Bulletin # 781 February 3, 2010

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 16, 2010 will be subject to a Maximum Allowable Price (MAP) effective March 17, 2010.

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 Mar 16/10	MAP Mar 17/10
Alendronate Sodium Alendronate sodique								
Tab Co.	Orl	70mg	phl-Alendronate FC	2299712	PHL	Spec. Auth.	MAP	
Amlodipine Besylate Bésylate d'amlodipine								
Tab Co.	Orl	2.5mg	pms-Amlodipine Sandoz-Amlodipine	2295148 2330474	PMS SDZ	AEFVW	AAC	0.3328
		5mg	phl-Amlodipine	2326779	PHL	AEFVW	MAP	
		10mg	phl-Amlodipine	2326787	PHL	AEFVW	MAP	
Azithromycin Azithromycine								
Pws Pds.	Orl	100mg/5mL	Sandoz-Azithromycin	2332388	SDZ	ABEFGVW	MAP	
		200mg/5mL	Sandoz-Azithromycin	2332396	SDZ	ABEFGVW	MAP	
Baclofen Baclofèn								
Tab Co.	Orl	10mg	phl-Baclofen	2236963	PHL	AEFGVW	MAP	
		20mg	phl-Baclofen	2236964	PHL	AEFGVW	MAP	
Carvedilol Carvédilol								
Tab Co.	Orl	3.125mg	phl-Carvedilol	2248752	PHL	Spec. Auth.	MAP	
		6.25mg	phl-Carvedilol	2248753	PHL	Spec. Auth.	MAP	
		12.5mg	phl-Carvedilol	2248754	PHL	Spec. Auth.	MAP	
		25mg	phl-Carvedilol	2248755	PHL	Spec. Auth.	MAP	
Citalopram Hydrobromide Citalopram (bromhydrate de)								
Tab Co.	Orl	10mg	phl-Citalopram	2273543	PHL	AEFGVW	MAP	
		20mg	NG-Citalopram phl-Citalopram	2322781 2248944	NGP PHL	AEFGVW	MAP	
		40mg	NG-Citalopram phl-Citalopram	2322803 2248945	NGP PHL	AEFGVW	MAP	

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

								to Mar 16/10	MAP Mar 17/10
Clonazepam Clonazépam									
Tab Co.	Orl	0.5mg	phl-Clonazepam R	2236948	PHL	AEFGVW	MAP		
		1mg	phl-Clonazepam	2145235	PHL	AEFGVW	MAP		
		2mg	phl-Clonazepam	2145243	PHL	AEFGVW	MAP		
Desmopressin Acetate Trihydrate Trihydrate d'acétate de desmopressine									
Tab Co.	Orl	0.1mg	pms-Desmopressin	2304368	PMS	EF-18G	MAP		
		0.2mg	pms-Desmopressin	2304376	PMS	EF-18G	MAP		
Fentanyl Transdermal Fentanyl transdermal de									
Srd Srd	Trd	12mcg/hr	Ran-Fentanyl Matrix	2330105	RAN	W & Spec. Auth.	MAP		
		25mcg/hr	Ran-Fentanyl Matrix	2330113	RAN	W & Spec. Auth.	MAP		
		50mcg/hr	Ran-Fentanyl Matrix	2330121	RAN	W & Spec. Auth.	MAP		
		75mcg/hr	Ran-Fentanyl Matrix	2330148	RAN	W & Spec. Auth.	MAP		
		100mcg/hr	Ran-Fentanyl Matrix	2330156	RAN	W & Spec. Auth.	MAP		
Gabapentin									
Cap Caps	Orl	100mg	phl-Gabapentin	2246314	PHL	AEFGVW	MAP		
		300mg	phl-Gabapentin	2246315	PHL	AEFGVW	MAP		
		400mg	phl-Gabapentin	2246316	PHL	AEFGVW	MAP		
Ibuprofen Ibuprofène									
Tab Co.	Orl	300mg	Apo-Ibuprofen	441651	APX	AEFGVW	AAC	0.0284	
		400mg	Apo-Ibuprofen	506052	APX	AEFGVW	AAC	0.0372	
		600mg	Apo-Ibuprofen	585114	APX	AEFGVW	MAP		
Lansoprazole									
SRC Caps. L.L.	Orl	15mg	Novo-Lansoprazole	2280515	NOP	Spec. Auth.	MAP		
		30mg	Novo-Lansoprazole	2280523	NOP	Spec. Auth.	MAP		

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

								to Mar 16/10	MAP Mar 17/10
Mirtazapine									
Tab Co.	Orl	15mg	phl-Mirtazapine	2281732	PHL	AEFGVW	MAP		
		30mg	phl-Mirtazapine	2252279	PHL	AEFGVW	MAP		
Naratriptan Hydrochloride Naratriptan (chlorhydrate de)									
Tab Co.	Orl	1mg	Novo-Naratriptan	2314290	NOP	Spec. Auth.	AAC	10.4100	
		2.5mg	Novo-Naratriptan	2314304	NOP	Spec. Auth.	AAC	10.9688	
Olanzapine									
Tab Co.	Orl	2.5mg	Apo-Olanzapine Co-Olanzapine	2281791 2325659	APX COB	W & Spec. Auth.	AAC	0.8986	
		5mg	Apo-Olanzapine Co-Olanzapine	2281805 2325667	APX COB	W & Spec. Auth.	AAC	1.7972	
		7.5mg	Apo-Olanzapine Co-Olanzapine	2281813 2325675	APX COB	W & Spec. Auth.	AAC	2.6958	
		10mg	Apo-Olanzapine Co-Olanzapine	2281821 2325683	APX COB	W & Spec. Auth.	AAC	3.5944	
		15mg	Apo-Olanzapine Co-Olanzapine	2281848 2325691	APX COB	W & Spec. Auth.	AAC	5.3915	
Olanzapine									
ODT Co. D.O.	Orl	5mg	Co-Olanzapine ODT pms-Olanzapine ODT	2327562 2303191	COB PMS	W & Spec. Auth.	AAC	1.7870	
		10mg	Co-Olanzapine ODT pms-Olanzapine ODT	2327570 2303205	COB PMS	W & Spec. Auth.	AAC	3.5713	
		15mg	Co-Olanzapine ODT pms-Olanzapine ODT	2327589 2303213	COB PMS	W & Spec. Auth.	AAC	5.3553	
		20mg	Co-Olanzapine ODT	2327597	COB	Spec. Auth.	AAC	7.5977	
Ondansetron Hydrochloride Dihydrate Ondansétron Dihydraté (chlorhydrate d`)									
Tab Co.	Orl	4mg	phl-Ondansetron	2278618	PHL	W & Spec. Auth.	MAP		
		8mg	phl-Ondansetron	2278626	PHL	W & Spec. Auth.	MAP		
Pioglitazone Hydrochloride Pioglitazone (chlorhydrate de)									
Tab Co.	Orl	15mg	Mint-Pioglitazone phl-Pioglitazone	2326477 2307669	MNT PHL	Spec. Auth.	MAP		
		30mg	Mint-Pioglitazone phl-Pioglitazone	2326485 2307677	MNT PHL	Spec. Auth.	MAP		

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

							to Mar 16/10	MAP Mar 17/10
Pioglitazone Hydrochloride Pioglitazone (chlorhydrate de)								
Tab Co.	Orl	45mg	Mint-Pioglitazone phl-Pioglitazone	2326493 2307723	MNT PHL	Spec. Auth.	MAP	
Rabeprazole Sodium Rabéprazole sodique								
ECT Co. Ent.	Orl	10mg	Sandoz-Rabeprazole	2314177	SDZ	Spec. Auth.	MAP	
Ramipril								
Cap Caps	Orl	1.25mg	pms-Ramipril	2295369	PMS	AEFGVW	MAP	
		2.5mg	pms-Ramipril	2247917	PMS	AEFGVW	MAP	
		5mg	pms-Ramipril	2247918	PMS	AEFGVW	MAP	
		10mg	pms-Ramipril	2247919	PMS	AEFGVW	MAP	
Risedronate Sodium Risédronate sodique								
Tab Co.	Orl	5mg	Novo-Risedronate	2298376	NOP	Spec. Auth.	AAC	1.2750
		30mg	Novo-Risedronate	2298384	NOP	Spec. Auth.	AAC	8.2600
		35mg	Novo-Risedronate	2298392	NOP	Spec. Auth.	AAC	6.8000
Risperidone Rispéridone								
Tab Co.	Orl	0.25mg	phl-Risperidone	2258439	PHL	AEFGVW	MAP	
		0.5mg	phl-Risperidone	2258447	PHL	AEFGVW	MAP	
		1mg	phl-Risperidone	2258455	PHL	AEFGVW	MAP	
		2mg	phl-Risperidone	2258463	PHL	AEFGVW	MAP	
		3mg	phl-Risperidone	2258471	PHL	AEFGVW	MAP	
		4mg	phl-Risperidone	2258498	PHL	AEFGVW	MAP	
Sertraline Hydrochloride Sertraline (chlorhydrate de)								
Cap Caps	Orl	25mg	phl-Sertraline	2245824	PHL	AEFGVW	MAP	
		50mg	phl-Sertraline	2245825	PHL	AEFGVW	MAP	
		100mg	phl-Sertraline	2245826	PHL	AEFGVW	MAP	

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

							to Mar 16/10	MAP Mar 17/10
Simvastatin Simvastatine								
Tab Co.	Orl	5mg	phl-Simvastatin	2281546	PHL	AEFGVW	MAP	
		10mg	phl-Simvastatin	2281554	PHL	AEFGVW	MAP	
		20mg	phl-Simvastatin	2281562	PHL	AEFGVW	MAP	
		40mg	phl-Simvastatin	2281570	PHL	AEFGVW	MAP	
		80mg	phl-Simvastatin	2281589	PHL	AEFGVW	MAP	
Testosterone Undecanoate Testostérone (undécanoate de)								
Cap Caps	Orl	40mg	pms-Testosterone	2322498	PMS	Spec. Auth.	AAC	0.7050
Topiramate								
Tab Co.	Orl	25mg	phl-Topiramate	2271184	PHL	Spec. Auth.	MAP	
		100mg	phl-Topiramate	2271192	PHL	Spec. Auth.	MAP	
		200mg	phl-Topiramate	2271206	PHL	Spec. Auth.	MAP	

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

							to Mar 16/10	MAP Mar 17/10
Ibuprofen Ibuprofène								
Tab Co.	Orl	200mg	Apo-Ibuprofen	441643	APX		AAC	0.0244
Memantine Hydrochloride Mémantine (chlorhydrate de)								
Tab Co.	Orl	10mg	ratio-Memantine	2320908	RPH		AAC	1.6357
Mometasone Furoate Mométasone (furoate de)								
Lot Lot	Top	0.1%	Taro-Mometasone	2266385	TAR		AAC	0.3123
Olanzapine								
Tab	Orl	20mg	Apo-Olanzapine	2333015	APX		AAC	7.4226
Co.			Co-Olanzapine	2325713	COB			
Sibutramine Hydrochloride Monohydrate Sibutramine monohydraté (chlorhydrate de)								
Cap Caps	Orl	10mg	Apo-Sibutramine	2337614	APX		AAC	2.7597
		15mg	Apo-Sibutramine	2337622	APX		AAC	3.3270

Bulletin #782 March 11, 2010

BENEFIT CHANGES TO NBPDP

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

Included in this bulletin:

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

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

Yours truly,

Debbie LeBlanc
New Brunswick Prescription Drug Program

REGULAR BENEFIT ADDITIONS

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

REGULAR BENEFIT ADDITIONS

Drug/Form/Route/Strength	Brand Name	DIN	Manufacturer	Plans	$
Ketorolac tromethamine					
Tab Orl 10mg	Toradol®	2162660	HLR	W	MAP
	Apo-Ketorolac	2229080	APX		
	Novo-Ketorolac	2230201	NOP		
	Nu-Ketorolac	2237910	NXP		
Lithium citrate					
Liq Orl 8mmol/5mL	pms-Lithium Citrate	2074834	PMS	AEFGVW	AAC
Lopinavir/ritonavir					
Tab Orl 100mg/25mg	Kaletra®	2312301	ABB	U	AAC
Penicillin G benzathine					
Susp Inj 1200000Units/2mL	Bicillin LA®	2291924	KNG	AEFGVW	AAC
Penicillin G sodium					
Pws IM 1000000IU/vial	Crystapen®	2060086	BCH	W	AAC
10000000IU/vial	Crystapen®	2060108	BCH	W	AAC
Drugs no longer requiring special authorization					
Ziprasidone Hydrochloride					
Cap Orl 20mg	Zeldox®	2298597	PFI	AEFGVW	AAC
40mg	Zeldox®	2298600			
60mg	Zeldox®	2298619			
80mg	Zeldox®	2298627			

SPECIAL AUTHORIZATION ADDITIONS

Darunavir *(Prezista™)* 400mg tablets	As part of a HIV treatment regimen for treatment-naïve patients (Plan U beneficiaries) for whom protease inhibitor therapy is indicated.
Natalizumab *(Tysabri™)* 300 mg vial for intravenous infusion	For monotherapy in patients with a diagnosis of MS (Plan H beneficiaries) established according to current clinical criteria and MRI evidence and: • Who have failed to respond to a full and adequate course of treatment with at least two disease-modifying therapies or who are intolerant or have contraindications to these therapies; and • Who have a significant increase in T2 lesion load compared to a previous MRI or at least one gadolinium-enhancing lesion; and • Who experience two or more disabling relapses in the previous year.

SPECIAL AUTHORIZATION - REVISED PROCESS

Ranibizumab *(Lucentis™)* 2.3 mg / 0.23 mL vial for intravitreal injection	In order to facilitate the claims process for ranibizumab, an initial claim of up to two vials of ranibizumab (one vial per eye treated) will be reimbursed without special authorization when prescribed by an ophthalmologist. This change will be effective Monday March 23, 2010. Subsequent claims will require special authorization approval for reimbursement. Detailed criteria are published in the NBPDP formulary which is available online at http://www.gnb.ca/0212/NBPDPFormulary-e.asp .

DRUGS REVIEWED AND NOT LISTED

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

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

New Nouveau Brunswick
Be...in this place • Être...ici on le peut

March 17, 2010

To: NB Pharmacists

Subject: Closure of Provincial Pandemic Influenza Antiviral Stockpile

Dear Pharmacist:

I write to inform you that there has been a persistent and dramatic decrease in the level of activity of the H1N1 pandemic influenza virus in the province. So far this year only one case has been confirmed in New Brunswick.

In response to this absence of disease the Provincial Antiviral Stockpile will be closed on March 31st, 2010. This letter serves as notice to stop dispensing the provincial pandemic supply of oseltamivir (Tamiflu®), under stockpile guidelines, as of this date. After this date the oseltamivir portion of the provincial antiviral stockpile will no longer be available without charge.

There may be some need for physicians to prescribe antivirals after this date, as per seasonal influenza recommendations. In that setting, prescriptions for antivirals should still be filled by community pharmacies using the commercial supply as per routine pharmacy billing practices.

Please refer to the New Brunswick Prescription Drug Program Bulletin # 784 for information on the return of expired or unused antiviral stock. This can be arranged by contacting McKesson (Michele Awalt: (902)-876-6006 or michele.awalt@mckesson.ca.

Yours Sincerely,

Dr. Eilish Cleary
Chief Medical Officer of Health

Bulletin #784 March 19, 2010

Return Process for Unused and Expired Provincial Pandemic Antiviral Stock of Oseltamivir (Tamiflu®)

The provincial pandemic antiviral stockpile will be officially closed March 31st, 2010.

- Due to the absence of circulating pandemic virus, pharmacies must stop dispensing the provincial pandemic supply of oseltamivir (Tamiflu®) as of March 31st and recommence dispensing their commercial supply, exclusively.
- Pharmacies are no longer able to order additional supplies of oseltamivir (Tamiflu®) from the provincial pandemic stock.
- You may begin returning all expired and unused oseltamivir (Tamiflu®) remaining from the provincial pandemic stockpile to McKesson Canada.
- To facilitate the return, please complete the form found on page 2 of this bulletin and fax back to 1-800-563-2277.
- All questions related to the return of the provincial antiviral stock should be directed to McKesson Canada Customer Service at 1-800-565-7821.
- The standard NBPDP process for antiviral coverage will resume. For your information, the standard process and antiviral criteria for NBPDP beneficiaries residing in long-term care facilities (Plan V) are outlined on page 3 of this bulletin.

McKESSON
Canada
Empowering Health Care

McKesson Pharmaceutical
24 Lakeside Park Drive
Lakeside, Nova Scotia B3T 1L1
Halifax Customer Service:
Tel: 902-876-7821/ 1-800-565-7821
Fax: 902-876-0265/ 1-800-563-2277

March 3, 2010

Dear Valued Customer,

To facilitate the return of your remaining inventory of the New Brunswick government stockpile of Tamiflu to McKesson Canada, we ask that you please complete the form below and fax to 1-800-563-2277.

Item #	Description	Quantity	Lot #	Expiry Date
697557	NB TAMIFLU CP 30MG 10		B3002B019	06/2016
			B1009B018	07/2015
699454	NB TAMIFLU CP 45MG 10		B1008B91U18	07/2015
			B3002B019	06/2016
700716	NB TAMIFLU CP 75MG 10		B12466	08/2011
			B12626	08/2011
			B12186	03/2011
			B1346B018	08/2015

Store Name:	
Account #:	
Pharmacist Name:	
Pharmacist Signature:	

DEADLINE TO RETURN FORM APRIL 16TH, 2010

Yours truly,
McKesson Canada

Antiviral Coverage for NBPDP Beneficiaries in Long-term Care Facilities

Information for Pharmacies Providing Services to Licensed Nursing Homes

Oseltamivir (Tamiflu®) and zanamivir (Relenza®) are available as special authorization benefits 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

    - Zanamivir: Special authorization NBPDP benefit, Plan V only
        - Option for treatment or prophylaxis of influenza A or influenza B in cases of suspected or confirmed oseltamivir resistance.

- It is important to begin antiviral treatment within 24-48 hours of symptom onset. Antiviral medication is unlikely to benefit residents who have been ill for more than 48 hours.

- Link to national antiviral guidelines and information: http://www.phac-aspc.gc.ca/influenza/vac_antiv/index-vacantiv-eng.php

Process for Coverage of Antivirals

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 antiviral 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 antivirals 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 antiviral required.

On-Line Payment of Special Authorization Claims for Antivirals:

When notified by the LTC facility that antiviral 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 the antiviral has been activated and the pharmacy can then bill claims on-line. Approval for antiviral therapy 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 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 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.
Zanamivir *(Relenza®)* 5 mg blister for inhalation	For beneficiaries meeting the same criteria as for oseltamivir and for whom there is suspected or confirmed oseltamivir resistance, or for whom oseltamivir is contraindication.

Bulletin #786 May 6, 2010

BENEFIT CHANGES TO NBPDP

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

Included in this bulletin:

- **Extemporaneous Preparation – Temporary Benefit Addition**
- **Special Authorization Additions**
- **Drugs Reviewed and Not Listed**

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

Yours truly,

Debbie LeBlanc
New Brunswick Prescription Drug Program

EXTEMPORANEOUS PREPARATIONS – TEMPORARY BENEFIT ADDITION

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

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

SPECIAL AUTHORIZATION ADDITIONS

Clostridium botulinum neurotoxin type A, free from complexing proteins *(Xeomin®)* 100 unit vial for injection	1. For the treatment of blepharospasm in patients 18 years of age and older. 2. For the treatment of cervical dystonia (spasmodic torticollis) in patients 18 years of age or older.
Imatinib *(Gleevec®)* 100mg and 400mg tablet	New indication added to criteria: For the treatment of adult patients with newly diagnosed Philadelphia chromosome-positive acute lymphoblastic leukemia (Ph+ALL) when used as a single agent for induction and maintenance phase therapy.

SPECIAL AUTHORIZATION ADDITIONS (CONT'D)

Lenalidomide
(Revlimid®)
5mg, 10mg, 15mg and 25mg capsule

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

   † calculator available on www.uptodate.com

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

   Initial approval period: 6 months

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

   Renewal period: 1 year

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

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

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.

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

Bulletin # 787 May 12, 2010

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 June 22, 2010 will be subject to a Maximum Allowable Price (MAP) effective June 23, 2010.

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 June 22/10	MAP June 23/10
Amiodarone Hydrochloride Amiodarone (chlorhydrate de)								
Tab Co.	Orl	200mg	phl-Amiodarone	2245781	PHL	AEFGVW	MAP	
Amlodipine Besylate Bésylate d'amlodipine								
Tab Co.	Orl	2.5mg	Co-Amlodipine	2297477	COB	AEFVW	MAP	
		5mg	Jamp-Amlodipine	2331071	JPC	AEFVW	MAP	
		10mg	Jamp-Amlodipine	2331098	JPC	AEFVW	MAP	
Carvedilol Carvédilol								
Tab Co.	Orl	3.125mg	Zym-Carvedilol	2338068	ZYM	Spec. Auth.	MAP	
		6.25mg	Zym-Carvedilol	2338092	ZYM	Spec. Auth.	MAP	
		12.5mg	Zym-Carvedilol	2338106	ZYM	Spec. Auth.	MAP	
		25mg	Zym-Carvedilol	2338114	ZYM	Spec. Auth.	MAP	
Cetirizine Hydrochloride Cétirizine (chlorhydrate de)								
Tab Co.	Orl	10mg	Extra Strength Allergy Relief	2315955	PDP	G	AAC	0.3938
Ciprofloxacin Hydrochloride Ciprofloxacine (chlorhydrate de)								
Tab Co.	Orl	250mg	Mint-Ciprofloxacin	2317427	MNT	W & Spec. Auth.	MAP	
		500mg	Mint-Ciprofloxacin	2317435	MNT	W & Spec. Auth.	MAP	
Clonazepam Clonazépam								
Tab Co.	Orl	0.5mg	Zym-Clonazepam	2345676	ZYM	AEFGVW	MAP	
		1mg	Zym-Clonazepam	2303329	ZYM	AEFGVW	MAP	
		2mg	Zym-Clonazepam	2303337	ZYM	AEFGVW	MAP	
Finasteride Finastéride								
Tab Co.	Orl	5mg	pms-Finasteride	2310112	PMS	Spec. Auth.	AAC	0.9263
			ratio-Finasteride	2306905	RPH	Spec. Auth.	AAC	0.9263
			Sandoz Finasteride	2322579	SDZ	Spec. Auth.	AAC	0.9263

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

								to June 22/10	MAP June 23/10
Fluoxetine Hydrochloride Fluoxétine (chlorhydrate de)									
Cap Caps	Orl	20mg	phl-Fluoxetine Zym-Fluoxetine	2223503 2302667	PHL ZYM	AEFGVW	MAP		
Letrozole Létrozole									
Tab Co.	Orl	2.5mg	Sandoz Letrozole	2344815	SDZ	AEFVW	AAC	2.7560	
Meloxicam									
Tab Co.	Orl	7.5mg	phl-Meloxicam	2248607	PHL	AEFGVW	MAP		
		15mg	phl-Meloxicam	2248608	PHL	AEFGVW	MAP		
Mirtazapine									
Tab Co.	Orl	15mg	Zym-Mirtazapine	2325179	ZYM	AEFGVW	MAP		
		30mg	Zym-Mirtazapine	2325187	ZYM	AEFGVW	MAP		
Naratriptan Hydrochloride Naratriptan (chlorhydrate de)									
Tab Co.	Orl	2.5mg	Sandoz Naratriptan	2322323	SDZ	Spec. Auth.	AAC	8.2125	
Nifedipine Nifédipine									
ERT Co. L.P.	Orl	30mg	Mylan-Nifedipine	2349167	MYL	AEFGVW	AAC	0.8639	
Olanzapine									
ODT Co. D.O.	Orl	5mg	Sandoz Olanzapine ODT	2327775	SDZ	W & Spec. Auth.	MAP		
		10mg	Sandoz Olanzapine ODT	2327783	SDZ	W & Spec. Auth.	MAP		
		15mg	Sandoz Olanzapine ODT	2327791	SDZ	W & Spec. Auth.	MAP		
		20mg	Sandoz Olanzapine ODT	2327805	SDZ	Spec. Auth.	MAP		
Pioglitazone Hydrochloride Pioglitazone (chlorhydrate de)									
Tab	Orl	15mg	Zym-Pioglitazone	2320754	ZYM	Spec. Auth.	MAP		
		30mg	Zym-Pioglitazone	2320762	ZYM	Spec. Auth.	MAP		
		45mg	Zym-Pioglitazone	2320770	ZYM	Spec. Auth.	MAP		
Pravastatin Sodium Pravastatin sodique									
Tab Co.	Orl	10mg	Jamp-Pravastatin Mint-Pravastatin	2330954 2317451	JPC MNT	AEFGVW	MAP		
		20mg	Jamp-Pravastatin Mint-Pravastatin	2330962 2317478	JPC MNT	AEFGVW	MAP		

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

							to June 22/10	MAP June 23/10
Pravastatin Sodium Pravastatin sodique								
Tab Co.	Orl	40mg	Jamp-Pravastatin Mint-Pravastatin	2330970 2317486	JPC MNT	AEFGVW	MAP	
Quetiapine Fumarate Quétiapine (fumarate de)								
Tab Co.	Orl	25mg	phl-Quetiapine	2299054	PHL	AEFGVW	MAP	
		100mg	phl-Quetiapine	2299062	PHL	AEFGVW	MAP	
		200mg	phl-Quetiapine	2299089	PHL	AEFGVW	MAP	
		300mg	phl-Quetiapine	2299097	PHL	AEFGVW	MAP	
Ramipril								
Cap Caps	Orl	1.25mg	Jamp-Ramipril	2331101	JPC	AEFGVW	MAP	
		2.5mg	Jamp-Ramipril	2331128	JPC	AEFGVW	MAP	
		5mg	Jamp-Ramipril	2331136	JPC	AEFGVW	MAP	
		10mg	Jamp-Ramipril	2331144	JPC	AEFGVW	MAP	
Risperidone Rispéridone								
Tab Co.	Orl	0.25mg	Sandoz Risperidone (new formulation)	2303655	SDZ	AEFGVW	MAP	
Rivastigmine hydrogen tartrate Rivastigmine (tartrate hydrogéné de)								
Cap Caps	Orl	1.5mg	Apo-Rivastigmine	2336715	APX	Spec. Auth.	MAP	
		3mg	Apo-Rivastigmine	2336723	APX	Spec. Auth.	MAP	
		4.5mg	Apo-Rivastigmine	2336731	APX	Spec. Auth.	MAP	
		6mg	Apo-Rivastigmine	2336758	APX	Spec. Auth.	MAP	
Simvastatin Simvastatine								
Tab Co.	Orl	5mg	Jamp-Simvastatin	2331020	JPC	AEFGVW	MAP	
		10mg	Jamp-Simvastatin	2331039	JPC	AEFGVW	MAP	
		20mg	Jamp-Simvastatin	2331047	JPC	AEFGVW	MAP	
		40mg	Jamp-Simvastatin	2331055	JPC	AEFGVW	MAP	
		80mg	Jamp-Simvastatin	2331063	JPC	AEFGVW	MAP	

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

							to June 22/10	MAP June 23/10
Topiramate								
Tab Co.	Orl	25mg	Zym-Topiramate	2325136	ZYM	Spec. Auth.	MAP	
		100mg	Zym-Topiramate	2325144	ZYM	Spec. Auth.	MAP	
		200mg	Zym-Topiramate	2325152	ZYM	Spec. Auth.	MAP	
Trazodone Hydrochloride Trazodone (chlorhydrate de)								
Tab Co.	Orl	50mg	phl-Trazodone	2236941	PHL	AEFGVW	MAP	
		100mg	phl-Trazodone	2236942	PHL	AEFGVW	MAP	
Zopiclone								
Tab Co.	Orl	5mg	phl-Zopiclone	2294052	PHL	AEFVW	MAP	
		7.5mg	phl-Zopiclone	2294060	PHL	AEFVW	MAP	

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

							to June 22/10	MAP June 23/10
Cefprozil								
Pws Pds.	Orl	125mg/5mL	Ran-Cefprozil	2329204	RAN		MAP	
Desloratadine								
Tab Co.	Orl	5mg	Desloratadine Allergy Control	2298155	PDP		AAC	0.5625
Fluoxetine Hydrochloride Fluoxétine (chlorhydrate de)								
Cap	Orl	10mg	phl-Fluoxetine	2223481	PHL		MAP	
Caps			Zym-Fluoxetine	2302659	ZYM			
Memantine Hydrochloride Mémantine (chlorhydrate de)								
Tab Co.	Orl	10mg	Co-Memantine	2324067	COB		MAP	
			pms-Memantine	2321130	PMS			

Bulletin #789 June 15, 2010

BENEFIT CHANGES TO NBPDP

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective June 15, 2010.

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	$
Aprepitant							
Cap	Orl	80mg	Emend®	2298791			AAC
		125mg	Emend®	2298805	FRS	W	
		Tri-Pack	Emend®	2298813			
Brinzolamide/Timolol							
Liq	Sus	1%/0.5%	Azarga®	2331624	ALC	AEF+18VW	AAC
Dolasetron							
Tab	Orl	100mg	Anzemet®	2231379	SAV	W	AAC
Tacrolimus							
ERC	Orl	0.5mg	Advagraf®	2296462			
		1mg	Advagraf®	2296470	ASL	R	AAC
		5mg	Advagraf®	2296489			

SPECIAL AUTHORIZATION ADDITIONS

Aprepitant
(Emend®)
80 mg and 125 mg capsule; Tri-Pack

For the prevention of acute and delayed nausea and vomiting due to highly emetogenic cancer chemotherapy (e.g. cisplatin >70 mg/m^2) in patients who have experienced emesis despite treatment with a combination of a 5-HT$_3$ antagonist and dexamethasone in a previous cycle of highly emetogenic chemotherapy.

Note: Prescription claims for up to a maximum of 2 Tri-packs, or 6 capsules will be automatically reimbursed every 28 days when the prescription is written by an oncologist. If additional medication is required within a 28 day period subsequent to the initial prescription, a request should be made through special authorization.

Lactulose
(various brands)
667 mg/mL

For the treatment of hepatic encephalopathy in patients with liver disease.

Please note requests for treatment of constipation will not be considered.

SPECIAL AUTHORIZATION ADDITIONS

Low Molecular Weight Heparins: **Dalteparin Sodium,** **Enoxaparin Sodium,** **Nadroparin Calcium,** **Tinzaparin Sodium,** *(Fragmin®, Lovenox®, Lovenox® HP, Fraxiparin Forte®, Innohep®)* See NBPDP Formulary for complete product listings	New indications added to criteria: • For the prophylaxis of venous thromboembolism (VTE) up to 35 days following elective hip replacement or hip fracture surgery. • For the prophylaxis of VTE up to 10 days following elective knee replacement surgery.
Golimumab *(Simponi™)* 50mg/0.5mL autoinjector/prefilled syringe	1. 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 3 month observation period 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 3 month observation period and have had an inadequate response to an optimal dose or maximal tolerated dose of a DMARD. • Must be prescribed by a rheumatologist or internist. • Initial approval will be for 4 x 50 mg doses in a 4 month period. • Requests for continuation of therapy must include information showing the clinical 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 for continuation of therapy will be for 12 x 50 mg doses annually with no dose escalation permitted. • Golimumab will not be reimbursed in combination with other anti-TNF agents. * 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.

SPECIAL AUTHORIZATION ADDITIONS

Golimumab
(Simponi™)
50mg/0.5mL
autoinjector/prefilled syringe

2. For the treatment of moderate to severe 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.
   - Must be prescribed by a rheumatologist or internist.
   - Initial approval will be for 4 x 50 mg doses in a 4 month period.
   - Requests for continuation of therapy must include information demonstrating clinical beneficial effects of the treatment.
   - Approvals for continuation of therapy will be for 12 x 50 mg doses annually with no dose escalation permitted.
   - Golimumab will not be reimbursed in combination with other anti-TNF agents.

