the Provincial Health Plan. The revised objective is as follows:

- To support the appropriate utilization of drugs which have the potential for dependence, abuse, misuse and/or diversion.

In light of this revised objective, quantitative limits will only apply for products classified as narcotics, controlled drugs, and benzodiazepines and other targeted substances. Quantitative limit maximums have been changed on several agents within the benzodiazepines and other targeted substances group to reflect indications beyond that for insomnia.

The QLs apply to beneficiaries of the following plans:

- Plan A: Seniors;
- Plan F + 18: Social Development clients above the age of 18;
- Plan E + 18: Social Development clients in licensed residential facilities above the age of 18;
- Plan V: Nursing Home Residents

Information for physicians and pharmacists, procedures for adjusting QLs, along with the complete list of drugs and their corresponding QL in milligrams is included in this bulletin.

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

Yours truly,

Debbie LeBlanc
New Brunswick Prescription Drug Program

Information for Pharmacists:

- When beneficiaries have been dispensed 75% or more of the maximum amount of a particular drug; pharmacies will be notified through the Point-of-Sale system.

- Pharmacists should advise the beneficiary that they have reached 75% or more of their limit; and, that the NBPDP will not pay for drugs prescribed over 100% of that limit (unless the limit is increased or removed).

- Once the beneficiary has exceeded their maximum amount for a drug, any claims above that amount may be rejected.

- If only a portion of the claim exceeds the limits, for the portion that does not exceed the limit, the ingredient cost and appropriate mark-up and dispensing fee of that portion will be paid. The remainder of the claim will be rejected.

Information for Physicians:

- Physicians requesting QL overrides for patients have 3 options:
    - Through the Interactive Voice Response (IVR) system from 8:00am to 12:00am 7 days per week (requires an NBPDP prescriber identification number and QL password)
    - By speaking to a customer service representative Monday to Friday, from 8:00am to 5:00pm, excluding statutory holidays
    - By faxing a written letter with specific instructions

- Physicians who do not have an NBPDP prescriber identification number and Quantity Limit password (e.g. physicians practicing outside NB), can change or override quantity limits for their patients by calling a customer service representative (1-506-867-4515) or by faxing a written letter with the specific instructions (1-506-867-4872).

- New physicians to New Brunswick, who have registered with NB Medicare can request a NBPDP prescriber identification number and QL password by calling a customer service representative (1-800-332-3691).

- Physicians can request the removal of a cancer/palliative care patient from the quantitative limits program for an indefinite period of time by calling a customer service representative (1-800-332-3691) and identifying the patient as such.

Procedures for Adjusting Quantitative Limits via Interactive Voice Response (IVR):

Physicians should phone the toll-free physician inquiry line for the NBPDP (1-800-561-5255). The call will be responded to by an IVR operator. At this point, you will be requested to provide the following information:

1. Your NBPDP physician number
2. Your NBPDP password

Your physician number and password will be validated before continuing. If you wish to speak to a Customer Service Representative (CSR) at any time, rather than continuing your call through the IVR, please press the "*" on your telephone keypad. You will be asked by the CSR to provide your physician number and password again since this information is not available to the CSR once it has been entered into the IVR.

It is extremely important that you keep your password confidential and that you do not misplace your password. If you cannot provide the two identification numbers, or do not pass the security check, the system/operator will not continue with the next steps. If the numbers pass the security check, the following information will be requested:

- Is the patient a Senior or Social Development cardholder?
- What is the patient's NBPDP identification number?
- What is the drug grouping of the medication?
- What quantity do you want the override changed to?
- What is the time period you want the new quantity limit to be effective? (e.g., one month, until the end of the current limit period)

When setting a revised quantity limit, please specify the TOTAL amount of the new limit (e.g. established limit + increase requested), as opposed to simply indicating the increase requested. This is to ensure that the limit is set at the amount intended by the physician.

The CSR or the IVR will record the information in the computer and the limit will be adjusted immediately. This means that if the patient goes to the pharmacy immediately after you have adjusted the quantity limit, the claim will be processed under the new limit criteria.

Please note that only physicians are permitted to override quantity limits. Overrides will not be accepted from pharmacists or beneficiaries.

NBPDP Quantitative Limits Listing

Generic Name	Brand Name(s)	Dosage Form(s)	Group Number	12 Month Quantitative Limit* (milligrams)
Single Agent Products				
Alprazolam	Xanax	Tab	440	540
Bromazepam	Lectopam	Tab	441	10800
Chlordiazepoxide HCL	Librium	Cap	442	14400
Clorazepate dipotassium	Tranxene	Cap	443	8100
Codeine phosphate	Codeine	Tab/Syr	384	3360
Diazepam	Valium, Vivol	Tab	444	14400
Flurazepam HCL	Dalmane, Somnol	Tab/Cap	445	1800
Hydromorphone HCL	Dilaudid, Hydromorph Contin	Tab/Liq/Sup	385	480
Diphenoxylate HCL	Lomotil	Tab	597	400
Lorazepam	Ativan	Tab/Slt	447	2160
Methylphenidate HCL	Ritalin, Ritalin SR	Tab	435	18200
Morphine HCL	M.O.S, M.O.S. SR	Tab/Syr	388	5040
Morphine sulfate	MS Contin, MS IR, Statex	Tab/Srt/Syr/Dps	389	5040
Nitrazepam	Mogadon, Nitrazadon	Tab	448	600
Oxazepam	Serax	Tab	449	43200
Temazepam	Restoril	Cap	450	1800
Triazolam	Halcion	Tab	451	15
Zopiclone	Imovane, Rhovane	Tab	457	2700
Combination Products				
Acetaminophen / Caffeine / Codeine	Atasol-15 & 30, Exdol 30, Tylenol #2 & #3	Tab	582	72000[a]
Acetaminophen / Codeine	Tylenol #4	Tab	583	72000[a]
ASA / Caffeine / Codeine	292	Tab	579	30000[b]
Chlordiazepoxide HCL / Clidinium bromide	Librax	Cap	555	14400[c]
Meprobamate / ASA / Caffeine / Codeine	282 MEP	Tab	586	24000[d]
Oxycodone / Acetaminophen	Endocet, Percocet, Percocet Demi	Tab	588	39000[a]
Oxycodone / ASA	Endodan, Percodan	Tab	589	39000[b]
Phenobarbital / Belladonna / Ergotamine	Bellergal Spacetabs	Srt	557	8560[e]

* 12 Month Quantitative Limit Period (April 1 – March 31)

[a] acetaminophen; [b] ASA; [c] chlordiazepoxide; [d] meprobamate; [e] phenobarbital

Cap = capsule; Dps = Drops; Liq = liquid; Slt = sublingual tablet; Srt = sustained release tablet; Sup = suppository; Syr = syrup; Tab = tablet

Note: Quantitative Limits are not a substitution for appropriate prescribing and patient monitoring

Bulletin #749 April 14, 2009

CLAIM SUBMISSION QUANTITY REMINDER

Please find below a list of drugs for which claim submission quantities have been frequently incorrect. This list also includes newer agents added to the NBPDP formulary. Using the correct units of measure as specified below will ensure your cost per unit is accurate and claims are adjudicated properly.

A complete list of claim submission quantities for all drug formulations, along with separate tables for injectables and exceptions (including DINs) is attached. This list is also accessible on the NBPDP web page: www.gnb.ca/0051/0212/index-e.asp

Drug	UNIT OF MEASURE
Adalimumab (Humira®)	per mL*
Dalteparin sodium (Fragmin®)	per mL*
Darbepoetin alfa (Aranesp®)	per mL*
Enoxaparin sodium (Lovenox®; Lovenox® HP)	per mL*
Epoetin alpha (Eprex®)	per mL*
Etanercept (Enbrel®) vial	per kit
Etanercept (Enbrel®) prefilled syringe	per mL*
Etidronate disodium+calcium carbonate (Didrocal®)	per kit
Filgrastim (Neupogen®)	per mL*
Imiquimod (Aldara®)	per packet
Infliximab (Remicade®)	per vial
Nadroparin calcium (Fraxiparin® Forte)	per mL*
Pegfilgrastim (Neulasta®)	per mL*
Tinzaparin sodium (Innohep®)	per mL*

* enter mL fractions if applicable (i.e. Aranesp - 1.2 mL; Eprex - 0.5 mL; Neulasta - 0.6 mL)

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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

CLAIM QUANTITY SUBMISSION STANDARDS

New Brunswick Prescription Drug Program

Table 1 below lists the general units of measure to be used when submitting NBPDP claims.

TABLE 1

FORMULATION[a]	UNIT OF MEASURE
Aerosol	per dose
Capsule	per capsule
Cream	per gram
Dry powder inhaler	per dose
Enema	per mL
Gel	per gram
Injectable liquid	per mL
Injectable powder for reconstitution	per vial
Insulin	per mL
Liquid	per mL
Metered dose inhaler	per dose
Nasal spray	per dose
Nebule	per mL
Ointment	per gram
Oral contraceptive	per tablet
Patch	per patch
Prefilled syringe	per mL
Powder	per gram
Suppository	per suppository
Tablet	per tablet
Package or kit of more than 1 drug	per package/kit

[a] See Tables 2 and 3 for complete drug lists of injectables, and exceptions

TABLE 2

INJECTABLES	DIN	UNIT OF MEASURE
Abatacept (Orencia™)	2282097	per vial
Adalimumab (Humira®)	2258595	per mL
Acyclovir sodium	2236926 2236916	per mL
Alglucosidase alfa (Myozyme®)	2284863	per vial
Allergy sera	999938	per mL
Amphotericin B (Fungizone®)	29149	per vial
Ampicillin	1933345 872652	per vial
Azithromycin (Zithromax™)	2239952	per vial
Benztropine mesylate	2238903	per mL
Botulinum toxin type A (Botox®)	1981501	per vial
Buserelin acetate (Suprefact® Depot)	2228955 2240749	per kit
Calcitonin salmon synthetic (Calcimar®; Caltine®)	1926691 2007134	per mL
Cefazolin sodium	2308932 2308959 2108119 2108127	per vial
Cefepime hydrochloride (Maxipime™)	2163632 2163640	per vial
Cefotaxime sodium (Claforan®)	2225085 2225093 2225107	per vial
Ceftazidime Pentahydrate (Fortaz®)	886971 886955 2212196 2212218 2212226	per vial
Ceftriaxone Disodium (Rocephin®)	2292882 2292866 2292874 657409 657387 657417 2292289 2292270	per vial
Cefuroxime Sodium (Zinacef®)	2241639 2241638 2213540 2213532	per vial
Ciprofloxacin (Cipro® IV)	2237334 2204398	per mL
Clindamycin phosphate (Dalacin® C)	260436 2230535 2230540	per mL

Cloxacillin Sodium	1912429 1975447 1912410	per vial
Codeine phosphate	544884	per mL
Cyanocobalamin (Vitamin B12)	521515 1987003	per mL
Dalteparin sodium (Fragmin®)	2132648 2231171	per mL
Darbepoetin alpha (Aranesp®)	2246354 2246355 2246357 2246358 2246360	per mL
Deferoxamine mesylate (Desferal®)	2243450 1981250 2247022 1981242 2241600 2242055	per vial
Desmopressin Acetate (DDAVP® Injection)	873993	per mL
Dexamethasone phosphate disodium	1977547 664227	per mL
Diazepam	399728	per mL
Dihydroergotamine mesylate	27243 2241163	per mL
Dimenhydrinate (Gravol®)	392537 13579	per mL
Enoxaparin sodium (Lovenox®; Lovenox® HP)	2242692 2236564 2242692 2236883 2012472 2236564	per mL
Epinephrine (Twinject™)	2268205 2247310	per kit
Epinephrine (EpiPen®; EpiPen® Jr)	509558 578657	per kit
Epinephrine hydrochloride	155357	per mL
Epoetin alfa (Eprex®)	2206072 2243403 2231584 2231586 2231587 2231585 2231583 2243401 2240722	per mL
Epoprostenol (Flolan®)	2230845 2230848	per vial
Estradiol valerate (Delestrogen®)	29238	per mL
Etanercept (Enbrel®) vial	2242903	per kit

Etanercept (Enbrel®) prefilled syringe	2274728	per mL
Filgrastim (Neupogen®)	1968017 999001	per mL
Fluconazole (Diflucan™)	891835 2247922 2247749	per mL
Flupentixol decanoate (Fluanxol® Depot)	2156032 2156040 2242363 2242364	per mL
Fluphenazine decanoate (Modecate® Concentrate)	2239636 2242570 755575 2091275 2241928	per mL
Furosemide	527033	per mL
Ganciclovir sodium (Cytovene®)	2162695	per vial
Gentamicin sulphate	2242652	per mL
Glatiramer acetate (Copaxone®)	2245619	per mL
Glucagon, RDNA (Glucagon Injection)	2243297	per kit
Glycopyrrolate	2039508	per mL
Goserelin acetate (Zoladex® ; Zoladex® LA)	2049325 2225905	per mL
Haloperidol	808652	per mL
Haloperidol decanoate	2239639 2239640 2242361 2242362 2130297 2130300	per mL
Heparin sodium (Hepalean®; Hepalean®-Lok)	740497 740578 727520 579718	per mL
Hydrocortisone sodium succinate (Solu-Cortef®)	30600	per vial
Hydromorphone hydrochloride (Dilaudid® Sterile Powder)	2085895	per vial
Hydromorphone hydrochloride (Dilaudid®; Dilaudid HP®; Dilaudid HP Plus®; Dilaudid XP®)	627100 622133 2146118 2145863 2145901 2145928 2145936 2146126	per mL
Hyoscine butylbromide (Buscopan®)	2229868 363839	per mL
Hyoscine hydrobromide (Scopolamine hydrobromide)	541869 541877	per mL
Imipenem monohydrate/Cilastatin Sodium (Primaxin®)	717274 717282	per vial

Immune serum globulin (Sandoglobulin® NFLiquid)	609099	per mL
Infliximab (Remicade®)	2244016	per vial
Insulin aspart (NovoRapid®)	2244353 2245397	per mL
Insulin human biosynthetic/insulin isophane human biosynthetic (Humulin® 30/70; Novolin® GE 10/90; Novolin® GE 20/80; Novolin® GE 30/70; Novolin® GE 40/60; Novolin® GE 50/50)	795879 1959212 2024292 2024306 2024217 2025248 2024314 2024322	per mL
Insulin lispro (Humalog®)	2229704 2229705	per mL
Insulin isophane human biosynthetic (Humulin® N; Novolin® GE NPH)	587737 1959239 2024225 2024268	per mL
Insulin zinc human biosynthetic (Humulin® R; Novolin® GE Toronto)	586714 1959220 2024233 2024284	per mL
Interferon alfa-2b (Intron A®)	2240693 2240694 2240695 2223406 2238674 2238675	per kit
Interferon beta-1a (Avonex®)	2237770	quantity of 4 (in a kit)
Interferon beta-1a (Betaseron®)	2169649	per vial
Interferon beta-1a (Rebif®) initiation pack	2281708	per pack
Interferon beta-1a (Avonex® PS; Rebif®)	2269201 2237319 2237320	per mL
Iron dextran complex (DexIron™; Infufer®)	2205963 2221780	per mL
Ketorolac tromethamine (Toradol® IM)	2162644 2162652	per mL
Leuprolide acetate (Eligard®)	2248239 2248240 2248999 2268892	per kit
Leuprolide acetate (Lupron®)	727695	per mL
Leuprolide acetate (Lupron Depot®)	2239833 836273 2230248	per vial
Lorazepam	2243278	per mL
Medroxyprogesterone acetate (Depo-Provera®)	30848 585092	per mL

Meropenem (Merrem®)	2218488 2218496	per vial
Methotrexate sodium	2182947 2099705 2182955 2182777	per mL
Methotrimeprazine maleate (Nozinan® Injectable)	1927698	per mL
Methylprednisolone sodium succinate (Solu-Medrol™)	2063697 2063700 2063727	per vial
Metoclopramide hydrochloride	2185431	per mL
Metronidazole	649074 870420	per mL
Midazolam	2240285 2240286	per mL
Morphine sulfate	676411 617288 850322 850330 392588 392561	per mL
Moxifloxacin (Avelox® IV)	2246414	per mL
Nadroparin calcium (Fraxiparin® Forte)	2240114	per mL
Nandrolone decanoate (Deca-Durabolin®)	270687	per mL
Octreotide acetate (Sandostatin®)	2248639 2248640 2248642 2248641 839191 839205 839213 2049392	per mL
Octreotide acetate (Sandostatin® LAR®)	2239323 2239324 2239325	per vial
Ondansetron hydrochloride dehydrate (Zofran®)	2213745 2265524 2265532	per mL
Pegfilgrastim (Neulasta®)	2249790	per mL
Peginterferon alfa-2a + Ribavirin (Pegasys RBV®)	2253410 2253429	per kit

Peginterferon alfa-2b + Ribavirin (Pegetron®)	2246026 2246027 2246028 2246029 2246030	per kit
Peginterferon Alfa-2b + Ribavirin (Pegetron Redipen®)	2254573 2254603 2254646 2254581 2254638	per kit
Penicillin G sodium	1930672 883751 1930680	per vial
Pentamidine isethionate	2183080	per vial
Phenytoin sodium	780626	per mL
Piperacilin sodium	2246640 2246641 2246642	per vial
Pipotiazine palmitate (Piportil L4®)	1926675 1926667	per mL
Pyridoxine hydrochloride	463469	per mL
Ranitidine hydrochloride (Zantac®)	2212366	per mL
Risperidone (Risperdal® Consta®)	2255707 2255723 2255758	per vial
Rituximab (Rituxan®)	2241927	per mL
Sodium aurothiomalate	1927612 1927620 1927604 2245456 2245457 2245458	per mL
Somatropin (Humatrope®)	745626 2243077 2243078 2243079	per kit
Somatropin (Nutropin®; Saizen)	2216183 2216191 2237971 2215136 2272083	per vial
Somatropin (Nutropin AQ® ; Nutropin AQ Pen®)	2229722 2249002	per mL

Sumatriptan (Imitrex® Injection)	2212188	per mL
Testosterone cypionate (Depo-Testosterone)	30783	per mL
Testosterone enanthate (Delatestryl®)	29246	per mL
Thyrotropin alpha (Thyrogen®)	2246016	per vial
Ticarcillin disodium (Timentin®)	1916939	per vial
Tinzaparin sodium (Innohep®)	2167840 2229515 2231478 2229755	per mL
Tobramycin sulfate	2230640 2241210	per mL
Triptorelin pamoate (Trelstar™)	2240000 2243856	per vial
Vancomycin hydrochloride	2241820 2241821 2139375 2139383	per vial
Zidovudine (Retrovir®)	1902644	per mL
Zoledronic Acid (Aclasta®)	2269198	per mL

TABLE 3

EXCEPTIONS	DIN	UNIT OF MEASURE
Budesonide (Entocort®) enema	2052431	quantity of 7 (in a kit)
Enfuvirtide (Fuzeon®)	2247725	per kit
Etidronate Disodium+Calcium Carbonate (Didrocal®)	2176017	per kit
Lansoprazole + Amoxicillin + Clarithromycin (HP-Pac®)	2238525	per kit
Imiquimod (Aldara®) Cream	2239505	per packet
Methadone powder in compounded preparations	999734** 999801** 999802**	per mg
Miconazole nitrate (Monistat 3® Dual Pak)	2126249	per package

**PIN

Bulletin #750 April 24, 2009

BENEFIT CHANGES TO NBPDP

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective April 24, 2009.

Included in this bulletin:

- **Regular Benefit Additions**
- **Special Authorization 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	$
Budesonide							
Cap	Orl	3mg	Entocort®	2229293	AZE	AEFGVW	AAC
Citalopram							
Tab	Orl	30mg	CTP 30	2296152	SEP	AEFGVW	AAC
Isopropyl myristate							
Sol	Top	50%	Resultz™	2279592	NYC	EFGV	AAC
Mesalamine (5-aminosalicylic acid)							
Tab	Orl	1.2gm	Mezavant®	2297558	SHB	AEFGVW	AAC
Drugs no longer requiring special authorization							
Gabapentin							
Cap	Orl	100mg	Neurontin®	2084260	PFI		
			pms-Gabapentin	2243446	PMS		
			Apo-Gabapentin	2244304	APX		
			Novo-Gabapentin	2244513	NOP	AEFGVW	MAP
			Gen-Gabapentin	2248259	GPM		
			Co-Gabapentin	2256142	COB		
			ratio-Gabapentin	2260883	RPH		
		300mg	Neurontin®	2084279	PFI		
			pms-Gabapentin	2243447	PMS		
			Apo-Gabapentin	2244305	APX		
			Novo-Gabapentin	2244514	NOP	AEFGVW	MAP
			Gen-Gabapentin	2248260	GPM		
			Co-Gabapentin	2256150	COB		
			ratio-Gabapentin	2260891	RPH		
		400mg	Neurontin®	2084287	PFI		
			pms-Gabapentin	2243448	PMS		
			Apo-Gabapentin	2244306	APX		
			Novo-Gabapentin	2244515	NOP	AEFGVW	MAP
			Gen-Gabapentin	2248261	GPM		
			Co-Gabapentin	2256169	COB		
			ratio-Gabapentin	2260905	RPH		
Tab	Orl	600mg	Neurontin®	2239717	PFI		
			pms-Gabapentin	2255898	PMS	AEFGVW	MAP
			Apo-Gabapentin	2293358	APX		
			Novo-Gabapentin	2248457	NOP		
		800mg	Neurontin®	2239718	PFI		
			pms-Gabapentin	2255901	PMS	AEFGVW	MAP
			Apo-Gabapentin	2293366	APX		
			Novo-Gabapentin	2247346	NOP		

SPECIAL AUTHORIZATION – REVISED CRITERIA (FOR LAAC & LABA IN COPD)

LAAC:

Tiotropium
(Spiriva®)
18mcg Inhalation capsules

LABAs:

Formoterol
(Foradil®)
12mcg Inhalation capsules
(Oxeze®Turbuhaler®)
6mcg, 12mcg metered dose inhaler

Salmeterol
(Serevent®Diskhaler®Disk, Serevent®Diskus®)
25mcg/actuation metered dose inhaler, 50mcg discus

LABA/ICS:

Formoterol + budesonide
(Symbicort® Turbuhaler®)
6/100 mcg and 6/200 mcg metered dose inhaler

Salmeterol + fluticasone
(Advair® Diskus®)
50/100mcg, 50/250mcg and 50/500mcg diskus
25/125mcg and 25/250mcg metered dose inhaler

- Coverage will be considered for either a long-acting beta-agonist (LABA) or long-acting anticholinergic (LAAC) for the treatment of chronic obstructive pulmonary disease (COPD) if:
  - symptoms persist after 2-3 months of short-acting bronchodilator therapy (i.e. salbutamol at a maximum dose of 8 puffs/day or ipratropium at maximum dose of 12 puffs/day)

- Coverage can be provided without a trial of short-acting agent if:
  - there is spirometric evidence of at least moderate to severe airflow obstruction (FEV_1 < 60% and FEV_1 /FVC ratio < 0.7) and significant symptoms i.e. MRC score of 3-5**.