3. 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 therapy of at least two traditional DMARDs (disease modifying antirheumatic drugs). 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.
   - Initial approval will be for 4 x 50 mg doses in a 4 month period.
   - Requests for continuation of therapy must include information demonstrating clinical beneficial effects of the treatment.
   - Approvals for continuation of therapy will be for 12 x 50 mg doses annually with no dose escalation permitted.
   - Golimumab will not be reimbursed in combination with other anti-TNF agents.

SPECIAL AUTHORIZATION – REVISED CRITERIA

Ondansetron
(Zofran® and generics)
4 mg and 8 mg tablets; 4 mg and 8 mg ODT tablets

Granisetron
(Kytril® and generic)
1 mg tablets

Dolasetron
(Anzemet®)
100 mg tablets

For the treatment of emesis in patients who are:

- receiving moderately or severely emetogenic chemotherapy

OR

- receiving intravenous chemotherapy or radiotherapy and who have not experienced adequate control with other available antiemetics

OR

- receiving any intravenous chemotherapy or radiotherapy and have experienced emesis with a prior cycle of chemotherapy with intolerable side effects to other antiemetics, including steroids and anti-dopaminergic agents.

Only requests for the oral dosage forms are eligible for consideration. Usually a single oral dose pre-chemotherapy is sufficient to control symptoms.

Some patients may require additional therapy up to 48 hours after the last dose of chemotherapy or last radiation treatment. Benefit beyond 48 hours has not been established.

When used in combination with aprepitant, only a single oral dose pre-chemotherapy will be covered.

Note: Prescription claims for up to a maximum of 12 tablets of ondansetron or 2 tablets of either granisetron or dolasetron will be automatically reimbursed every 28 days when the prescription is written by an oncologist. If additional medication is required within a 28 day period subsequent to the initial prescription, a request should be made through special authorization.

SPECIAL AUTHORIZATION – REVISED CRITERIA

Infliximab *(Remicade®)* 100 mg vial for injection	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. Initial approval will consist of 3 doses of 5 mg/kg given at weeks 0, 2 and 6. Ongoing coverage for maintenance therapy will only be reimbursed for responders and for a dose not exceeding 5mg/kg every 8 weeks. Coverage must be reassessed annually and is dependent on evidence of continued response. Must be prescribed by, or in consultation with, a gastroenterologist or physician with a specialty in gastroenterology. Infliximab will not be reimbursed in combination with other anti-TNF agents.

DRUGS REVIEWED AND NOT LISTED

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

Teriparatide – in severe osteoporosis in women (ACP submission)	*(Forteo®)*	250µg/mL prefilled pen

Bulletin # 791 July 9, 2010

Pharmacy Billing Reminder

Actual Acquisition Cost Claims for Single Source Drugs

This serves as a reminder of the regulations under the *New Brunswick Prescription Drug Payment Act* regarding Actual Acquisition Cost (AAC), which is applicable to all New Brunswick pharmacies and dispensing physicians. The regulations state:

> "Actual Acquisition Cost" means the cost of a product to a pharmacy or dispensing physician, based on reasonable and customary purchasing practices, which is calculated by:
>
> a) deducting from the total amount paid or payable, exclusive of shipping charges, by the pharmacy or dispensing physician to purchase the product, the value of any price reduction,

Be advised that to submit drug claims to the New Brunswick Prescription Drug Program on an AAC basis, without including any price reductions received, (i.e. manufacturer discounts, rebates, professional allowances, etc.) would be contrary to the *Prescription Drug Payment Act* subsection 5.3.

> "A person who violates or fails to comply with paragraph (1)(a), (1)(a.1), (1)(a.2), (1)(b), or (1)(c) commits an offence punishable under Part II of the *Provincial Offences Procedure Act* as a category H offence." A category H offence could result in a maximum fine of ten thousand two hundred and fifty dollars ($10,250.)

We would like to remind pharmacies and dispensing physicians that any savings received from manufacturer discounts/rebates must be passed on to the New Brunswick Prescription Drug Program.

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

Yours truly,

Debbie LeBlanc
New Brunswick Prescription Drug Program

Bulletin # 792 July 21, 2010

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 31, 2010 will be subject to a Maximum Allowable Price (MAP) effective September 1, 2010.

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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 Aug 30/10	MAP Sept 1/10
Acebutolol Hydrochloride Acébutolol (chlorhydrate d')								
Tab Co.	Orl	100mg	Acebutolol	2286246	SAS	AEFGVW	MAP	
		200mg	Acebutolol	2286254	SAS	AEFGVW	MAP	
		400mg	Acebutolol	2286262	SAS	AEFGVW	MAP	
Atorvastatin Calcium Atorvastatine calcique								
Tab Co.	Orl	10mg	Atorvastatin	2348624	RPH	AEFVW	AAC	0.8320
			Atorvastatin	2348705	SAS			
			Apo-Atorvastatin	2295261	APX			
			Co-Atorvastatin	2310899	COB			
			GD-Atorvastatin	2288346	GMD			
			Novo-Atorvastatin	2302675	TEV			
			pms-Atorvastatin	2313448	PMS			
			Ran-Atorvastatin	2313707	RAN			
			ratio-Atorvastatin	2350297	RPH			
			Sandoz Atorvastatin	2324946	SDZ			
		20mg	Atorvastatin	2348632	RPH	AEFVW	AAC	1.0400
			Atorvastatin	2348713	SAS			
			Apo-Atorvastatin	2295288	APX			
			Co-Atorvastatin	2310902	COB			
			GD-Atorvastatin	2288354	GMD			
			Novo-Atorvastatin	2302683	TEV			
			pms-Atorvastatin	2313456	PMS			
			Ran-Atorvastatin	2313715	RAN			
			ratio-Atorvastatin	2350319	RPH			
			Sandoz Atorvastatin	2324954	SDZ			
		40mg	Atorvastatin	2348640	RPH	AEFVW	AAC	1.1180
			Atorvastatin	2348721	SAS			
			Apo-Atorvastatin	2295296	APX			
			Co-Atorvastatin	2310910	COB			
			GD-Atorvastatin	2288362	GMD			
			Novo-Atorvastatin	2302691	TEV			
			pms-Atorvastatin	2313464	PMS			
			Ran-Atorvastatin	2313723	RAN			
			ratio-Atorvastatin	2350327	RPH			
			Sandoz Atorvastatin	2324962	SDZ			
		80mg	Atorvastatin	2348659	RPH	AEFVW	AAC	1.1180
			Atorvastatin	2348748	SAS			
			Apo-Atorvastatin	2295318	APX			
			Co-Atorvastatin	2310929	COB			
			GD-Atorvastatin	2288370	GMD			
			Novo-Atorvastatin	2302713	TEV			
			pms-Atorvastatin	2313472	PMS			

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURES POUR LE PMONB

							to Aug 30/10	MAP Sept 1/10
Atorvastatin Calcium Atorvastatine calcique								
Tab Co.	Orl	80mg	Ran-Atorvastatin ratio-Atorvastatin Sandoz Atorvastatin	2313758 2350335 2324970	RAN RPH SDZ	AEFVW	AAC	1.1180
Azathioprine Sodium Azathioprone sodique								
Tab Co.	Orl	50mg	Azathioprine	2343002	SAS	AEFGVW	MAP	
Azithromycin Azithromycine								
Tab Co.	Orl	250mg	Azithromycin	2330881	SAS	ABEFGVW	MAP	
		600mg	Azithromycin	2330911	SAS	W & Spec. Auth.	MAP	
Bupropion Hydrochloride Bupropion (chlorhydrate de)								
SRT C.o.L.L.	Orl	100mg	pms-Bupropion SR	2325373	PMS	AEFGVW	MAP	
Carvedilol Carvédilol								
Tab Co.	Orl	3.125mg	Mylan-Carvedilol	2347512	MYL	Spec. Auth.	MAP	
		6.25mg	Mylan-Carvedilol	2347520	MYL	Spec. Auth.	MAP	
		12.5mg	Mylan-Carvedilol	2347555	MYL	Spec. Auth.	MAP	
		25mg	Mylan-Carvedilol	2347571	MYL	Spec. Auth.	MAP	
Ciprofloxacin Ciprofloxacine								
Liq	Inj	2mg/mL	Ciprofloxacin	2304759	SDZ	W	MAP	
Cyclobenzaprine Hydrochloride Cyclobenzaprine (chlorhydrate de)								
Tab Co.	Orl	10mg	Cyclobenzaprine	2287064	SAS	AEFGVW	MAP	
Finasteride Finastéride								
Tab Co.	Orl	5mg	Novo-Finasteride	2348500	NOP	Spec. Auth.	MAP	
Fosinopril Sodium Fosinopril sodique								
Tab Co.	Orl	10mg	Jamp-Fosinopril Ran-Fosinopril	2331004 2294524	JPC RAN	AEFGVW	MAP	

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

							to Aug 30/10	MAP Sept 1/10
Fosinopril Sodium Fosinopril sodique								
Tab Co.	Orl	20mg	Jamp-Fosinopril Ran-Fosinopril	2331012 2294532	JPC RAN	AEFGVW	MAP	
Gliclazide								
Tab Co.	Orl	80mg	Gliclazide	2287072	SAS	ABEFGVW	MAP	
Lansoprazole								
SRC Caps.L.L.	Orl	15mg	Mylan-Lansoprazole	2353830	MYL	Spec. Auth.	MAP	
		30mg	Mylan-Lansoprazole	2353849	MYL	Spec. Auth.	MAP	
Letrozole Létrozole								
Tab Co.	Orl	2.5mg	Letrozole Med-Letrozole pms-Letrozole Letrozole	2348969 2322315 2309114 2347997	COB GMP PMS TEV	AEFVW	MAP	
Minocycline Hydrochloride Minocycline (chlorhydrate de)								
Cap Caps	Orl	50mg	Minocycline	2287226	SAS	ABEFGVW	MAP	
		100mg	Minocycline	2287234	SAS	ABEFGVW	MAP	
Omeprazole Oméprazole								
SRT Co.L.L.	Orl	20mg	pms-Omeprazole DR	2310260	PMS	ABEFGVW	MAP	
SRC Caps.L.L.	Orl	20mg	Omeprazole	2348691	SAS	ABEFGVW	MAP	
Paroxetine								
Tab Co.	Orl	20mg	Paroxetine	2282852	SAS	AEFGVW	MAP	
		30mg	Paroxetine	2282860	SAS	AEFGVW	MAP	
Quetiapine Fumarate Quétiapine (fumarate de)								
Tab Co.	Orl	25mg	Jamp-Quetiapine	2330415	JPC	AEFGVW	MAP	
		100mg	Jamp-Quetiapine	2330423	JPC	AEFGVW	MAP	
		200mg	Jamp-Quetiapine	2330458	JPC	AEFGVW	MAP	

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

								to Aug 30/10	MAP Sept 1/10
Risperidone Rispéridone									
Tab Co.	Orl	0.25mg	Rbx-Risperidone	2328305	RAN	AEFGVW	MAP		
		0.5mg	Rbx-Risperidone	2328313	RAN	AEFGVW	MAP		
		1mg	Rbx-Risperidone	2328321	RAN	AEFGVW	MAP		
		2mg	Rbx-Risperidone	2328348	RAN	AEFGVW	MAP		
		3mg	Rbx-Risperidone	2328364	RAN	AEFGVW	MAP		
		4mg	Rbx-Risperidone	2328372	RAN	AEFGVW	MAP		
Sildenafil Citrate Sildénafil (citrate de)									
Tab Co.	Orl		ratio-Sildenafil R	2319500	RPH	Spec. Auth.	AAC		7.2940
Simvastatin Simvastatine									
Tab Co.	Orl	5mg	Simvastatin	2284723	SAS	AEFGVW	MAP		
		10mg	Simvastatin	2284731	SAS	AEFGVW	MAP		
		20mg	Simvastatin	2284758	SAS	AEFGVW	MAP		
		40mg	Simvastatin	2284766	SAS	AEFGVW	MAP		
		80mg	Simvastatin	2284774	SAS	AEFGVW	MAP		
Ticlopidine Hydrochloride Ticlopidine (chlorhydrate de)									
Tab Co.	Orl	250mg	Ticlopidine	2343045	SAS	AEFVW	MAP		
Valacyclovir Hydrochloride Valacyclovir (chlorhydrate de)									
Cap Caps	Orl	500mg	Mylan-Valacyclovir	2351579	MYL	AEFGVW	MAP		

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

							to Aug 30/10	MAP Sept 1/10
Finasteride Finastéride								
Tab Co.	Orl	1mg	pms-Finasteride	2320169	PMS		AAC	1.3909
Paroxetine								
Tab Co.	Orl	10mg	Paroxetine	2282844	SAS		MAP	
Tramadol Hydrochloride/Acetaminophen Tramadol (chlorhydrate de)/Acétaminophène								
Tab Co.	Orl	37.5mg/325mg	Apo-Tramadol/Acetaminophen	2336790	APX		AAC	0.6264

Department of Health / Ministère de la Santé
Office of the Chief Medical Officer of Health /
Bureau du médecin-hygiéniste en chef
520 King Street / 520, rue King
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Fax / Téléc. : 506-453-8702

Be...in this place • Être...ici on le peut

Date : August 6, 2010 / *Le 6 août 2010*

To / Dest. : Community Pharmacists / *Pharmaciens communautaires*

From / Exp. : D[r] Paul Van Buynder, Deputy Chief Medical Officer / *Médecin-hygiéniste en chef adjoint*

Copies : NBPDP, NBPA, Central Serum Depot / *PMONB, APNB, Dépôt central de sérum*

Subject / Objet : TB medications- a change in supply and reimbursement of dispensing fees. / *Médicaments antituberculeux – modification du processus d'approvisionnement et de remboursement des frais connexes*

I write to inform you of a change in the process to obtain TB medications and for reimbursement of the costs associated with the provision of these medications.

Beginning Tuesday August 24, 2010, the New Brunswick Prescription Drug program will manage the claims process for reimbursement of the dispensing fees and the cost of all TB drugs on behalf of the Office of the Chief Medical Officer of Health.

Historically, *first-line* TB formulary medications were provided through the Central Serum Depot in Saint John. Requests for exceptional medications were adjudicated through the *CDC Unit Medical Officer* and provided through community pharmacies once approved. Dispensing fees and in the case of *second-line* medications, drug costs, were reimbursed through a paper-based process.

With the August change, community pharmacies will need to obtain *first-line* TB medications directly from their wholesaler or distributor. Reimbursement will occur through the existing electronic NBPDP process and fee schedule, the details of which will be sent to you by the NBPDP.

Je vous écris pour vous informer de la modification du processus d'approvisionnement en médicaments antituberculeux et de remboursement des frais qui y sont rattachés.

À compter du mardi 24 août 2010, le Plan de médicaments sur ordonnance du Nouveau-Brunswick gèrera le processus de demande de remboursement des coûts des médicaments antituberculeux et des frais rattachés à la délivrance de ceux-ci au nom du Bureau du médecin-hygiéniste en chef.

Les médicaments antituberculeux *de première intention* figurant sur la liste de médicaments assurés étaient jusqu'à maintenant fournis par le Dépôt central de sérum de Saint John. Les demandes exceptionnelles de médicaments étaient évaluées par le *médecin de l'Unité de contrôle des maladies transmissibles*; une fois les demandes approuvées, les médicaments étaient fournis par les pharmacies communautaires. Les frais de délivrance ainsi que les coûts de médicaments *de deuxième intention* étaient remboursés au moyen d'un processus manuel.

Après l'entrée en vigueur de ces modifications en août, les pharmacies communautaires devront obtenir les médicaments antituberculeux *de première intention* directement de leur grossiste ou de leur distributeur. Le remboursement des frais connexes sera effectué selon la grille tarifaire et le processus électronique actuels du PMONB. Les renseignements connexes vous seront communiqués par le PMONB.

There is no change to the prescription process. *First-line* drugs for the treatment of active or latent TB are provided to the client upon presentation of a prescription noting that they are for the "TB program". Please see the attached document, *TB Drug Formulary* for a list of pre-approved *first-line drugs.* As in the past, physicians must request approval for *second-line* medications directly through the *CDC Unit Medical Officer.* Medavie BlueCross will confirm with the CDC Unit that approval has been obtained prior to processing claims for these medications and/or dispensing fees.

Aucune modification n'est apportée au processus relatif aux ordonnances. Les médicaments *de première intention* pour le traitement de la tuberculose progressive ou latente sont fournis aux clients qui présentent une ordonnance sur laquelle est inscrite : « Plan TB ». Prière de consulter le document ci-joint intitulé *Formulaire de demande d'antituberculeux*; la liste des médicaments *de première intention* approuvés y figure. Comme c'était le cas auparavant, les médicaments *de deuxième intention* doivent être approuvés par le *médecin de l'Unité de contrôle des maladies transmissibles.* Le personnel de Croix Bleue Medavie vérifiera auprès de l'Unité de contrôle des maladies transmissibles si les ordonnances ont été approuvées avant de traiter les demandes de remboursement des coûts de ces médicaments ou des frais de délivrance connexes.

This new process will allow for speedier compensation for community pharmacies as well as better surveillance of active and LTBI in New Brunswick.

Ce nouveau processus permettra d'effectuer plus rapidement le remboursement des frais admissibles aux pharmacies communautaires et d'améliorer la surveillance le la tuberculose progressive et latente au Nouveau-Brunswick.

Thank you for your continued contribution to the control of tuberculosis in New Brunswick.

Je vous remercie de votre participation continue au contrôle de la tuberculose au Nouveau-Brunswick.

Original signed by / Original signé par :

D[r] Paul Van Buynder
Deputy Chief Medical Officer / Médecin-hygiéniste en chef adjoint

Bulletin # 793 August 5, 2010

NB PROVINCIAL TUBERCULOSIS (TB) DRUG PLAN NEW ELECTRONIC 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 for the dispensing and cost of drugs for the management of active or latent tuberculosis (TB) infection. The ability to submit claims electronically will be possible as of August 24, 2010.

NBPDP Plan "P" has been set-up to allow for electronic claims adjudication. For billing purposes, the following procedures should be followed when any patient (regardless of permanent residence) presents with a prescription on which "TB Plan" is written by the prescriber.

- A patient profile should be set-up as for any patient. In the patient ID field enter the patient's NB Medicare number. In the event the patient has not been issued a NB Medicare number, then the generic ID 999999999 may be used. *The patient's profile should be updated as soon as possible once a NB Medicare number has been issued.* Note: the above process applies to NBPDP beneficiaries as well.
- In the Plan field enter "P".
- In the Patient ID field enter the NB Medicare number.
- In the Drug Cost field(s) enter the appropriate AAC or MAP.
- In the Dispensing Fee field enter $9.40 or the applicable fee as per Schedule 3 of the Regulations to the *Prescription Drug Payment Act* (dispensing physicians will be reimbursed 80% of the applicable fee).

IMPORTANT NOTE: TB drugs will no longer be supplied by the provincial serum depot. Pharmacies should order TB drugs directly from their wholesaler or distributor. The New Brunswick TB Drug Formulary is listed on page 2. Should second-line medications other than those listed on the TB Formulary be indicated, the prescriber must request special authorization (SA) by contacting the CDC Medical Officer, once an SA request has been approved the system will accept the claim automatically. Pharmacists should consider inquiring to NBPDP (1-800- 332-3691) on the status of a second-line medication SA approval before processing or placing their drug order.

For additional information on the treatment of active and latent tuberculosis, please refer to the Canadian Tuberculosis Standards, 6th edition, 2007
http://www.phac-aspc.gc.ca/tbpc-latb/pubs/tbstand07-eng.php

NEW BRUNSWICK TB DRUG FORMULARY

Drug/Form/Route/Strength			Brand/Generic Name	DIN	Manufacturer	$
Ethambutol						
Tab	Orl	100mg	Etibi	247960	VLN	AAC
		400mg	Etibi	247979		
Isoniazid						
Tab	Orl	100mg	pms-Isoniazid	577790	PMS	AAC
		300mg	pms-Isoniazid	577804	PMS	
			Dom-Isoniazid	2181428	DOM	
Syr	Orl	50mg/5mL	pms-Isoniazid	577812	PMS	
Pyrazinamide						
Tab	Orl	300mg	Rifater	2148625	SAV	AAC
		500mg	pms-Pyrazinamde	618810	PMS	
Rifampin						
Cap	Orl	150mg	Rifadin	2091887	SAV	AAC
			Rofact	393444	VLN	
		300mg	Rifadin	2092808	SAV	
			Rofact	343617	VLN	

Bulletin # 795 September 29, 2010

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 9, 2010 will be subject to a Maximum Allowable Price (MAP) effective November 10, 2010.

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 9/10	MAP Nov 10/10
Acyclovir								
Tab Co.	Orl	200mg	Acyclovir	2286556	SAS	AEFGVW	MAP	
		400mg	Acyclovir	2286564	SAS	AEFGVW	MAP	
		800mg	Acyclovir	2286572	SAS	AEFGVW	MAP	
Alprazolam								
Tab Co.	Orl	0.25mg	Alprazolam	2349191	SAS	AEFGVW	MAP	
		0.5mg	Alprazolam	2349205	SAS	AEFGVW	MAP	
Amlodipine Besylate Bésylate d'amlodipine								
Tab Co.	Orl	5mg	Amlodipine	2331284	SAS	AEFVW	MAP	
		10mg	Amlodipine	2331292	SAS	AEFVW	MAP	
Baclofen Baclofène								
Tab Co.	Orl	10mg	Baclofen	2287021	SAS	AEFGVW	MAP	
		20mg	Baclofen	2287048	SAS	AEFGVW	MAP	
Bicalutamide								
Tab Co.	Orl	50mg	Bicalutamide	2325985	AHC	AEFVW	MAP	
Cilazapril								
Tab Co.	Orl	1mg	Cilazapril	2350963	SAS	AEFGVW	MAP	
		2.5mg	Cilazapril	2350971	SAS	AEFGVW	MAP	
		5mg	Cilazapril	2350998	SAS	AEFGVW	MAP	
Ciprofloxacin Hydrochloride Ciprofloxacine (chlorhydrate de)								
Tab Co.	Orl	750mg	Mint-Ciprofloxacin	2317443	MNT	W & Spec. Auth.	MAP	
Domperidone Maleate Dompéridone (maléate de)								
Tab Co.	Orl	10mg	Domperidone	2350440	SAS	AEFGVW	MAP	
Doxycycline Hyclate Doxycycline (hyclate de)								
Cap Caps	Orl	100mg	Doxycycline	2351234	SAS	ABEFGVW	MAP	

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

							to Nov 9/10	MAP Nov 10/10
Doxycycline Hyclate Doxycycline (hyclate de)								
Tab Co.	Orl	100mg	Doxycycline	2351242	SAS	ABEFGVW	MAP	
Fenofibrate Fénofibrate								
Cap Caps	Orl	200mg	Fenofibrate Micro	2286092	SAS	AEFGVW	MAP	
Fentanyl Transdermal Fentanyl transdermal de								
Srd	Trd	12mcg	pms-Fentanyl MTX	2341379	PMS	W & Spec. Auth.	MAP	
		25mcg	pms-Fentanyl MTX	2341387	PMS	W & Spec. Auth.	MAP	
		50mcg	pms-Fentanyl MTX	2341395	PMS	W & Spec. Auth.	MAP	
		75mcg	pms-Fentanyl MTX	2341409	PMS	W & Spec. Auth.	MAP	
		100mcg	pms-Fentanyl MTX	2341417	PMS	W & Spec. Auth.	MAP	
Finasteride Finastéride								
Tab Co.	Orl	5mg	Mylan-Finasteride	2356058	MYL	Spec. Auth.	MAP	
Furosemide Furosémide								
Tab Co.	Orl	20mg	Furosemide	2351420	SAS	AEFGVW	MAP	
		40mg	Furosemide	2351439	SAS	AEFGVW	MAP	
		80mg	Furosemide	2351447	SAS	AEFGVW	MAP	
Glyburide								
Tab Co.	Orl	2.5mg	Glyburide	2350459	SAS	AEFGVW	MAP	
		5mg	Glyburide	2350467	SAS	AEFGVW	MAP	
Hydroxyurea Hydroxyurée								
Cap Caps	Orl	500mg	Hydroxyurea	2343096	SAS	AEFGVW	MAP	

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

							to Nov 9/10	MAP Nov 10/10
Lamotrigine								
Tab Co.	Orl	25mg	Lamotrigine	2343010	SAS	AEFGVW	MAP	
		100mg	Lamotrigine	2343029	SAS	AEFGVW	MAP	
		150mg	Lamotrigine	2343037	SAS	AEFGVW	MAP	
Leflunomide								
Tab Co.	Orl	10mg	Leflunomide	2351668	SAS	Spec. Auth.	MAP	
		20mg	Leflunomide	2351676	SAS	Spec. Auth.	MAP	
Letrozole Létrozole								
Tab Co.	Orl	2.5mg	Letrozole	2338459	AHC	AEFVW	MAP	
Lorazepam Lorazépam								
Tab Co.	Orl	0.5mg	Lorazepam	2351072	SAS	AEFGVW	MAP	
		1mg	Lorazepam	2351080	SAS	AEFGVW	MAP	
		2mg	Lorazepam	2351099	SAS	AEFGVW	MAP	
Metoprolol Tartrate Métoprolol (tartrate de)								
Tab Co.	Orl	50mg	Sandoz Metoprolol (Type L) Metoprolol (film coated)	2354187 2350394	SDZ SAS	AEFGVW	MAP	
		100mg	Sandoz Metoprolol (Type L) Metoprolol (film coated)	2354195 2350408	SDZ SAS	AEFGVW	MAP	
Naproxen								
Tab Co.	Orl	250mg	Naproxen	2350750	SAS	AEFGVW	MAP	
		375mg	Naproxen	2350769	SAS	AEFGVW	MAP	
		500mg	Naproxen	2350777	SAS	AEFGVW	MAP	
Olanzapine								
Tab Co.	Orl	2.5mg	Sandoz Olanzapine	2310341	SDZ	W & Spec. Auth.	MAP	
		5mg	Sandoz Olanzapine	2310368	SDZ	W & Spec. Auth.	MAP	
		7.5mg	Sandoz Olanzapine	2310376	SDZ	W & Spec. Auth.	MAP	

							to Nov 9/10	MAP Nov 10/10
Olanzapine								
Tab Co.	Orl	10mg	Sandoz Olanzapine	2310384	SDZ	W & Spec. Auth.	MAP	
		15mg	Sandoz Olanzapine	2310392	SDZ	W & Spec. Auth.	MAP	
Oxybutynin Hydrochloride Oxybutynine (chlorhydrate d')								
Tab Co.	Orl	5mg	Oxybutynin	2350238	SAS	AEFGVW	MAP	
Pioglitazone Hydrochloride Pioglitazone (chlorhydrate de)								
Tab Co.	Orl	30mg	Pioglitazone	2339587	AHC	Spec. Auth.	MAP	
		45mg	Pioglitazone	2339595	AHC	Spec. Auth.	MAP	
Propafenone Hydrochloride Propafénone (chlorhydrate de)								
Tab Co.	Orl	150mg	Propafenone	2343053	SAS	AEFGVW	MAP	
		300mg	Propafenone	2343061	SAS	AEFGVW	MAP	
Quetiapine Fumarate Quétiapine (fumarate de)								
Tab Co.	Orl	300mg	Jamp-Quetiapine	2330466	JPC	AEFGVW	MAP	
Risedronate Sodium Risédronate sodique								
Tab Co.	Orl	35mg	Apo-Risedronate	2353687	APX	Spec. Auth.	MAP	4.8577
			pms-Risedronate	2302209	PMS			
			ratio-Risedronate	2319861	RPH			
			Sandoz Risedronate	2327295	SDZ			
Sumatriptan Succinate Sumatriptan (succinate de)								
Tab Co.	Orl	50mg	Sumatriptan	2286521	SAS	Spec. Auth.	MAP	
		100mg	Sumatriptan	2286548	SAS	Spec. Auth.	MAP	
Terazosin Hydrochloride Térazosine (chlorhydrate de)								
Tab Co.	Orl	1mg	Terazosin	2350475	SAS	AEF18+VW	MAP	
		2mg	Terazosin	2350483	SAS	AEF18+VW	MAP	
		5mg	Terazosin	2350491	SAS	AEF18+VW	MAP	
		10mg	Terazosin	2350505	SAS	AEF18+VW	MAP	

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

							to Nov 9/10	MAP Nov 10/10
Trazodone Hydrochloride Trazodone (chlorhydrate de)								
Tab Co.	Orl	50mg	Trazodone	2348772	SAS	AEFGVW	MAP	

	100mg	Trazodone	2348780	SAS	AEFGVW	MAP
	150mg	Trazodone	2348799	SAS	AEFGVW	MAP
Valacyclovir						
Tab Orl Co.	500mg	Co-Valacyclovir	2331748	COB	AEFGVW	MAP
Venlafaxine Hydrochloride						
Venlafaxine (chlorhydrate de)						
SRC Orl Caps.L.L.	37.5mg	Venlafaxine XR	2354713	SAS	AEFGVW	MAP
	75mg	Venlafaxine XR	2354721	SAS	AEFGVW	MAP
	150mg	Venlafaxine XR	2354748	SAS	AEFGVW	MAP
Warfarin Sodium						
Warfarine sodique						
Tab Orl Co.	1mg	Warfarin	2344025	SAS	AEFGVW	MAP
	2mg	Warfarin	2344033	SAS	AEFGVW	MAP
	2.5mg	Warfarin	2344041	SAS	AEFGVW	MAP
	3mg	Warfarin	2344068	SAS	AEFGVW	MAP
	4mg	Warfarin	2344076	SAS	AEFGVW	MAP
	5mg	Warfarin	2344084	SAS	AEFGVW	MAP
	6mg	Warfarin	2344092	SAS	AEFGVW	MAP
	10mg	Coumadin	1918362	BRI	AEFGVW	MAP
		Apo-Warfarin	2242929	APX		
		Mylan-Warfarin	2244467	MYL		
		Warfarin	2344114	SAS		
		Taro-Warfarin	2242687	TAR		
Zopiclone						
Tab Orl Co.	5mg	Zopiclone	2344122	SAS	AEFVW	MAP
	7.5mg	Zopiclone	2282445	SAS	AEFVW	MAP

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

						to Nov 9/10	MAP Nov 10/10
Alfuzosin Hydrochloride Alfuzosine (chlorhydrate d')							
ERT Co.L.P.	Orl	10mg	Novo-Alfuzosin PR	2314282	NOP	MAP	
Famotidine							
Tab Co.	Orl	20mg	Famotidine	2351102	SAS	MAP	
		40mg	Famotidine	2351110	SAS	MAP	
Nabumetone Nabumétone							
Tab Co.	Orl	500mg	Nabumetone	2343282	SAS	MAP	
Naproxen							
ECT Co.Ent.	Orl	250mg	Naproxen EC	2350785	SAS	MAP	
		375mg	Naproxen EC	2350793	SAS	MAP	
		500mg	Naproxen EC	2350807	SAS	MAP	
Naproxen Sodium Naproxène sodique							
Tab Co.	Orl	275mg	Naproxen Sodium	2351013	SAS	MAP	
		550mg	Naproxen Sodium DS	2351021	SAS	MAP	
Sumatriptan Succinate Sumatriptan (succinate de)							
Tab Co.	Orl	25mg	Sumatriptan	2286513	SAS	MAP	

Bulletin # 796 October 1, 2010

ELECTRONIC CLAIMS PROCEDURES FOR PHARMACIST ADMINISTERED PUBLICLY FUNDED SEASONAL INFLUENZA VACCINE

The New Brunswick Prescription Drug Program (NBPDP), on behalf of the Office of the Chief Medical Officer of Health (OCMOH), will manage the claims process for community pharmacies seeking reimbursement for pharmacist administration of publicly funded trivalent influenza vaccine (TIV) to the following individuals who meet the eligibility criteria for the Public Health (PH) seasonal influenza program:

- Children aged 5-18 years
- Adults aged 65 and older
- Individuals with identified chronic conditions aged 5 years and older, who are known to the pharmacist through regular dispensing of medication to treat such conditions and for whom an up to date patient medication profile is available (See Table 1 below for the list of chronic conditions).