- Combination therapy with tiotropium and a long-acting beta agonist/inhaled corticosteroid (LABA/ICS) will only be considered if:
  - there is spirometric evidence of at least moderate to severe airflow obstruction (FEV_1 < 60% and FEV_1/FVC ratio < 0.7), and significant symptoms i.e., MRC score of 3-5** *and*
  - there is evidence of one or more moderate-to-severe exacerbations per year, on average, for 2 consecutive years requiring antibiotics and/or systemic (oral or intravenous) corticosteroids.

NOTE: If spirometry cannot be obtained, reasons must be clearly explained and other evidence regarding severity of condition must be provided for consideration (i.e. MRC scale). Spirometry reports from any point in time will be accepted.

**Medical Research Council (MRC) Dyspnea Scale

COPD Stage	Symptoms
MODERATE – MRC 3 to 4	Shortness of breath from COPD causing the patient to stop after walking about 100 meters (or after a few minutes) on the level.
SEVERE – MRC 5	Shortness of breath from COPD resulting in the patient being too breathless to leave the house or breathless after undressing, or the presence of chronic respiratory failure or clinical signs of right heart failure.

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.

Cyproterone acetate/ethinyl estradiol	*(CyEstra-35)*	2mg/0.035mg tablet
Somatropin – in idiopathic short-stature	*(Humatrope®)*	5mg vial, 6, 12 and 24mg cartridge for sc injection

Bulletin # 755 June 24, 2009

BENEFIT CHANGES TO NBPDP

Please find attached lists of **interchangeable product additions** to the New Brunswick Prescription Drug Program Formulary and non-listed products subject to a Maximum Allowable Price (MAP).

Claims for products that are reimbursed at Actual Acquisition Cost up to August 4, 2009 will be subject to a Maximum Allowable Price (MAP) effective August 5, 2009.

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Yours truly,

Debbie LeBlanc
New Brunswick Prescription Drug Program

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

								to Aug 4/09	MAP Aug 5/09
Acetaminophen/Oxycodone Hydrochloride Acétaminophène/Oxycodone (chlorhydrate d')									
Tab Co.	Orl	325mg/5mg	Apo-Oxycodone/Acet	2324628	APX	AEFGVW	MAP		
Cilazapril/Hydrochlorothiazide									
Tab Co.	Orl	5mg/12.5mg	Novo-Cilazapril/HCTZ	2313731	NOP	AEFGVW	MAP		
Etidronate Disodium/Calcium Carbonate Étidronate disodique/calcium (carbonate de)									
Tab Co.	Orl	400mg/500mg	Gen-Eti-Cal Carepac	2247323	GPM	AEFVW	MAP		
			Novo-Etidronatecal	2324199	NOP				
Fentanyl Transdermal Fentanyl transdermal de									
Srd	Trd	25mcg/hr	Novo-Fentanyl	2314630	NOP	W & Spec. Auth.	MAP		
		50mcg/hr	Novo-Fentanyl	2314649	NOP	W & Spec. Auth.	MAP		
		75mcg/hr	Novo-Fentanyl	2314657	NOP	W & Spec. Auth.	MAP		
		100mcg/hr	Novo-Fentanyl	2314665	NOP	W & Spec. Auth.	MAP		
Ibuprofen Ibuprofène									
Tab Co.	Orl	400mg	Super Strength Motrin IB	2242658	JNJ	AEFGVW	AAC	0.1010	
			pms-Ibuprofen	836133	PMS				
		600mg	Novo-Profen	629359	NOP	AEFGVW	AAC	0.0465	
			pms-Ibuprofen	839264	PMS				
Lansoprazole									
SRC Caps. L.L.	Orl	15mg	Apo-Lansoprazole	2293811	APX	Spec. Auth.	AAC	1.5000	
		30mg	Apo-Lansoprazole	2293838	APX	Spec. Auth.	AAC	1.5000	
Levodopa/Carbidopa Lévodopa/Carbidopa									
SRT Co. L.L.	Orl	100mg/25mg	Apo-Levocarb CR	2272873	APX	AEFVW	AAC	0.5126	

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

							to Aug 4/09	MAP Aug 5/09
Levofloxacin Lévofloxacine								
Tab Co.	Orl	250mg	Apo-Levofloxacin	2284707	APX	V & Spec. Auth.	AAC	3.1080
			Co-Levofloxacin	2315424	COB			
			Gen-Levofloxacin	2313979	GPM			
			Novo-Levofloxacin (relisting)	2248262	NOP			
			pms-Levofloxacin	2284677	PMS			
			Sandoz-Levofloxacin	2298635	SDZ			
		500mg	Apo-Levofloxacin	2284715	APX	V & Spec. Auth.	AAC	3.5070
			Co-Levofloxacin	2315432	COB			
			Gen-Levofloxacin	2313987	GPM			
			Novo-Levofloxacin (relisting)	2248263	NOP			
			pms-Levofloxacin	2284685	PMS			
			Sandoz-Levofloxacin	2298643	SDZ			
Medroxyprogesterone Acetate Médroxyprogestérone acétate de								
Sus Susp	Inj	150mg/mL	Medroxyprogesterone Acetate	2322250	SDZ	EFGV	AAC	22.0000
Methylphenidate Hydrochloride Méthylphénidate (chlorhydrate de)								
SRT Co. L. L.	Orl	20mg	Sandoz-Methylphenidate SR	2320312	SDZ	AEFGVW	MAP	
Morphine Sulfate Morphine (Sulfate de)								
SRT Co. L. L.	Orl	15mg	Novo-Morphine SR	2302764	NOP	AEFGVW	MAP	
		30mg	Novo-Morphine SR	2302772	NOP	AEFGVW	MAP	
Omeprazole Oméprazole								
SRC Caps. L. L.	Orl	20mg	pms-Omeprazole	2320851	PMS	ABEFGVW & Spec. Auth.	MAP	
Pramipexole Dihydrochloride (Monohydrate) Pramipexole dihydrochloride								
Tab Co.	Orl	0.25mg	Co-Pramipexole	2297302	COB	AEFVW	MAP	
		0.5mg	Co-Pramipexole	2297310	COB	AEFVW	MAP	
		1mg	Co-Pramipexole	2297329	COB	AEFVW	MAP	
		1.5mg	Co-Pramipexole	2297337	COB	AEFVW	MAP	

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

								to Aug 4/09	MAP Aug 5/09
Raloxifene Hydrochloride Raloxifène (chlorhydrate de)									
Tab Co.	Orl	60mg	Apo-Raloxifene Novo-Raloxifene	2279215 2312298	APX NOP	Spec. Auth.		AAC	1.3752
Ramipril									
Cap Caps	Orl	15mg	Apo-Ramipril	2325381	APX	AEFGVW		AAC	0.9759

NON-LISTED PRODUCTS SUBJECT TO MAP / PRODUITS NE FIGURANT PAS SUR LA LISTE ASSUJETIS AUX PAM

								to Aug 4/09	MAP Aug 5/09
Alfuzosin Hydrochloride Alfuzosine (chlorhydrate de)									
ERT Co. L.P.	Orl	10mg	Sandoz-Alfuzosin	2304678	SDZ			MAP	
Ibuprofen Ibuprofène									
Tab Co.	Orl	200mg	Motrin IB Novo-Profen	2186934 629324	JNJ NOP			AAC	0.0510
Levofloxacin Lévofloxacine									
Tab Co.	Orl	750mg	Apo-Levofloxacin Co-Levofloxacin pms-Levofloxacin Sandoz-Levofloxacin	2325942 2315440 2305585 2298651	APX COB PMS SDZ			AAC	6.5484
Topiramate									
Tab Co.	Orl	25mg	Mint-Topiramate	2315645	MNT			MAP	
		100mg	Mint-Topiramate	2315653	MNT			MAP	
		200mg	Mint-Topiramate	2315661	MNT			MAP	

Bulletin #753 June 26, 2009

New Brunswick Prescription Drug Program Formulary

Effective June 26, 2009, the New Brunswick Prescription Drug Program (NBPDP) Formulary (drug benefit list) will be no longer distributed in a compact disk (CD) format. This decision was based on a number of factors including minimal use of the CD and a desire to reduce waste.

An electronic copy of the NBPDP Formulary is available on the NBPDP web page: www.gnb.ca/0051/0212/index-e.asp. It is updated quarterly making the information much more current than a distributed CD. In addition, the online PDF electronic copy includes a search function to quickly and easily find specific drugs.

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

Yours truly,

Debbie LeBlanc
New Brunswick Prescription Drug Program

Bulletin #756 June 29, 2009

BENEFIT CHANGES TO NBPDP

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective June 29, 2009.

Included in this bulletin:

- **Regular Benefit Additions**
- **Special Authorization Additions**
- **Drugs Reviewed and Not Listed**
- **Reminder Notice - Only Claims from within NB reimbursed**

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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	$
Clindamycin Hydrochloride					
Cap Orl 300mg	Dalacin® C	2182866	PFI		
	Novo-Clindamycin	2241710	NOP		
	Apo-Clindamycin	2245233	APX	ABEFGVW	MAP
	Gen-Clindamycin	2258358	GPM		
	pms-Clindamycin	2294834	PMS		
Insulin glulisine 100IU/mL					
Liq Inj 10mL vial	Apidra®	2279460	SAV	EFG<18	AAC
3mL pre-filled disposable	Apidra® Solostar®	2294346			
Drugs no longer requiring special authorization					
Efavirenz / tenofovir / emtricitabine					
Tab Orl 600/300/200mg	Atripla®	2300699	GIL	U	AAC
Tenofovir / emtricitabine					
Tab Orl 300/200mg	Truvada®	2274906	GIL	U	AAC

SPECIAL AUTHORIZATION ADDITIONS

Ambrisentan
(Volibris™)
5mg, 10mg tablets

For treatment of patients with pulmonary arterial hypertension (PAH), of at least World Health Organization (WHO) functional class III, which is associated with either idiopathic or connective tissue disease and who have failed to respond to or who have contraindications to, or who are not a candidate for sildenafil.

- Diagnosis of PAH should be confirmed by cardiac catheterization
- The maximum dose of ambrisentan that will be reimbursed is 10 mg daily
- Ambrisentan will not be approved when used concurrently with other endothelin receptor antagonists, epoprostenol, treprostinil or sildenafil.

Insulin glulisine
(Apidra®)
100IU/mL vials and SoloSTAR pre-filled pens

- For patients with type I or II diabetes who have experienced frequent episodes of postprandial hypoglycemia; have unpredictable mealtimes; have insulin resistance; or who are using continuous subcutaneous insulin infusion.

Prescriptions written by New Brunswick endocrinologists and internists do not require special authorization. Subsequent refills ordered by other practitioners will not require special authorization.

Note: Insulin glulisine is a regular benefit for Plans EFG<18 years of age.

SPECIAL AUTHORIZATION ADDITIONS

Rivaroxaban
(Xarelto®)
10mg tablet

- For the prophylaxis of venous thromboembolism following total knee replacement or total hip replacement surgery, for up to 14 days as an alternative to low molecular weight heparins.
- The maximum dose of rivaroxaban that will be reimbursed is 10 mg daily for up to 14 days during a 6 month period.

Note: Subsequent requirements for prophylaxis within a 6 month period will require Special Authorization.

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.

Dabigatran etexilate	*(Pradax®)*	75mg and 110mg capsules
Methylnaltrexone	*(Relistor™)*	20mg/mL vial
Sitaxsentan **-** resubmission	*(Thelin™)*	100mg tablet
Sodium Oxybate	*(Xyrem®)*	500mg/mL oral solution

REMINDER – ONLY CLAIMS FROM WITHIN N.B. REIMBURSED

With the summer and vacation season fast approaching, this is a reminder that NBPDP ***cannot*** reimburse prescriptions filled out-of-province per the Regulations to the *Prescription Drug Payment Act*. Exceptions also specified in the Regulations include the following:

- Organ transplant (Plan R) - prescriptions for eligible drugs under Plan R may be filled by a pharmacy outside of New Brunswick, but within Canada, during the first 60 days after hospital discharge, but thereafter must be filled by a pharmacy or designated dispensing physician within New Brunswick.