NBPDP Plan "I" has been set-up to allow for electronic claims adjudication. A patient profile should be set-up as for any patient and must include the vaccine recipient's name and address; Medicare number; date of birth and gender; date vaccine administered, name and lot number of the vaccine. For billing purposes, the following procedures and information are required.

- In the Patient ID field enter the patient's NB Medicare number. Note: this also applies to NBPDP beneficiaries.
- In the Plan field enter "I". Note: this also applies to NBPDP beneficiaries.
- In the Prescriber field enter "8000" plus the license number of the pharmacist administering the vaccine.
- In the Drug field enter the Fluviral® DIN: 02015986
- In the Drug Cost field(s) enter zero.
- In the Dispensing Fee field enter $12.00.
- In the Intervention and Exception Code field enter the CPhA code "IB" for those individuals meeting at least one of the chronic conditions listed in Table 1 below.

Note: Regulation 2009-136, section 14 under the Public Health Act requires that those who administer a vaccine provide the recipient with a record of the immunization. A computer generated prescription receipt would satisfy this requirement.

Table 1. Criteria for Pharmacist TIV Administration	
Healthy Individuals	Individuals ≥ 5 years of age with chronic conditions
▪ Children aged 5-18 years ▪ Adults aged 65 and older	▪ Cardiac or pulmonary disorders (including bronchopulmonary dysplasia, cystic fibrosis, and asthma) ▪ Diabetes mellitus and other metabolic diseases ▪ Cancer, immunodeficiency, or immunosuppression (due to underlying disease and/or therapy) ▪ Renal disease ▪ Anemia, and hemoglobinopathy ▪ Conditions that compromise the management of respiratory secretions and are associated with an increased risk of aspirations ▪ Children ≥ 5 years and adolescents with conditions treated for long periods with acetylsalicylic acid

TIV Distribution Process: All pharmacists who have notified the New Brunswick Pharmacists' Association of their intent to participate in the seasonal influenza campaign will be contacted by the Central Serum Depot with further details on distribution.

Bulletin #798 October 21, 2010

Antiviral Coverage for NBPDP Beneficiaries in Long-term Care Facilities

Information for Pharmacies Providing Services to Licensed Nursing Homes

Oseltamivir (Tamiflu®) and zanamivir (Relenza®) are available as special authorization benefits 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 Medical Officer of Health (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

    - Zanamivir: Special authorization NBPDP benefit, Plan V only
        - Option for treatment or prophylaxis of influenza A or influenza B in cases of suspected or confirmed oseltamivir resistance.

- It is important to begin antiviral treatment within 24-48 hours of symptom onset. Antiviral medication is unlikely to benefit residents who have been ill for more than 48 hours.

- Link to national antiviral guidelines and information: http://www.phac-aspc.gc.ca/influenza/vac_antiv/index-vacantiv-eng.php

Process for Coverage of Antivirals

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 antiviral 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 antivirals 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 antiviral required.

On-Line Payment of Special Authorization Claims for Antivirals:

When notified by the LTC facility that antiviral 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 the antiviral has been activated and the pharmacy can then bill claims on-line. Approval for antiviral therapy 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 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 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.
Zanamivir *(Relenza®)* 5 mg blister for inhalation	For beneficiaries meeting the same criteria as for oseltamivir and for whom there is suspected or confirmed oseltamivir resistance, or for whom oseltamivir is contraindicated.

Bulletin # 799 November 2, 2010

UPDATE ON ELECTRONIC CLAIMS PROCEDURES FOR PHARMACIST ADMINISTERED PUBLICLY FUNDED SEASONAL INFLUENZA VACCINE

The following is notification that publicly funded seasonal influenza vaccine *may* be administered to individuals *without* a Medicare Number who reside *out-of-province* and who are in New Brunswick temporarily. In order to be eligible to receive publicly funded seasonal influenza vaccine, the individual must meet the NB criteria - See www.gnb.ca/flu. The criteria for pharmacist administration are as follows:

- Children aged 5-18 years
- Adults aged 65 and older
- Individuals with identified chronic conditions aged 5 years and older and who are known to the pharmacist through regular dispensing of medication to treat such conditions and for whom an up to date patient medication profile is available.

NBPDP Plan "I" has been set-up to allow for electronic claims adjudication. A patient profile should be set-up as for any patient and must include the vaccine recipient's name and address; Medicare number **(or 999 999 999 for out-of-province individuals)**; date of birth and gender; date vaccine administered, name and lot number of the vaccine. For billing purposes, the following procedures and information are required.

- In the Patient ID field enter the patient's NB Medicare number. Note: this also applies to NBPDP beneficiaries. **In cases where an individual is eligible but resides out-of-province enter "999 999 999" in place of the Medicare number.**
- In the Plan field enter "I". Note: this also applies to NBPDP beneficiaries.
- In the Prescriber field enter "8000" plus the license number of the pharmacist administering the vaccine.
- In the Drug field enter the Fluviral® DIN: 02015986
- In the Drug Cost field(s) enter zero.
- In the Dispensing Fee field enter $12.00.
- In the Intervention and Exception Code field enter the CPhA code "IB" for those individuals meeting at least one of the chronic conditions listed in Table 1 below.

Note: Regulation 2009-136, section 14 under the Public Health Act requires that those who administer a vaccine provide the recipient with a record of the immunization. A computer generated prescription receipt would satisfy this requirement.

Bulletin #801 November 30, 2010

BENEFIT CHANGES TO NBPDP

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective November 30, 2010.

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,

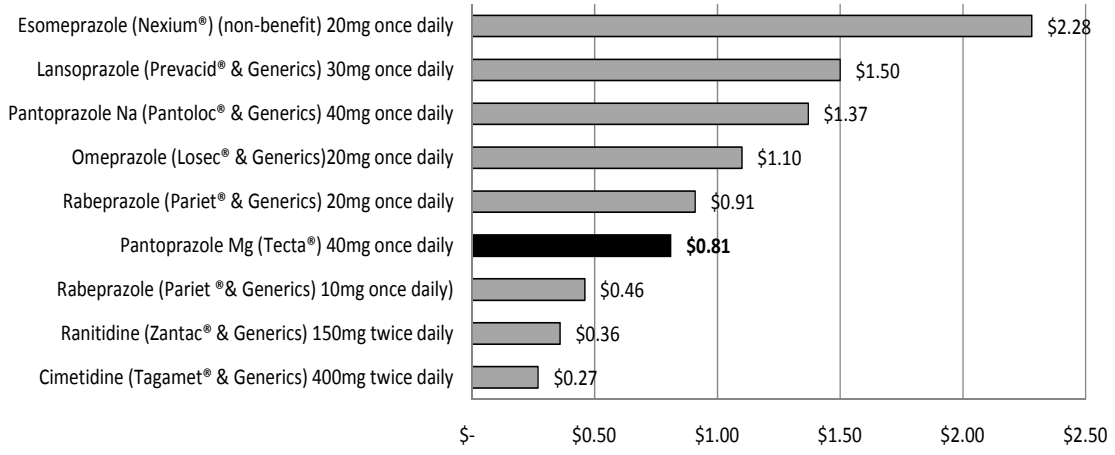
Debbie LeBlanc
New Brunswick Prescription Drug Program

REGULAR BENEFIT ADDITIONS

Drug/Form/Route/Strength			Brand Name	DIN	Manufacturer	Plans	$
Acetaminophen							
Tab	Orl	325mg 500mg	Acetaminophen	1938088 1939122	JPC	G	AAC
Acetylsalicylic Acid							
Tab	Orl	325mg	EC ASA	2245443	JPC	AEFGVW	AAC
Diphenhydramine							
Tab	Orl	25mg 50mg	Diphenhydramine	2257548 2257556	JPC	G	AAC
Ferrous Sulfate							
Liq	Orl	75mg/mL 150mg/5mL	Ferrous Sulfate	80008295 80008309	JPC	AEFGVW	AAC
Loperamide Hydrochloride							
Tab	Orl	2mg	Loperamide	2256452	JPC	AEFGVW	AAC
Metronidazole							
Gel	Top	1%	Metrogel®	2297809	GAC	AEFGVW	AAC
Pantoprazole magnesium							
EC	Orl	40mg	Tecta®	2267233	NYC	AEFGVW	AAC

Change in Benefit Status - As a result of a price reduction by the manufacturer, **pantoprazole magnesium (Tecta®) is now listed as a regular NBPDP benefit (restrictions removed).** Tecta® is the lowest priced PPI based on a standard treatment dose.

Acid-Reducing Drugs Daily Cost Comparison



REGULAR BENEFIT ADDITIONS (CONTINUED)

Drug/Form/Route/Strength			Brand Name	DIN	Manufacturer	Plans	$
Quetiapine Fumarate Extended Release							
Tab	Orl	50mg	Seroquel XR*	2300184			
		150mg		2321513			
		200mg		2300192	AZE	AEFGVW	AAC
		300mg		2300206			
		400mg		2300214			

*Seroquel XR® is being added as a regular NBPDP benefit. In conjunction with this addition, a pilot program utilizing the SmartSample® card technology delivered by Sampling Technologies Incorporated (STI) is being implemented, supported by AstraZeneca Canada Inc.

The SmartSample® cards will be provided by physicians to NBPDP beneficiaries who are either starting or, being switched to, Seroquel XR®. NBPDP beneficiaries will present a SmartSample® card allowing for a 30 day sample supply of Seroquel XR® and up to two repeat prescriptions.

- First prescription covered by the SmartSample® card
- Next 2 prescriptions covered by NBPDP

NBPDP beneficiaries should present a new Seroquel XR® SmartSample® card every 3 months.

Directions for processing, using ESI Canada, will accompany the Seroquel XR® SmartSample® card and be clearly displayed on the card. In the event that a NBPDP patient does not have a Seroquel XR® SmartSample® card, the claim should be electronically submitted as a NBPDP benefit.

Somatropin							
Liq	Inj	5mg/1.5mL	Omnitrope™	2325063	SDZ	T	AAC
		10mg/1.5mL		2325071			

SPECIAL AUTHORIZATION ADDITIONS

Darunavir
(*Prezista®*)
75mg, 400mg, 600mg tablets

New indication added to criteria:

- As part of a HIV treatment regimen for treatment-experienced pediatric patients (Plan U beneficiaries).

Nabilone
(*Cesamet®*)
0.25mg (new addition), 0.5 mg and 1 mg capsules

Change in Benefit Status - All nabilone capsule strengths now require special authorization.

- For the management of severe nausea and vomiting associated with cancer chemotherapy.

  Note: Beneficiaries currently receiving nabilone will continue to have it covered without requiring special authorization.

SPECIAL AUTHORIZATION ADDITIONS (continued)

Ondansetron
(Zofran ODT®)
4mg and 8mg **oral disintegrating tablet**

Requests will be considered for the treatment of emesis in patients who **have difficulty swallowing oral tablets** and are:

- receiving moderately or severely emetogenic chemotherapy
  OR
- receiving intravenous chemotherapy or radiotherapy and who have not experienced adequate control with other available antiemetics
  OR
- receiving any intravenous chemotherapy or radiotherapy and have experienced emesis with a prior cycle of chemotherapy with intolerable side effects to other antiemetics, including steroids and anti-dopaminergic agents.

Only requests for the oral dosage forms are eligible for consideration.

Usually a single oral dose pre-chemotherapy is sufficient to control symptoms.

Some patients may require additional therapy up to 48 hours after the last dose of chemotherapy or last radiation treatment. Benefit beyond 48 hours has not been established.

When used in combination with aprepitant, only a single oral dose prechemotherapy will be covered.

SPECIAL AUTHORIZATION – REVISED CRITERIA

Abatacept
(Orencia®)
250mg vial

- 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 therapy of at least two traditional DMARDs (disease modifying antirheumatic drugs). 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**.**
- Abatacept should not be used in combination with anti-TNF agents or other TNF antagonists.

SPECIAL AUTHORIZATION – REVISED CRITERIA (continued)

Aprepitant *(Emend®)* 80 mg and 125 mg capsule; Tri-Pack	The conditional benefit has been revised to include oncology clinical associates/general practitioners oncology as follows: Prescription claims for up to a maximum of 2 Tri-packs, or 6 capsules will be automatically reimbursed every 28 days when the prescription is written by an oncologist or an oncology clinical associate/general practitioner oncology. If additional medication is required within a 28 day period subsequent to the initial prescription, a request should be made through special authorization.
Ondansetron *(Zofran® and generics)* 4 mg and 8 mg tablets **Granisetron** *(Kytril® and generic)* 1 mg tablets **Dolasetron** *(Anzemet®)* 100 mg tablet	The conditional benefit has been revised to include oncology clinical associates/general practitioners oncology as follows: Prescription claims for up to a maximum of 12 tablets of ondansetron or 2 tablets of either granisetron or dolasetron will be automatically reimbursed every 28 days when the prescription is written by an oncologist or an oncology clinical associate/general practitioner oncology. If additional medication is required within a 28 day period subsequent to the initial prescription, a request should be made through special authorization.

DRUGS REVIEWED AND NOT LISTED

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

Calcipotriol/betamethasone Dipropionate - resubmission	*(Dovobet®)*	Ointment
Certolizumab pegol	*(Cimzia®)*	200mg/mL prefilled syringe
Dronedarone hydrochloride	*(Multaq®)*	400mg tablets
Hydromorphone hydrochloride	*(Jurnista®)*	4mg, 8mg, 16mg, 32mg prolonged-release tablets
Loteprednol etabonate	*(Lotemax®)*	0.5% ophthalmic suspension
Low Molecular Weight Heparins - Primary prophylaxis in patients with central venous catheters	*(various)*	Injection
Raltegravir- for treatment naïve patients with HIV-1	*(Isentress®)*	400mg tablets
Risedronate sodium	*(Actonel®)*	150mg tablets
Romiplostim	*(Nplate®)*	250µg, 500µg
Saxagliptin	*(Onglyza®)*	5mg tablets

Bulletin # 802 December 1, 2010

NBPDP
Drug Utilization Review Process Update

The New Brunswick Prescription Drug Program (NBPDP) employs a Drug Utilization Review (DUR) process which identifies, investigates and attempts to deter cases of abnormal narcotic, controlled and benzodiazepine drug usage which may result in abuse or inappropriate use of the program.

The DUR process examines paid prescription claims for NBPDP beneficiaries. Currently, if warranted, based upon the DUR process and feedback from prescribers and pharmacists, NBPDP beneficiaries may be restricted to one physician and one pharmacy for prescription drugs reimbursed by NBPDP. In addition, individuals receiving methadone maintenance therapy for opioid addiction are subject to the same restriction process.

This bulletin is to provide notification that new changes will allow NBPDP to place restrictions on prescriptions for narcotics (including methadone), controlled drugs and benzodiazepines exclusively, so that individuals will have improved access to other classes of medications (e.g. a prescription for an antibiotic from an after-hours or weekend clinic will be reimbursed). This change is effective December 15, 2010 and will also apply to all individuals with restrictions currently in place.

Attachment A provides some additional information and a summary of the Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-Cancer Pain that you may find useful as a resource.

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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

Attachment A

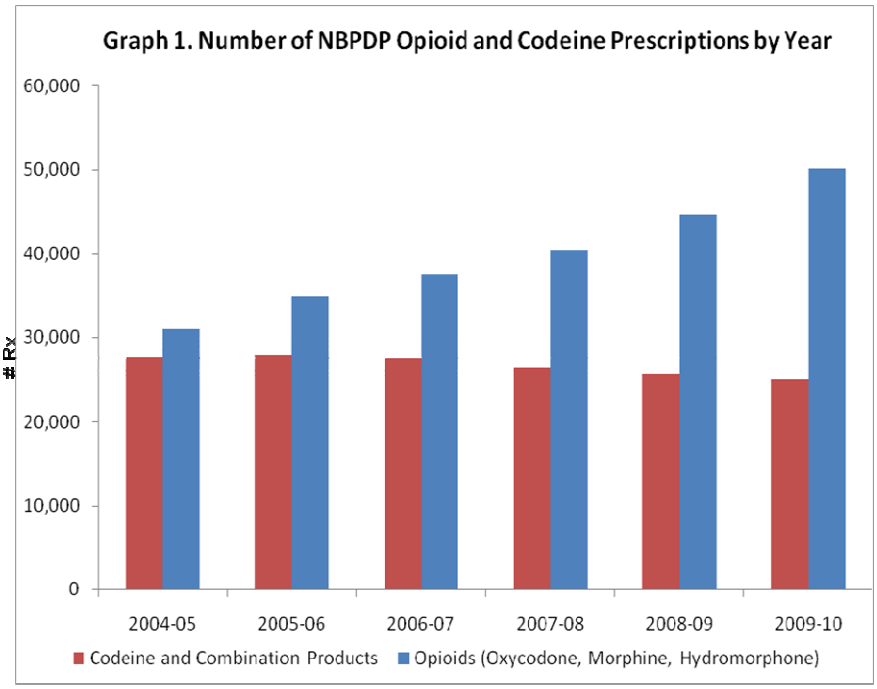
Opioid Use Trends and Summary of the Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-Cancer Pain: Information for Healthcare Providers

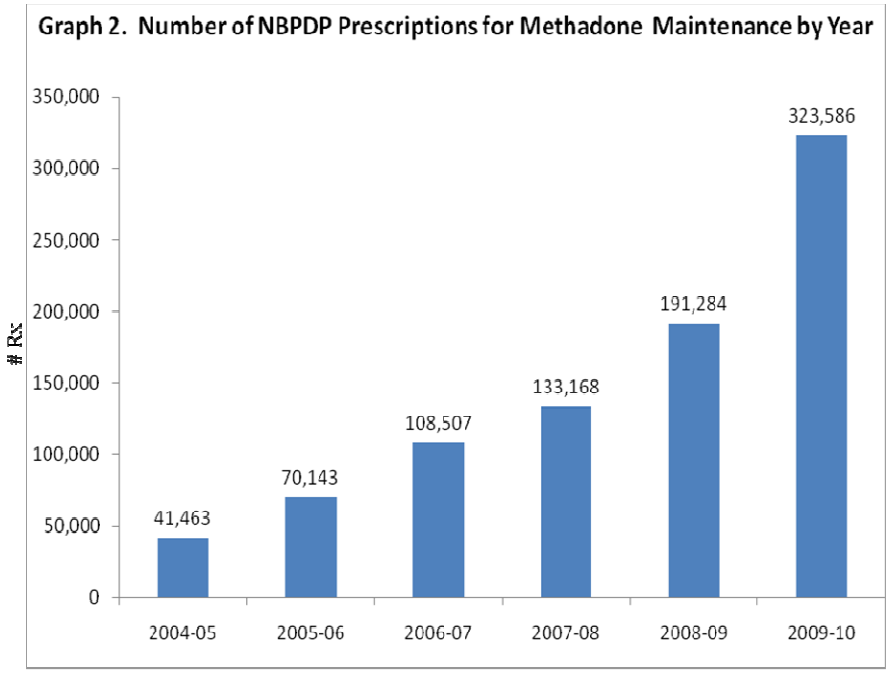
By Melissa Hawkins, BSc (Pharm), and Heidi L. Liston, BSc (Pharm) PharmD

Trends in Opioid Use:

In Canada, the use of prescription opioid analgesics is rising, with an approximate 50% increase between 2000 and 2004.[1] Accompanying this increase in opioid prescribing, there has been an increase in abuse, serious injuries and overdose deaths among patients treated with opioids. At the same time, it is important to recognize that opioid analgesics have an essential role and can be used safely and effectively in the treatment of many acute and chronic pain conditions.[2]

Over the period of 2004-2010 the number of prescriptions paid through the New Brunswick Prescription Drug Program (NBPDP) continued to increase for opioids including oxycodone, morphine, and hydromorphone. Codeine and combination products realized a slight decline. The cost to the NBPDP for opioids has increased from $2.3 Million in 2004-2005 to $3.4 Million in 2009-2010. Over the same time period, the number of NBPDP beneficiaries receiving methadone maintenance therapy for opioid addiction increased nearly 7-fold with just over 1400 individuals in the 2009-2010 fiscal year. This may in part be due to the removal of the requirement for concomitant cognitive therapy/counselling, however, this alone cannot account for the magnitude in increase. The cost to the NBPDP for methadone maintenance has increased significantly from $442,685 in 2004-2005 to $4.6 Million in 2009-2010. See Graph 1 and 2 for the number of opioid and methadone maintenance prescriptions over time. The number of prescriptions paid through NBPDP for benzodiazepines also continues to increase with the average number of prescriptions per beneficiary now over 8, up from just over 6 in 2004-2005.





Summary of the Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-Cancer Pain:

There are growing public safety concerns surrounding the misuse of narcotic, controlled and benzodiazepine drugs. This, along with physician sought guidance and the lack of evidence-based national guidelines for opioid use in chronic non-cancer pain (CNCP), prompted Canadian medical regulatory authorities to form the National Opioid Use Guideline Group (NOUGG). CNCP affects many Canadians, and in one study was reported in 27% of seniors living at home.[3] Opioids can be an effective treatment option for many CNCP-causing conditions. The Canadian Guideline for Safe and Effective Use of Opioids in CNCP was recently published in April 2010 by NOUGG.[2]

Concepts emphasized in the Canadian guideline include the use of prescribing agreements (i.e. limiting patients to one physician and one pharmacy), diligent monitoring for aberrant drug-related behavior, and collaboration with pharmacists who may be able to identify inappropriate drug use. The New Brunswick Prescription Drug Program (NBPDP), Drug Utilization Review (DUR) process can serve as a support tool for prescribers and pharmacists to be able to implement some of the guideline recommendations and to identify NBPDP beneficiaries who may be at risk of opioid misuse.

The three groups involved in the development of the Canadian guideline were the NOUGG, a Research Group, and a National Advisory Panel. The role of the NOUGG was to manage and oversee the development and implementation of the final guideline. The tasks of the Research Group were literature review, critical appraisal and summary of the evidence, generation of the first draft and revision of recommendations once they received feedback from the National Advisory Panel. The National Advisory Panel included physicians, other health care professionals, and patients with CNCP. Their responsibility was to comment and reach consensus on recommendations for the guideline. The guideline was supported by medical regulatory authorities; however, it is intended to serve as a tool to support clinical decision making, not as a standard of practice.

There is a paucity of supporting evidence addressing opioid use for CNCP. Therefore, it is important to recognize that the recommendations included in the Canadian guideline are heavily based on expert opinion and consensus of the National Advisory Panel. Only 62 of the 184 studies used were randomized trials, the remainder being observational studies. The studies generally had short follow-up periods and did not measure some important functional outcomes such as return to work, cognitive impairment, and productivity. The guideline only addresses opioid use and does not discuss other pharmacologic and non-pharmacologic treatment options in CNCP. The scope of the guideline is limited to CNCP, and does not incorporate pain of other types (acute, palliative or chronic cancer pain).

The guideline is divided into 5 clusters of recommendations accompanied by a discussion and a summary of reviewed supporting evidence. The clusters follow a continuum along the treatment pathway: deciding to initiate opioid therapy, conducting an opioid trial, monitoring long-term opioid therapy, treating specific populations with long-term opioid therapy, and managing opioid misuse and addiction in patients with chronic pain. Key recommendations along with select tools for implementation provided in the guideline document are summarized below.

Recommendations

Cluster 1 – Deciding to Initiate Opioid Therapy:

Comprehensive patient assessment – Ensure thorough assessment and documentation of the patient's pain condition, medical and psychosocial history, psychiatric status and substance use history.

- Available tools: Guidance for comprehensive assessment, interview tools to assess alcohol consumption and substance use.

Addiction risk screening – Consider using a screening tool to determine the patient's risk of opioid addiction. Many of the tools available are not well studied or validated, but the Opioid Risk Tool (ORT) is widely used.

- Available tools: ORT

Urine drug screening (UDS) – UDS can be used to establish a baseline measure of risk or monitor compliance. Be aware of benefits, limitations, appropriate ordering and interpretation.

- Available tools: Patient education tools, point-of-care vs. laboratory testing comparison, information for interpretation of results.

Opioid efficacy – Consider the evidence for opioid effectiveness for the patient's CNCP-causing condition. Medium effect sizes for pain reduction have been shown for nociceptive pain of musculoskeletal origin (e.g. osteoarthritis, low back pain, etc.) and neuropathic pain. Small effect sizes for functional improvement have been shown for the same conditions.

- Available tools: Summaries of randomized trials and examples of conditions where opioids have been shown to be effective.

Informed consent – Review potential benefits, risks, adverse effects, and complications of opioid therapy with the patient. Goal setting and a treatment agreement may be helpful.

- Available tools: Summary of opioid benefits, risks and complications, patient education tool, and sample treatment agreement.

Benzodiazepine Tapering – Consider tapering benzodiazepines as their concomitant use with opioids may increase the risk of sedation, overdose and diminished function, especially in the elderly.

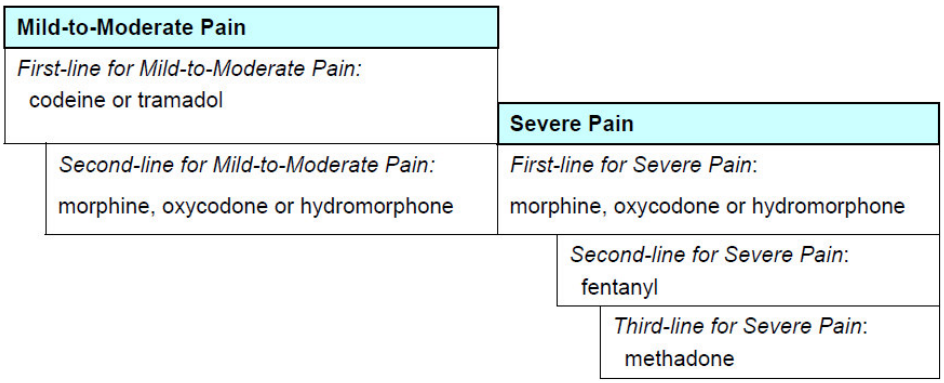
- Available tools: Benzodiazepine tapering protocol

Cluster 2 – Conducting an Opioid Trial:

Dose titration and driving – advise patients to avoid driving during dose titration until a dose that is stable and is not causing sedation is established.

Stepped opioid selection – During an opioid trial, select the most appropriate opioid agent using a stepped approach.

- Available tools: Guide for opioid selection and table highlighting safety issues for specific agents



Optimal dose – Start with a low opioid dose, increase slowly while monitoring for analgesic efficacy and adverse effects.

- Available tools: Table of suggested initial dosage and titration schedules

Watchful dose – CNCP can typically be managed effectively with doses at or below 200mg/day of morphine or equivalent. Higher doses warrant re-evaluation.

Risk of opioid misuse – In patients who are at a higher risk of misuse, monitor closely for signs of aberrant drug-related behavior. Indicators of patients at higher risk include 1) a history of alcohol or substance abuse, 2) uncertain security in home, and 3) past aberrant drug-related behaviors.

- Available tools: Tool for detecting aberrant drug-related behaviors, guidance on titration and monitoring in patients at higher risk.

Cluster 3 – Monitoring Long-Term Opioid Therapy:

Monitoring – Monitor for opioid effectiveness, adverse effects and other complications, and aberrant drug-related behaviors. Physician-pharmacist collaboration can facilitate patient monitoring.

- Available tools: Information on monitoring elements, monitoring tools, example of an opioid therapy record.

Switching or discontinuing opioids – If patients are experiencing unacceptable adverse effects or lack of effectiveness on one agent, try prescribing a different opioid agent or discontinuing therapy and reassessing.

- Guidance on dosing when switching agents, protocol for tapering opioids, opioid conversion table.

Long-term therapy and driving – Factors that could impair driving in patients on long-term opioid therapy include consistent severe pain, disordered sleep patterns, and concomitant medications that could cause sedation

Revisiting steps of opioid trial therapy – For patients who have been treated with opioids for an extended period and who had not initially progressed through an appropriate trial of therapy, follow-up is recommended. Ensure that the following have been addressed: pain condition diagnosis, risk screening, goal setting, informed consent, appropriateness of dose, opioid effectiveness.

Collaborative care – Consultations with physicians with expertise in pain management or addiction, referral for treatment interventions and shared-care models may be useful in managing patients with CNCP. Effective communication between primary-care physicians and consultants is essential for seamless care and safe and effective treatment with opioids.

Cluster 4 – Treating Specific Populations with Long-Term Opioid Therapy:

Elderly patients – Precautions to be taken in elderly patients being treated with opioids include lower starting doses, slower dose titration, longer dosing interval, more frequent follow-up and monitoring and tapering of benzodiazepines if appropriate. Oral oxycodone or hydromorphone may be preferred over morphine.

- Available tools: description of risks of opioid therapy in the elderly, benzodiazepine tapering protocol.

Adolescent patients – Misuse of opioids is more common in adolescents and may be a risk factor for future opioid addiction. Risk factors for misuse include poor academic performance, higher risk-taking behaviors, major depressions, and regular use of alcohol, cannabis and nicotine. In adolescent patients with CNCP with a clear indication for opioid therapy and who have failed other treatment options, titrate dose more slowly, avoid commonly abused opioids, and have a structured treatment plan.

Pregnant patients – Pregnant women on long-term opioid therapy should be tapered slowly to the lowest effective dose, avoiding withdrawal symptoms, then therapy should be discontinued if possible. Tramadol is not recommended in pregnancy and the safety of fentanyl is not established. Pregnant patients with an opioid addiction should be treated with methadone.

- Available tools: description of postpartum precautions

Patients with a co-morbid psychiatric diagnosis – These patients are at a higher risk of substance abuse, sedation and falls, overdose, and depression. Treatment should usually be reserved for well defined CNCP conditions with evidence for opioid effectiveness. Doses should be titrated more slowly and patients should be monitored frequently.

Cluster 5 – Managing Opioid Misuse and Addiction in CNCP Patients:

Opioid addiction in patients with CNCP has an estimated prevalence of 3.3%

Options for addiction treatment – Options include methadone or buprenorphine treatment programs, structured opioid therapy, ad abstinence-based treatment.

- Available tools: Indications and descriptions of treatment options.

Prescription fraud – Physicians should take precautions to avoid prescription fraud. For example, faxing prescriptions, using carbon copies, keeping prescription pads secure and working collaboratively with pharmacists.

Unacceptable patient behavior – Have an approach to dealing with patients who disagree with prescriptions or who display unacceptable behavior. Be aware of obligations to the patient, staff and society if illegal patient activities are suspected.

Acute care opioid prescribing policy – Acute health care facilities (e.g. emergency departments) should be equipped to appropriately respond to patients with chronic pain and to patients who are seeking opioids for misuse or diversion.

References:

1) Drugs: estimated world requirements for 2007: statistics from 2005. New York (NY): International Narcotics Control Board; 2006. (which is reference six in the review article of the NOUGG guidelines, Furlan, et al 2010)
2) Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-Cancer Pain (Part A) 2010.
3) Ramage-Morin PL. Medication use among senior Canadians. Health Rep. 2009 Mar;20(1):37-44.

For complete recommendations, practice tools and more information, the full Canadian Guideline for Safe and Effective Use of Opioids for CNCP is available at http://nationalpaincentre.mcmaster.ca/opioid. The Michael G. DeGroote National Pain Centre at McMaster University has taken on the responsibility of keeping the guideline up-to-date as new supporting evidence becomes available.