- Human growth hormone (Plan T) - if the drug is received by the beneficiary on the prescription of a designated endocrinologist.

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® Zydis®)* 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®)* 40 mg capsules *(Androderm®)* 12.2mg and 24.3mg patches *(AndroGel®)* 2.5g and 5g packets *(Testim®)* 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®, Imitrex® DF and generic brands)* 50mg and 100mg tablets	• For the treatment of migraine[1] headache when: o Migraines are moderate[2] in severity and other therapies (e.g. NSAIDs, acetaminophen, DHE spray) are not effective, or o Migraine attacks are severe[2] or ultra severe[2] • Coverage limited to 6 doses / 30 days[3] o 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®)
6.25mg and 12.5mg tablets

Naratriptan
(Amerge®)
1mg and 2.5mg tablets

Rizatriptan
(Maxalt®, Maxalt® RPD)
5mg and 10mg tablets

Sumatriptan
(Imitrex®Nasal Spray)
5mg and 20mg nasal spray

Zolmitriptan
(Zomig®,Zomig® Rapidmelt)
2.5mg tablets
(Zomig® Nasal Spray)
2.5mg and 5mg nasal spray

- For the treatment of migraine[1] headache of moderate[2] intensity when other therapies (e.g. NSAIDs, acetaminophen, DHE spray) are not effective AND patients have not responded to oral sumatriptan.
- For the treatment of migraine[1] headache of severe[2] or ultra severe[2] intensity when patients have not responded to oral sumatriptan.
- Coverage limited to 6 doses / 30 days[3]
  - 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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Sumatriptan
(Imitrex®Injection)
6mg injection

- For the treatment of migraine[1] headache of moderate[2] 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[1] headache of severe[2] or ultra severe[2] intensity when oral and nasal triptans are not appropriate.
- Coverage limited to 6 doses / 30 days[3]
  - 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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[1] As diagnosed based on current Canadian guidelines.
[2] 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

[3] 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

Bulletin #760 August 21, 2009

NBPDP DISPENSING FEE INCREASE

The following dispensing fee schedule will be effective September 1, 2009:

Ingredient Cost/Prescription	Dispensing Fee	Dispensing Fee for Compounds
$0.00 - $99.99	$9.40	$14.10
$100.00 - $199.99	$11.90	$17.85
$200.00 - $499.99	$17.00	$18.00
$500.00 - $999.99	$22.00	$22.00
$1000.00 - $1999.99	$62.00	$62.00
$2000.00 - $2999.99	$82.00	$82.00
$3000.00 - $3999.99	$102.00	$102.00
$4000.00 – $4999.99	$122.00	$122.00
$5000.00 – $5999.99	$142.00	$142.00
greater than or equal to $6000.00	$162.00	$162.00

Note: Dispensing physicians will be reimbursed 80% of the applicable fee listed in the above table.

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

Yours truly,

Debbie LeBlanc
New Brunswick Prescription Drug Program

Bulletin # 761 August 27, 2009

CHOLINESTERASE INHIBITORS (ChEIs)
Special Authorization Criteria and Process

This bulletin is to advise of changes to the special authorization criteria and process for reimbursement of cholinesterase inhibitors under the New Brunswick Prescription Drug Program (NBPDP) Formulary. These changes will be effective August 27, 2009.

Included in this bulletin:

- **Background information**
- **Revised special authorization criteria for coverage**
- **Frequently asked questions**

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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

CHOLINESTERASE INHIBITORS (ChEIs)

Introduction and Background

In September 2003, the New Brunswick Prescription Drug Program (NBPDP) listed three cholinesterase inhibitors (ChEIs) as special authorization benefits: donepezil (Aricept®), galantamine (Reminyl® ER) and rivastigmine (Exelon® and generics).

Between September 1, 2003 and July 31, 2009 more than 3,375 NBPDP beneficiaries had claims for at least one of the cholinesterase inhibitors (ChEIs). Total NBPDP expenditures for the ChEIs in this same time period amounted to over $10 million.

Changes to Special Authorization Criteria

Since the special authorization process for cholinesterase inhibitors was implemented, several modifications have been made to facilitate requests and renewals. NBPDP automatically sends renewal forms to physicians prior to the renewal date, the forms were simplified and supplementary information on target symptoms and functional assessment tests were provided.

A review of the process has identified further changes to improve the administrative process while ensuring that reimbursement is provided to appropriate patients with Alzheimer's disease.

The following changes are effective immediately:

Approval times

- Approval periods for first and second requests for patients who have not previously taken a ChEI have been increased to 6 months;
- Requests submitted after the second 6 month approval will be considered for a one year approval;
- The approval period for the initial request for patients who have previously taken a ChEI and switch to another in the class has been increased to 6 months;
- Subsequent requests for patients switching ChEIs may be considered for a one year approval.

SA request forms

- The number of forms has been reduced from five to three;
- Forms used to make a first request for ChEI therapy (NBAD-1) and to switch to another agent (NBAD-2) are available on the NBPDP web site at http://www.gnb.ca/0212/alzheimers-e.asp;
- Forms used to request renewals (NBAD-3) are automatically sent to the physician three months prior to the required date.

CHOLINESTERASE INHIBITORS (Donepezil, Galantamine, Rivastigmine)
Revised Criteria for Coverage
Effective August 27, 2009

- For the treatment of mild to moderate Alzheimer's disease

To initiate therapy:
Requests must be submitted on the appropriate NBPDP special authorization form.
http://www.gnb.ca/0212/alzheimers-e.asp

For a patient being started on a first cholinesterase inhibitor (ChEI):	Patients who meet all of the following reimbursement criteria will be approved for an initial 6 months of therapy: • a diagnosis of probable Alzheimer's disease or possible Alzheimer's disease with vascular component or Lewy bodies; • a Mini Mental Score Exam (MMSE) score of 10 to 30; • a Functional Assessment & Staging Test (FAST) score of 4 to 5; and • target symptoms established in each of three domains (chosen from the four domains of cognition, function, behaviour and social/leisure)
For a patient who has previously taken no more than one other ChEI and is switching:	Patients will be approved for an initial 6 months of therapy with a second ChEI when the following information is provided: • the reason for discontinuing the first ChEI; • and any new target symptoms

To continue therapy for a second 6 month period:

Patients who meet the following monitoring criteria will be approved for a second 6 months of therapy:

- a MMSE score of 10 to 30;
- a FAST score of 4 to 5; and
- stabilization or improvement in at least one target symptom.

(Requests must be submitted on the appropriate NBPDP special authorization form which is automatically sent to the physician.)

To continue therapy for 1 year period (once initial and second 6 month approvals have been completed):

Patients who meet the following monitoring criteria will be approved for 1 year periods of therapy:

- a MMSE score of 10 to 30 (Note: A MMSE score must be provided 6 months after starting a ChEI and then only annually thereafter.);
- a FAST score of 4 to 5 (Note: A FAST score must be provided 6 months after starting a ChEI and then only annually thereafter.); and
- stabilization or improvement in at least one target symptom.

(Requests must be submitted on the appropriate NBPDP special authorization form which is automatically sent to the physician.)

Frequently Asked Questions about the Cholinesterase Inhibitors (ChEIs)

NBPDP regularly receives questions related to the coverage criteria for the ChEIs. Answers to some of the most frequently asked questions are provided below.

1. What was the advisory committee's rationale in recommending the ChEI criteria?

The recommendation to add the cholinesterase inhibitors as special authorization benefits was made by the Atlantic Expert Advisory Committee as part of the Atlantic Common Drug Review process. The objective of the criteria is to ensure coverage of ChEIs is provided to patients who are in the mild to moderate stages of the disease and who would benefit from drug therapy. The criteria are also intended to prevent the long term use of these drugs when they no longer make a difference in a patient's life.

2. What is a FAST score and why do I need to complete one for each patient?

The Functional Assessment and Staging Tool (FAST) score is a measure of a patient's functional ability.

Patients with mild Alzheimer's disease may demonstrate problems with recent memory, which impairs their ability to manage their instrumental activities of daily living (IADLs). These patients may still be quite capable of managing their own basic activities of daily living (ADLs). This would be associated with a FAST of 4.

Patients with moderate Alzheimer's disease will have more difficulty with their IADLs and may require cueing to manage their basic ADLs (e.g. assistance to choose proper clothing) but are able to complete the task with some degree of independence. This would be associated with a FAST of 5.

FAST Stage	IADL Managing money and meds, shopping, cooking, driving, housekeeping, using phone. (Impairment of these activities requires some community or family support, but often the patient can be left alone for much of the day.)	ADL Feeding, toileting, dressing washing, mobility. (Impairment of these activities leads to need for frequent personal nursing care.)
4	Needs assistance	Independent
5	Needs assistance or dependent	Needs cueing or minimal assistance
6	Dependent	Dependent

The table above outlines the relationship between the FAST score and the patient's abilities with respect to instrumental activities of daily living and basic ADLs.

It is important to note that if there is a reason unrelated to Alzheimer's dementia that a patient meets the criteria for a score of 6 on the FAST scale (e.g. they have urinary incontinence secondary to pre-existing stress incontinence, or dressing difficulties due to arthritis), that criterion should be ignored when determining the patient's FAST stage.

3. Once I have a MMSE and FAST score for a patient, do I have to re-do them, or can I use the same scores on future forms?

NBPDP requires a MMSE and FAST score at the time the ChEI is initially requested. Both tests must be repeated and the new scores submitted to NBPDP to continue coverage at 6 months and 1 year. As a guideline, MMSE or FAST scores that are more than 2 months old should not be submitted.

4. What are some examples of reasonable target symptoms that I may want to consider in my patient?

The following lists outline sample target symptoms in each of the four domains. The use of target symptoms such as these will assist in monitoring patients over time. How a target symptom responds to therapy is an important clue to whether the ChEI is really helping the patient. As well, target symptoms should be clinically important to that patient and their caregiver in order to provide the best monitoring tool.

Cognition:

The patient may have difficulty

- Following a conversation with others
- Following a recipe or instructions
- Working the remote control (men)
- Dialing a phone (familiar number)
- Remembering children and or grandchildren's names
- Remembering important events of past week

Function:

The patient may have difficulty

- Doing own banking (machine or otherwise)
- Preparing a meal
- Grooming and dressing independently
- Bathing/showering independently
- Doing light house work independently

(**OR** any Instrumental Activities of Daily Living)

Behaviour:

The patient may
- Be irritable more than once daily
- Have difficulty participating in daily conversations
- Have delusions or hallucinations
- Have fluctuations in memory impairment

Leisure/Social:

The patient may have difficulty
- Participating in past hobbies (e.g. card games, woodworking)
- Participating in social gatherings (e.g. hiding in a corner)
- Reading and enjoying a novel
- Enjoying gardening, watching T.V.
- Walking independently or taking dog for walk by self

5. I am told that target symptoms such as 'no longer able to drive' or 'decreased memory' are not good targets. What is wrong with these targets?

Target symptoms should be measurable over time to determine whether they stabilize, improve, or deteriorate with therapy. A negative target symptom, or a target symptom describing the absence of an ability such as 'no longer able to drive,' will not provide a benchmark against which function can be compared.

6. Do I need to identify three different target symptoms from three of four domains?

Ideally, identifying target symptoms from three different domains gives the broadest overview of a patient's progress over time. However, in some cases target symptoms may only be identifiable from one domain. If this is the case, three target symptoms from the relevant domain should be provided.