Bulletin # 803 December 15, 2010

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 25, 2011 will be subject to a Maximum Allowable Price (MAP) effective January 26, 2011.

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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 Jan 25/11	MAP Jan 26/11
Atenolol Aténolol								
Tab Co.	Orl	25mg	phl-Atenolol	2247182	PHL	AEFGVW	MAP	
		50mg	phl-Atenolol	2238316	PHL	AEFGVW	MAP	
		100mg	phl-Atenolol	2238318	PHL	AEFGVW	MAP	
Citalopram Hydrobromide Citalopram (bromhydrate de)								
Tab Co.	Orl	20mg	Citalopram	2353660	SAS	AEFGVW	MAP	
		40mg	Citalopram	2353679	SAS	AEFGVW	MAP	
Clobazam								
Tab Co.	Orl	10mg	Novo-Clobazam	2238334	NOP	AEFGVW	MAP	
Dorzolamide Hydrochloride Dorzolamide (chlorhydrate de)								
Liq	Oph	2%	Sandoz Dorzolamide	2316307	SDZ	AEF18+VW	AAC	2.6260
Dorzolamide Hydrochloride/Timolol Maleate Dorzolamide (chlorhydrate de)/Timolol (maléate de)								
Liq	Oph	2%/0.5%	Sandoz Dorzolamide/Timolol	2344351	SDZ	AEF18+VW	AAC	3.9770
Enalapril Maleate Enalapril (maléate de)								
Tab Co.	Orl	2.5mg	Ran-Enalapril	2352230	RAN	AEFGVW	MAP	
		5mg	Ran-Enalapril	2352249	RAN	AEFGVW	MAP	
		10mg	Ran-Enalapril	2352257	RAN	AEFGVW	MAP	
		20mg	Ran-Enalapril	2352265	RAN	AEFGVW	MAP	
Finasteride Finastéride								
Tab Co.	Orl	5mg	Finasteride Co-Finasteride	2355043 2354462	AHC COB	Spec. Auth.	MAP	
Fluoxetine Hydrochloride Fluoxétine (chlorhydrate de)								
Cap Caps	Orl	20mg	Fluoxetine	2286076	SAS	AEFGVW	MAP	

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

							to Jan 25/11	MAP Jan 26/11
Gabapentin								
Cap Caps	Orl	100mg	Ran-Gabapentin	2319055	RAN	AEFGVW	MAP	
		300mg	Ran-Gabapentin	2319063	RAN	AEFGVW	MAP	
		400mg	Ran-Gabapentin	2319071	RAN	AEFGVW	MAP	
Galantamine Hydrobromide Galantamine (bromhydrate de)								
ERC Caps.L.P.	Orl	8mg	Mylan-Galantamine ER	2339439	MYL	Spec. Auth	AAC	2.4930
		16mg	Mylan-Galantamine ER	2339447	MYL	Spec. Auth	AAC	2.4930
		24mg	Mylan-Galantamine ER	2339455	MYL	Spec. Auth	AAC	2.4930
Meloxicam								
Tab Co.	Orl	7.5mg	Meloxicam	2353148	SAS	AEFGVW	MAP	
		15mg	Meloxicam	2353156	SAS	AEFGVW	MAP	
Metformin Hydrochloride Metformine (chlorhydrate de)								
Tab Co.	Orl	500mg	Metformin	2353377	SAS	AEFGVW	MAP	
		850mg	Metformin	2353385	SAS	AEFGVW	MAP	
Olanzapine								
ODT Co.D.O	Orl	5mg	Teva-Olanzapine ODT	2321343	TEV	W & Spec. Auth.	MAP	
		10mg	Teva-Olanzapine ODT	2321351	TEV	W & Spec. Auth.	MAP	
		15mg	Teva-Olanzapine ODT	2321378	TEV	W & Spec. Auth.	MAP	
		20mg	Teva-Olanzapine ODT	2321386	TEV	Spec. Auth.	MAP	
Ramipril/Hydrochlorothiazide								
Tab Co.	Orl	10mg/12.5mg	pms-Ramipril/HCTZ	2342154	PMS	AEFGVW	AAC	0.2865
		10mg/25mg	pms-Ramipril/HCTZ	2342170	PMS	AEFGVW	AAC	0.2865
Ranitidine Hydrochloride Ranitidine (chlorhydrate de)								
Tab Co.	Orl	150mg	Ran-Ranitidine	2336480	RAN	ABEFGVW	MAP	
		300mg	Ran-Ranitidine	2336502	RAN	ABEFGVW	MAP	
Repaglinide								
Tab Co.	Orl	0.5mg	Co-Repaglinide	2321475	COB	Spec. Auth.	AAC	0.2083
		1mg	Co-Repaglinide	2321483	COB	Spec. Auth.	AAC	0.2165
		2mg	Co-Repaglinide	2321491	COB	Spec. Auth.	AAC	0.2441

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

								to Jan 25/11	MAP Jan 26/11
Ropinirole Hydrochloride Ropinirole (chlorhydrate de)									
Tab Co.	Orl	0.25mg	Jamp-Ropinirole Ropinirole	2352338 2353040	JPC SAS	AEFVW		MAP	
		1mg	Jamp-Ropinirole Ropinirole	2352346 2353059	JPC SAS	AEFVW		MAP	
		2mg	Jamp-Ropinirole Ropinirole	2352354 2353067	JPC SAS	AEFVW		MAP	
		5mg	Jamp-Ropinirole Ropinirole	2352362 2353075	JPC SAS	AEFVW		MAP	
Sertraline Hydrochloride Sertraline (chlorhydrate de)									
Cap Caps	Orl	25mg	GD-Sertraline	2273683	GMD	AEFGVW		MAP	
		50mg	GD-Sertraline	2273691	GMD	AEFGVW		MAP	
		100mg	GD-Sertraline	2273705	GMD	AEFGVW		MAP	
Tamsulosin Hydrochloride Tamsulosine (chlorhydrate de)									
SRC Caps.L.L.	Orl	0.4mg	Jamp-Tamsulosin	2352419	JPC	AEFVW		MAP	
Topiramate									
Tab Co.	Orl	25mg	Topiramate	2356856	SAS	Spec. Auth.		MAP	
		100mg	Topiramate	2356864	SAS	Spec. Auth.		MAP	
		200mg	Topiramate	2356872	SAS	Spec. Auth.		MAP	

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

								to Jan 25/11	MAP Jan 26/11
Fluoxetine Hydrochloride Fluoxétine (chlorhydrate de)									
Cap Caps	Orl	10mg	Fluoxetine	2286068	SAS			MAP	

Bulletin #804 December 29, 2010

BENEFIT CHANGES TO NBPDP

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective December 29, 2010.

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	$
Betamethasone Dipropionate							
Crm	Top	0.05%	ratio-Topilene ratio-Topisone	0849650 0804991	RPH	AEFGVW	AAC
Ont	Top	0.05%	ratio-Topilene ratio-Topisone	0849669 0805009	RPH	AEFGVW	AAC
Lot	Top	0.05%	ratio-Topilene ratio-Topisone	1927914 0809187	RPH	AEFGVW	AAC

Palliative Care Drugs

In order to facilitate end of life care of patients in the home setting, a number of drugs commonly used in palliative medicine have been added as regular NBPDP benefits. The utilization of these drugs will be reviewed in one year to assess continuing the regular benefit status listing.

Drug/Form/Route/Strength			Brand Name	DIN	Manufacturer	Plans	$
Glycopyrrolate							
Liq	Inj	0.2 mg/mL	Glycopyrrolate	2039508	SDZ	AEF	AAC
Lorazepam							
Liq	Inj	0.4 mg/mL	Lorazepam	2243278	SDZ	AEF	AAC
Methotrimeprazine							
Liq	Inj	25 mg/mL	Nozinan	1927698	SAV	AEFV	AAC
Midazolam							
Liq	Inj	1 mg/mL 5 mg/mL	Midazolam	2240285 2240286	SDZ	AEF	AAC
Scopolamine							
Liq	Inj	0.4 mg/mL 0.6 mg/mL	Scopolamine	0541869 0541877	HOS	AEF	AAC

SPECIAL AUTHORIZATION ADDITIONS

Calcipotriol/betamethasone dipropionate (*Xamiol*®) 50µg/0.5mg/g gel	For the treatment of scalp psoriasis after failure of a topical steroid used alone AND failure of a topical steroid used concomitantly with calcipotriol as single agents.

SPECIAL AUTHORIZATION ADDITIONS (CONTINUED)

Thyrotropin alpha *(Thyrogen®)* 0.9mg/mL powder for injection	**New indication added to criteria:** As an adjunctive treatment as pre-therapeutic stimulation for radioiodine ablation of thyroid tissue remnants in patients maintained on thyroid hormone suppression therapy who have undergone near-total or total thyroidectomy for well-differentiated thyroid cancer without evidence of distant metastatic thyroid cancer.

SPECIAL AUTHORIZATION – REVISED CRITERIA

Capecitabine *(Xeloda®)* 150mg, 500mg tablets	For treatment of metastatic breast cancer where patients have progressed after prior chemotherapy and who have an ECOG performance status of 0-2*. Requests for capecitabine 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.

DRUGS REVIEWED AND NOT LISTED

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

Aripiprazole	*(Abilify®)*	2mg, 5mg, 10mg, 15mg, 20mg, 30mg tablets
Clindamycin/benzoyl peroxide – Acne Vulgaris	*(BenzaClin®)*	1%/5% gel
Drospirenone/ethinyl estradiol – Contraception, acne vulgaris	*(Yaz®)*	3mg/0.02mg tablets
Fenofibrate nanocrystals – resubmission Hypertriglyceridemia; mixed Hyperlipidemia	*(Lipidil EZ®)*	48mg, 145mg tablets
Imatinib – for adjuvant treatment of GIST	*(Gleevec®)*	100mg, 400mg tablets

Bulletin # 807 February 9, 2011

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 15, 2011 will be subject to a Maximum Allowable Price (MAP) effective March 16, 2011.

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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 Mar 15/11	MAP Mar 16/11
Alendronate Sodium Alendronate sodique								
Tab Co.	Orl	70mg	Alendronate	2352966	SAS	W & Spec. Auth.	MAP	
Amlodipine Besylate Bésylate d'amlodipine								
Tab Co.	Orl	2.5mg	Septa-Amlodipine	2357704	SPT	AEFVW	MAP	
		5mg	Septa-Amlodipine	2357712	SPT	AEFVW	MAP	
		10mg	Septa-Amlodipine	2357720	SPT	AEFVW	MAP	
Amoxicillin Amoxicilline								
Cap Caps	Orl	250mg	Amoxicillin	2352710	SAS	ABEFGVW	MAP	
		500mg	Amoxicillin	2352729	SAS	ABEFGVW	MAP	
TabC Co.C	Orl	250mg	Amoxicillin	2352737	SAS	ABEFGVW	MAP	
Pws Pds.	Orl	25mg/mL	Amoxicillin Amoxicillin (sugar-reduced)	2352745 2352761	SAS	ABEFGVW	MAP	
		50mg/mL	Amoxicillin Amoxicillin (sugar-reduced)	2352753 2352788	SAS	ABEFGVW	MAP	
Azithromycin Azithromycine								
Tab Co.	Orl	250mg	GD-Azithromycin	2274531	GMD	ABEFGVW	MAP	
Betahistine Hydrochloride Bétahistine (chlorhydrate de)								
Tab Co.	Orl	8mg	Novo-Betahistine	2280183	NOP	Spec. Auth.	AAC	
Ciprofloxacin Hydrochloride Ciprofloxacine (chlorhydrate de)								
Tab Co.	Orl	250mg	Ciprofloxacin	2353318	SAS	BW & Spec. Auth.	MAP	
		500mg	Ciprofloxacin	2353326	SAS	BW & Spec. Auth.	MAP	
		750mg	Ciprofloxacin	2353334	SAS	BW & Spec. Auth.	MAP	
Citalopram Hydrobromide Citalopram (bromhydrate de)								
Tab Co.	Orl	20mg	Septa-Citalopram	2355272	SPT	AEFGVW	MAP	

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

								to Mar 15/11	MAP Mar 16/11
Citalopram Hydrobromide Citalopram (bromhydrate de)									
Tab Co.	Orl	40mg	Septa-Citalopram	2355280	SPT	AEFGVW	MAP		
Clarithromycin									
Tab Co.	Orl	250mg	Sandoz Clarithromycin	2266539	SDZ	ABEFGVW	MAP		
		500mg	Sandoz Clarithromycin	2266547	SDZ	ABEFGVW	MAP		
Diclofenac Sodium Diclofénac sodique									
ECT Co.Ent.	Orl	50mg	Diclofenac EC	2352397	SAS	AEFGVW	MAP		
SRT Co. L.L.	Orl	75mg	Diclofenac SR	2352400	SAS	AEFGVW	MAP		
Dorzolamide Hydrochloride/Timolol Maleate Dorzolamide (chlorhydrate de)/Timolol (maléate de)									
Liq	Oph	2%/0.5%	Apo-Dorzo-Timop	2299615	APX	AEF18+VW	AAC		3.9770
Enalapril Maleate/Hydrochlorothiazide Enalapril (maléate de)/hydrochlorothiazide									
Tab Co.	Orl	5mg/12.5mg	Apo-Enalapril/HCTZ	2352923	APX	AEFGVW	MAP		
		10mg/25mg	Apo-Enalapril/HCTZ	2352931	APX	AEFGVW	MAP		
Galantamine Hydrobromide Galantamine (bromhydrate de)									
ERC Caps.L.P.	Orl	8mg	PAT-Galantamine ER	2316943	PPH	Spec. Auth	AAC		2.4930
		16mg	PAT-Galantamine ER	2316951	PPH	Spec. Auth	AAC		2.4930
		24mg	PAT-Galantamine ER	2316978	PPH	Spec. Auth	AAC		2.4930
Lisinopril									
Tab Co.	Orl	5mg	Sandoz Lisinopril	2289199	SDZ	AEFGVW	MAP		
		10mg	Sandoz Lisinopril	2289202	SDZ	AEFGVW	MAP		
		20mg	Sandoz Lisinopril	2289229	SDZ	AEFGVW	MAP		
Lovastatin Lovastatine									
Tab Co.	Orl	20mg	Lovastatin	2353229	SAS	AEFGVW	MAP		
		40mg	Lovastatin	2353237	SAS	AEFGVW	MAP		

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

								to Mar 15/11	MAP Mar 16/11
Omeprazole Oméprazole									
SRT Co. L.L.	Orl	20mg	Teva-Omeprazole	2295415	TEV	ABEFGVW	MAP		
Quetiapine Fumarate Quétiapine (fumarate de)									
Tab Co.	Orl	25mg	Quetiapine	2353164	SAS	AEFGVW	MAP		
		100mg	Quetiapine	2353172	SAS	AEFGVW	MAP		
		200mg	Quetiapine	2353199	SAS	AEFGVW	MAP		
		300mg	Quetiapine	2353202	SAS	AEFGVW	MAP		
Ramipril/Hydrochlorothiazide									
Tab Co.	Orl	5mg/25mg	pms-Ramipril/HCTZ	2342162	PMS	AEFGVW	AAC		0.2263
Ranitidine Hydrochloride Ranitidine (chlorhydrate de)									
Tab Co.	Orl	150mg	Ranitidine	2353016	SAS	ABEFGVW	MAP		
		300mg	Ranitidine	2353024	SAS	ABEFGVW	MAP		
Repaglinide									
Tab Co.	Orl	0.5mg	pms-Repaglinide	2354926	PMS	Spec. Auth.	AAC		0.2083
		1mg	pms-Repaglinide	2354934	PMS	Spec. Auth.	AAC		0.2165
		2mg	pms-Repaglinide	2354942	PMS	Spec. Auth.	AAC		0.2441
Sertraline Hydrochloride Sertraline (chlorhydrate de)									
Cap Caps	Orl	25mg	Sertraline	2353520	SAS	AEFGVW	MAP		
		50mg	Sertraline	2353539	SAS	AEFGVW	MAP		
		100mg	Sertraline	2353547	SAS	AEFGVW	MAP		
Tamsulosin Hydrochloride Tamsulosine (chlorhydrate de)									
ERT Co. L.P.	Orl	0.4mg	Sandoz Tamsulosin CR	2340208	SDZ	AEFVW	AAC		0.4200
Terbinafine Hydrochloride Terbinafine (chlorhydrate de)									
Tab Co.	Orl	250mg	Terbinafine	2353121	SAS	Spec. Auth.	MAP		

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

							to Mar 15/11	MAP Mar 16/11
Atomoxetine Hydrochloride Atomoxétine (chlorhydrate d')								
Cap Caps	Orl	10mg	Apo-Atomoxetine	2318024	APO		AAC	2.3140
		18mg	Apo-Atomoxetine	2318032	APO		AAC	2.6522
		25mg	Apo-Atomoxetine	2318040	APO		AAC	2.9281
		40mg	Apo-Atomoxetine	2318059	APO		AAC	3.3375
		60mg	Apo-Atomoxetine	2318067	APO		AAC	3.7024
		80mg	Apo-Atomoxetine	2318075	APO		AAC	3.9961
		100mg	Apo-Atomoxetine	2318083	APO		AAC	4.3521
Diclofenac Potassium Diclofénac potassique								
Tab Co.	Orl	50mg	Diclofenac K	2351684	SAS		MAP	
Esomeprazole Magnesium Trihydrate Esoméprazole magnésien trihydraté								
ERT Co. L.P.	Orl	40mg	Apo-Esomeprazole	2339102	APX		AAC	1.8690

Bulletin #809 March 15, 2011

NBPDP Formulary Update

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective March 15, 2011.

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.

REGULAR BENEFIT ADDITIONS

Drug/Form/Route/Strength	Brand Name	DIN	Manufacturer	Plans	$
Brimonidine Tartrate					
Liq Oph 0.15%	Alphagan P®	02248151	ALL	AEFVW	MAP
	Apo-Brimonidine P	02301334	APX		
Candesartan/hydrochlorothiazide					
Tab Orl 32mg/12.5mg	Atacand Plus®	02332922	AZE	AEFGVW	AAC
32mg/25mg	Atacand Plus®	02332957			
Dexamethasone Phosphate Disodium					
Liq Inj 4mg/mL	Omega-Dexamethasone	02204266	OMG	AEFGVW	MAP
Estradiol					
Tab Orl 0.5mg	Estrace®	02225190	SHI	AEFGVW	AAC
Flupentixol Decanoate					
Liq Inj 20mg	Mylan-Flupentixol	02242363	MYL	AEFGV	AAC
100mg	Mylan-Flupentixol	02242364			
Imipramine Hydrochloride					
Tab Orl 75mg	Imipramine	00644579	AAP	AEFGVW	AAC
Interferon beta-1a cartridge					
Liq Inj 22mcg/0.5mL	Rebif ®	02318253	EMD	H	AAC
44mcg/0.5mL	Rebif ®	02318261			
Interferon beta-1b					
Liq Inj Initiation Pack	Betaseron®	02169649	BAY	H	AAC
Perindopril/indapamide					
Tab Orl 8mg/2.5mg	Coversyl Plus HD®	02321653	SEV	AEFGVW	AAC
Verapamil Hydrochloride					
SRT Orl 240mg	Novo-Veramil SR	02211920	NOP	AEFGVW	AAC
Drugs that no longer require special authorization					
Tamsulosin CR					
Tab Orl 0.4mg	Flomax CR®	02270102	BOE	AEFVW	MAP
	Sandoz Tamsulosin CR	02340208	SDZ		

SPECIAL AUTHORIZATION ADDITIONS

Oxycodone CR *(OxyContin®)* *15mg, 30mg, 60mg controlled release tablets (new strengths)*	For the treatment of moderate to severe cancer-related or chronic non-malignant pain.
Temozolomide *(Temodal®)* *5mg, 20mg, 100mg, 140mg, 180mg, 250mg capsules*	For the treatment of newly diagnosed high grade glioma patients with a good performance status (Karnofsky performance status greater or equal to 60%) when used in combination with radiotherapy or as adjuvant therapy post-radiation up to a maximum of 6 cycles.

SPECIAL AUTHORIZATION – REVISED CRITERIA

Hp-PAC® *(lansoprazole 30mg capsule, amoxicillin 500mg capsule, clarithromycin 500mg tablet)*	For the treatment of patients with *H. pylori* infection and active duodenal ulcer disease. Treatment should be limited to a period of 7 days for first-line therapy. Note: In cases of *H. pylori* treatment failure or re-infection, second-line treatment should be limited to a period of 7-14 days provided at least 4 weeks have elapsed from first-line treatment. In addition, if treatment failure or re-infection occurs within a three month period of first-line treatment, a different antibiotic should be used.
Olanzapine ODT *(Zyprexa® Zydis® and generic brands)* 5mg, 10mg, 15mg and 20mg oral disintegrating tablets	Same benefit status and criteria as for Olanzapine tablets. Please see NBPDP Formulary.

DRUGS REVIEWED AND NOT LISTED

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

Calcitriol	*(Silkis®)*	3µg/g ointment

Bulletin # 810 March 22, 2011

NBPDP Formulary Update

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 May 2, 2011 will be subject to a Maximum Allowable Price (MAP) effective May 3, 2011.

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NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

							to May 2/11	MAP May 3/11
Valsartan								
Tab Co.	Orl	80mg	Ran-Valsartan	2363100	RAN	AEFGVW	AAC	0.5916
			Sandoz Valsartan	2356759	SDZ			
			Teva-Valsartan	2356651	TEV			
		160mg	Ran-Valsartan	2363119	RAN	AEFGVW	AAC	0.5916
			Sandoz Valsartan	2356767	SDZ			
			Teva-Valsartan	2356678	TEV			
		320mg	Sandoz Valsartan	2356775	SDZ	AEFGVW	AAC	0.5686
			Teva-Valsartan	2356686	TEV			
Valsartan/Hydrochlorothiazide								
Tab Co.	Orl	80mg/12.5mg	Sandoz Valsartan/HCT	2356694	SDZ	AEFGVW	AAC	0.5916
			Teva-Valsartan/HCTZ	2356996	TEV			
		160mg/12.5mg	Sandoz Valsartan/HCT	2356708	SDZ	AEFGVW	AAC	0.5916
			Teva-Valsartan/HCTZ	2357003	TEV			
		160mg/25mg	Sandoz Valsartan/HCT	2356716	SDZ	AEFGVW	AAC	0.5916
			Teva-Valsartan/HCTZ	2357011	TEV			
		320mg/12.5mg	Sandoz Valsartan/HCT	2356724	SDZ	AEFGVW	AAC	0.5823
			Teva-Valsartan/HCTZ	2357038	TEV			
		320mg/25mg	Sandoz Valsartan/HCT	2356732	SDZ	AEFGVW	AAC	0.5823
			Teva-Valsartan/HCTZ	2357046	TEV			

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

							to May 2/11	MAP May 3/11
Valsartan								
Tab Co.	Orl	40mg	Ran-Valsartan	2363062	RAN		AAC	0.5822
			Sandoz Valsartan	2356740	SDZ			
			Teva-Valsartan	2356643	TEV			

Bulletin #811 March 25, 2011

Reimbursement of Methadone Claims

The New Brunswick Prescription Drug Program (NBPDP) will apply the following changes to the criteria for reimbursement of methadone claims.

Dispensing Fee

The dispensing fee for each eligible methadone claim will change as follows:

$11.75	Effective April 1, 2011
$10.60	Effective June 1, 2011
$ 9.40	Effective September 1, 2011

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.

Eligible Methadone Benefits

Effective April 1, 2011, Metadol™ 1 mg/mL oral solution and Metadol™ 10 mg/mL oral concentrate will be added to the NBPDP Formulary under Special Authorization with the same criteria as for compounded methadone oral solution:

1. For the treatment of severe cancer-related or chronic non-malignant pain as an alternative to other opioid.
2. For the treatment of opioid dependence.

These products can be used as an alternative to methadone powder and are reimbursed at the same price as compounded methadone oral solution.

Note: Requests for coverage of Metadol™ tablets will continue to be considered under Special Authorization for cancer-related or chronic non-malignant pain only.

Maximum Allowable Price (MAP)

Effective April 1, 2011, a MAP of $0.0050 per mg will be applied to compounded methadone oral solution, Metadol™ oral solution and concentrate as outlined in the table below.

Product	Indication	PIN/DIN	MAP (per mg)
Compounded methadone oral solution	Opioid dependence	00999734	0.0050
Compounded methadone oral solution	Chronic pain	00999801	0.0050
Metadol™ 1 mg/mL oral solution	Opioid Dependence Chronic Pain	02247694	0.0050
Metadol™ 10 mg/mL oral concentrate	Opioid Dependence Chronic Pain	02241377	0.0050

Claims for these products should be billed using the applicable PIN/DIN.

The unit of measure (quantity) for billing compounded methadone oral solution, Metadol™ oral solution and concentrate claims is in milligrams. For example, a 70 mg dose of methadone should be billed as a quantity of 70.

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

Bulletin # 813 May 4, 2011

NBPDP Formulary Update

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 June 14, 2011 will be subject to a Maximum Allowable Price (MAP) effective June 15, 2011.

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

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

							to June 14/11	MAP June15/11
Amlodipine Besylate Bésylate d'amlodipine								
Tab Co.	Orl	5mg	Mint-Amlodipine	2362651	MNT	AEFVW	MAP	
		10mg	Mint-Amlodipine	2362678	MNT	AEFVW	MAP	
Clarithromycin								
Tab Co.	Orl	250mg	Ran-Clarithromycin	2361426	RAN	ABEFGVW	MAP	
		500mg	Ran-Clarithromycin	2361434	RAN	ABEFGVW	MAP	
Etidronate Disodium/Calcium Carbonate Etidronate disodique/carbonate de calcium								
Tab Co.	Orl	400mg/500mg	Etidrocal	2353210	SAS	AEFVW	MAP	
Gabapentin								
Cap Caps	Orl	100mg	GD-Gabapentin	2285819	GMD	AEFGVW	MAP	
			Gabapentin	2353245	SAS			
		300mg	GD-Gabapentin	2285827	GMD	AEFGVW	MAP	
			Gabapentin	2353253	SAS			
		400mg	GD-Gabapentin	2285835	GMD	AEFGVW	MAP	
			Gabapentin	2353261	SAS			
Tab Co.	Orl	600mg	GD-Gabapentin	2285843	GMD	AEFGVW	MAP	
		800mg	GD-Gabapentin	2285851	GMD	AEFGVW	MAP	
Irbesartan								
Tab Co.	Orl	75mg	Co-Irbesartan	2328070	COB	AEFGVW	AAC	0.6049
			pms-Irbesartan	2317060	PMS			
			ratio-Irbesartan	2316390	TEV			
			Sandoz Irbesartan	2328461	SDZ			
		150mg	Co-Irbesartan	2328089	COB	AEFGVW	AAC	0.6049
			pms-Irbesartan	2317079	PMS			
			ratio-Irbesartan	2316404	TEV			
			Sandoz Irbesartan	2328488	SDZ			
		300mg	Co-Irbesartan	2328100	COB	AEFGVW	AAC	0.6049
			pms-Irbesartan	2317087	PMS			
			ratio-Irbesartan	2316412	TEV			
			Sandoz Irbesartan	2328496	SDZ			
Irbesartan/Hydrochlorothiazide								
Tab Co.	Orl	150mg/12.5mg	Co-Irbesartan/HCT	2357399	COB	AEFGVW	AAC	0.6049
			pms-Irbesartan/HCTZ	2328518	PMS			
			Ran-Irbesartan/HCTZ	2363208	RAN			
			ratio-Irbesartan/HCTZ	2330512	TEV			
			Sandoz Irbesartan/HCT	2337428	SDZ			

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

							to June 14/11	MAP June15/11
Irbesartan/Hydrochlorothiazide								
Tab Co.	Orl	300mg/12.5mg	Co-Irbesartan/HCT	2357402	COB			
			pms-Irbesartan/HCTZ	2328526	PMS			
			Ran-Irbesartan/HCTZ	2363216	RAN	AEFGVW	AAC	0.6049
			ratio-Irbesartan/HCTZ	2330520	TEV			
			Sandoz Irbesartan/HCT	2337436	SDZ			
		300mg/25mg	Co-Irbesartan/HCT	2357410	COB			
			pms-Irbesartan/HCTZ	2328534	PMS			
			Ran-Irbesartan/HCTZ	2363224	RAN	AEFGVW	AAC	0.6008
			ratio-Irbesartan/HCTZ	2330539	TEV			
			Sandoz Irbesartan/HCT	2337444	SDZ			
Lansoprazole								
SRC Caps.L.L.	Orl	15mg	Lansoprazole	2357682	SAS	Spec. Auth.	MAP	
		30mg	Lansoprazole	2357690	SAS	Spec. Auth.	MAP	
Mirtazapine								
ODT Co. D.O.	Orl	15mg	Auro-Mirtazapine OD	2299801	ARO	AEFGVW	MAP	
		30mg	Auro-Mirtazapine OD	2299828	ARO	AEFGVW	MAP	
		45mg	Auro-Mirtazapine OD	2299836	ARO	AEFGVW	MAP	
Morphine SR								
Morphine (sulfate de)								
SRT Co.L.L.	Orl	15mg	Morphine SR	2350815	SAS	AEFGVW	MAP	
		30mg	Morphine SR	2350890	SAS	AEFGVW	MAP	
		60mg	Morphine SR	2350912	SAS	AEFGVW	MAP	
		100mg	Morphine SR	2350920	SAS	AEFGVW	MAP	
		200mg	Morphine SR	2350947	SAS	AEFGVW	MAP	
Nevirapine								
Névirapine								
Tab Co.	Orl	200mg	Auro-Nevirapine	2318601	ARO	U	AAC	2.4692
			Teva-Nevirapine	2352893	TEV			
Pravastatin Sodium								
Pravastatine sodique								
Tab Co.	Orl	10mg	Pravastatin	2356546	SAS	AEFGVW	MAP	
		20mg	Pravastatin	2356554	SAS	AEFGVW	MAP	
		40mg	Pravastatin	2356562	SAS	AEFGVW	MAP	

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

								to June 14/11	MAP June15/11
Rabeprazole Sodium Rabéprazole sodique									
ECT Co. Ent	Orl	10mg	Rabeprazole EC	2356511	SAS	ABEFGVW	MAP		
		20mg	Rabeprazole EC	2356538	SAS	ABEFGVW	MAP		
Ramipril/Hydrochlorothiazide									
Tab Co.	Orl	2.5mg/12.5mg	pms-Ramipril/HCTZ	2342138	PMS	AEFGVW	AAC	0.2250	
		5mg/12.5mg	pms-Ramipril/HCTZ	2342146	PMS	AEFGVW	AAC	0.2263	
Repaglinide									
Tab Co.	Orl	0.5mg	Sandoz Repaglinide	2357453	SDZ	Spec. Auth.	MAP		
		1mg	Sandoz Repaglinide	2357461	SDZ	Spec. Auth.	MAP		
		2mg	Sandoz Repaglinide	2357488	SDZ	Spec. Auth.	MAP		
Risperidone Rispéridone									
Tab Co.	Orl	0.25mg	Risperidone	2356880	SAS	AEFGVW	MAP		
		0.5mg	Risperidone	2356899	SAS	AEFGVW	MAP		
		1mg	Risperidone	2356902	SAS	AEFGVW	MAP		
		2mg	Risperidone	2356910	SAS	AEFGVW	MAP		
		3mg	Risperidone	2356929	SAS	AEFGVW	MAP		
		4mg	Risperidone	2356937	SAS	AEFGVW	MAP		
Valsartan									
Tab Co.	Orl	80mg	Co-Valsartan	2337495	COB	AEFGVW	MAP		
		160mg	Co-Valsartan	2337509	COB	AEFGVW	MAP		
		320mg	Co-Valsartan	2337517	COB	AEFGVW	MAP		

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

								to June 14/11	MAP June 15/11
Atomoxetine Hydrochloride Atomoxétine (chlorhydrate d')									
Cap Caps	Orl	10mg	Apo-Atomoxetine	2318024	APO		AAC		2.3140
		18mg	Apo-Atomoxetine	2318032	APO		AAC		2.6522
		25mg	Apo-Atomoxetine	2318040	APO		AAC		2.9281

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

							to June 14/11	MAP June 15/11
Esomeprazole Magnesium Trihydrate Esoméprazole magnésien trihydraté								
ERT Co. L.P.	Orl	40mg	Apo-Esomeprazole	2339102	APX		AAC	1.8690
Valsartan								
Tab Co.	Orl	40mg	Co-Valsartan	2337487	COB		MAP	

Bulletin #814 May 30, 2011

NBPDP Formulary Update

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective May 30, 2011.

Included in this bulletin:

- **Regular Benefit Additions**
- **Special Authorization Additions**
- **Biologic Therapy in Rheumatoid Arthritis - Cost Comparison**
- **Drugs Reviewed and Not Listed**
- **DIN Changes**

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

REGULAR BENEFIT ADDITIONS

Drug/Form/Route/Strength	Brand Name	DIN	Manufacturer	Plans	$
Desmopressin					
ODT Slg 240µg	DDAVP Melt	02285010	FEI	EFG-18	AAC

SPECIAL AUTHORIZATION ADDITIONS

Desmopressin
(DDAVP®)
10µg/metered dose nasal spray and 0.1mg/mL intranasal solution

Change in Benefit Status – Now requires special authorization

- For the treatment of patients with diabetes insipidus.

The nasal formulations are no longer indicated for nocturnal enuresis due to the risk of hyponatremia.

Desmopressin
(DDAVP®)
0.1mg and 0.2mg tablet; 60µg, 120µg, 240µg melts

New indication added to criteria:

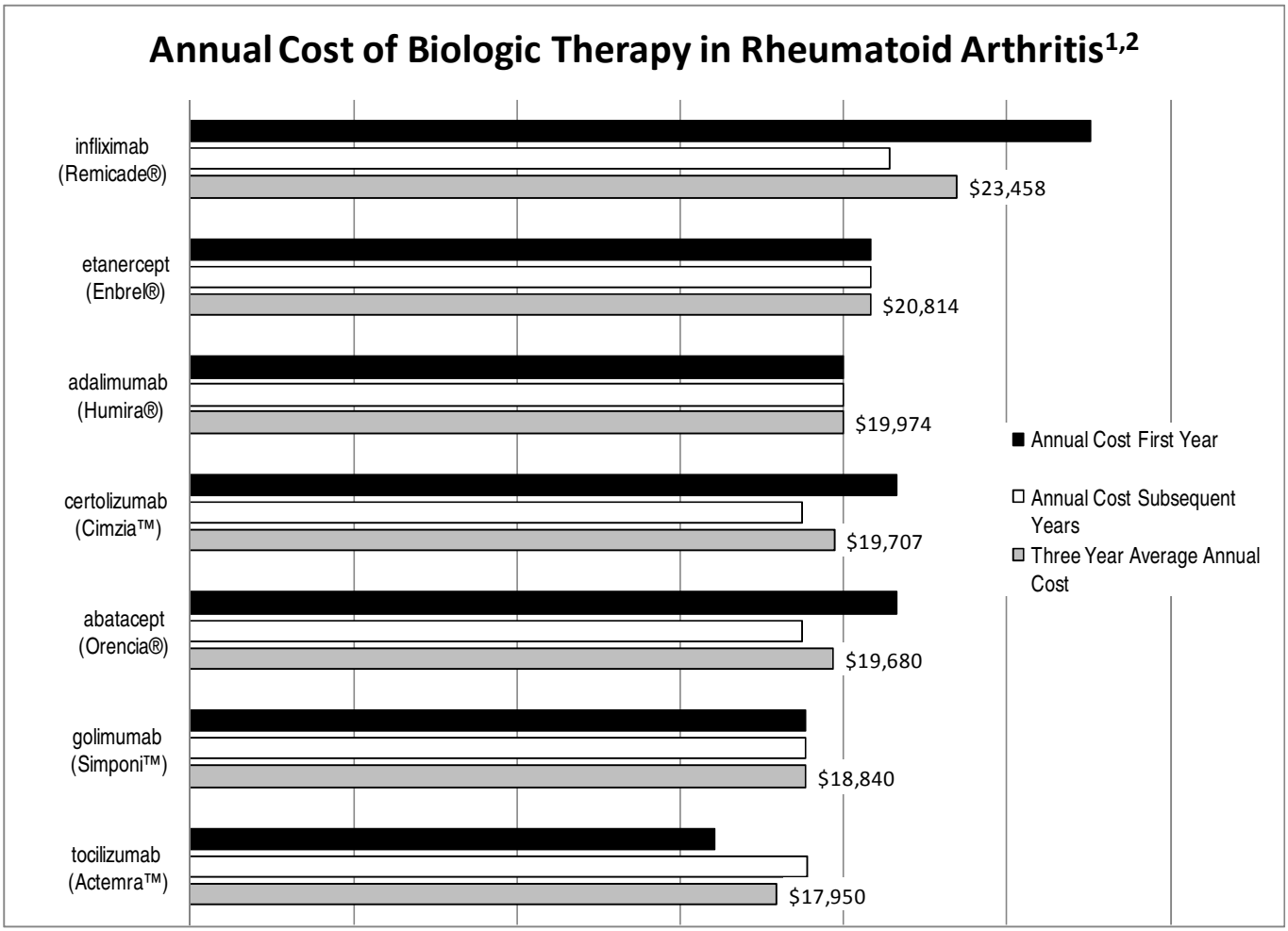
- For the treatment of patients 18 years and older with diabetes insipidus or nocturnal enuresis.

Note: Desmopressin oral formulations and solution for injection are regular benefits for Plans EFG-18.

Tocilizumab
(Actemra®)
80mg, 200mg, 400mg single dose vials (20mg/mL)

- For patients with moderate to severe active rheumatoid arthritis who:
  - Have not responded to an adequate trial of combination therapy of at least two traditional DMARDs (disease-modifying antirheumatic drugs). 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 inadequate response to a tumour necrosis factor (TNF)-alpha antagonist.
- Must be prescribed by a rheumatologist.
- Initial approval will be for 16 weeks at a dose of 4 mg/kg.
- Requests for continuation of therapy must include information demonstrating clinical response.
- No dose escalation permitted above 8 mg/kg every 4 weeks or a maximum dose of 800 mg per infusion for individuals whose body weight is more than 100 kg.
- Will not be reimbursed in combination with other biologic agents.

COST COMPARISON



1. Costs calculated using wholesale prices from McKesson March 2011. No additional markups or dispensing fees applied.
2. Dosage based on 75 kg patient and manufacturer's Product Information

DRUGS REVIEWED AND NOT LISTED

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

Niacin - resubmission	*(Niaspan®)*	500mg, 750mg, 1000mg extended release tablets

DIN CHANGES

New unique DINs have been assigned to Fragmin® and Innohep® pre-filled syringes. Please use the appropriate DIN below when submitting claims for these products.

Dalteparin (Fragmin®) Syringe	**New DIN**
5,000IU/mL, 0.2mL	02132648
7,500IU/mL, 0.3mL	02352648
10,000IU/mL, 0.4mL	02352656
12,500IU/mL, 0.5mL	02352664
15,000IU/mL, 0.6mL	02352672
18,000IU/mL, 0.72mL	02352680

Tinzaparin (Innohep®) Syringe	**New DIN (effective July 2011)**
2,500IU/mL, 0.25mL	02229755
3,500IU/mL, 0.35mL	02358158
4,500IU/mL, 0.45mL	02358166
10,000IU/mL, 0.5mL	02231478
14,000IU/mL, 0.7mL	02358174
18,000IU/mL, 0.9mL	02358182

Bulletin # 815 June 15, 2011

NBPDP Formulary Update

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 26, 2011 will be subject to a Maximum Allowable Price (MAP) effective July 27, 2011.

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

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

								to July 26/11	MAP July 27/11
Candesartan Cilexetil Candésartan Cilexétil									
Tab Co.	Orl	8mg	Apo-Candesartan Sandoz Candesartan	2365359 2326965	APO SDZ	AEFGVW		AAC	0.5700
		16mg	Apo-Candesartan Sandoz Candesartan	2365367 2326973	APO SDZ	AEFGVW		AAC	0.5700
Irbesartan									
Tab Co.	Orl	75mg	Teva-Irbesartan	2315971	TEV	AEFGVW		MAP	
		150mg	Teva-Irbesartan	2315998	TEV	AEFGVW		MAP	
		300mg	Teva-Irbesartan	2316005	TEV	AEFGVW		MAP	
Irbesartan/Hydrochlorothiazide									
Tab Co.	Orl	150mg/12.5mg	Teva-Irbesartan/HCTZ	2316013	TEV	AEFGVW		MAP	
		300mg/12.5mg	Teva-Irbesartan/HCTZ	2316021	TEV	AEFGVW		MAP	
		300mg/25mg	Teva-Irbesartan/HCTZ	2316048	TEV	AEFGVW		MAP	
Levetiracetam Lévétiracétam									
Tab Co.	Orl	250mg	Levetiracetam	2353342	SAS	Spec. Auth.		MAP	
		500mg	Levetiracetam	2353350	SAS	Spec. Auth.		MAP	
		750mg	Levetiracetam	2353369	SAS	Spec. Auth.		MAP	
Risperidone Rispéridone									
Tab Co.	Orl	0.25mg	Mint-Risperidon	2359790	MNT	AEFGVW		MAP	
		0.5mg	Mint-Risperidon	2359804	MNT	AEFGVW		MAP	
		1mg	Mint-Risperidon	2359812	MNT	AEFGVW		MAP	
		2mg	Mint-Risperidon	2359820	MNT	AEFGVW		MAP	
		3mg	Mint-Risperidon	2359839	MNT	AEFGVW		MAP	
		4mg	Mint-Risperidon	2359847	MNT	AEFGVW		MAP	
Zolmitriptan									
Tab Co.	Orl	2.5mg	Mylan-Zolmitriptan pms-Zolmitriptan Sandoz-Zolmitriptan Teva-Zolmitriptan	2369036 2324229 2362988 2313960	MYL PMS SDZ TEV	Spec.Auth.		AAC	6.8586

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

								to July 26/11	MAP July 27/11
Zolmitriptan									
ODT Co.D.O.	Orl	2.5mg	pms-Zolmitriptan ODT	2324768	PMS	Spec. Auth.		AAC	6.8625
			Sandoz-Zolmitriptan ODT	2362996	SDZ				
			Teva-Zolmitriptan OD	2342545	TEV				

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

								to July 26/11	MAP July 27/11
Candesartan Cilexetil Candésartan Cilexétil									
Tab Co.	Orl	4mg	Apo-Candesartan	2365340	APX			AAC	0.3400
			Sandoz Candesartan	2326957	SDZ				
Olanzapine									
Tab Co.	Orl	20mg	Teva-Olanzapine	2359707	TEV			MAP	

Bulletin #816 July 11, 2011

NBPDP FORMULARY UPDATE

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective July 11, 2011

Included in this bulletin:

- **Regular Benefit Additions**
- **Special Authorization Additions**
- **Drugs Reviewed and Not Listed**
- **Reimbursement of brand name products when generic products exist**

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

REGULAR BENEFIT ADDITIONS

Drug/Form/Route/Strength	Brand Name	DIN	Manufacturer	Plans	$
Degarelix					
Pws SC 80mg/vial	Firmagon®	02337029	FEI	AEF+18VW	AAC
120mg/vial	Firmagon®	02337037			
Piperacillin/Tazobactam					
Pws Inj 2g/0.25g	Tazocin®	02170817	PFI		
	Piperacillin/Tazobactam	02308444	APX	W	MAP
	Piperacillin/Tazobactam	02299623	SDZ		
3g/0.375g	Tazocin®	02170795	PFI		
	Piperacillin/Tazobactam	02308452	APX	W	MAP
	Piperacillin/Tazobactam	02299631	SDZ		
4g/0.5g	Tazocin®	02170809	PFI		
	Piperacillin/Tazobactam	02308460	APX	W	MAP
	Piperacillin/Tazobactam	02299658	SDZ		

SPECIAL AUTHORIZATION ADDITIONS

Everolimus
(Afinitor®)
10mg tablets

For the treatment of patients with metastatic renal cell carcinoma of clear cell morphology, as second or third-line therapy after failure of initial treatment with either of the VEGF-receptor tyrosine kinase inhibitors (sunitinib or sorafenib).

Nilotinib
(*Tasigna®*)
200mg capsules

For the treatment of chronic phase (CP) and accelerated phase (AP) Philadelphia chromosome positive (Ph+) chronic myeloid leukemia (CML) in adult patients who:

- are resistant or intolerant to imatinib, or
- intolerant to dasatinib

DRUGS REVIEWED AND NOT LISTED

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

Capecitabine - For treatment of metastatic gastric cancer in combination with trastuzumab	*(Xeloda®)*	150mg, 500mg tablets
Gefitinib - For first line treatment of non-small cell lung cancer	(*Iressa®*)	250mg tablets

REIMBURSEMENT OF BRAND NAME PRODUCTS WHEN GENERICS EXIST

When interchangeable generic products are available for a brand name drug, the New Brunswick Prescription Drug Program (NBPDP) will only reimburse pharmacies for the lowest cost generic product. Beneficiaries, who choose to receive a brand name product when a generic product exists, are responsible for paying any difference in price.

The NBPDP will consider requests for reimbursement of brand name drugs when a beneficiary has had a hypersensitivity reaction (e.g. edema, respiratory distress, serum sickness, anaphylaxis) to a non-medicinal ingredient contained in the interchangeable generic product. Requests may be made by submitting a completed Special Authorization Request Form and providing details of the hypersensitivity reaction.

Information on the safety and effectiveness of generic drugs is available on Health Canada's website at http://www.hc-sc.gc.ca/hl-vs/iyh-vsv/med/med-gen-eng.php.

Bulletin #817 August 19, 2011

NBPDP FORMULARY UPDATE

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective August 19, 2011

Included in this bulletin:

- **Regular Benefit Additions**
- **Extemporaneous Preparations – Temporary Benefit Changes**
- **Special Authorization Additions**
- **Drugs Reviewed and Not Listed**

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

REGULAR BENEFIT ADDITIONS

Drug/Form/Route/Strength			Brand Name	DIN	Manufacturer	Plans	$
Azelaic acid							
Gel	Top	15%	Finacea®	02270811	BAY	AEFGVW	AAC
Bimatoprost							
Liq	Oph	0.01%	Lumigan®RC	02324997	ALL	AEFGVW	AAC
Insulin Glulisine							
Liq	SC	100U/mL	Apidra®	02279479	SAV	EFG-18	AAC

EXTEMPORANEOUS PREPARATIONS – TEMPORARY BENEFIT CHANGES

Addition

Due to the manufacturer shortage of medroxyprogesterone 2.5mg, 5mg and 10mg tablets, compounded medroxyprogesterone has been added as a temporary regular benefit until the commercial dosage forms become available. Please note that claims for extemporaneous preparations will be reimbursed at the AAC of the ingredients plus the applicable dispensing fee.

Product Name	PIN	Plans	$
Medroxyprogesterone compounded for oral use	00903682	AEFGVW	AAC

Deletions

The following compounded products were added as temporary benefits in 2010 due to manufacturer shortages of amitriptyline 10mg tablets and clonidine 0.025mg, 0.1mg and 0.2mg tablets. These compounded products have been removed as benefits since the commercial dosage forms are now available.

Product Name	PIN
Amitriptyline 10 mg compounded for oral use	00903048
Clonidine 0.025, 0.1 and 0.2 mg compounded for oral use	00999330

SPECIAL AUTHORIZATION ADDITIONS

Denosumab
(Prolia®)
60mg/mL prefilled syringe

For women with postmenopausal osteoporosis who would otherwise be eligible for coverage of oral bisphosphonates, but for whom bisphosphonates are contraindicated due to hypersensitivity or abnormalities of the esophagus (e.g. esophageal stricture or achalasia), and who have at least two of the following:

- Age >75 years
- A prior fragility fracture
- A bone mineral density (BMD) T-score ≤ -2.5

Insulin Glulisine
(Apidra®) 100 U/mL
3mL cartridge
(new format)

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.

Insulin Lispro
(Humalog® KwikPen™)
3mL prefilled pen
(new format)

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.

Levodopa/carbidopa/entacapone
(Stalevo®)
75mg/18.75mg/200mg and
125mg/31.25mg/ 200mg tablets
(new strengths)

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.

SPECIAL AUTHORIZATION ADDITIONS (continued)

Oseltamivir
(Tamiflu®)
30mg, 45mg capsules
(new strengths)

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

Botulinum Toxin Type A	(Botox®)	200 Allergan units/vial
Canakinumab	(Ilaris®)	150mg vial
Prasugrel hydrochloride	(Effient®)	10mg tablets
Sapropterin	(Kuvan®)	100mg tablets

Bulletin # 819 October 11, 2011

Pharmacist administered publicly funded Seasonal influenza vaccine (2011-12)

The New Brunswick Prescription Drug Program (NBPDP), on behalf of the Office of the Chief Medical Officer of Health, manages the claims process for community pharmacies seeking reimbursement for pharmacist administration of publicly funded trivalent influenza vaccine (TIV) to the individuals who meet the eligibility criteria for the Public Health (PH) seasonal influenza program.

VACCINE ELIGIBILITY - PHARMACIST ADMINISTERED TIV

1. Adults and children with chronic health conditions listed below who are known to the pharmacist through regular dispensing of medication to treat such conditions and for whom an up to date patient medication profile is available:
   - cardiac or pulmonary disorders (including bronchopulmonary dysplasia, cystic fibrosis and asthma);
   - diabetes mellitus and other metabolic diseases;
   - cancer, immune compromising conditions (due to underlying disease and/or therapy);
   - renal disease;
   - anemia or hemoglobinopathy;
   - conditions that compromise the management of respiratory secretions and are associated with an increased risk of aspiration;
   - morbid obesity (BMI≥40); and
   - children and adolescents with conditions treated for long periods with acetylsalicylic acid.
2. People ≥65 years of age
3. Healthy children 5 to 18 years of age

For more information, please refer to the attached memo dated October 5, 2011 from the Chief Medical Officer of Health.

CLAIM SUBMISSION

Claims should be submitted under NBPDP Plan "I". A patient profile should be set-up as for any patient and must include the vaccine recipient's name and address; Medicare number; date of birth and gender; date vaccine administered, name and lot number of the vaccine. For billing purposes, the following procedures and information are required.

Field	**Information Required**
Patient ID	Patient's NB Medicare number. Note: this also applies to NBPDP beneficiaries. In cases where an individual is eligible but resides out-of-province enter "999 999 999" in place of the Medicare number
Plan	"I" Note: this also applies to NBPDP beneficiaries.
Prescriber	"8000" plus the license number of the pharmacist administering the vaccine.
Drug	Fluviral® DIN: 02015986
Drug Cost	Zero
Dispensing Fee	$12.00
Intervention and Exception Code	CPhA code "IB" for those individuals meeting at least one of the chronic conditions listed in table above.

Note: Regulation 2009-136, section 14 under the *Public Health Act* requires that those who administer a vaccine provide the recipient with a record of the immunization. A computer generated prescription receipt would satisfy this requirement.

VACCINE ORDERS

All pharmacists who have notified the New Brunswick Pharmacists' Association of their intent to participate in the seasonal influenza campaign should fax their influenza vaccine orders to the Central Serum Depot at (506)648-6477 and include the following information:

- Number of doses required
- Delivery address including the pharmacy name
- Contact name and telephone number
- Preferred date of delivery

October 5, 2011

To: All Health Care Practitioners

Subject: 2011-2012 annual influenza vaccination

Dear Colleagues:

Vaccine formulation

The seasonal trivalent vaccine for 2011-2012 contains the same three components as the 2010-2011 vaccine. These are: an A/California/7/2009 (H1N1-like virus), an A/Perth/16/2009 (H3N2-like virus) and a B/Brisbane/60/2008 (B Victoria lineage).

FLUVIRAL ® (10 dose vials) will be available for use in the Public Health program.

Vaccine eligibility

The eligible groups for receipt of free TIV this year include:

1. Adults and children with chronic health conditions as per NACI recommendations for 2011-2012 influenza season:
   - cardiac or pulmonary disorders (including bronchopulmonary dysplasia, cystic fibrosis and asthma);
   - diabetes mellitus and other metabolic diseases;
   - cancer, immune compromising conditions (due to underlying disease and/or therapy);
   - renal disease;
   - anemia or hemoglobinopathy;
   - conditions that compromise the management of respiratory secretions and are associated with an increased risk of aspiration;
   - morbid obesity (BMI≥40); and
   - children and adolescents with conditions treated for long periods with acetylsalicylic acid.
2. People of any age who are residents of nursing homes and other chronic care facilities;
3. People ≥65 years of age;
4. Healthy children 6 months to 18 years of age;
5. All pregnant women;
6. Aboriginal people;
7. People capable of transmitting influenza to those at high risk:
   - household contacts (adults and children) of individuals at high risk of influenza-related complications (whether or not the individual at high risk has been immunized), as listed under # 1;
   - household contacts of infants <6 months of age;
   - household contacts of children 6 months to 59 months;
   - members of a household expecting a newborn during the influenza season.

For more information, please refer to NACI statement for seasonal influenza vaccine for 2011-2012 (http://www.phac-aspc.gc.ca/naci-ccni/index-eng.php).

Delivery of seasonal influenza vaccine

Seasonal influenza vaccine will be provided in NB through four major modes: primary care providers, Public Health nurses, certified pharmacists and by the Victorian Order of Nurses (VON).

Vaccination will continue to be provided through primary care providers to all eligible groups.

Public Health will be involved in the delivery of seasonal influenza through paediatric immunization clinics and dedicated influenza clinics.

VON will be providing the vaccination to the following groups:

- children 6 months to 18 years of age;
- all pregnant women;
- adults ≥65 years of age;
- household contacts of infants <6 months of age;
- household contacts of children 6 months to 59 months;
- members of a household expecting a newborn during the influenza season.

Children aged 5 to 18, adults aged 65 and older, as well as individuals with identified chronic conditions aged 5 years and older, who are known to the pharmacist, will be able to receive the vaccine at select pharmacies.

Pediatric dosing

Children who have been previously immunized with seasonal influenza vaccine are to receive one dose (same as adults).
Children 6 months to less than 9 years of age receiving seasonal influenza for the first time, should be given two doses, with a minimum interval of four weeks between doses.

For intramuscular TIVs, the dose is now 0.5 ml IM for all age groups.
Also, egg allergy is no longer considered as a contraindication for TIV. Egg-allergic individuals may be vaccinated against influenza using TIV without a prior influenza vaccine skin test, based on an assessment of risk for a severe reaction to guide the method of vaccination.
For further information please contact your local Public Health Office.

Yours sincerely,

Dr. Eilish Cleary
Chief Medical Officer of Health

Bulletin #818 October 12, 2011

NBPDP FORMULARY UPDATE

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective October 17, 2011.

Included in this bulletin:

- **Regular Benefit Additions**
- **Special Authorization Additions**
- **Pegfilgrastim (Neulasta®) Update**

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.

REGULAR BENEFIT ADDITIONS

Drug/Form/Route/Strength			Brand Name	DIN	Manufacturer	Plans	$
Interferon beta-1b							
Liq	Inj	0.3mg/vial	Extavia®	02337819	NVR	H	AAC
Telmisartan/hydrochlorothiazide							
Tab	Orl	80mg/25mg	Micardis® Plus	02318709	BOE	AEFGVW	AAC
Estradiol							
Tab	Vag	10mcg	Vagifem®10	02325462	NNO	AEFGVW	AAC
Fentanyl							
Srd	Trd	12mcg	Duragesic® Mat	02334186	JAN	W	AAC

SPECIAL AUTHORIZATION ADDITIONS

Fentanyl (Duragesic® Mat) 12mcg/h 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.

PEGFILGRASTIM (NEULASTA®)

Pegfilgrastim (Neulasta®) has been an eligible NBPDP benefit as part of a pilot project to monitor usage. It was provided through Amgen Canada's Victory Program by a designated pharmacy and this aspect will conclude for NBPDP beneficiaries effective October 17, 2011.

Pegfilgrastim is now listed as a special authorization benefit and eligible claims will be reimbursed when dispensed by any pharmacy in New Brunswick. In conjunction with this change, a program using smartcard technology delivered by STI Technologies Limited (STI) and supported by Amgen Canada is being implemented for the reimbursement of claims.

Claims for pegfilgrastim submitted by pharmacies will be reimbursed up to a maximum allowable price (MAP) set by NBPDP. The difference between the MAP and the actual acquisition cost of pegfilgrastim, up to 7.5% of the manufacturer's list price, will be reimbursed through the STI smartcard. Processing directions are outlined on each smartcard. In the event an NBPDP beneficiary does not have an STI smartcard for pegfilgrastim, please contact STI at 1-877-790-1991.

STI smartcards will be provided by Amgen Canada to physicians to distribute to NBPDP beneficiaries who meet the special authorization (SA) criteria for pegfilgrastim. The SA criteria have not changed and are listed below.

SPECIAL AUTHORIZATION ADDITIONS

Pegfilgrastim
(Neulasta®)
6mg/0.6mL prefilled syringe

Requests will be considered when prescribed by, or on the advice of, a hematologist or medical oncologist in accordance 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℃ or > 38.0℃ three times in a 24 hour period and neutropenia with an absolute neutrophil count (ANC) < 0.5 x 109/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 6 mg, 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 myelosupressive 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 of filgrastim therapy is less than the cost of pegfilgrastim 6mg.

Bulletin # 820 October 26, 2011

NBPDP Formulary Update

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 December 6, 2011 will be subject to a Maximum Allowable Price (MAP) effective December 7, 2011.

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.

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

							to Dec 6/11	MAP Dec 7/11
Atenolol Aténolol								
Tab Co.	Orl	25mg	Mint-Atenol	2368013	MNT	AEFGVW	MAP	
		50mg	Mint-Atenol	2368021	MNT	AEFGVW	MAP	
		100mg	Mint-Atenol	2368048	MNT	AEFGVW	MAP	
Carbamazepine Carbamazépine								
Sus Susp	Orl	100mg/5mL	Taro-Carbamazepine	2367394	TAR	AEFGVW	AAC	0.0540
Cyclobenzaprine Hydrochloride Cyclobenzaprine (chlorhydrate de)								
Tab Co.	Orl	10mg	Auro-Cyclobenzaprine	2348853	ARO	AEFGVW	MAP	
Diltiazem Hydrochloride Diltiazem (chlorhydrate de)								
CDC Caps.L.C.	Orl	120mg	pms-Diltiazem CD	2355752	PMS	AEFGVW	MAP	
		180mg	pms-Diltiazem CD	2355760	PMS	AEFGVW	MAP	
		240mg	pms-Diltiazem CD	2355779	PMS	AEFGVW	MAP	
		300mg	pms-Diltiazem CD	2355787	PMS	AEFGVW	MAP	
Finasteride Finastéride								
Tab Co.	Orl	5mg	Jamp-Finasteride	2357224	JPC	Spec. Auth.	MAP	
Gabapentin Gabapentine								
Cap Caps	Orl	100mg	Auro-Gabapentin	2321203	ARO	AEFGVW	MAP	
		300mg	Auro-Gabapentin	2321211	ARO	AEFGVW	MAP	
		400mg	Auro-Gabapentin	2321238	ARO	AEFGVW	MAP	
Lactulose Lactulose								
Liq Liq	Orl	667mg/mL	Teva-Lactulose	2331551	TEV	Spec. Auth.	MAP	
Latanoprost								
Liq Liq	Oph	0.005%	Apo-Latanoprost	2296527	APX	AEFGVW	AAC	8.2140
Letrozole Létrozole								
Tab Co.	Orl	2.5mg	Myl-Letrozole	2372169	MYL	AEFVW	MAP	

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

							to Dec 6/11	MAP Dec 7/11
Montelukast Sodium Montélukast Sodique								
Gran Gran	Orl	4mg	Sandoz Montelukast	2358611	SDZ	Spec. Auth.	AAC	0.2734
TabC Co.C	Orl	4mg	pms-Montelukast Sandoz Montelukast Teva-Montelukast	2354977 2330385 2355507	PMS SDZ TEV	Spec. Auth.	AAC	1.0208
		5mg	pms-Montelukast Sandoz Montelukast Teva-Montelukast	2354985 2330393 2355515	PMS SDZ TEV	Spec. Auth.	AAC	1.2075
Tab Co.	Orl	10mg	pms-Montelukast FC Sandoz Montelukast Teva-Montelukast	2373947 2328593 2355523	PMS SDZ TEV	Spec. Auth.	AAC	1.7735
Olanzapine								
Tab Co.	Orl	2.5mg	Mylan-Olanzapine	2337878	MYL	W & Spec. Auth.	MAP	
		5mg	Mylan-Olanzapine	2337886	MYL	W & Spec. Auth.	MAP	
		7.5mg	Mylan-Olanzapine	2337894	MYL	W & Spec. Auth.	MAP	
		10mg	Mylan-Olanzapine	2337908	MYL	W & Spec. Auth.	MAP	
		15mg	Mylan-Olanzapine	2337916	MYL	W & Spec. Auth.	MAP	
ODT Co.D.O.	Orl	10mg	Apo-Olanzapine ODT	2360624	APX	W & Spec. Auth.	MAP	
		15mg	Apo-Olanzapine ODT	2360632	APX	W & Spec. Auth.	MAP	
		20mg	Apo-Olanzapine ODT	2360640	APX	Spec. Auth.	MAP	
Pioglitazone Hydrochloride Pioglitazone (chlorhydrate de)								
Tab Co.	Orl	30mg	Jamp-Pioglitazone	2365529	JPC	Spec. Auth.	MAP	
		45mg	Jamp-Pioglitazone	2365537	JPC	Spec. Auth.	MAP	
Rabeprazole Sodium Rabéprazole sodique								
ECT Co. Ent.	Orl	20mg	Sandoz Rabeprazole	2314185	SDZ	ABEFGVW	MAP	
Raloxifene Hydrochloride Raloxifene (chlorhydrate de)								
Tab Co.	Orl	60mg	pms-Raloxifene	2358921	PMS	Spec. Auth.	MAP	
Ranitidine Hydrochloride Ranitidine (chlorhydrate de)								
Tab Co.	Orl	150mg	Myl-Ranitidine	2367378	MYL	ABEFGVW	MAP	
		300mg	Myl-Ranitidine	2367386	MYL	ABEFGVW	MAP	

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

							to Dec 6/11	MAP Dec 7/11
Risedronate Sodium Risédronate sodique Tab Co.	Orl	35mg	Mylan-Risedronate	2357984	MYL	Spec. Auth.	MAP	
Risperidone Rispéridone ODT Co.D.O.	Orl	1mg	pms-Risperidone ODT	2291789	PMS	W & Spec. Auth.	AAC	0.7725
		2mg	pms-Risperidone ODT	2291797	PMS	W & Spec. Auth.	AAC	1.5281
Sumatriptan Succinate Sumatriptan (Succinate de) Liq Liq	SC	6mg/0.5mL	Sumatriptan Sun	2361698	TAR	Spec. Auth.	AAC	30.8600
Terbinafine Hydrochloride Terbinafine (chlorhydrate de) Tab Co.	Orl	250mg	Auro-Terbinafine	2320134	ARO	Spec. Auth.	MAP	

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

							to Dec. 6/11	MAP Dec. 7/11
Memantine Hydrochloride Mémantine (chlorhydrate de) Tab Co.	Orl	10mg	Apo-Memantine	2366487	APX		MAP	
Mometasone Furoate Mométasone (furoate de) Crm Cr.	Top	0.1%	Taro-Mometasone	2367157	TAR		AAC	0.5263

Bulletin #821 November 2, 2011

Antiviral Coverage for NBPDP Beneficiaries in Long-term Care Facilities

Information for Pharmacies Providing Services to Licensed Nursing Homes

Oseltamivir (Tamiflu®) and zanamivir (Relenza®) are available as special authorization benefits 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 Medical Officer of Health (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

    - Zanamivir: Special authorization NBPDP benefit, Plan V only
        - Option for treatment or prophylaxis of influenza A or influenza B in cases of suspected or confirmed oseltamivir resistance or contraindication to oseltamivir.