7. Can I change a patient's target symptoms and if so, when is it appropriate?

Target symptoms should be changed whenever a new ChEI is being started. They should also be reviewed annually. This is an appropriate time to see if they should be reset. Generally, target symptoms will remain valid for at least a year.

8. What are the available strengths and prices of the ChEIs?

Note: ChEIs are "flat priced", therefore the tablet strength prescribed will affect the cost of the dose. For example, using Aricept® 2 x 5mg once daily instead of Aricept® 10mg once daily doubles the daily cost of treatment.

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			
40mg/12.5mg	Olmetec Plus®	2319624	SCH	AEFGVW	AAC
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.
	  o 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.
	  o intolerance is defined as the inability to achieve adequate benefit with conventional antipsychotics because of dose-limiting, intolerable adverse effects such as parkinsonism, dystonia, akathesia 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.
	  o Initial approval for 12 weeks.
	  o 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

Bulletin # 764 September 2, 2009

BENEFIT CHANGES TO NBPDP

Please find attached lists of **interchangeable product additions** to the New Brunswick Prescription Drug Program Formulary.

Claims for products that are reimbursed at Actual Acquisition Cost up to October 4, 2009 will be subject to a Maximum Allowable Price (MAP) effective October 5, 2009.

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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

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

							to Oct 4/09	MAP Oct 5/09
Amlodipine Besylate Bésylate d'amlodipine								
Tab Co.	Orl	5mg	Apo-Amlodipine	2273373	APX			
			Co Amlodipine	2297485	COB			
			GD-Amlodipine	2280132	GMD			
			Mylan-Amlodipine	2272113	MYL			
			Novo-Amlodipine	2250497	NOP	AEFVW	AAC	0.6656
			pms-Amlodipine	2284065	PMS			
			Ran-Amlodipine	2321858	RAN			
			ratio-Amlodipine	2259605	RPH			
			Sandoz Amlodipine	2284383	SDZ			
		10mg	Apo-Amlodipine	2273381	APX			
			Co Amlodipine	2297493	COB			
			GD-Amlodipine	2280140	GMD			
			Mylan-Amlodipine	2272121	MYL			
			Novo-Amlodipine	2250500	NOP	AEFVW	AAC	0.9880
			pms-Amlodipine	2284073	PMS			
			Ran-Amlodipine	2321866	RAN			
			ratio-Amlodipine	2259613	RPH			
			Sandoz Amlodipine	2284391	SDZ			

Bulletin #765 September 10, 2009

Weekly Batch or Cycle Fills for Plan V (Nursing Home) Claims

Effective September 25, 2009 pharmacies that choose to dispense to nursing home residents on a weekly batch or cycle fill basis are eligible for a maximum reimbursement of a single dispensing fee for each monthly (4 week) time period, irrespective if weekly dispensing has been prescribed, or requested by the nursing home.

- Effective September 25, 2009 weekly batch or cycle fills that are reimbursed in excess of ¼ of the dispensing fee as defined in the Dispensing Fee Schedule***** that is applicable to the total drug cost for a 4 week period will be subject to post payment audit and recovery of the maximum allowable dispensing fee.

- Pharmacies that choose to dispense on a weekly batch or cycle fill should do so by placing a "P" in the special service code field and by submitting a claim for a maximum payment of ¼ of the applicable dispensing fee.*

- Effective December 1, 2009, system changes will be made by NBPDP that will result in a "cut back" to the maximum reimbursement of ¼ of the applicable dispensing fee***** for all claims submitted with a "P" in the special service code field.

***** www.gnb.ca/0212/DispensingFees-e.asp.

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

Yours truly,

Debbie LeBlanc
New Brunswick Prescription Drug Program

Bulletin #768 September 24, 2009

Antiviral Coverage for Influenza-Like-Illness (ILI) for NBPDP Beneficiaries

Treatment of Influenza-Like-Illness:

Oseltamivir (Tamiflu®)

- 75 mg capsule
- 12 mg/mL oral suspension
- 15 mg/mL oral suspension (compounded – PIN 00903600)

Zanamivir (Relenza®)

- 5 mg powder for inhalation (not currently available in community pharmacies)

Until national direction on antiviral stock-pile release has been issued, the New Brunswick Prescription Drug Program (NBPDP) is providing coverage to its beneficiaries for treatment of Influenza-Like-Illness (ILI) with antivirals. Note: reimbursement will not be provided for prophylaxis except under the special authorization process outlined below for beneficiaries residing in licensed long-term care facilities (Plan V).

The Public Health Agency of Canada (PHAC) recommends that antivirals be used to treat people who have more severe illness, not people who are only mildly ill. Treatment is also recommended for anyone who is at high-risk of complications of seasonal influenza.

The Canadian National Advisory Committee on Immunization (NACI) considers the groups outlined in table 1 below to be at increased risk for complications from influenza.

Coverage under these criteria is an interim measure and will be re-evaluated throughout the influenza season and as other guidance documents are issued. Please refer regularly to the following website for future updates: http://www.gnb.ca/flu

Standard treatment is for 5 days and therapy should be started as soon as possible, within 48 hours of onset of symptoms. NBPDP reimbursement is limited to one standard 5 day treatment course.

It is very important that antivirals be prescribed and used appropriately. Unnecessary use will result in a decrease of community antiviral supplies and increase the risk of developing resistance to antivirals.

Table 1: High Risk Conditions Patient factors which may delay recovery from influenza infection and facilitate the development of influenza-related complications
Age: < 2 or ≥ 65
Pregnancy (2nd and 3rd trimesters)
Cardiovascular diseases: Congenital, rheumatic, ischemic heart disease, congestive heart failure
Bronchopulmonary diseases: asthma, bronchiectasis, chronic obstructive pulmonary disorder (COPD), cystic fibrosis
Metabolic diseases such as diabetes
Renal diseases
Malignancies
Immunodeficiency, AIDS, immunosuppression, transplant recipients
Diseases of the blood, anemia, hemoglobinopathy
Hepatic diseases, cirrhosis
Children less than 18 years of age with a condition requiring long-term salicylate therapy (Kawasaki disease, rheumatoid arthritis, acute rheumatic fever, others)

Prophylaxis during Influenza Outbreaks for Plan V (Nursing Home) Beneficiaries

Information for Pharmacies Providing Services to Licensed Nursing Homes

Treatment of ILI for Plan V beneficiaries is as outlined on page 1 of this bulletin.

Oseltamivir (Tamiflu®) is available for prophylaxis as a special authorization benefit for NBPDP beneficiaries who are residents of long-term care (LTC) facilities (refers to licensed nursing homes and does not include special care homes.) The following protocol has been developed by Public Health for the prophylaxis during influenza outbreaks in LTC facilities.

- In the event of a respiratory outbreak in a LTC facility, the attending physician or the facility's Medical Advisor/House Physician will consult with the regional MOH to determine if the cause of the outbreak is, or believed to be due to influenza.
- If the cause of the outbreak is determined to be, or likely to be, influenza, the MOH will make general recommendations regarding prophylactic use in the facility. The responsibility for individual resident treatment decisions during the outbreak remains with the attending physician.

Listed below are links to interim guidance documents provided by the Public Health Agency of Canada (PHAC):

Interim Guidance: Infection Prevention and Control Measures for Health Care Workers in Long-term Care Facilities:

http://www.phac-aspc.gc.ca/alert-alerte/h1n1/hp-ps/prevention-eng.php

Interim Guidance for the Management of Pandemic H1N1 2009 outbreaks in closed facilities:
http://www.phac-aspc.gc.ca/alert-alerte/h1n1/guidance-orientation-07-16-eng.php

Process for Coverage of Oseltamivir for Prophylaxis

NBPDP Special Authorization Approval:

If antiviral prophylaxis is recommended by the MOH, the LTC facility's Medical Advisor/House Physician or other staff designated by the facility will notify the NBPDP of the decision to start oseltamivir therapy in that LTC facility by calling the NBPDP Inquiry line:
1-800-332-3691.

After hours, a message containing the following information should be left:

- Date of message
- Name and address of LTC facility
- Name of pharmacy filling the prescriptions for oseltamivir and
- Name and telephone number of a contact person at the LTC facility in case the NBPDP needs to clarify any details.

The LTC facility's pharmacist should be contacted at the same time as the NBPDP to allow time to secure and dispense the quantity of oseltamivir required.

On-Line Payment of Special Authorization Claims for Oseltamivir:

When notified by the LTC facility that oseltamivir therapy has been ordered for residents, NBPDP will initiate special authorization approval for all beneficiaries of Plan V (nursing home residents) in the facility. NBPDP will notify the pharmacy when special authorization for oseltamivir has been activated and the pharmacy can then bill claims on-line. Approval for oseltamivir for relief care residents who are not beneficiaries of Plan V must be done separately. The LTC facility must notify NBPDP if they have any relief care residents.

Bulletin #767 September 28, 2009

BENEFIT CHANGES TO NBPDP

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective September 28, 2009.

Included in this bulletin:

- **Special Authorization Additions and Revised Criteria**

To subscribe or unsubscribe from the Bulletin e-mail notification list, please send a message to BC_nbpdp@medavie.bluecross.ca or call 1-800-332-3691. Bulletins are also available on the NBPDP web page: www.gnb.ca/0051/0212/index-e.asp

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

Dasatinib *(Sprycel®)* 20mg, 50mg, 70mg tablets	**Acute Lymphoblastic Leukemia (ALL)** For adult patients with Philadelphia chromosome positive acute lymphoblastic leukemia (ALL) whose disease is resistant to imatinib-containing chemotherapy (patient must have tried 600mg/day) or have experienced grade 3 non-hematologic toxicity, or grade 4 hematologic toxicity persisting for more than 7 days as a result of therapy with imatinib. Initial approval period: 1 year. • Renewal criteria: Written confirmation that the patient has benefited from therapy and is expected to continue to do so. Renewal period: 1 year.
Sorafenib *(Nexavar®)* 200 mg tablet	**Advanced Hepatocellular Carcinoma (HCC)** For patients with Child-Pugh Class A* who have: • A performance status of 0,1, or 2† on the basis of the Eastern Cooperative Oncology Group (ECOG) criteria; and • Either progressed on trans-arterial chemoembolization (TACE) or not suitable for the TACE procedure. • Coverage may be renewed for patients with documentation of radiography and/or scan results indicating no progression Initial approval period: 6 months Approval period for renewal: 1 year Sorafenib will not be reimbursed if used with induction or adjuvant intent along with other curative-intent treatments; for maintenance therapy after trans-arterial chemoembolization; or if patients have Child-Pugh B or Child-Pugh C cirrhosis. *A Child-Pugh score of 5-6 is considered class A (well-compensated disease); 7-9 is class B (significant functional compromise); and 10-15 is class C (decompensated disease). † Patients who are asymptomatic and those who are symptomatic and in bed less than 50% of the time.
Capecitabine *(Xeloda®)* 150 mg and 500 mg tablets	**Metastatic Colorectal Cancer (mCRC)** As part of the CAPOX (capecitabine-oxaliplatin) regimen for the first-line and second-line treatment of mCRC for patients with an ECOG performance status of 0-2*. * Patients who are asymptomatic and those who are symptomatic and in bed less than 50% of the time.