- It is important to begin antiviral treatment within 24-48 hours of symptom onset. Antiviral medication is unlikely to benefit residents who have been ill for more than 48 hours.

- Link to guidance on antiviral use: http://www.ammi.ca/guidelines

Process for Coverage of Antivirals

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 antiviral therapy in that LTC facility by calling the NBPDP Inquiry line: 1-800-332-3691.

After regular work 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 antivirals 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 antiviral required.

On-Line Payment of Special Authorization Claims for Antivirals:

When notified by the LTC facility that antiviral 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 the antiviral has been activated and the pharmacy can then bill claims on-line. Approval for antiviral therapy 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®)* 30 mg, 45 mg, and 75mg capsules	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 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 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.
Zanamivir *(Relenza®)* 5 mg blister for inhalation	For beneficiaries residing in long-term care facilities and who meet the same treatment criteria or prophylaxis criteria as for oseltamivir, AND • for whom there is suspected or confirmed oseltamivir resistance, OR • for whom oseltamivir is contraindicated.

Bulletin # 822 December 7, 2011

NBPDP Formulary Update

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 (AAC) up to January 17, 2012 will be subject to a MAP effective January 18, 2012.

Please note: Hard copy versions of NBPDP Formulary Updates of interchangeable product additions will no longer be distributed. An electronic version is available on NBPDP webpage http://www.gnb.ca/0212/BenefitUpdates-e.asp

To subscribe or unsubscribe from the NBPDP Formulary Update e-mail notification list, please send a message to info@nbpdp-pmonb.ca or call 1-800-332-3691. The Updates are available on the NBPDP webpage: http://www.gnb.ca/0212/BenefitUpdates-e.asp

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

							to Jan. 17/12	MAP Jan.18/12
Atenolol Aténolol								
Tab Co.	Orl	25mg	Mar-Atenolol	2371979	MAR	AEFGVW	MAP	
		50mg	Mar-Atenolol	2371987	MAR	AEFGVW	MAP	
		100mg	Mar-Atenolol	2371995	MAR	AEFGVW	MAP	
Betahistine Hydrochloride Bétahistine (Dichlorhydrate de)								
Tab Co.	Orl	16mg	Co-Betahistine	2374757	COB	Spec. Auth.	MAP	
		24mg	Co-Betahistine	2374765	COB	Spec. Auth.	MAP	
Candesartan Cilexetil Candésartan Cilexétil								
Tab Co.	Orl	8mg	Co-Candesartan	2376539	COB	AEFGVW	MAP	
		16mg	Co-Candesartan	2376547	COB	AEFGVW	MAP	
		32mg	Co-Candesartan	2376555	COB	AEFGVW	AAC	0.8795
Clopidogrel Bisulfate Clopidogrel (Bisulfate de)								
Tab Co.	Orl	75mg	Apo-Clopidogrel Mylan-Clopidogrel Sandoz Clopidogrel	2252767 2351536 2359316	APX MYL SDZ	W & Spec. Auth.	AAC	1.3152
Diclofenac Sodium Diclofénac Sodique								
SRT Co.L.L	Orl	75mg	Apo-Diclo SR	2162814	APX	AEFGVW	MAP	
		100mg	Apo-Diclo SR	2091194	APX	AEFGVW	MAP	
Latanoprost								
Liq Liq	Oph	0.005%	Co-Latanoprost	2254786	COB	AEFGVW	MAP	
Letrozole Létrozole								
Tab Co.	Orl	2.5mg	Ran-Letrozole	2372282	RAN	AEFVW	MAP	
Metoprolol Tartrate Métoprolol (Tartrate de)								
Tab Co.	Orl	25mg	pms-Metoprolol-L	2248855	PMS	AEFGVW	MAP	
Montelukast Sodium Montélukast Sodique								
Tab Co.	Orl	10mg	Mylan-Montelukast	2368226	MYL	Spec. Auth.	MAP	
Mycophenolate Mofetil Mycophénolate Mofétil								
Cap Caps	Orl	250mg	Apo-Mycophenolate Novo-Mycophenolate Mylan-Mycophenolate Sandoz Mycophenolate	2352559 2364883 2371154 2320630	APX TEV MYL SDZ	R	AAC	1.0310

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

							to Jan. 17/12	MAP Jan. 18/12
Mycophenolate Mofetil Mycophénolate Mofétil								
Tab Co	Orl	500mg	Apo-Mycophenolate Novo-Mycophenolate Mylan-Mycophenolate Sandoz Mycophenolate	2352567 2348675 2370549 2313855	APX TEV MYL SDZ	R	AAC	2.0620
Olanzapine								
ODT Co.D.O.	Orl	5mg	Apo-Olanzapine ODT	2360616	APX	W & Spec. Auth.	MAP	
Ondansetron Hydrochloride Dihydrate Ondansétron Dihydraté (Chlorhydrate d')								
Tab Co.	Orl	4mg	Mar-Ondansetron	2371731	MAR	W & Spec. Auth.	MAP	
		8mg	Mar-Ondansetron	2371758	MAR	W & Spec. Auth.	MAP	
Risperidone Rispéridone								
Tab Co.	Orl	0.25mg	Jamp-Risperidone	2359529	JPC	AEFGVW	MAP	
		0.5mg	Jamp-Risperidone	2359537	JPC	AEFGVW	MAP	
		1mg	Jamp-Risperidone	2359545	JPC	AEFGVW	MAP	
		2mg	Jamp-Risperidone	2359553	JPC	AEFGVW	MAP	
		3mg	Jamp-Risperidone	2359561	JPC	AEFGVW	MAP	
		4mg	Jamp-Risperidone	2359588	JPC	AEFGVW	MAP	

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

							to Jan. 17/12	MAP Jan. 18/12
Candesartan Cilexetil Candésartan Cilexétil								
Tab Co.	Orl	4mg	Co-Candesartan	2376520	COB		MAP	
Valacyclovir								
Tab Co.	Orl	1000mg	Apo-Valacyclovir	2354705	APX		AAC	3.3924

Bulletin #823 December 20, 2011

NBPDP FORMULARY UPDATE

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective December 20, 2011.

Included in this bulletin:

- **Special Authorization Additions**
- **Drugs Reviewed and Not Listed**
- **Optimal Therapy Newsletter**

  The Canadian Agency for Drugs and Technologies in Health (CADTH) summary of key clinical messages on second- and third-line therapy in type 2 diabetes, is designed to support decision making by health care professionals. The CADTH recommendations aim to optimize the prescribing and use of antidiabetes drugs for the benefit of patients and for the sustainability of health care in Canada. The recommendations were developed in collaboration with experts from across Canada using evidence from the systematic reviews and economic analyses, and with input from members of the public and other stakeholders.

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

To subscribe or unsubscribe from the NBPDP Formulary Update e-mail notification list, please send a message to info@nbpdp-pmonb.ca or call 1-800-332-3691. The Updates are available on the NBPDP webpage: http://www.gnb.ca/0212/BenefitUpdates-e.asp

SPECIAL AUTHORIZATION ADDITIONS

Aripiprazole *(Abilify™)* 2mg, 5mg, 10mg, 15mg, 20mg, 30mg tablets	For the treatment of schizophrenia and related psychotic disorders (not dementia related) in patients with a history of failure, intolerance, or contraindication to at least one less expensive antipsychotic agent.
Febuxostat *(Uloric®)* 80mg tablets	For patients with symptomatic gout who have documented hypersensitivity to allopurinol. Hypersensitivity to allopurinol is a rare condition that is characterized by a major skin manifestation, fever, multi-organ involvement, lymphadenopathy and hematological abnormalities (eosinophilia, atypical lymphocytes). Note: Intolerance or lack of response to allopurinol will not be covered by these criteria.
Lacosamide *(Vimpat®)* 50mg, 100mg, 150mg, 200mg tablets	For the adjunctive treatment of refractory partial-onset seizures in patients who meet all of the following criteria: • are under the care of a physician experienced in the treatment of epilepsy, and • are currently receiving two or more antiepileptic drugs, and • in whom all other antiepileptic drugs are ineffective or not appropriate
Low Molecular Weight Heparins: **Dalteparin sodium** **Enoxaparin sodium** **Nadroparin calcium** **Tinzaparin sodium** *(Fragmin®, Lovenox®, Lovenox® HP, Fraxiparine® Forte, Innohep®)* See NBPDP Formulary for complete product listings	New indication added to criteria: For the treatment and secondary prevention of symptomatic venous thromboembolism (VTE) or pulmonary embolism (PE) for a period of up to 6 months in patients with cancer for whom warfarin therapy is not an option.
Sitagliptin *(Januvia®)* 100mg tablets	For patients with Type 2 diabetes mellitus with inadequate glycemic control while on optimal doses of metformin and a sulfonylurea, and for whom NPH insulin is not an option, when added as a third agent.
Sitagliptin/Metformin *(Janumet®)* 50mg/500mg, 50mg/850mg, 50mg/1000mg tablets	For patients with Type 2 diabetes mellitus for whom NPH insulin is not an option and who are already stabilized on therapy with metformin, a sulfonylurea and sitagliptin, to replace the individual components of sitagliptin and metformin.

DRUGS REVIEWED AND NOT LISTED

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

Paliperidone palmitate - Resubmission	*(Invega® Sustenna™)*	50mg, 75mg, 100mg, 150mg pre-filled syringes
Velaglucerase alfa	*(Vpriv®)*	400 U/vial

Canadian Agency for Drugs and Technologies in Health
October 2010

Type 2 Diabetes — Second- and Third-Line Therapies

CADTH Optimal Therapy Newsletter

Type 2 Diabetes — Treating Your Patients

Given the increasing prevalence of type 2 diabetes in Canada, chances are that a large portion of your practice consists of patients in this category. As a clinician, you know that if these patients are not adequately treated they are likely to have poor glycemic control, which in turn may result in serious diabetes-related complications such as blindness, end-stage renal disease, and lower limb amputation. But how do you decide how to treat these patients as part of your busy practice?

Helping you to answer that question is the Canadian Agency for Drugs and Technologies in Health (CADTH). CADTH has identified the management of diabetes as a priority area for optimal practice initiatives — including the topics of insulin analogues, self-monitoring of blood glucose (SMBG), and second- and third-line therapy in type 2 diabetes. CADTH recognizes the importance of this information to physicians and other health care professionals like you and has carefully reviewed the evidence — both clinical and cost-effectiveness — to offer some practical guidance on the optimal management of diabetes.

Type 2 Diabetes — Management

The management of type 2 diabetes usually begins with lifestyle modifications and oral antidiabetes drugs.

Metformin is recommended as the **first-line** oral antidiabetes drug in most patients with type 2 diabetes when glycemic control cannot be achieved by lifestyle interventions alone. In fact, recent utilization data indicate that approximately 60% of patients with type 2 diabetes initiating pharmacotherapy in Canada are started on metformin.

As type 2 diabetes is a progressive disease, glycemic levels are likely to worsen over time, with most patients eventually requiring two or more oral antidiabetes drugs or the addition of an insulin regimen. But, which drugs to choose for second- and third-line therapy in patients with type 2 diabetes has not always been clear.

Second-Line Therapy

A number of options are available for use as second-line therapy when metformin is inadequately effective. Current guidelines vary when recommending a second-line treatment, and usually little to no evidence is cited in relation to these recommendations. At the same time, the cost of oral antidiabetes drugs in Canada is on the rise with the average cost per oral antidiabetes drug prescription in publicly funded drug plans nearly doubling over the course of a decade ($11.31 in 1998 to $20.77 in 2007).[1] The increase in costs is likely due, at least in part, to the introduction of more costly antidiabetes drugs.

To clear up this uncertainty and offer evidence-based guidance on second-line therapy in type 2 diabetes, CADTH undertook a systematic review of the clinical evidence, which included 49 unique randomized controlled trials, and conducted a cost-effectiveness analysis of second-line therapy drugs (Table 1). The clinical and economic evaluations were used by CADTH's Expert Review Committee to generate optimal therapy recommendations.

All drugs achieved statistically significant reductions in A1C, ranging from 0.6% to 1.0%, and there were no statistically significant differences between drug classes. Events of severe hypoglycemia were very rare for all drugs; however, the insulins, sulfonylureas, and meglitinides were associated with a higher risk for overall hypoglycemia than the other drugs. Compared with metformin alone, sulfonylureas, meglitinides, thiazolidinediones (TZDs), and insulins were all associated with a modest increase in body weight (1.8 kg to 3 kg); dipeptidyl peptidase-4 (DPP-4) inhibitors and alpha-glucosidase inhibitors were weight-neutral, while glucagon-like peptide-1 (GLP-1) analogues were associated with weight loss (about 1.8 kg). There was insufficient evidence regarding the effect of second-line antidiabetes drugs on the long-term complications of diabetes or mortality. In contrast to the other drugs, however, it should be noted that long-term safety data are available for sulfonylureas and human insulins as a result of their use in the landmark United Kingdom Prospective Diabetes Study.[2]

Sulfonylureas were found to be the most cost-effective second-line therapy in patients with diabetes inadequately controlled on metformin, primarily because of their lower cost compared with insulin and newer drugs. Cost-effectiveness results did not change significantly when various inputs and assumptions in the cost-effectiveness model were modified to test the robustness of the analysis.

Table 1: Medication Classes Included in Second- and Third-Line Review

Sulfonylureas*
Meglitinides
Alpha-glucosidase inhibitors
TZDs
DPP-4 inhibitors
GLP-1 analogues
Insulins: • Basal • Bolus • Biphasic

*Reviewed for second-line use only.

The Bottom Line

In most adults with type 2 diabetes, a sulfonylurea should be added to metformin when metformin alone is not enough to adequately control hyperglycemia.

Second-Line Therapy = metformin + a sulfonylurea

Sulfonylurea Added to Metformin — Quick Facts:

A1C lowering efficacy: ↓ by 0.8%.*
Change in weight: ↑ by 2 kg.*

Annual risk of hypoglycemia requiring third-party assistance: 1 in 175 patients.†

Added cost per day: $0.12 to $0.49.‡,§

*On average.
†Estimated based on data from Home et al.(2007).[3]
‡Based on half-maximal doses of glyburide, gliclazide modified-release (MR), and glimepiride.
§Wholesale costs (excluding mark up and dispensing fees), obtained from the Ontario Drug Benefit Program, except glimepiride, which was obtained from the Manitoba Drug Interchangeability Formulary.

Third-Line Therapy

As with second-line therapy, there is uncertainty regarding the most appropriate third-line therapy for patients with type 2 diabetes, when metformin together with a sulfonylurea is no longer adequate to control hyperglycemia. Although most guidelines recommend starting insulin as a third-line therapy, others recommend either insulin or a third oral antidiabetes drug.

As part of CADTH's Therapeutic Review pilot project, both a clinical and economic analysis were undertaken evaluating the comparative efficacy, harms, and cost-effectiveness of third-line drugs indicated for the treatment of type 2 diabetes. The results of the reviews were considered by CADTH's Expert Review Committee to generate evidence-based recommendations for third-line therapy for patients with type 2 diabetes not adequately controlled with metformin plus a sulfonylurea.

Evidence for all available classes of third-line antidiabetes therapies in adults with type 2 diabetes was identified within 33 unique randomized controlled trials (Table 1). Compared with continued treatment with metformin and sulfonylurea combination therapy, the addition of a DPP-4 inhibitor, GLP-1 analogue, TZD, or bolus insulin produced statistically significant reductions in A1C of 0.9% to 1.2%, whereas the addition of a meglitinide or alpha-glucosidase inhibitor did not. Basal insulin, biphasic insulin, bolus insulin, and TZDs all resulted in an increase in body weight (2 kg to 5 kg); DPP-4 inhibitors and alpha-glucosidase inhibitors were weight-neutral, while GLP-1 analogues were associated with weight loss (about 1.6 kg).

NPH Insulin Added to Metformin and a Sulfonylurea — Quick Facts:

A1C lowering efficacy: ↓ by 1.2%.*
Change in weight: ↑ by 2 kg.*

Annual risk of hypoglycemia requiring third-party assistance: 1 in 85 patients.†

Added cost per day: $1.09.‡,§

*On average.
†Estimated based on data from Holman et al.(2009)[4] and Singh et al. (2009).[5]
‡Based on 40 units per day.
§Wholesale cost (excluding mark up and dispensing fees), obtained from the Ontario Drug Benefit Program.

The various insulin-containing strategies were typically associated with a greater risk of overall hypoglycemia relative to other active comparators; however, severe hypoglycemic events were rare across all treatments. There was insufficient evidence to evaluate the comparative efficacy of third-line antidiabetes drugs in reducing clinically important long-term complications of diabetes. In contrast to the other drugs, however, it should be noted that long-term safety data are available for human insulins as a result of their use in the landmark United Kingdom Prospective Diabetes Study.[2]

The findings of the economic analysis suggested that the addition of neutral protamine Hagedorn (NPH) insulin to metformin and sulfonylurea combination therapy is the most cost-effective third-line therapy. This result was robust to most changes in model inputs and assumptions.

The Bottom Line

In most adults with type 2 diabetes, **NPH insulin** should be added to metformin and a sulfonylurea when this combination of therapy is not enough to adequately control hyperglycemia.

Third-Line Therapy = metformin + sulfonylurea + NPH insulin*

*Although the evidence is limited and inconsistent, patients who are experiencing significant hypoglycemia while taking NPH insulin (an intermediate-acting insulin) may benefit from a long-acting insulin analogue. However, severe hypoglycemia in type 2 diabetes is a relatively rare occurrence.

References

1. Current utilization of second- and third-line therapies in patients with type 2 diabetes [Internet]. Ottawa: CADTH; 2010. [cited 2010 Sep 11]. Available from: http://www.cadth.ca/media/pdf/C1110-CU-Report-2nd-3rd-Line-Agents-final-e.pdf
2. UK Prospective Diabetes Study (UKPDS) Group. Lancet. 1998 Sep 12;352(9131):854-65.
3. Home PD, et al. Diabet Med. 2007;24(6):626-34.
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5. Singh SR, et al. CMAJ. 2009 Feb 17;180(4):385-97.

For more information, visit www.cadth.ca/t2dm-pdf

And don't forget CADTH's previous evidence-based recommendations on SMBG: www.cadth.ca/smbg-pdf

The *Optimal Therapy Newsletter* is published by:

Canadian Agency for Drugs and Technologies in Health

The Canadian Agency for Drugs and Technologies in Health (CADTH) is a national body that provides Canada's federal, provincial, and territorial health care decision makers with credible, impartial advice and evidence based information about the effectiveness and efficiency of drugs and other health technologies.

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We welcome your feedback.

Please send comments to:
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Bulletin #824 January 18, 2012

IMPORTANT NOTICE
NBPDP TO END DISTRIBUTION OF HARD-COPY UPDATES
REGISTER NOW TO RECEIVE EMAILED ANNOUNCEMENTS

This is notification that as of **March 1st, 2012**, hard-copies of the following will no longer be distributed by the New Brunswick Prescription Drug Program (NBPDP):

- Complete NBPDP Formulary (issued quarterly)
- NBPDP Formulary Update Bulletins
- NBPDP Maximum Allowable Price List Updates
- Prescriber listing (bi-annual and updates)

Electronic versions are available on the NBPDP webpage: www.gnb.ca/0051/0212/index-e.asp

To ensure you continue to receive important information on new updates that have been posted, you **must** register online at: www.gnb.ca/0051/0212/index-e.asp. **You must re-register, even if you currently receive emailed announcements**. Please click on the yellow "sign-up to receive email announcements" under the Health Professionals section on the website.

To unsubscribe from the NBPDP emailed announcements, please send a message to info@nbpdp-pmonb.ca or call 1-800-332-3691.

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

Bulletin #825 January 18, 2012

NBPDP Update

The following change will apply to New Brunswick Prescription Drug Program (NBPDP) beneficiaries who receive the federal Guaranteed Income Supplement (GIS).

Effective January 1, 2012 the annual co-payment ceiling will increase from $250 to $500 in each calendar year. The co-payment for each prescription ($9.05 per prescription) will remain unchanged.

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

To unsubscribe from the NBPDP emailed announcements, please send a message to info@nbpdp-pmonb.ca.

Bulletin # 826 January 25, 2012

NBPDP Formulary Update

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 (AAC) up to February 21, 2012 will be subject to a MAP effective February 22, 2012.

Please note: Hard copy versions of NBPDP Formulary Updates of interchangeable product additions will no longer be distributed. An electronic version is available on NBPDP webpage http://www.gnb.ca/0212/BenefitUpdates-e.asp

To unsubscribe from the NBPDP emailed announcements, please send a message to info@nbpdp-pmonb.ca.
The Updates are available on the NBPDP webpage: http://www.gnb.ca/0212/BenefitUpdates-e.asp

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

							to Feb. 21/12	MAP Feb. 22/12
Clopidogrel Bisulfate Clopidogrel (Bisulfate de)								
Tab Co.	Orl	75mg	Co-Clopidogrel Teva-Clopidogrel	2303027 2293161	COB TEV	W & Spec. Auth.	MAP	
Simvastatin Simvastatine								
Tab Co.	Orl	5mg	Mint-Simvastatin	2372932	MNT	AEFGVW	MAP	
		10mg	Mint-Simvastatin	2372940	MNT	AEFGVW	MAP	
		20mg	Mint-Simvastatin	2372959	MNT	AEFGVW	MAP	
		40mg	Mint-Simvastatin	2372967	MNT	AEFGVW	MAP	
		80mg	Mint-Simvastatin	2372975	MNT	AEFGVW	MAP	

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

Atomoxetine Hydrochloride Atomoxétine (chlorhydrate d')							
Cap Caps	Orl	10mg	Novo-Atomoxetine	2314541	TEV		MAP
		18mg	Novo-Atomoxetine	2314568	TEV		MAP
		25mg	Novo-Atomoxetine	2314576	TEV		MAP
		40mg	Novo-Atomoxetine	2314584	TEV		MAP
		60mg	Novo-Atomoxetine	2314592	TEV		MAP

Bulletin # 827 February 1, 2012

NBPDP Formulary Update

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 (AAC) up to March 6, 2012 will be subject to a MAP effective March 7, 2012.

Please note: Hard copy versions of NBPDP Formulary Updates of interchangeable product additions will no longer be distributed. An electronic version is available on NBPDP webpage http://www.gnb.ca/0212/BenefitUpdates-e.asp

To unsubscribe from the NBPDP emailed announcements, please send a message to info@nbpdp-pmonb.ca.
The Updates are available on the NBPDP webpage: http://www.gnb.ca/0212/BenefitUpdates-e.asp

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

							to Mar 6/12	MAP Mar 7/12
Amiodarone Hydrochloride Amiodarone (chlorhydrate de)								
Tab Co.	Orl	200mg	Ava-Amiodarone	2364263	AVA	AEFGVW	MAP	
Amlodipine Besylate Bésylate d'amlodipine								
Tab Co.	Orl	2.5mg	Amlodipine	2326795	PDL	AEFVW	MAP	
			Mar-Amlodipine	2371707	MAR			
		5mg	Amlodpine	2326809	PDL	AEFVW	MAP	
			Mar-Amlodipine	2371715	MAR			
		10mg	Amlodipine	2326817	PDL	AEFVW	MAP	
			Mar-Amlodipine	2371723	MAR			
Amlodipine/Atorvastatin Amlodipine/Atorvastatine								
Tab Co.	Orl	5mg/10mg	GD-Amlodipine/Atorvastatin	2362759	GMD	Spec. Auth.	AAC	1.4976
		5mg/20mg	GD-Amlodipine/Atorvastatin	2362767	GMD	Spec. Auth.	AAC	1.7056
		5mg/40mg	GD-Amlodipine/Atorvastatin	2362775	GMD	Spec. Auth.	AAC	1.7836
		5mg/80mg	GD-Amlodipine/Atorvastatin	2362783	GMD	Spec. Auth.	AAC	1.7836
		10mg/10mg	GD-Amlodipine/Atorvastatin	2362791	GMD	Spec. Auth.	AAC	1.8200
		10mg/20mg	GD-Amlodipine/Atorvastatin	2362805	GMD	Spec. Auth.	AAC	2.0280
		10mg/40mg	GD-Amlodipine/Atorvastatin	2362813	GMD	Spec. Auth.	AAC	2.1060
		10mg/80mg	GD-Amlodipine/Atorvastatin	2362821	GMD	Spec. Auth.	AAC	2.1060
Atenolol Aténolol								
Tab Co.	Orl	25mg	Ava-Atenolol	2360969	AVA	AEFGVW	MAP	
Atorvastatin Calcium Atorvastatin calcique								
Tab Co.	Orl	10mg	Mylan-Atorvastatin	2373203	MYL	AEFVW	MAP	
		20mg	Mylan-Atorvastatin	2373211	MYL	AEFVW	MAP	
		40mg	Mylan-Atorvastatin	2373238	MYL	AEFVW	MAP	
		80mg	Mylan-Atorvastatin	2373246	MYL	AEFVW	MAP	
Azithromycin Azithromycine								
Tab Co.	Orl	250mg	Ava-Azithromycin	2363364	AVA	ABEFGVW	MAP	
Pws. Pds	Orl	100mg/5mL	Ava-Azithromycin	2363372	AVA	ABEFGVW	MAP	
		200mg/5mL	Ava-Azithromycin	2363380	AVA	ABEFGVW	MAP	

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

							to Mar 6/12	MAP Mar 7/12
Carvedilol Carvédilol								
Tab Co.	Orl	3.125mg	Carvedilol	2364913	SAS	Spec. Auth.	MAP	
		6.25mg	Carvedilol	2364921	SAS	Spec. Auth.	MAP	
		12.5mg	Carvedilol	2364948	SAS	Spec. Auth.	MAP	
		25mg	Carvedilol	2364956	SAS	Spec. Auth.	MAP	
Citalopram Hydrobromide Citalopram (bromhydrate de)								
Tab Co.	Orl	10mg	Mar-Citalopram Mint-Citalopram	2371871 2370077	MAR MNT	AEFGVW	MAP	
		20mg	Mar-Citalopram	2371898	MAR	AEFGVW	MAP	
		40mg	Mar-Citalopram	2371901	MAR	AEFGVW	MAP	
Clarithromycin								
Tab Co.	Orl	250mg	Ava-Clarithromycin	2366371	AVA	ABEFGVW	MAP	
		500mg	Ava-Clarithromycin	2366398	AVA	ABEFGVW	MAP	
Diltiazem Hydrochloride Diltiazem (chlorhydrate de)								
CDC Caps.L.C.	Orl	120mg	Co-Diltiazem CD	2370611	COB	AEFGVW	MAP	
		180mg	Co-Diltiazem CD	2370638	COB	AEFGVW	MAP	
		240mg	Co-Diltiazem CD	2370646	COB	AEFGVW	MAP	
Fluvoxamine Maleate Fluvoxamine (maléate de)								
Tab Co.	Orl	50mg	Ava-Fluvoxamine	2363763	AVA	AEFGVW	MAP	
		100mg	Ava-Fluvoxamine	2363771	AVA	AEFGVW	MAP	
Latanoprost								
Liq Liq	Oph	0.005%	GD-Latanoprost	2373041	GMD	AEFGVW	MAP	
Letrozole Létrozole								
Tab Co.	Orl	2.5mg	Mar-Letrozole	2373424	MAR	AEFVW	MAP	
Lisinopril/Hydrochlorothiazide								
Tab Co.	Orl	10mg/12.5mg	Lisinopril/HCTZ (Type Z) Sandoz Lisinopril HCT	2362945 2302365	SAS SDZ	AEFGVW	MAP	
		20mg/12.5mg	Lisinopril/HCTZ (Type Z) Sandoz Lisinopril HCT	2362953 2302373	SAS SDZ	AEFGVW	MAP	
		20mg/25mg	Lisinopril/HCTZ (Type Z) Sandoz Lisinopril HCT	2362961 2302381	SAS SDZ	AEFGVW	MAP	

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

							to Mar 6/12	MAP Mar 7/12
Losartan Potassium Losartan Potassique								
Tab Co.	Orl	25mg	Co-Losartan Mylan-Losartan pms-Losartan Sandoz Losartan	2354829 2368277 2309750 2313332	COB MYL PMS SDZ	AEFGVW	AAC	0.6295
		50mg	Apo-Losartan Co-Losartan Mylan-Losartan pms-Losartan Sandoz Losartan Teva-Losartan	2353504 2354837 2368285 2309769 2313340 2357968	APX COB MYL PMS SDZ TEV	AEFGVW	AAC	0.6295
		100mg	Apo-Losartan Co-Losartan Mylan-Losartan pms-Losartan Sandoz Losartan Teva-Losartan	2353512 2354845 2368293 2309777 2313359 2357976	APX COB MYL PMS SDZ TEV	AEFGVW	AAC	0.6295
Losartan Potassium/Hydrochlorothiazide Losartan Potassique/Hydrochlorothiazide								
Tab Co.	Orl	50/12.5mg	Apo-Losartan/HCTZ Mylan-Losartan HCTZ Sandoz Losartan HCT	2371235 2378078 2313375	APX MYL SDZ	AEFGVW	AAC	0.6295
		100/12.5mg	Apo-Losartan/HCTZ Mylan-Losartan HCTZ Sandoz Losartan HCT Teva-Losartan/HCTZ	2371243 2378086 2362449 2377144	APX MYL SDZ TEV	AEFGVW	AAC	0.6163
		100/25mg	Apo-Losartan/HCTZ Mylan-Losartan HCTZ Sandoz Losartan HCT Teva-Losartan/HCTZ	2371251 2378094 2313383 2377152	APX MYL SDZ TEV	AEFGVW	AAC	0.6295
Montelukast Sodium Montélukast Sodique								
Tab Co.	Orl	10mg	Apo-Montelukast	2374609	APX	Spec. Auth.	MAP	
Olanzapine								
ODT Co.D.O.	Orl	5mg	Olanzapine ODT	2352974	SAS	W & Spec. Auth.	MAP	
		10mg	Olanzapine ODT	2352982	SAS	W & Spec. Auth.	MAP	
		15mg	Olanzapine ODT	2352990	SAS	W & Spec. Auth.	MAP	

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

							to Mar 6/12	MAP Mar 7/12
Pramipexole Dihydrochloride								
Tab Co.	Orl	0.25mg	Ava-Pramipexole	2363305	AVA	AEFVW	MAP	
		0.5mg	Ava-Pramipexole	2363313	AVA	AEFVW	MAP	
		1mg	Ava-Pramipexole	2363321	AVA	AEFVW	MAP	
		1.5mg	Ava-Pramipexole	2363348	AVA	AEFVW	MAP	
Risperidone Rispéridone								
Tab Co.	Orl	0.25mg	Ava-Risperidone Mar-Risperidone	2367173 2371766	AVA MAR	AEFGVW	MAP	
		0.5mg	Ava-Risperidone Mar-Risperidone	2367181 2371774	AVA MAR	AEFGVW	MAP	
		1mg	Ava-Risperidone Mar-Risperidone	2367203 2371782	AVA MAR	AEFGVW	MAP	
		2mg	Ava-Risperidone Mar-Risperidone	2367211 2371790	AVA MAR	AEFGVW	MAP	
		3mg	Ava-Risperidone Mar-Risperidone	2367238 2371804	AVA MAR	AEFGVW	MAP	
		4mg	Ava-Risperidone Mar-Risperidone	2367246 2371812	AVA MAR	AEFGVW	MAP	
ODT Co.D.O.	Orl	3mg	pms-Risperidone ODT	2370697	PMS	W & Spec. Auth.	AAC	2.2913
		4mg	pms-Risperidone ODT	2370700	PMS	W & Spec. Auth.	AAC	3.0638
Tamsulosin Hydrochloride Tamsulosine (chlorhydrate de)								
ERT Co.L.P.	Orl	0.4mg	Ava-Tamsulosin CR	2366231	AVA	AEFVW	MAP	
Telmisartan								
Tab Co.	Orl	40mg	Mylan-Telmisartan Sandoz Telmisartan Teva-Telmisartan	2376717 2375958 2320177	MYL SDZ TEV	AEFGVW	AAC	0.5648
		80mg	Mylan-Telmisartan Sandoz Telmisartan Teva-Telmisartan	2376725 2375966 2320185	MYL SDZ TEV	AEFGVW	AAC	0.5648
Valsartan/Hydrochlorothiazide								
Tab Co.	Orl	80mg/12.5mg	Mylan-Valsartan-HCTZ	2373734	MYL	AEFGVW	MAP	
		160mg/12.5mg	Mylan-Valsartan-HCTZ	2373742	MYL	AEFGVW	MAP	
		160mg/25mg	Mylan-Valsartan-HCTZ	2373750	MYL	AEFGVW	MAP	
		320mg/12.5mg	Mylan-Valsartan-HCTZ	2373769	MYL	AEFGVW	MAP	
		320mg/25mg	Mylan-Valsartan-HCTZ	2373777	MYL	AEFGVW	MAP	

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

						to Mar 6/12	MAP Mar 7/12
Cefprozil Pwr. Pds.	Orl	125mg/5mL	Sandoz Cefprozil	2303426	SDZ	MAP	
		250mg/5mL	Sandoz Cefprozil	2303434	SDZ	MAP	
Tab Co.	Orl	250mg	Sandoz Cefprozil	2302179	SDZ	MAP	
		500mg	Sandoz Cefprozil	2302187	SDZ	MAP	

Bulletin #828 February 9, 2012

NBPDP FORMULARY UPDATE

OXYCONTIN® NO LONGER AVAILABLE

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective February 9, 2012

Included in this bulletin:

- **Notice of discontinuation of OxyContin®**
- **Options for patients currently receiving OxyContin®**
- **Drugs (including OxyNEO™) Reviewed and Not Listed**

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

To unsubscribe from the NBPDP emailed announcements, please send a message to info@nbpdp-pmonb.ca.
The Updates are available on the NBPDP webpage: http://www.gnb.ca/0212/BenefitUpdates-e.asp

DISCONTINUATION OF OXYCONTIN®

Purdue Pharma has announced that OxyContin® will be discontinued and distribution will cease no later than February 29, 2012. The following DINs are affected:

OxyContin®	Strength	DIN	Strength	DIN
	5 mg tablet	02258129	30 mg tablet	02323206
	10 mg tablet	02202441	40 mg tablet	02202476
	15 mg tablet	02323192	60 mg tablet	02323214
	20 mg tablet	02202468	80 mg tablet	02202484

Therefore, as of February 15, 2012 no new special authorization requests for OxyContin® will be considered by the NBPDP. Please note that OxyNEO™, a new formulation of long-acting oxycodone, has been reviewed and is not approved for listing on the NBPDP Formulary.

OPTIONS FOR PATIENTS CURRENTLY RECEIVING OXYCONTIN®

As of March 1, 2012, NBPDP beneficiaries currently receiving OxyContin® (who have received coverage in the 3 months prior to March 1, 2012) will be eligible to receive coverage of OxyNEO™. NBPDP beneficiaries changing to OxyNEO™ will require a new prescription if their physician deems it appropriate, but will ***not*** need a new special authorization request as their approved coverage for OxyContin® will apply to OxyNEO™. Other than in the circumstance stated here, OxyNEO™ will ***not*** be considered under the special authorization process.

The NBPDP Formulary currently lists many alternative short- and long-acting opioid medications such as codeine, morphine, hydromorphone, and fentanyl patches, as well as, non-narcotic agents used in the treatment of pain. The NBPDP Formulary is available at: www.gnb.ca/0051/0212/index-e.asp or call the NBPDP inquiry line at 1-800-332-3691 for more information on listed products.

DRUGS REVIEWED AND NOT LISTED

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

Oxycodone	*(OxyNEO™)*	10, 15, 20, 30, 40, 60, 80 mg controlled-release tablets
Cyclosporine – moderate to moderately severe dry eye disease	*(Restasis®)*	0.05% ophthalmic emulsion
Maraviroc – for HIV-1 treatment-naïve, adult patients	*(Celsentri®)*	150 mg, 300 mg tablets
Roflumilast – chronic obstructive pulmonary disease	*(Daxas®)*	500 µg tablets

Bulletin # 829 March 14, 2012

NBPDP Formulary Update

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 (AAC) up to April 15, 2012 will be subject to a MAP effective April 16, 2012.

Please note: Hard copy versions of NBPDP Formulary Updates of interchangeable product additions will no longer be distributed. An electronic version is available on NBPDP webpage http://www.gnb.ca/0212/BenefitUpdates-e.asp

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NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

							to Apr 15/12	MAP Apr 16/12
Clopidogrel Bisulfate Clopidogrel (bisulfate de)								
Tab Co.	Orl	75mg	pms-Clopidogrel	2348004	PMS	W & Spec. Auth.	MAP	
Rizatriptan Benzoate Rizatriptan (benzoate de)								
ODT Co.D.O.	Orl	5mg	Co-Rizatriptan ODT	2374730	COB	Spec. Auth.	AAC	11.1150
		10mg	Co-Rizatriptan ODT	2374749	COB	Spec. Auth.	AAC	11.1150
Tamsulosin Hydrochloride Tamsulosine (chlorhydrate de)								
ERT Co.L.P.	Orl	0.4mg	Apo-Tamsulosin CR	2362406	APX	AEFVW	MAP	
Telmisartan/Hydrochlorothiazide								
Tab Co.	Orl	80mg/12.5mg	Mylan-Telmisartan HCTZ	2373564	MYL	AEFGVW	AAC	0.5648
		80mg/25mg	Mylan-Telmisartan HCTZ	2373572	MYL	AEFGVW	AAC	0.5648
Topiramate								
Tab Co.	Orl	25mg	Auro-Topiramate	2345803	ARO	Spec. Auth.	MAP	
		100mg	Auro-Topiramate	2345838	ARO	Spec. Auth.	MAP	
		200mg	Auro-Topiramate	2345846	ARO	Spec. Auth.	MAP	

Bulletin # 830 April 4, 2012

NBPDP Formulary Update

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 (AAC) up to May 1, 2012 will be subject to a MAP effective May 2, 2012.

Please note: Hard copy versions of NBPDP Formulary Updates of interchangeable product additions will no longer be distributed. An electronic version is available on NBPDP webpage http://www.gnb.ca/0212/BenefitUpdates-e.asp

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The Updates are available on the NBPDP webpage: http://www.gnb.ca/0212/BenefitUpdates-e.asp

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

							to May 1/12	MAP May 2/12
Amlodipine Besylate Bésylate d'amlodipine								
Tab Co.	Orl	2.5mg	Jamp-Amlodipine	2357186	JPC	AEFVW	MAP	
		5mg	Jamp-Amlodipine	2357194	JPC	AEFVW	MAP	
		10mg	Jamp-Amlodipine	2357208	JPC	AEFVW	MAP	
Bisoprolol Fumarate Fumarate de bisoprolol								
Tab Co.	Orl	5mg	Ava-Bisoprolol	2363887	AVA	AEFVW	MAP	
		10mg	Ava-Bisoprolol	2363895	AVA	AEFVW	MAP	
Clindamycin Hydrochloride Clindamycine (chlorhydrate de)								
Cap Caps.	Orl	150mg	Ava-Clindamycin	2364719	AVA	ABEFGVW	MAP	
		300mg	Ava-Clindamycin	2364727	AVA	ABEFGVW	MAP	
Diltiazem Hydrochloride Diltiazem (chlorhydrate de)								
ERC Cap. L.P.	Orl	120mg	Co-Diltiazem T	2370441	COB	AEFVW	MAP	
		180mg	Co-Diltiazem T	2370492	COB	AEFVW	MAP	
		240mg	Co-Diltiazem T	2370506	COB	AEFVW	MAP	
		300mg	Co-Diltiazem T	2370514	COB	AEFVW	MAP	
		360mg	Co-Diltiazem T	2370522	COB	AEFVW	MAP	
Domperidone Maleate Dompéridone (maléate de)								
Tab Co.	Orl	10mg	Ava-Domperidone	2364271	AVA	AEFGVW	MAP	
Entacapone								
Tab Co.	Orl	200mg	Teva-Entacapone	2375559	TEV	Spec. Auth.	AAC	0.8020
Famciclovir								
Tab Co.	Orl	125mg	Ava-Famciclovir	2366827	AVA	AEFGVW	MAP	
		250mg	Ava-Famciclovir	2366835	AVA	AEFGVW	MAP	
		500mg	Ava-Famciclovir	2366843	AVA	AEFGVW	MAP	
Fenofibrate Fénofibrate								
Tab Co.	Orl	100mg	Fenofibrate-S	2356570	SAS	AEFGVW	MAP	
		160mg	Fenofibrate-S	2356589	SAS	AEFGVW	MAP	

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

							to May 1/12	MAP May 2/12
Finasteride Finastéride								
Tab Co.	Orl	5mg	Apo-Finasteride	2365383	APX	Spec.Auth.	MAP	
Furosemide Furosémide								
Tab Co.	Orl	20mg	Ava-Furosemide	2364573	AVA	AEFGVW	MAP	
		40mg	Ava-Furosemide	2364581	AVA	AEFGVW	MAP	
		80mg	Ava-Furosemide	2364603	AVA	AEFGVW	MAP	
Gliclazide								
Tab Co.	Orl	80mg	Ava-Gliclazide	2363518	AVA	ABEFGVW	MAP	
Hydromorphone Hydrochloride Hydromorphone (chlorhydrate d')								
Tab Co.	Orl	1mg	Teva-Hydromorphone	2319403	TEV	AEFGVW	MAP	
		2mg	Teva-Hydromorphone	2319411	TEV	AEFGVW	MAP	
		4mg	Teva-Hydromorphone	2319438	TEV	AEFGVW	MAP	
		8mg	Teva-Hydromorphone	2319446	TEV	AEFGVW	MAP	
Irbesartan								
Tab Co.	Orl	75mg	Irbesartan Mylan-Irbesartan	2372347 2347296	SAS MYL	AEFGVW	MAP	
		150mg	Irbesartan Mylan-Irbesartan	2372371 2347318	SAS MYL	AEFGVW	MAP	
		300mg	Irbesartan Mylan-Irbesartan	2372398 2347326	SAS MYL	AEFGVW	MAP	
Irbesartan/Hydrochlorothiazide								
Tab Co.	Orl	150mg/12.5mg	Irbesartan/HCTZ	2372886	SAS	AEFGVW	MAP	
		300mg/12.5mg	Irbesartan/HCTZ	2372894	SAS	AEFGVW	MAP	
		300mg/25mg	Irbesartan/HCTZ	2372908	SAS	AEFGVW	MAP	
Levofloxacin Lévofloxacine								
Tab Co.	Orl	250mg	Ava-Levofloxacin	2361027	AVA	VW & Spec.Auth.	MAP	
		500mg	Ava-Levofloxacin	2361035	AVA	VW & Spec.Auth.	MAP	
Lisinopril								
Tab Co.	Orl	5mg	Jamp-Lisinopril	2361531	JPC	AEFGVW	MAP	
		10mg	Jamp-Lisinopril	2361558	JPC	AEFGVW	MAP	
		20mg	Jamp-Lisinopril	2361566	JPC	AEFGVW	MAP	

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

							to May 1/12	MAP May 2/12
Losartan Potassium Losartan potassique								
Tab Co.	Orl	25mg	Apo-Losartan	2379058	APX	AEFGVW	MAP	
Meloxicam								
Tab Co.	Orl	7.5mg	Ava-Meloxicam	2365545	AVA	AEFGVW	MAP	
		15mg	Ava-Meloxicam	2365553	AVA	AEFGVW	MAP	
Metformin Hydrochloride Metformine (chlorhydrate de)								
Tab Co.	Orl	500mg	Ava-Metformin	2364506	AVA	AEFGVW	MAP	
		850mg	Ava-Metformin	2364514	AVA	AEFGVW	MAP	
Metoprolol Tartrate Métoprolol (tartrate de)								
Tab Co.	Orl	25mg	Jamp-Metoprolol-L	2356813	JPC	AEFGVW	MAP	0.0611
		50mg	Jamp-Metoprolol-L	2356821	JPC	AEFGVW	MAP	0.1164
		100mg	Jamp-Metoprolol-L	2356848	JPC	AEFGVW	MAP	0.2112
Mycophenolate Mofetil Mycophénolate Mofétil								
Tab Co.	Orl	500mg	Co-Mycophenolate	2379996	COB	R	MAP	
Nabilone								
Cap Caps	Orl	0.5mg	pms-Nabilone Ran-Nabilone	2380900 2358085	PMS RAN	Spec. Auth.	AAC	1.5513
		1mg	pms-Nabilone Ran-Nabilone	2380919 2358093	PMS RAN	Spec. Auth.	AAC	3.1025
Olanzapine								
Tab Co.	Orl	2.5mg	Olanzapine	2372819	SAS	W & Spec. Auth.	MAP	
		5mg	Olanzapine	2372827	SAS	W & Spec. Auth.	MAP	
		7.5mg	Olanzapine	2372835	SAS	W & Spec. Auth.	MAP	
		10mg	Olanzapine	2372843	SAS	W & Spec. Auth.	MAP	
		15mg	Olanzapine	2372851	SAS	W & Spec. Auth.	MAP	
Omeprazole Oméprazole								
SRT Co.L.L.	Orl	20mg	Ran-Omeprazole	2374870	RAN	ABEFGVW	MAP	
Oxycodone Hydrochloride/Acetaminophen Oxycodone (chlorhydrate d')/acétaminophène								
Tab Co.	Orl	5mg/325mg	Oxycodone/Acet	2361361	SAS	AEFGVW	MAP	

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

							to May 1/12	MAP May 2/12
Pantoprazole Sodium Pantoprazole sodique								
ECT Co.Ent.	Orl	40mg	Pantoprazole	2370808	SAS	Spec. Auth.	MAP	
Rabeprazole Sodium Rabéprazole sodique								
ECT Co.Ent.	Orl	10mg	Apo-Rabeprazole	2345579	APX	ABEFGVW	MAP	
		20mg	Apo-Rabeprazole	2345587	APX	ABEFGVW	MAP	
Ramipril								
Cap Caps.	Orl	2.5mg	Ramipril	2374846	SAS	AEFGVW	MAP	
		5mg	Ramipril	2374854	SAS	AEFGVW	MAP	
		10mg	Ramipril	2374862	SAS	AEFGVW	MAP	
Rosuvastatin Calcium Rosuvastatin calcique								
Tab Co.	Orl	10mg	Apo-Rosuvastatin	2337983	APX			
			Co-Rosuvastatin	2339773	COB			
			Mylan-Rosuvastatin	2381273	MYL			
			pms-Rosuvastatin	2378531	PMS	AEFVW	AAC	0.6800
			Ran-Rosuvastatin	2382652	RAN			
			Sandoz Rosuvastatin	2338734	SDZ			
			Teva-Rosuvastatin	2354616	TEV			
		20mg	Apo-Rosuvastatin	2337991	APX			
			Co-Rosuvastatin	2339781	COB			
			Mylan-Rosuvastatin	2381281	MYL			
			pms-Rosuvastatin	2378558	PMS	AEFVW	AAC	0.8500
			Ran-Rosuvastatin	2382660	RAN			
			Sandoz Rosuvastatin	2338742	SDZ			
			Teva-Rosuvastatin	2354624	TEV			
		40mg	Apo-Rosuvastatin	2338009	APX			
			Co-Rosuvastatin	2339803	COB			
			Mylan-Rosuvastatin	2381303	MYL			
			pms-Rosuvastatin	2378566	PMS	AEFVW	AAC	0.9950
			Ran-Rosuvastatin	2382679	RAN			
			Sandoz Rosuvastatin	2338750	SDZ			
			Teva-Rosuvastatin	2354632	TEV			
Sertraline Hydrochloride Sertraline (chlorhydrate de)								
Cap Caps.	Orl	25mg	Ran-Sertraline	2374552	RAN	AEFGVW	MAP	
		50mg	Ran-Sertraline	2374560	RAN	AEFGVW	MAP	
		100mg	Ran-Sertraline	2374579	RAN	AEFGVW	MAP	

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

							to May 1/12	MAP May 2/12
Simvastatin Simvastatine								
Tab Co.	Orl	5mg	Mar-Simvastatin	2375036	MAR	AEFGVW	MAP	
		10mg	Mar-Simvastatin	2375044	MAR	AEFGVW	MAP	
		20mg	Mar-Simvastatin	2375052	MAR	AEFGVW	MAP	
		40mg	Mar-Simvastatin	2375060	MAR	AEFGVW	MAP	
		80mg	Mar-Simvastatin	2375079	MAR	AEFGVW	MAP	
Sotalol Hydrochloride Sotalol (chlorhydrate de)								
Tab Co.	Orl	80mg	Ava-Sotalol	2363674	AVA	AEFGVW	MAP	
		160mg	Ava-Sotalol	2363682	AVA	AEFGVW	MAP	
Sumatriptan								
Tab Co.	Orl	50mg	Ava-Sumatriptan	2366258	AVA	Spec. Auth.	MAP	
		100mg	Ava-Sumatriptan	2366266	AVA	Spec. Auth.	MAP	
Telmisartan/Hydrochlorothiazide								
Tab Co.	Orl	80mg/12.5mg	Teva-Telmisartan HCTZ	2330288	TEV	AEFGVW	MAP	
		80mg/25mg	Teva-Telmisartan HCTZ	2379252	TEV	AEFGVW	MAP	
Valsartan								
Tab Co.	Orl	80mg	Ava-Valsartan	2367122	AVA	AEFGVW	MAP	
		160mg	Ava-Valsartan	2367130	AVA	AEFGVW	MAP	
		320mg	Ava-Valsartan	2367149	AVA	AEFGVW	MAP	
Valsartan/Hydrochlorothiazide								
Tab Co.	Orl	80mg/12.5mg	Ava-Valsartan HCT	2367068	AVA	AEFGVW	MAP	
		160mg/12.5mg	Ava-Valsartan HCT	2367076	AVA	AEFGVW	MAP	
		160mg/25mg	Ava-Valsartan HCT	2367084	AVA	AEFGVW	MAP	
		320mg/12.5mg	Ava-Valsartan HCT	2367092	AVA	AEFGVW	MAP	
		320mg/25mg	Ava-Valsartan HCT	2367106	AVA	AEFGVW	MAP	
Venlafaxine Hydrochloride Venlafaxine (chlorhydrate de)								
SRC Cap.L.L.	Orl	37.5mg	GD-Venlafaxine XR Ran-Venlafaxine XR	2360020 2380072	GMD RAN	AEFGVW	MAP	
		75mg	GD-Venlafaxine XR Ran-Venlafaxine XR	2360039 2380080	GMD RAN	AEFGVW	MAP	
		150mg	GD-Venlafaxine XR Ran-Venlafaxine XR	2360047 2380099	GMD RAN	AEFGVW	MAP	

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

							to May 1/12	MAP May 2/12
Zopiclone								
Tab Co.	Orl	5mg	Ava-Zopiclone	2363534	AVA	AEFVW	MAP	
		7.5mg	Ava-Zopiclone	2363542	AVA	AEFVW	MAP	

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

							to May 1/12	MAP May 2/12
Atomoxetine Hydrochloride Atomoxétine (chlorhydrate d')								
Cap Caps.	Orl	18mg	Mylan-Atomoxetine	2378930	MYL		MAP	
		25mg	Mylan-Atomoxetine	2378949	MYL		MAP	
		40mg	Mylan-Atomoxetine	2378957	MYL		MAP	
		60mg	Mylan-Atomoxetine	2378965	MYL		MAP	
Esomeprazole Magnesium Trihydrate Esoméprazole magnésien trihydraté								
ERT Co.L.P.	Orl	20mg	Apo-Esomeprazole	2339099	APX		AAC	1.8690
Rosuvastatin Calcium Rosuvastatin calcique								
Tab Co.	Orl	5mg	Apo-Rosuvastatin	2337975	APX			
			Co-Rosuvastatin	2339765	COB			
			Mylan-Rosuvastatin	2381265	MYL			
			pms-Rosuvastatin	2378523	PMS		AAC	0.6450
			Ran-Rosuvastatin	2382644	RAN			
			Sandoz Rosuvastatin	2338726	SDZ			
			Teva-Rosuvastatin	2354608	TEV			
Valacyclovir								
Tab Co.	Orl	1000mg	pms-Valacyclovir	2381230	PMS		MAP	
Valsartan								
Tab Co.	Orl	40mg	Ava-Valsartan	2367114	AVA		MAP	

Bulletin #831 April 20, 2012

NBPDP FORMULARY UPDATE

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective April 20, 2012

Included in this bulletin:

- **Regular Benefit Additions**
- **Special Authorization Additions and Revised Criteria**
- **Drugs Removed from the Formulary**
- **Drugs Reviewed and Not Listed**
- **Claim Submission Quantity for Pegfilgrastim (Neulasta®)**

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

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REGULAR BENEFIT ADDITIONS

Drug/Form/Route/Strength			Brand Name	DIN	Manufacturer	Plans	$
Tacrolimus							
ERC	Orl	3mg	Advagraf®	02331667	ASL	R	AAC
Glucagon							
Pws	Inj	1mg/vial	GlucaGen®	02333619	NNO	AEFGVW	AAC
		1mg/vial	GlucaGen® HypoKit	02333627	NNO	AEFGVW	AAC
Lipase/Protease/Amylase							
Tab	Orl	16000U/60000U/ 60000U	Viokase® 16	02241933	AXC	BEFG	AAC

SPECIAL AUTHORIZATION ADDITIONS

Imiquimod
(Aldara™)
5% cream

New indication added to criteria:

For the treatment of biopsy-confirmed primary superficial basal cell carcinoma:

- with a tumour diameter of ≤ 2 cm AND
- located on the trunk, neck or extremities (excluding hands and feet) AND
- where surgery or irradiation therapy is not medically indicated
  - recurrent lesions in previously irradiated area OR
  - multiple lesions, too numerous to irradiate or remove surgically.
- Approval Period: 6 weeks

Note: Surgical management should be considered first-line for superficial basal cell carcinoma in most patients, especially for isolated lesions.

Lapatinib
(Tykerb™)
250mg tablets

For use in combination with capecitabine, for the treatment of HER2-positive patients with advanced or metastatic breast cancer who have progressed on trastuzumab-based treatments (e.g. taxanes, anthracycline, trastuzumab) and who have an ECOG performance status of 0-2.
Initial approval period: 6 months

Renewal criteria: Written confirmation that the patient has responded to treatment and that there is no evidence of disease progression.

Renewal period: 6 months

Note: Requests will not be considered for use in combination with trastuzumab for second-line HER2-positive metastatic breast cancer or in the adjuvant setting.

SPECIAL AUTHORIZATION – REVISED CRITERIA

Fludarabine *(Fludara®)* 10mg tablet	For the first-line treatment of chronic lymphocytic leukemia (CLL) in combination with rituximab (with or without cyclophosphamide).

DRUGS REMOVED FROM THE FORMULARY

Flavoxate *(Urispas® and generics)* 200mg tablets	The Atlantic Expert Advisory Committee (AEAC) recommended that flavoxate be removed from the Formulary. The Committee found that it is more costly and did not offer a significant therapeutic advantage over existing therapies.
Rosiglitazone *(Avandia®)* 2mg, 4mg, 8mg tablets **Rosiglitazone/Metformin** *(Avandamet®)* 1mg/500mg, 2mg/500mg, 4mg/500mg, 2mg/1000mg, 4mg/1000mg tablets	The Atlantic Expert Advisory Committee (AEAC) recommended that rosiglitazone products be removed from the Formulary as a result of prescribing restrictions implemented by Health Canada which were based on safety data suggesting a higher risk of serious heart problems. Beneficiaries currently receiving rosiglitazone through Special Authorization will not be affected by this change.

DRUGS REVIEWED AND NOT LISTED

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

Methyl aminolevulinate	*(Metvix™)*	168mg/g topical cream
Thalidomide	*(Thalomid®)*	50mg, 100mg and 200mg capsules

CLAIM SUBMISSION QUANTITY FOR PEGFILGRASTIM (NEULASTA®)

This is a reminder that claim quantities submitted by pharmacies for reimbursement of Neulasta® should be billed **per 0.6mL.** This was outlined in the April 14, 2009 NBPDP Bulletin #749. Claim quantities greater than 0.6mL may be subject to post-audit review.

Bulletin # 832 May 31, 2012

NBPDP Formulary Update

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 (AAC) up to June 26 2012 will be subject to a MAP effective June 27, 2012.

Please note: Hard copy versions of NBPDP Formulary Updates of interchangeable product additions will no longer be distributed. An electronic version is available on NBPDP webpage http://www.gnb.ca/0212/BenefitUpdates-e.asp

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NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

							to June 26/12	MAP June 27/12
Bicalutamide								
Tab Co.	Orl	50mg	Ran-Bicalutamide	2371324	RAN	AEFVW	MAP	
Candesartan Cilexetil Candésartan Cilexétil								
Tab Co.	Orl	8mg	Mylan-Candesartan	2379139	MYL	AEFGVW	MAP	
		16mg	Mylan-Candesartan	2379147	MYL	AEFGVW	MAP	
		32mg	Mylan-Candesartan	2379155	MYL	AEFGVW	MAP	
Cefuroxime Axetil Céfuroxime Axetil								
Tab Co.	Orl	250mg	Auro-Cefuroxime	2344823	ARO	ABEFGVW	MAP	
		500mg	Auro-Cefuroxime	2344831	ARO	ABEFGVW	MAP	
Diltiazem Hydrochloride Diltiazem (chlorhydrate de)								
CDC Caps.L.C.	Orl	300mg	Co-Diltiazem CD	2370654	COB	AEFGVW	MAP	
Entacapone								
Tab Co.	Orl	200mg	Sandoz Entacapone	2380005	SDZ	Spec. Auth.	MAP	
Finasteride Finastéride								
Tab Co.	Orl	5mg	Ran-Finasteride	2371820	RAN	Spec. Auth.	MAP	
Levetiracetam Lévétiracétam								
Tab Co.	Orl	250mg	Auro-Levetiracetam	2375249	ARO	Spec. Auth.	MAP	
		500mg	Auro-Levetiracetam	2375257	ARO	Spec. Auth.	MAP	
		750mg	Auro-Levetiracetam	2375265	ARO	Spec. Auth.	MAP	
Losartan Potassium Losartan Potassique								
Tab Co.	Orl	25mg	Teva-Losartan	2380838	TEV	AEFGVW	MAP	
Mirtazapine								
Tab Co.	Orl	30mg	Mirtazapine	2370689	SAS	AEFGVW	MAP	
Montelukast Sodium Montélukast sodique								
TabC Co.C.	Orl	4mg	Mylan-Montelukast	2380749	MYL	Spec. Auth.	MAP	
		5mg	Mylan-Montelukast	2380757	MYL	Spec. Auth.	MAP	

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

							to June 26/12	MAP June 27/12
Risedronate Sodium Risédronate sodique								
Tab Co.	Orl	35mg	Risedronate	2370255	SAS	Spec. Auth.	MAP	
Rizatriptan Benzoate Rizatriptan (benzoate de)								
ODT Co.D.O.	Orl	5mg	Mylan-Rizatriptan ODT	2379198	MYL	Spec.Auth.	MAP	
		10mg	Mylan-Rizatriptan ODT	2379201	MYL	Spec.Auth.	MAP	
Tab Co.	Orl	5mg	Mar-Rizatriptan	2379651	MAR	Spec.Auth.	AAC	5.8866
		10mg	Mar-Rizatriptan	2379678	MAR	Spec.Auth.	AAC	5.9280

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

							to June 26/12	MAP June 27/12
Candesartan Cilexetil Candésartan Cilexétil								
Tab Co.	Orl	4mg	Mylan-Candesartan	2379120	MYL		MAP	
Cefprozil								
Pwr Pds.	Orl	125mg/5mL	Auro-Cefprozil	2347261	ARO		MAP	
		250mg/5mL	Auro-Cefprozil	2347288	ARO		MAP	
Tab Co.	Orl	250mg	Auro-Cefprozil	2347245	ARO		MAP	
		500mg	Auro-Cefprozil	2347253	ARO		MAP	

Bulletin #833 May 31, 2012

NBPDP Formulary Update

Generic Drug Pricing

The New Brunswick Generic Drug Pricing policy will come into effect on June 1, 2012. The price for generic drugs will be 40% of the brand name price on June 1, 2012 and 35% of brand name price on December 1, 2012.

Maximum Allowable Price (MAP) List

The new policy prices are listed in the June 2012 MAP List. For the period June 1st to 10th, 2012, NBPDP will reimburse pharmacies based on the May 2012 MAP List.

Dispensing Fees and Mark-up

The NBPDP dispensing fees will increase by $1.00 and a 4% mark-up will be paid on interchangeable generic drugs starting June 1, 2012.

NB PharmaCheck™ and Rural Pharmacy Incentive

NB PharmaCheck™ and the Rural Pharmacy Incentive will be implemented on June 1, 2012.

Details on these policies can be found on the NBPDP webpage (www.gnb.ca/0051/0212/index-e.asp) in the section titled “Information for Health Care Professionals”.

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

Bulletin #834 June 8, 2012

NBPDP FORMULARY UPDATE

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective June 8, 2012

Included in this bulletin:

- **Regular Benefit Additions**
- **Special Authorization Additions and Revised Criteria**
- **Osteoporosis Review – Fracture Risk Tables Updated**
- **Drugs Reviewed and Not Listed**

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

To unsubscribe from the NBPDP emailed announcements, please send a message to info@nbpdp-pmonb.ca. The Updates are available on the NBPDP webpage: http://www.gnb.ca/0212/BenefitUpdates-e.asp

REGULAR BENEFIT ADDITIONS

Drug/Form/Route/Strength	Brand Name	DIN	Manufacturer	Plans	$
Potassium Chloride 8 mEq					
SRT Orl 600 mg	Jamp-K8	80013005	JPC	AEFGVW	MAP
Potassium Chloride 20 mEq					
SRT Orl 1500 mg	Jamp-K20	80013007	JPC	AEFGVW	MAP
SRT Orl 1500 mg	ODAN K-20	80004412	ODN	AEFGVW	MAP

SPECIAL AUTHORIZATION ADDITIONS

Dabigatran
(Pradax™)
110 mg and 150 mg tablets

For the prevention of stroke and systemic embolism in at-risk patients with non-valvular atrial fibrillation for whom:

a. Anticoagulation is inadequate following at least a two month trial of warfarin; or
b. Warfarin is contraindicated or not possible due to inability to regularly monitor through International Normalized Ratio (INR) testing (i.e. no access to INR testing services at a laboratory, clinic, pharmacy and at home).