SPECIAL AUTHORIZATION – REVISED CRITERIA

Erlotinib *(Tarceva®)* 100 mg and 150 mg tablets	**Non-small Cell Lung Cancer (NSCLC)** For the treatment of patients with locally advanced or metastatic NSCLC after failure of at least one prior platinum-based chemotherapy regimen. Initial approval period: 6 month trial. Renewal criteria: Written confirmation that the patient has responded to treatment and in whom there is no evidence of disease progression. Renewal period: 6 months
Sorafenib *(Nexavar®)* 200 mg tablet	**Metastatic Renal Cell Carcinoma (MRCC)** As second-line therapy for patients with histologically confirmed metastatic clear cell renal cell carcinoma, who: • have disease progression after prior cytokine therapy (e.g. interferon; aldesleukin) within the previous 8 months; and • have a performance status of 0 or 1 on the basis of the Eastern Cooperative Oncology Group (ECOG) criteria†; and • have a favourable or intermediate risk status, according to the Memorial Sloan-Kettering Cancer Center (MSKCC) prognostic score. Initial approval period: 1 year. Renewal criteria: Written confirmation that the patient has benefited from therapy and is expected to continue to do so. Renewal period: 1 year. † Patients who are asymptomatic and those who are symptomatic but completely ambulant
Dasatinib *(Sprycel®)* 20mg, 50mg, 70mg tablets	**Chronic Myeliod Leukemia (CML)** For adult patients with chronic phase CML • with primary or acquired resistance to imatinib 600mg per day. Dosing recommendation: 100mg per day or 70mg two times daily • who progress to accelerated phase on imatinib 600mg per day. Dosing recommendation: 140mg per day • who have blast crisis while on imatinib 600mg per day. Dosing recommendation: 140mg per day • who have intolerance to imatinib or have experienced grade 3 or higher toxicities to imatinib Initial approval period: 1 year Renewal criteria: Request for renewal must specify how the patient has benefited from therapy and is expected to continue to do so. Renewal period: 1 year

Bulletin # 772 October 14, 2009

BENEFIT CHANGES TO NBPDP

Please find attached lists of **interchangeable product additions** to the New Brunswick Prescription Drug Program Formulary and non-listed products subject to a Maximum Allowable Price (MAP).

Claims for products that are reimbursed at Actual Acquisition Cost up to November 24, 2009 will be subject to a Maximum Allowable Price (MAP) effective November 25, 2009.

To subscribe or unsubscribe from the Bulletin e-mail notification list, please send a message to BC_nbpdp@medavie.bluecross.ca or call 1-800-332-3691. Bulletins are also available on the NBPDP web page: www.gnb.ca/0051/0212/index-e.asp

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

Yours truly,

Debbie LeBlanc
New Brunswick Prescription Drug Program

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

							to Nov 24/09	MAP Nov 25/09
Benzydamine Hydrochloride								
Benzydamine (chlorhydrate de)								
Liq	Orl	0.15%	Novo-Benzydamine	2310422	NOP	AEFGVW	MAP	
Liq								
Cefepime Hydrochloride								
Céfépime (chlorhydrate de)								
Pws	Inj	2g/vial	Cefepime for Inj	2319039	APX	W	AAC	22.4300
Pds.								
Fentanyl Transdermal System								
Fentanyl (système transdermique de)								
Srd	Trd	12mcg/hr	Sandoz-Fentanyl MTX	2327112	SDZ	W & Spec. Auth.	MAP	
Srd								
		25mcg/hr	Duragesic MAT	2275813	JAN	W & Spec. Auth.	MAP	
			Sandoz-Fentanyl MTX	2327120	SDZ			
		37mcg/hr	Sandoz-Fentanyl MTX	2327139	SDZ	W & Spec. Auth.	AAC	
		50mcg/hr	Duragesic MAT	2275821	JAN	W & Spec. Auth.	MAP	
			Sandoz-Fentanyl MTX	2327147	SDZ			
		75mcg/hr	Duragesic MAT	2275848	JAN	W & Spec. Auth.	MAP	
			Sandoz-Fentanyl MTX	2327155	SDZ			
		100mcg/hr	Duragesic MAT	2275856	JAN	W & Spec. Auth.	MAP	
			Sandoz-Fentanyl MTX	2327163	SDZ			
Fluconazole								
Cap	Orl	150mg	Co-Fluconazole	2323419	COB	AEFGVW	MAP	
Caps								
Hydrochlorothiazide								
Tab	Orl	12.5mg	Apo-Hydro	2327856	APX	AEFGVW	AAC	0.0322
Co.								
Omeprazole								
Oméprazole								
SRC	Orl	20mg	Mylan-Omeprazole	2329433	MYL	ABEFGVW	MAP	
Caps. L.L.								
Ondansetron Hydrochloride Dihyrate								
Ondansétron dihydraté (chlorhydrate d')								
Tab	Orl	4mg	Co-Ondansetron	2296349	COB	W & Spec. Auth.	MAP	
Co.								
		8mg	Co-Ondansetron	2296357	COB	W & Spec. Auth.	MAP	

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

							to Nov 24/09	MAP Nov 25/09
Pioglitazone Hydrochloride Pioglitazone (chlorhydrate de)								
Tab Co.	Orl	15mg	Accel-Pioglitazone	2303442	ACC	Spec. Auth.	MAP	
		30mg	Accel-Pioglitazone	2303450	ACC	Spec. Auth.	MAP	
		45mg	Accel-Pioglitazone	2303469	ACC	Spec. Auth.	MAP	
Ramipril								
Cap Caps	Orl	15mg	ratio-Ramipril	2311194	RPH	AEFGVW	MAP	
Rivastigmine								
Cap Caps	Orl	1.5mg	Novo-Rivastigmine	2305984	NOP	Spec. Auth.	AAC	1.3029
			pms-Rivastigmine	2306034	PMS			
			ratio-Rivastigmine	2311283	RPH			
			Sandoz-Rivastigmine	2324563	SDZ			
Rivastigmine								
Cap Caps	Orl	3mg	Novo-Rivastigmine	2305992	NOP	Spec. Auth.	AAC	1.3029
			pms-Rivastigmine	2306042	PMS			
			ratio-Rivastigmine	2311291	RPH			
			Sandoz-Rivastigmine	2324571	SDZ			
		4.5mg	Novo-Rivastigmine	2306018	NOP	Spec. Auth.	AAC	1.3029
			pms-Rivastigmine	2306050	PMS			
			ratio-Rivastigmine	2311305	RPH			
			Sandoz-Rivastigmine	2324598	SDZ			
		6mg	Novo-Rivastigmine	2306026	NOP	Spec. Auth.	AAC	1.3029
			pms-Rivastigmine	2306069	PMS			
			ratio-Rivastigmine	2311313	RPH			
			Sandoz-Rivastigmine	2324601	SDZ			
Ropinirole Hydrochloride Ropinirole (chlorhydrate de)								
Tab Co.	Orl	0.25mg	Co-Ropinirole	2316846	COB	AEFVW	AAC	0.1419
			pms-Ropinirole	2326590	PMS			
			Ran-Ropinirole	2314037	RAN			
		1mg	Co-Ropinirole	2316854	COB	AEFVW	AAC	0.5676
			pms-Ropinirole	2326612	PMS			
			Ran-Ropinirole	2314053	RAN			

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

								to Nov 24/09	MAP Nov 25/09
Ropinirole Hydrochloride Ropinirole (chlorhydrate de)									
Tab	Orl	2mg	Co-Ropinirole pms-Ropinirole Ran-Ropinirole	2316862 2326620 2314061	COB PMS RAN	AEFVW	AAC		0.6244
		5mg	Co-Ropinirole pms-Ropinirole Ran-Ropinirole	2316870 2326639 2314088	COB PMS RAN	AEFVW	AAC		1.7192
Simvastatin Simvastatine									
Tab Co.	Orl	5mg	Ran-Simvastatin	2329131	RAN	AEFGVW	MAP		
		10mg	Ran-Simvastatin	2329158	RAN	AEFGVW	MAP		
		20mg	Ran-Simvastatin	2329166	RAN	AEFGVW	MAP		
		40mg	Ran-Simvastatin	2329174	RAN	AEFGVW	MAP		
		80mg	Ran-Simvastatin	2329182	RAN	AEFGVW	MAP		
Terbinafine Hydrochloride Terbinafine (chlorhydrate de)									
Tab Co.	Orl	250mg	pms-Terbinafine	2294273	PMS	Spec. Auth.	MAP		

NON-LISTED PRODUCTS SUBJECT TO MAP / PRODUITS NE FIGURANT PAS SUR LA LISTE ASSUJETIS AUX PAM

								to Nov 24/09	MAP Nov 25/09
Levofloxacin Lévofloxacine									
Tab Co.	Orl	750mg	Novo-Levofloxacin	2285649	NOP		MAP		

New Nouveau
Brunswick
Be...in this place • Être...ici on le peut

Department of Health / Ministère de la Santé
P.O. Box / C.P. 5001
Fredericton, NB E3B 5G8
Tel/Tél. (506) 453-2843
Fax/Téléc. (506) 453-3333

Date:		**Inter - Office Memo** **Note Interservices**		
	Name and Title / Nom et titre	Department and Branch / Ministère et direction	Telephone/Téléphone	Reference/Référenc
To: À:				
From: De:	Cathy Goodfellow Manager, Health Emergency Management Unit and NB Emergency Operations Centre Director	NB Department of Health HSBC Place, 520 King Street Fredericton, NB E3B 6G3	(506) 444-2883	
Copies To: Copies				
Subject Objet:	Re: Pre-deployment and Distribution of Provincial Pandemic Antiviral Stockpile Objet : Envoi anticipé et distribution de la réserve provinciale d'antiviraux contre la pandémie			

Dear Community Pharmacist;

As you are likely aware, antivirals are currently recommended as an early treatment strategy for Pandemic (H1N1) 2009 influenza when the illness is moderate to severe and for mild illness if a patient is at greater risk of complications. Where possible, treatment should begin within the 24-48 hours of symptom onset.

Community pharmacists are one of the most accessible health professionals with approximately 206 community pharmacies covering all regions of the province. With this in mind, the Department of Health, in collaboration with the New Brunswick Pharmacists' Association, has determined community pharmacists are the most desirable and appropriate means for distribution of the Provincial Pandemic Antiviral Stockpile if, or when the Chief Medical Officer decides on its release.

As part of pandemic preparedness, a portion of the Provincial Pandemic Antiviral Stockpile oseltamivir (Tamiflu®) will be pre-deployed to community pharmacies through the wholesaler, McKesson. The pre-deployment stock should be stored and not dispensed until the antiviral stockpile is released. Attached is a bulletin issued by the New Brunswick Prescription Drug Program on behalf of the Department of Health outlining 1) pre-deployment of Provincial Pandemic Antiviral Stockpile of 0seltamivir (Tamiflu®) and 2) once Provincial Pandemic Antiviral Stockpile is released, the procedures for distribution, reordering, and submission of claims.

We appreciate the efforts of pharmacists during the

Chers pharmaciens communautaires,

Comme vous le savez sans doute, les antiviraux sont actuellement recommandés en tant que stratégie thérapeutique précoce pour la pandémie d'influenza (H1N1) de 2009 lorsque la maladie est d'intensité modérée à grave, voire légère s'il s'agit d'un patient présentant un risque supérieur de complications. Dans la mesure du possible, le traitement doit commencer dans les 24 à 48 heures suivant l'apparition des symptômes.

Les pharmaciens communautaires sont parmi les professionnels de la santé les plus accessibles, totalisant environ 206 pharmacies couvrant toutes les régions de la province. C'est dans cet esprit que le ministère de la Santé, en collaboration avec l'Association des pharmaciens du Nouveau-Brunswick, a déterminé que les pharmaciens communautaires constituent le moyen le plus souhaitable et le plus approprié de distribuer la réserve provinciale d'antiviraux contre la pandémie lorsque viendra le temps pour la médecin-hygiéniste en chef d'autoriser sa distribution.

Dans le cadre des mesures de préparation à la pandémie, une partie de la réserve provinciale d'antiviraux contre la pandémie (Oseltamivir [Tamiflu®]) sera envoyée de façon hâtive aux pharmacies communautaires par l'entremise du grossiste, la société McKesson. Les stocks faisant l'objet d'une distribution hâtive doivent être conservés et ne pas être délivrés jusqu'à ce que la réserve d'antiviraux soit distribuée. Vous trouverez ci-joint un bulletin émis dans le cadre du Plan de médicaments sur ordonnance du Nouveau-Brunswick (PMONB), au nom du ministère

influenza season and thank you for your attention to this matter.

Sincerely,

Cathy Goodfellow
Manager, Health Emergency Management Unit and
NB Emergency Operations Centre Director

de la Santé, précisant : 1) l'envoi hâtif de la réserve provinciale d'antiviraux contre la pandémie (Oseltamivir [Tamiflu®]); et 2) les procédures de distribution, de nouvelle commande et de présentation des demandes de paiement, une fois que la réserve provinciale d'antiviraux contre la pandémie sera distribuée.

Nous apprécions les efforts des pharmaciens pendant la saison grippale et nous vous remercions de votre collaboration à ce sujet.

Cordiales salutations,

Cathy Goodfellow
Directrice, Service de gestion des urgences en santé et directrice du Centre des opérations d'urgence du Nouveau-Brunswick

Bulletin #770 October 16 2009

ANTIVIRAL STOCKPILE DISTRIBUTION PLAN

Pre-deployment of antiviral stock:

- In anticipation of a possible release of the N.B. pandemic antiviral stock-pile, community pharmacies and Regional Health Authorities will be receiving a pre-deployment of oseltamivir (Tamiflu®) stock based on population estimates starting as early as the week of October 19th, 2009.
- There are no plans for the pre-deployment of zanamavir (Relenza®) at this time.
- The pre-deployed oseltamivir (Tamiflu®) stock should be stored and ***not*** dispensed until notification that the provincial pandemic stockpile has been released. Notification of stockpile release and additional information will be relayed through a subsequent communique.
- Stock will be delivered through the wholesaler, McKesson at no charge to your pharmacy.
- For the time being, pharmacies should dispense their commercial supply as per their current billing practices.
- Please see bulletin 768 for information on reimbursement for NBPDP beneficiaries: www.gnb.ca/0212/pdf/NBPDP_Bulletin/NBPDPBulletin768September24,2009%20Antiviral%20Bulletin.pdf
- For information on influenza for health care providers and the public please visit: www.gnb.ca/flu

Once pandemic stockpile release is announced, the steps outlined below should be followed:

- When notification is received that the antiviral stockpile has been released begin dispensing the provincial pandemic supply to patients with a valid prescription ***for a 5-day treatment course,*** (and for whom the prescriber has determined use of an antiviral from the provincial supply is indicated). ***Additional information will be provided when stockpile is released.***
- ***The provincial pandemic supply is for the treatment of influenza-like-illness (ILI) and is not intended for prophylaxis.***
- When you dispense from the provincial pandemic supply, there is to be ***no*** cost charged to the patient.
- The Department of Health will reimburse a dispense fee as defined in the Dispensing Fee Schedule www.gnb.ca/0212/DispensingFees-e.asp of $9.40 per prescription; or $14.10 per compounded prescription* (dispensing physicians will be reimbursed 80% of the applicable fee). ***See section below for claims procedures.***

- When you have 2-3 days' supply remaining of the provincial pandemic supply contact McKesson (McKesson contact person is Michele Awalt: (902)-876-6006 or michele.awalt@mckesson.ca). McKesson will ship additional quantities at no cost to your pharmacy.

- Retain expired and/or unused pandemic antiviral stock for the duration of the 2009/10 influenza season. Direction for returning stock will be communicated towards the end of the influenza season.

N.B. PROVINCIAL PANDEMIC SUPPLY CLAIMS PROCEDURES

The New Brunswick Prescription Drug Program (NBPDP), on behalf of the Department of Health will be managing the claims process for community pharmacies seeking reimbursement of the dispensing fee associated with the dispensing of the pandemic supply of antivirals, for patients with a valid prescription ***for a 5-day treatment course,*** (and for whom the prescriber has determined use of an antiviral from the provincial supply is indicated).Additional information will be supplied when stockpile is released.

A temporary NBPDP Plan C has been set-up for the influenza season. Notification of the termination of Plan C will be relayed through a later bulletin. For billing purposes, the following procedures should be followed when a patient presents with a prescription for oseltamivir (Tamiflu®):

- A patient profile should be set-up as for any NBPDP beneficiary. In the patient ID field enter the generic ID 999999999. Note: this applies to NBPDP beneficiaries as well.

- In the Plan field enter "C".

- In the Drug Cost field(s) enter zero.

- In the Dispensing Fee field enter $9.40 for oseltamivir (Tamiflu®) capsules and $14.10 for oseltamivir (Tamiflu®) compounded suspension*(dispensing physicians will be reimbursed 80% of the applicable fee).

*Pediatric patients are asked to use the 30 mg and 45 mg capsules whenever possible. The provincial pandemic stockpile does not contain the commercially manufactured oseltamivir (Tamiflu®) for oral suspension. Pharmacists may extemporaneously compound a 15 mg/mL suspension, as instructed in the product monograph, for pediatric and adult patients who have difficulty swallowing capsules or where a lower dose is indicated:
http://www.rochecanada.com/portal/eipf/ca/portal/roche/consumer_information;jsessionid=KlX2hJpc6hXp8gQ1mb6RSpV5WLWf2LVhpZsDN2CrZGvC1JC2Q64M!792815078?paf_gear_id=17700009&paf_pageId=re7191019&glossary_id=static/glossary/re7300002/re77300002/re77300003/re753001/Definition_01049.content)

Note: Health Canada's Interim Order permits the expanded use of oseltamivir as a treatment or prophylaxis for children under 1 year of age, for infection caused by the pandemic (H1N1) 2009 virus. This is not included in the product monograph. For more information visit:
http://www.phac-aspc.gc.ca/alert-alerte/h1n1/guidance-orientation-07-20-eng.php

Bulletin #773 October 27, 2009

Antiviral Prophylaxis for Declared Outbreaks in Closed Facilities following Pandemic (H1N1) Stockpile Release

In the event that an influenza outbreak occurs in a closed facility such as a nursing home or correctional facility, the provincial Pandemic Antiviral Stockpile may be dispensed for **prophylaxis** after the following conditions have been met:

- The attending physician or the facility's Medical Advisor/House Physician has consulted with the Regional Medical Officer of Health (RMOH) to determine if the cause of the outbreak is, or believed to be due to influenza.
- If the cause of the outbreak is determined to be, or likely to be, influenza, the RMOH will make general recommendations regarding disease control including prophylactic use of oseltamivir (Tamiflu®) in the facility. The responsibility for individual resident treatment decisions during an outbreak remain with the attending physician.
- If antiviral prophylaxis is recommended by the RMOH, the facility's Medical Advisor/House Physician or other designated staff will notify the facility's pharmacist to allow time to secure and dispense the quantity of antiviral required.

Claims Process for Antiviral Prophylaxis

- The pharmacist should document that an outbreak was declared prior to dispensing for prophylactic use from the provincial Pandemic Antiviral Stockpile.
- The claims process remains the same as previously described in Bulletin #770 (www.gnb.ca/0212/pdf/NBPDP_Bulletin/NBPDPBulletin770AntiviralStockpileReleaseOctober16,2009.pdf) and should be billed under the temporary NBPDP Plan C as follows:
  - A patient profile should be set-up as for any NBPDP beneficiary. In the patient ID field enter the generic ID 999999999. Note: this applies to NBPDP beneficiaries as well.
  - In the Plan field enter "C".
  - In the Drug Cost field(s) enter zero.
  - In the Dispensing Fee field enter $9.40 for oseltamivir (Tamiflu®) capsules and $14.10 for oseltamivir (Tamiflu®) compounded suspension.

Bulletin #774 October 27, 2009

Special Authorization Requests from NB Pharmacists Now Considered by NBPDP

As announced in NBPDP Bulletin #735, the Regulations of the *Prescription Drug Payment Act* have been amended adding pharmacist to the definition of prescriber. The bulletin also included procedures for submitting claims for benefit medications prescribed by pharmacists.

In follow up to the addition of pharmacists as prescribers, NBPDP has revised special authorization policies and procedures to consider special authorization requests submitted by pharmacists.

Procedure for Submission of Special Authorization (SA) Requests by the Pharmacist

In order to properly identify the source of the SA request, pharmacists will be required to submit information on a standardized request form. A copy of this form is attached and is also available on-line at http://www.gnb.ca/0212/pdf/special_auth/Special%20Authorization%20Fillable%20Request%20Form%20Oct%202009.pdf. This form may be completed by hand or using the on-line fillable document that is printed and forwarded to NBPDP.

Completion of the standard form is mandatory for pharmacists submitting SA requests. Although completion of the standard form is not mandatory for other prescribers at this time, they are encouraged to begin using this form to help ensure timely processing of requests.

Information to be Included on the SA Request

The following information is to be included on the SA request in order to be considered for reimbursement:

- Requestor information
  As the SA requestor, the pharmacist must include their name, New Brunswick Pharmaceutical Society (NBPhS) license number, contact address, telephone number and fax number in the space provided on the form. *Please note that any correspondence or follow up with regard to the SA request will be directed to the requestor at the contact information documented on the standard request form.*

- Patient Identification
  - Name of patient
  - NB Medicare number
  - Date of birth

- Drug Requested
  - Drug name, strength and dosage form
  - Dosage schedule
  - Expected duration of therapy

- Reason for the Request
  - Diagnosis and/or indication for which the drug is being used
  - Information regarding previous drugs which have been used and the patient's response to therapy where appropriate
  - Any additional information that may assist in making a decision on the request for special authorization.

Request Evaluation

Requests will be evaluated using the same criteria and standards applied to requests from other prescribers.

As with other prescriber groups, pharmacists are expected to respect their scope of practice when submitting requests for special authorization. Requests for narcotic or controlled drugs will not be accepted from pharmacists.

Drugs eligible for consideration through special authorization:

- Drugs listed as special authorization benefits have specific criteria which must be met in order to be approved. These drugs are listed alphabetically by generic name in the NBPDP Formulary available on-line at www.gnb.ca/0212/NBPDPFormulary-e.asp.
- Under exceptional circumstances, requests for drugs without specific criteria may be reviewed case-by-case and assessed based on the published medical evidence.

Drugs <u>not</u> eligible for consideration through special authorization:

- New drugs not yet reviewed by the expert advisory committee
- Drugs excluded as eligible benefits further to the expert advisory committee's review and recommendation
- Drugs not licensed or marketed in Canada (e.g. drugs obtained through Health Canada's Special Access Program).
- Products specifically excluded as benefits as identified on the exclusion list (Formulary pages IV and V).

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

New Brunswick Prescription Drug Program (NBPDP)

SPECIAL AUTHORIZATION REQUEST FORM

Please complete all required sections to allow your request to be processed without delay

Date: DD/MM/YYYY		
PATIENT INFORMATION		
Patient's Last Name:	First:	MI:
Medicare or NBPDP ID Number:	Date of Birth: DD/MM/YYYY	
Street address:		
P.O. Box:	City:	Postal Code:
DRUG REQUESTED		
Drug Name/Strength/Form:	Dosage Schedule:	Expected Duration of Therapy:
Diagnosis/Indication/Rationale for use:		
Relevant Previous Drug Therapies:		
Other Relevant Information:		

REQUESTOR INFORMATION		**PLEASE RETURN FORM TO:**
Requestor Address:	Requestor: License Number: (e.g. CPSNB, NANB, NBPhS, etc.) Fax Number:	**NBPDP - Special Authorization Unit** **P.O. Box 690,** **644 Main Street,** **Moncton, NB E1C 8M7** **Inquiry Line: 1-800-332-3691** **Local Fax: 506-867-4872** **Toll Free Fax: 1-888-455-8322**
Requestor signature:		

The information collected, used and disclosed by this request is collected, used and disclosed pursuant to section 4(4) and 4.1of the New Brunswick Prescription Drug Payment Act. If you have any questions please contact 1-800-332-3691.

Bulletin #775 November 6, 2009

BENEFIT CHANGES TO NBPDP

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective November 6, 2009.

Included in this bulletin:

- **Special Authorization Additions**

To subscribe or unsubscribe from the Bulletin e-mail notification list, please send a message to BC_nbpdp@medavie.bluecross.ca or call 1-800-332-3691. Bulletins are also available on the NBPDP web page: www.gnb.ca/0051/0212/index-e.asp

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

Alendronate/cholecalciferol
(Fosavance®70/5600)
70mg/ 140 µg tablets

1. For the treatment of osteoporosis:
   - with documented fragility fracture or;
   - without documented fractures in patients at high 10-year fracture risk

2. For prophylaxis of corticosteroid induced osteoporosis in patients who will be or have been on systemic corticosteroid therapy for ≥ 3 months.

Solifenacin
(Vesicare®)
5 mg and 10 mg tablets - resubmission

- 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.

Ustekinumab
(Stelara™)
45 mg/0.5 mL vial for subcutaneous injection

- For patients with severe, debilitating chronic plaque psoriasis who meet all of the following criteria:
  - Body surface area (BSA) involvement of >10% and/or significant involvement of the face, hands, feet or genital region;
  - Failure to respond to, contraindications to, or intolerant to methotrexate and cyclosporine;
  - Failure to respond to, intolerant to, or unable to access phototherapy
- Initial approval limited to 16 weeks.
- Continuation of therapy beyond 16 weeks will be based on response. Patients not responding adequately at these time points should have treatment discontinued with no further treatment with the same agent recommended.
- An adequate response is defined as either:
  - ≥75% reduction in Psoriasis Area Severity Index (PASI) score from when treatment started, or
  - ≥50% reduction in PASI with a ≥5 point improvement in the Dermatology Life Quality Index (DLQI), or
  - A quantitative reduction in BSA affected with qualitative consideration of specific regions such as the face, hands, feet or genital region.
- Must be prescribed by a dermatologist
- Concurrent use of >1 biologic will not be approved
- Approval limited to a dose of 45 mg administered initially at weeks 0, 4 and 16, then 45 mg every 12 weeks thereafter, up to a year (if response criteria met at 16 weeks).

SPECIAL AUTHORIZATION ADDITIONS

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

Initial Coverage:

For the treatment of patients with neovascular (wet) age-related macular degeneration (AMD) where all of the following apply to the eye to be treated:

- Best Corrected Visual Acuity (BCVA) is between 6/12 and 6/96
- The lesion size is less than or equal to 12 disc areas in greatest linear dimension
- There is evidence of recent (< 3 months) presumed disease progression (blood vessel growth, as indicated by fluorescein angiography, or optical coherence tomography (OCT)
- Administration is to be done by a qualified ophthalmologist experienced in intravitreal injections.
- The interval between doses should not be shorter than 1 month.

Coverage will not be approved for patients:

- With permanent retinal damage as defined by the Royal College of Ophthalmology guidelines
- Receiving concurrent treatment with verteporfin.

Continued Coverage:

Treatment with ranibizumab should be continued only in people who maintain adequate response to therapy.

Ranibizumab should be permanently discontinued if any one of the following occurs:

- Reduction in BCVA in the treated eye to less than 15 letters (absolute) on 2 consecutive visits in the treated eye, attributed to AMD in the absence of other pathology
- Reductions in BCVA of 30 letters or more compared to either baseline and/or best recorded level since baseline as this may indicate either poor treatment effect, adverse events or both.
- There is evidence of deterioration of the lesion morphology despite optimum treatment over 3 consecutive visits.

The NBPDP will limit reimbursement to a maximum of 1 vial of ranibizumab per eye treated every 30 days. Claims submitted for greater than 1 vial, or submitted within 30 days of a previous claim will not be reimbursed.

Pharmacy Claims:

Claims submitted by pharmacies for reimbursement of Lucentis should be billed ***per vial***. This is an exception to the claims submission quantity standards outlined in the April 14, 2009 NBPDP Bulletin #749.

Lucentis is supplied by the manufacturer as a 2.3 mg/0.23 mL vial, however CPhA3 messaging for the online submission of pharmacy claims permits transmission of quantities to only one decimal place. Since the 0.23 mL vial cannot be adjudicated to two decimal places, this product should be claimed per vial.

Bulletin #777 December 9, 2009

BENEFIT CHANGES TO NBPDP

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective December 9, 2009.

Included in this bulletin:

- **Regular Benefit Additions**
- **Special Authorization Additions**
- **Special Authorization 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	$
Candesartan cilexetil							
Tab	Orl	32 mg	Atacand®	2311658	AZE	AEFGVW	AAC
Cefuroxime axetil							
Sus	Orl	125 mg/5 mL	Ceftin® Suspension	2212307	GSK	ABEFGVW	AAC

REGULAR BENEFIT ADDITIONS - PLAN W ONLY (EXTRAMURAL PROGRAM)

Cefoxitin sodium							
Pws	Inj	1 g vial		2128187			
		2 g vial	Cefoxitin for injection	2128195	NOP	W	AAC
		10 g vial		2240773			
Levofloxacin							
Tab	Orl	250 mg	Levaquin®	2236841	JAN		
			Novo-Levofloxacin	2248262	NOP		
			Apo-Levofloxacin	2284707	APO		
			Co-Levofloxacin	2315424	COB	W	MAP
			Mylan-Levofloxacin	2313979	MYL		
			pms-Levofloxacin	2284677	PMS		
			Sandoz-Levofloxacin	2298635	SDZ		
		500 mg	Levaquin®	2236842	JAN		
			Novo-Levofloxacin	2248263	NOP		
			Apo-Levofloxacin	2284715	APO		
			Co-Levofloxacin	2315432	COB	W	MAP
			Mylan-Levofloxacin	2313987	MYL		
			pms-Levofloxacin	2284685	PMS		
			Sandoz-Levofloxacin	2298643	SDZ		
		750 mg	Levaquin®	2246804	JAN		
			Apo-Levofloxacin	2325942	NOP		
			Co-Levofloxacin	2315440	APO	W	MAP
			Novo-Levofloxacin	2285649	COB		
			pms-Levofloxacin	2305585	PMS		
			Sandoz-Levofloxacin	2298651	SDZ		
Liq	Inj	5 mg/mL	Levaquin® for injection	2236839	JAN	W	AAC
Darifenacin							
Tab	Orl	7.5 mg	Enablex®	2273217	NVR	W	AAC
		15 mg		2273225			
Trospium							
Tab	Orl	20 mg	Trosec®	2275066	SEP	W	AAC
Solifenacin							
Tab	Orl	5 mg	Vesicare®	2277263	ASL	W	AAC
		10 mg		2277271			

SPECIAL AUTHORIZATION ADDITIONS

Tacrolimus *(Protopic®)*
0.1% ointment - resubmission

For the treatment of adults with moderate to severe atopic dermatitis who have failed or are intolerant to a site appropriate strength of corticosteroid therapy (i.e. low potency for the face versus intermediate to high potency for the trunk and extremities).

SPECIAL AUTHORIZATION – REVISED PROCESS

Trospium *(Trosec®)*
20mg tablets

Darifenacin *(Enablex®)*
7. 5 mg and 15 mg tablets

Solifenacin *(Vesicare®)*
5 mg and 10 mg tablets

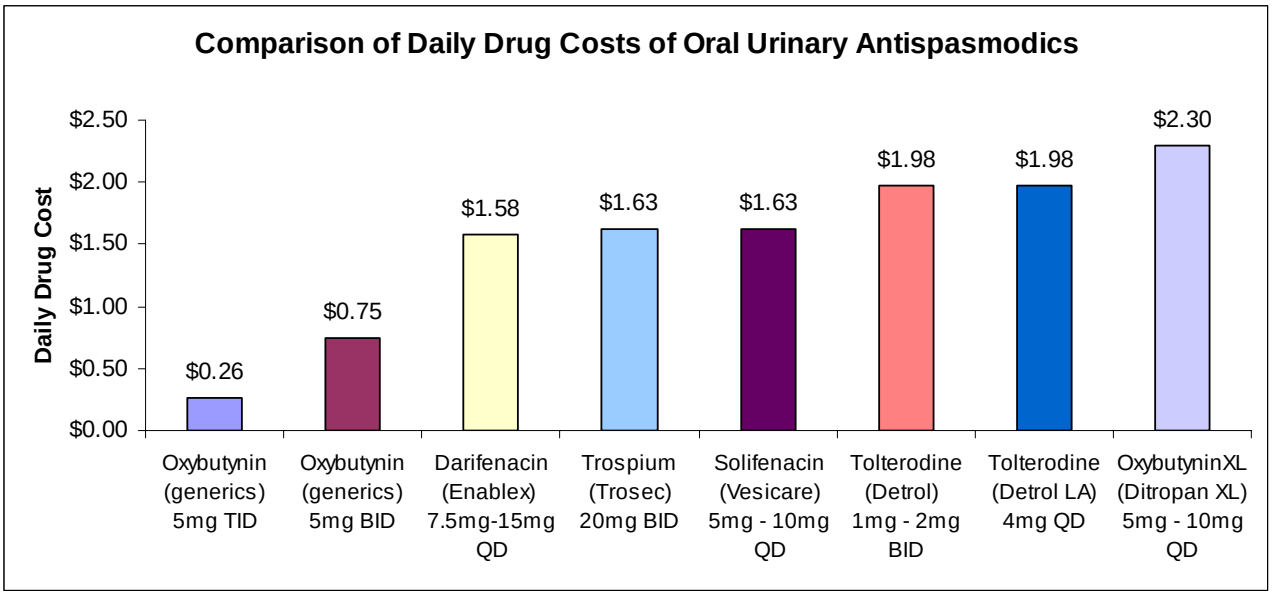
For the treatment of overactive bladder with symptoms of urinary frequency, urgency and/or urge incontinence in patients who have not tolerated a reasonable trial of immediate-release oxybutynin. Requests for the treatment of stress incontinence will not be considered.

Revised Process:

The special authorization process for the urinary antispasmodics darifenacin, solifenacin and trospium has been enhanced as part of a three-year pilot project to permit special authorization approval through the real-time claims adjudication system.

If the beneficiary has had a claim for oxybutynin in the previous 24 months, the adjudication system will recognize this information and the claim for trospium/darifenacin/solifenacin will be automatically reimbursed without the need for a written special authorization request.

Written special authorization will continue to be available as an option for beneficiaries who may not have the relevant first line agent on history due to changes in drug coverage or other factors.



SPECIAL AUTHORIZATION – REVISED PROCESS (CONT'D)

Levofloxacin *(Levaquin® and generics)* 250 mg and 500 mg tablets **Moxifloxacin** *(Avelox®)* 400 mg tablets	As part of pandemic planning during the H1N1 2009 influenza season, the respiratory quinolones, levofloxaxin and moxifloxacin will be available *without* special authorization for a **maximum of 14 tablets during a 6 month period.** This temporary measure is to ensure timely treatment of patients with secondary respiratory bacterial infection such as post-viral pneumonia and to ensure continuation of therapy upon discharge for hospitalized patients. Subsequent treatment beyond 14 tablets within a 6 month period will require special authorization. Termination of this temporary process will be communicated in a subsequent bulletin near the end of the influenza season.

DRUGS REVIEWED AND NOT LISTED

The review of the following product found it did not offer a therapeutic advantage over existing therapies.

Nifedipine + ASA	*(Adalat®XL ®Plus)*	20mg, 30mg, 40mg + 81mg ASA tablets