The following patient groups are excluded from coverage for dabigatran for atrial fibrillation:

a. Patients with impaired renal function (creatinine clearance or estimated glomerular filtration rate < 30 mL/min)
b. Patients 75 years of age or older without documented stable renal function
c. Patients with hemodynamically significant rheumatic valvular heart disease, especially mitral stenosis
d. Patients with prosthetic heart valves

Notes:

1. At-risk patients with atrial fibrillation are defined as those with a CHADS2 score of ≥ 1.
2. Inadequate anticoagulation is defined as INR testing results that are outside the desired INR range for at least 35% of the tests during the monitoring period (i.e. adequate anticoagulation is defined as INR test results that are within the desired INR range for at least 65% of the tests during the monitoring period).
3. Since renal impairment can increase bleeding risk, renal function should be regularly monitored. Other factors that increase bleeding risk should also be assessed and monitored (see dabigatran Product Monograph).
4. Documented stable renal function is defined as creatinine clearance or estimated glomerular filtration rate that maintained for at least three months (i.e. 30-49 mL/min for 110 mg twice daily dosing or ≥ 50 mL/min for 150 mg twice daily dosing).
5. There is currently no data to support that dabigatran provides adequate anticoagulation in patients with rheumatic valvular disease or those with prosthetic heart valves, so dabigatran is not recommended in these populations.
6. Patients starting the dabigatran should have ready access to appropriate medical services to manage a major bleeding event.

SPECIAL AUTHORIZATION ADDITIONS CONTINUED

Etidronate (*Didronel® and generic brands*) 200 mg tablets **Etidronate and calcium** (*Didrocal® Kit and generic brands*) 400 mg/ 500 mg	Change in benefit status – Now requires Special Authorization For the treatment of osteoporosis: • with documented fragility fracture when alendronate or risedronate are not tolerated or contraindicated; or • without documented fractures in patients at high 10-year fracture risk (see fracture risk tables) when alendronate or risedronate are not tolerated or contraindicated.
Methylphenidate-ER *(Concerta® and Teva-Methylphenidate ER-C)* 18 mg, 27 mg, 36 mg and 54 mg extended-release tablets	For the treatment of Attention-Deficit Hyperactivity Disorder (ADHD) in children aged 6 to 18 years who demonstrate significant symptoms and who have tried immediate release or 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

<u>Cholinesterase Inhibitors</u> **Donepezil** (*Aricept®*) 5 mg and 10 mg tablets **Galantamine** (*Reminyl® ER and generic brands*) 8 mg, 16 mg and 24 mg tablets **Rivastigmine** (*Exelon® and generic brands*) 1.5 mg, 3 mg, 4.5 mg and 6 mg capsules; and 2 mg/mL oral solution	For the treatment of mild to moderate probable Alzheimer's Disease or possible Alzheimer's Disease with vascular component or with Lewy bodies who meet the following criteria: MMSE (Mini-Mental State Examination) score of 10 to 30 and FAST (Functional Assessment Staging Test) score of 4 to 5 Initial requests for reimbursement will be considered for a maximum 6 month approval; subsequent requests may be considered for a maximum 12 month approval. Requests to switch from one agent in the class to another will not be considered beyond the initial 6 month approval. **<u>Note</u>: Monitoring of target symptoms will no longer be required; however, physicians will be asked at the initial and subsequent reassessments if, in their opinion, the patient is benefitting from the drug.** **Updated Special Authorization Request Forms can be found at** http://www.gnb.ca/0212/alzheimers-e.asp

OSTEOPOROSIS – UPDATED FRACTURE RISK ASSESSMENT TOOLS

Special authorization requests for osteoporosis drugs (e.g. bisphosphonates) for patients without documented fracture should reference the most recent (2010) version of the Canadian Association of Radiologist and Osteoporosis Canada (CAROC) table[1], or the World Health Organization (WHO) Fracture Risk Assessment Tool (FRAX) http://www.shef.ac.uk/FRAX/tool.jsp?lang=en when determining whether the patient meets criteria for high (>20%) 10-year fracture risk. These references will be updated in the NBPDP Formulary.

[1] Can Assoc Radiol J. 2011 Nov;62(4):243-50

DRUGS REVIEWED AND NOT LISTED

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

Liraglutide	*(Victoza®)*	6mg/mL solution for injection
Mometasone furoate / Formoterol fumarate dihydrate	*(Zenhale™)*	50mcg / 5mcg, 100mcg / 5mcg and 200mcg / 5mcg inhalation aerosol
Pipradrol HCl – vitamin B compound	*(Alertonic®)*	Liquid
Tapentadol	*(Nucynta CR™)*	50mg, 100mg, 150mg, 200mg and 250mg controlled release tablets
Urea	*(Urisec™-40)*	40% USP topical cream

Bulletin # 835 June 21, 2012

NBPDP Formulary Update

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).

Existing interchangeable categories

- New products will be reimbursed at the current category MAP.

New interchangeable categories

- New products, other than the original brand product, will be reimbursed at the new category MAP effective June 21, 2012.
- The original brand product will be reimbursed at the new category MAP effective July 19, 2012. Prior to July 19, 2012, the original brand product will be reimbursed at a higher MAP, as indicated on the attached interchangeable product additions list.

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The Updates are available on the NBPDP webpage: http://www.gnb.ca/0212/BenefitUpdates-e.asp

NBPDP Interchangeable Product Additions / Ajouts produit interchangeable pour le PMONB

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFG FAB	Plans Régimes	MAP PAM
Amiodarone Hydrochloride Amiodarone (chlorhydrate de)							
Tab Co.	Orl	200mg	Amiodarone	2364336	SAS	AEFGVW	0.8236
Atenolol Aténolol							
Tab Co.	Orl	25mg	Jamp-Atenolol Ran-Atenolol	2367556 2373963	JPC RAN	AEFGVW	0.1758
		50mg	Jamp-Atenolol Septa-Atenolol	2367564 2368641	JPC SPT	AEFGVW	0.2364
		100mg	Jamp-Atenolol Septa-Atenolol	2367572 2368668	JPC SPT	AEFGVW	0.3887
Bosentan							
Tab Co.	Orl	62.5mg	Tracleer Mylan-Bosentan pms-Bosentan	2244981 2383497 2383012	ACT MYL PMS	Spec. Auth.	69.3129 25.6714
		125mg	Tracleer Mylan-Bosentan pms-Bosentan	2244982 2383500 2383020	ACT MYL PMS	Spec. Auth.	69.3129 25.6714
Candesartan Cilexetil Candésartan Cilexétil							
Tab Co.	Orl	8mg	Teva-Candesartan	2366312	TEV	AEFGVW	0.4600
		16mg	Teva-Candesartan	2366320	TEV	AEFGVW	0.4600
		32mg	Teva-Candesartan	2366339	TEV	AEFGVW	0.8795
Ciprofloxacin Hydrochloride Ciprofloxacine (chlorhydrate de)							
Tab Co.	Orl	250mg	Septa-Ciprofloxacin	2379627	SPT	BW & Spec. Auth.	0.9897
		500mg	Septa-Ciprofloxacin	2379635	SPT	BW & Spec. Auth.	1.1166
		750mg	Septa-Ciprofloxacin	2379643	SPT	BW & Spec. Auth.	2.0447
Cyclobenzaprine Hydrochloride Cyclobenzaprine (chlorhydrate de)							
Tab Co.	Orl	10mg	Jamp-Cyclobenzaprine	2357127	JPC	AEFGVW	0.3765

NBPDP Interchangeable Product Additions / Ajouts produit interchangeable pour le PMONB

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFG FAB	Plans Régimes	MAP PAM
Domperidone Maleate Dompéridone (maléate de)							
Tab Co.	Orl	10mg	Jamp-Domperidone	2369206	JPC	AEFGVW	0.0832
Galantamine Hydrobromide Galantamine (bromhydrate de)							
ERC Caps.L.P.	Orl	8mg	Teva-Galantamine ER	2377950	TEV	Spec. Auth.	1.9944
		16mg	Teva-Galantamine ER	2377969	TEV	Spec. Auth.	1.9944
		24mg	Teva-Galantamine ER	2377977	TEV	Spec. Auth.	1.9944
Indapamide Hemihydrate Indapamide (hémihydrate d')							
Tab Co.	Orl	2.5mg	Jamp-Indapamide	2373912	JPC	AEFGVW	0.1949
Lamivudine							
Tab Co.	Orl	150mg	3TC	2192683	VIV	U	5.2227
			Apo-Lamivudine	2369052	APX		3.6269
		300mg	3TC	2247825	VIV	U	10.4454
			Apo-Lamivudine	2369060	APX		7.2538
Losartan Potassium/Hydrochlorothiazide Losartan Potassique/Hydrochlorothiazide							
Tab Co.	Orl	50mg/12.5mg	Teva-Losartan/HCTZ	2358263	TEV	AEFGVW	0.5036
Rizatriptan Benzoate Rizatriptan (benzoate de)							
Tab Co.	Orl	5mg	Jamp-Rizatriptan	2380455	JPC	Spec.Auth.	5.8866
		10mg	Jamp-Rizatriptan	2380463	JPC	Spec.Auth.	5.9280
Valsartan							
Tab Co.	Orl	80mg	Mylan-Valsartan	2383535	MYL	AEFGVW	0.4786
			pms-Valsartan	2313006	PMS		
		160mg	Mylan-Valsartan	2383543	MYL	AEFGVW	0.4797
			pms-Valsartan	2313014	PMS		
		320mg	Mylan-Valsartan	2383551	MYL	AEFGVW	0.4663
			pms-Valsartan	2344564	PMS		

Non-Listed Products Subject to MAP /
Produits ne figurant pas sur la liste assujetis aux PAM

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFG FAB	MAP PAM
Atomoxetine Hydrochloride Atomoxétine (chlorhydrate d')						
Cap Caps.	Orl	80mg	Mylan-Atomoxetine	2378973	MYL	3.9961
		100mg	Mylan-Atomoxetine	2378981	MYL	4.3521
Indapamide Hemihydrate Indapamide (hémihydrate d')						
Tab Co.	Orl	1.25mg	Jamp-Indapamide	2373904	JPC	0.1877
Risedronate Sodium Risédronate sodique						
Tab Co.	Orl	150mg	Actonel	2316838	WNC	58.9680
			Apo-Risedronate	2377721	APX	40.9500
Valsartan						
Tab Co.	Orl	40mg	Mylan-Valsartan	2383527	MYL	0.5822
			pms-Valsartan	2312999	PMS	

Bulletin # 836 July 18, 2012

NBPDP Formulary Update

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).

Existing interchangeable categories

- New products will be reimbursed at the current category MAP.

New interchangeable categories

- New products, other than the original brand product, will be reimbursed at the new category MAP effective July 18, 2012.
- The original brand product will be reimbursed at the new category MAP effective August 15, 2012. Prior to August 15, 2012, the original brand product will be reimbursed at a higher MAP, as indicated on the attached interchangeable product additions list.

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The Updates are available on the NBPDP webpage: http://www.gnb.ca/0212/BenefitUpdates-e.asp

NBPDP Interchangeable Product Additions
Ajouts produit interchangeable pour le PMONB

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFG FAB	Plans Régimes	MAP PAM
Amlodipine Besylate Bésylate d'amlodipine							
Tab Co.	Orl	5mg	Amlodipine-Odan	2378760	ODN	AEFVW	0.5127
		10mg	Amlodipine-Odan	2378779	ODN	AEFVW	0.7610
Bicalutamide							
Tab Co.	Orl	50mg	Jamp-Bicalutamide	2357216	JPC	AEFVW	2.6500
Bosentan							
Tab Co.	Orl	62.5mg	Co-Bosentan Sandoz Bosentan	2386194 2386275	COB SDZ	Spec. Auth.	25.6714
		125mg	Co-Bosentan Sandoz Bosentan	2386208 2386283	COB SDZ	Spec. Auth.	25.6714
Carvedilol Carvédilol							
Tab Co.	Orl	3.125mg	Jamp-Carvedilol	2368897	JPC	Spec. Auth	0.8001
		6.25mg	Jamp-Carvedilol	2368900	JPC	Spec. Auth	0.8001
		12.5mg	Jamp-Carvedilol	2368919	JPC	Spec. Auth	0.8001
		25mg	Jamp-Carvedilol	2368927	JPC	Spec. Auth	0.8001
Citalopram Hydrobromide Citalopram (bromhydrate de)							
Tab Co.	Orl	10mg	Jamp-Citalopram	2370085	JPC	AEFGVW	0.4464
Clopidogrel Bisulfate Clopidogrel (Bisulfate de)							
Tab Co.	Orl	75mg	Ran-Clopidogrel	2379813	RAN	W & Spec. Auth.	1.0522
Letrozole Létrozole							
Tab Co.	Orl	2.5mg	Apo-Letrozole Jamp-Letrozole	2358514 2373009	APX JPC	AEFVW	2.3613
Mirtazapine							
ODT Co.D.O	Orl	15mg	GD-Mirtazapine OD	2352826	GMD	AEFGVW	0.1607
		30mg	GD-Mirtazapine OD	2352834	GMD	AEFGVW	0.3213

NBPDP Interchangeable Product Additions
Ajouts produit interchangeable pour le PMONB

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFG FAB	Plans Régimes	MAP PAM
Mirtazapine							
ODT Co.D.O	Orl	45mg	GD-Mirtazapine OD	2352842	GMD	AEFGVW	0.4820
Nabilone							
Cap Caps.	Orl	0.5mg	Teva-Nabilone	2384884	TEV	Spec. Auth.	1.2410
		1mg	Teva-Nabilone	2384892	TEV	Spec. Auth.	2.4820
Paroxetine							
Tab Co.	Orl	20mg	Jamp-Paroxetine	2368870	JPC	AEFGVW	0.7222
		30mg	Jamp-Paroxetine	2368889	JPC	AEFGVW	0.7673
Pioglitazone Hydrochloride Pioglitazone (chlorhydrate de)							
Tab Co.	Orl	15mg	Ran-Pioglitazone	2375850	RAN	Spec. Auth.	0.9513
		30mg	Ran-Pioglitazone	2375869	RAN	Spec. Auth.	1.3328
		45mg	Ran-Pioglitazone	2375877	RAN	Spec. Auth.	2.0040
Rabeprazole Sodium Rabéprazole sodique							
ECT Co.Ent.	Orl	10mg	Pat-Rabeprazole	2381737	PAT	ABEFGVW	0.2675
		20mg	Pat-Rabeprazole	2381745	PAT	ABEFGVW	0.5351
Raloxifene Hydrochloride Raloxifene (chlorhydrate de)							
Tab Co.	Orl	60mg	Co-Raloxifene	2358840	COB	Spec.Auth.	0.8457
Risedronate Sodium Risédronate sodique							
Tab Co.	Orl	35mg	Jamp-Risedronate	2368552	JPC	Spec.Auth.	4.7200
Sertraline Hydrochloride Sertraline (chlorhydrate de)							
Cap Caps	Orl	25mg	Jamp-Sertraline	2357143	JPC	AEFGVW	0.3216
		50mg	Jamp-Sertraline	2357151	JPC	AEFGVW	0.6432
		100mg	Jamp-Sertraline	2357178	JPC	AEFGVW	0.6740

NBPDP Interchangeable Product Additions
Ajouts produit interchangeable pour le PMONB

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFG FAB	Plans Régimes	MAP PAM
Terbinafine Hydrochloride Terbinafine (chlorhydrate de)							
Tab Co.	Orl	250mg	GD-Terbinafine Jamp-Terbinafine	2352818 2357070	GMD JPC	Spec. Auth.	1.8545
Topiramate							
Tab Co.	Orl	25mg	GD-Topiramate	2352850	GMD	Spec. Auth.	0.5005
		100mg	GD-Topiramate	2352877	GMD	Spec. Auth.	0.9486
		200mg	GD-Topiramate	2352885	GMD	Spec. Auth.	1.4166
Zopiclone							
Tab Co.	Orl	7.5mg	Jamp-Zopiclone	2356805	JPC	AEFVW	0.2231

Non-Listed Products Subject to MAP
Produits ne figurant pas sur la liste assujetis aux PAM

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFG FAB	MAP PAM
Atomoxetine Hydrochloride Atomoxétine (chlorhydrate d')						
Cap Caps.	Orl	10mg	pms-Atomoxetine Sandoz Atomoxetine	2381028 2386410	PMS SDZ	2.3140
		18mg	pms-Atomoxetine Sandoz Atomoxetine	2381036 2386429	PMS SDZ	2.6522
		25mg	pms-Atomoxetine Sandoz Atomoxetine	2381044 2386437	PMS SDZ	2.9281
		40mg	pms-Atomoxetine Sandoz Atomoxetine	2381052 2386445	PMS SDZ	3.3375
		60mg	pms-Atomoxetine Sandoz Atomoxetine	2381060 2386453	PMS SDZ	3.7024
		80mg	Sandoz Atomoxetine	2386461	SDZ	3.9961
		100mg	Sandoz Atomoxetine	2386488	SDZ	4.3521

Non-Listed Products Subject to MAP
Produits ne figurant pas sur la liste assujetis aux PAM

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage	Tradename Marque de commerce	DIN NIP	MFG FAB	MAP PAM
Lamivudine / Zidovudine				
Tab Orl 150mg/300mg	Combivir	2239213	VIV	11.2765
Co.	Apo-Lamivudine-Zidovudine	2375540	APX	7.8309
Paroxetine				
Tab Orl 10mg	Jamp-Paroxetine	2368862	JPC	1.0430
Co.				
Tramadol Hydrochloride / Acetaminophen				
Tramadol (chlorhydrate de)/Acétaminophène				
Tab Orl 37.5mg/325mg	Co-Tramadol/Acet	2383209	COB	0.6264
Co.				

Bulletin #837 July 31, 2012

NBPDP FORMULARY UPDATE

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective July 31, 2012

Included in this bulletin:

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

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

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REGULAR BENEFIT ADDITIONS

Drug/Form/Route/Strength			Brand Name	DIN	Manufacturer	Plans	$
Interferon beta – 1a							
Liq	IM	30µg	Avonex®Pen	02269201	BIG	H	AAC
Valsartan							
Tab	Orl	40mg	Diovan®	02270528	NVR		
			Co-Valsartan	02337487	COB		
			Mylan-Valsartan	02383527	MYL		
			pms-Valsartan	02312999	PMS	AEFGVW	MAP
			Ran-Valsartan	02363062	RAN		
			Sandoz Valsartan	02356740	SDZ		
			Teva-Valsartan	02356643	TEV		

SPECIAL AUTHORIZATION ADDITIONS

Abiraterone
(Zytiga™)
250mg tablets

For the treatment of metastatic castration-resistant prostate cancer in patients who have received prior chemotherapy containing docetaxel and 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.*

Insulin glargine
(Lantus®)
100U/mL
vial, cartridge, & SoloSTAR®

For the treatment of patients who have been diagnosed with Type 1 or Type 2 diabetes requiring insulin and have previously taken insulin NPH and/or pre-mix daily at optimal dosing.

AND

1. Have experienced unexplained nocturnal hypoglycemia at least once a month despite optimal management.

OR

2. Have documented severe or continuing systemic or local allergic reaction to existing insulin(s).

Note: Special authorization requests should be submitted on the attached form

Pazopanib
(Votrient®)
200mg tablets

For the first-line treatment of advanced or metastatic renal cell (clear cell) carcinoma (mRCC) in patients who are unable to tolerate ongoing use of an effective dose of sunitinib.

SPECIAL AUTHORIZATION – REVISED CRITERIA

Methylphenidate extended- & controlled-release *(Concerta® and Teva-Methylphenidate ER-C)* 18mg, 27mg, 36mg and 54mg extended-release tablets *(Biphentin®)* 10mg, 15mg, 20mg, 30mg, 40mg, 50mg, 60mg, 80mg controlled-release capsules	For the treatment of Attention-Deficit Hyperactivity Disorder (ADHD) in children aged 6 to 25 years who demonstrate significant symptoms and who have tried immediate release or slow release methylphenidate with unsatisfactory results. Requests will be considered from specialists in pediatric psychiatry, pediatricians or general practitioners with expertise in ADHD.

DRUGS REVIEWED AND NOT LISTED

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

Magnesium citrate	*(Citrodan™)*	50 mg/mL solution
Niacin - Resubmission	*(Niaspan FCT®)*	500mg, 750mg, 1000mg extended-release film coated tablets

New Brunswick Prescription Drug Program (NBPDP)

LONG-ACTING INSULIN ANALOGUE

SPECIAL AUTHORIZATION REQUEST FORM

Please complete all required sections to allow your request to be processed without delay.
This form must be completed by a Prescriber

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:	Patient Weight (Kg): If >90 Kg, provide BMI:
Diagnosis/Indication/Rationale for use:	Patient must also qualify under ONE of the other criteria below (check box): ☑ Diagnosed with Type 1 or Type 2 diabetes requiring insulin and have previously taken insulin NPH and/or pre-mix daily at optimal doses. AND ☐ Have experienced unexplained nocturnal hypoglycemia at least once a month despite optimal management. OR ☐ Have documented severe or continuing systemic or local allergic reaction to existing insulin(s).	
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(1) and 4(4) of the New Brunswick Prescription Drug Payment Act. If you have any questions please contact 1-800-332-3691.

Bulletin # 838 August 15, 2012

NBPDP Formulary Update

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).

Existing interchangeable categories

- New products will be reimbursed at the current category MAP.

New interchangeable categories

- New products, other than the original brand product, will be reimbursed at the new category MAP effective August 15, 2012.
- The original brand product will be reimbursed at the new category MAP effective September 12, 2012. Prior to September 12, 2012, the original brand product will be reimbursed at a higher MAP, as indicated on the attached interchangeable product additions list.

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NBPDP Interchangeable Product Additions
Ajouts produit interchangeable pour le PMONB

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFG FAB	Plans Régimes	MAP PAM
Anastrozole							
Tab	Orl	1mg	Arimidex	2224135	AZE	AEFVW	5.4990
Co.			Sandoz Anastrozole	2338467	SDZ		2.0367
Ciprofloxacin Hydrochloride							
Ciprofloxacine (chlorhydrate de)							
Tab	Orl	250mg	Jamp-Ciprofloxacin	2380358	JPC	BW & Spec. Auth.	0.9897
Co.			Mar-Ciprofloxacin	2379686	MAR		
		500mg	Jamp-Ciprofloxacin	2380366	JPC	BW & Spec. Auth.	1.1166
			Mar-Ciprofloxacin	2379694	MAR		
		750mg	Jamp-Ciprofloxacin	2380374	JPC	BW & Spec. Auth.	2.0447
			Mar-Ciprofloxacin	2379708	MAR		
Citalopram Hydrobromide							
Citalopram (bromhydrate de)							
Tab	Orl	20mg	Auro-Citalopram	2275562	ARO	AEFGVW	0.5327
Co.							
		40mg	Auro-Citalopram	2275570	ARO	AEFGVW	0.5327
Dorzolamide Hydrochloride/Timolol Maleate							
Dorzolamide (chlorhydrate de)/Timolol (maléate de)							
Liq	Oph	2%/0.5%	Teva-Dorzotimol	2320525	TEV	AEF18+VW	2.2968
Fluoxetine Hydrochloride							
Fluoxétine (chlorhydrate de)							
Cap	Orl	20mg	Mint-Fluoxetine	2380579	MNT	AEFGVW	0.7357
Caps.							
Hydrochlorothiazide							
Tab	Orl	50mg	Hydrochlorothiazide	2360608	SAS	AEFGVW	0.0551
Co.							
Metformin Hydrochloride							
Metformine (chlorhydrate de)							
Tab	Orl	500mg	Metformin	2378841	MAR	AEFGVW	0.0953
Co.			Mar-Metformin	2378620	MAR		
		850mg	Metformin	2378868	MAR	AEFGVW	0.1536
			Mar-Metformin	2378639	MAR		

NBPDP Interchangeable Product Additions
Ajouts produit interchangeable pour le PMONB

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFG FAB	Plans Régimes	MAP PAM
Montelukast Sodium Montélukast Sodique							
Tab Co.	Orl	10mg	Montelukast	2379333	SAS	Spec. Auth.	0.9459
Mycophenolate Mofetil Mycophénolate Motétil							
Tab Co.	Orl	500mg	Jamp-Mycophenolate	2380382	JPC	R	1.6496
Olanzapine							
ODT Co.D.O	Orl	5mg	Mylan-Olanzapine ODT	2382709	MYL	W & Spec. Auth.	1.4298
		10mg	Mylan-Olanzapine ODT	2382717	MYL	W & Spec. Auth.	2.8572
		15mg	Mylan-Olanzapine ODT	2382725	MYL	W & Spec. Auth.	4.2844
		20mg	Mylan-Olanzapine ODT	2382733	MYL	W & Spec. Auth.	5.9377
Rizatriptan Benzoate Rizatriptan (benzoate de)							
ODT Co.D.O	Orl	5mg	Sandoz Rizatriptan ODT	2351870	SDZ	Spec. Auth.	5.9280
		10mg	Sandoz Rizatriptan ODT	2351889	SDZ	Spec. Auth.	5.9280
Sotalol Hydrochloride Sotalol (chlorhydrate de)							
Tab Co.	Orl	80mg	Jamp-Sotalol	2368617	JPC	AEFGVW	0.2966
		160mg	Jamp-Sotalol	2368625	JPC	AEFGVW	0.2273
Tobramycin Sulfate Tobramycin (sulfate de)							
Liq	Inj	40mg/mL	Tobramycin	2382814	AJP	BEFGVW	3.2100
Valsartan							
Tab Co.	Orl	40mg	Apo-Valsartan	2371510	APX	AEFGVW	0.4657
		80mg	Apo-Valsartan	2371529	APX	AEFGVW	0.4786
		160mg	Apo-Valsartan	2371537	APX	AEFGVW	0.4797
		320mg	Apo-Valsartan	2371545	APX	AEFGVW	0.4663

NBPDP Interchangeable Product Additions
Ajouts produit interchangeable pour le PMONB

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFG FAB	Plans Régimes	MAP PAM
Vancomycin Hydrochloride Vancomycine (chlorhydrate de)							
Cap	Orl	125mg	Vancocin	800430	MRS	AEFGVW	9.2151
Caps			Vancomycin Hydrochloride	2377470	LYP		5.6300
		250mg	Vancocin	788716	MRS	AEFGVW	18.4302
			Vancomycin Hydrochloride	2377489	LYP		11.2500

Non-Listed Products Subject to MAP
Produits ne figurant pas sur la liste assujetis aux PAM

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFG FAB	MAP PAM
Fluoxetine Hydrochloride Fluoxétine (chlorhydrate de)						
Cap Caps.	Orl	10mg	Mint-Fluoxetine	2380560	MNT	0.8650
Lamivudine/Zidovudine						
Tab Co.	Orl	150mg/300mg	Teva-Lamivudine/Zidovudine	2387247	TEV	7.8309

Bulletin # 839 September 7, 2012

NBPDP Formulary Update

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

Effective October 5, 2012, these products will be reimbursed at the new category Maximum Allowable Price (MAP), as indicated on the attached interchangeable product additions list. Prior to October 5, 2012 these products will be reimbursed at the current MAP.

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NBPDP Interchangeable Product Additions
Ajouts produit interchangeable pour le PMONB

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage	Tradename Marque de commerce	DIN NIP	MFG FAB	Plans Régimes	MAP PAM
Fluoxetine Hydrochloride					
Fluoxétine (chlorhydrate de)					
Tab Orl 10mg	Prozac	2018985	LIL		
Co.	Apo-Fluoxetine	2216353	APX		
	Co-Fluoxetine	2242177	COB		
	Mint-Fluoxetine	2380560	MNT		
	Mylan-Fluoxetine	2237813	MYL		
	Novo-Fluoxetine	2216582	TEV	AEFGVW	0.8650
	Phl-Fluoxetine	2223481	PHL		
	pms-Fluoxetine	2177579	PMS		
	ratio-Fluoxetine	2241371	RPH		
	Sandoz Fluoxetine	2243486	SDZ		
	Fluoxetine	2286068	SAS		
	Zym-Fluoxetine	2302659	ZYM		
Lamivudine / Zidovudine					
Tab Orl 300mg / 150mg	Combivir	2239213	VIV		
Co.	Apo-Lamivuidine/Zidovudine	2375540	APX	U	4.1765
	Teva-Lamivudine/Zidovudine	2387247	TEV		

Bulletin # 840 September 14, 2012

NBPDP Formulary Update

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).

Existing interchangeable categories

- New products will be reimbursed at the current category MAP.

New interchangeable categories

- New products, other than the original brand product, will be reimbursed at the new category MAP effective September 14, 2012.
- The original brand product will be reimbursed at the new category MAP effective October 12, 2012. Prior to October 12, 2012, the original brand product will be reimbursed at a higher MAP, as indicated on the attached interchangeable product additions list.

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NBPDP Interchangeable Product Additions
Ajouts produit interchangeable pour le PMONB

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFG FAB	Plans Régimes	MAP PAM
Bisoprolol Fumarate Fumarate de bisoprolol							
Tab Co.	Orl	5mg	Mylan-Bisoprolol	2384418	MYL	AEFVW	0.2205
		10mg	Mylan-Bisoprolol	2384426	MYL	AEFVW	0.3654
Ceftriaxone Sodium Ceftriaxone sodique							
Pws Pds.	Inj	250mg	Ceftriaxone Sodium	2325594	STR	BEFGVW	7.5250
		1g	Ceftriaxone Sodium	2325616	STR	BEFGVW	23.8000
		2g	Ceftriaxone Sodium	2325624	STR	BEFGVW	46.9000
Exemestane							
Tab	Orl	25mg	Aromasin	2242705	PFI	AEFVW	5.6171
Co.			Co-Exemestane	2390183	COB		3.9008
Fluoxetine Hydrochloride Fluoxétine (chlorhydrate de)							
Cap Caps.	Orl	20mg	Fluoxetine	2383241	AHI	AEFGVW	0.7357
Gabapentin							
Cap Caps.	Orl	100mg	Jamp-Gabapentin	2361469	JPC	AEFGVW	0.1669
		300mg	Jamp-Gabapentin	2361485	JPC	AEFGVW	0.4060
		400mg	Jamp-Gabapentin	2361493	JPC	AEFGVW	0.4838
Lansoprazole							
SRC Caps.L.L.	Orl	15mg	Sandoz Lansoprazole	2385643	SDZ	Spec. Auth.	0.8000
		30mg	Sandoz Lansoprazole	2385651	SDZ	Spec. Auth.	0.8000
Metformin Hydrochloride Metformine (chlorhydrate de)							
Tab Co.	Orl	500mg	Jamp-Metformin	2380196	JPC	AEFGVW	0.0953
		850mg	Jamp-Metformin	2380218	JPC	AEFGVW	0.1536
Mycophenolate Mofetil Mycophénolate Mofétil							
Cap Caps.	Orl	250mg	Mycophenolate Mofetil	2383780	AHI	R	0.8248

NBPDP Interchangeable Product Additions
Ajouts produit interchangeable pour le PMONB

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFG FAB	Plans Régimes	MAP PAM
Mycophenolate Mofetil Mycophénolate Mofétil							
Tab Co.	Orl	500mg	Mycophenolate Mofetil	2378574	AHI	R	1.6496
Rizatriptan Benzoate Rizatriptan (benzoate de)							
Tab Co.	Orl	10mg	Co-Rizatriptan	2381702	COB	Spec. Auth.	5.9280
Telmisartan							
Tab Co.	Orl	40mg	pms-Telmisartan	2391236	PMS	AEFGVW	0.4518
		80mg	pms-Telmisartan	2391244	PMS	AEFGVW	0.4518

Non-Listed Products Subject to MAP
Produits ne figurant pas sur la liste assujetis aux PAM

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFG FAB		MAP PAM
Esomeprazole Magnesium Trihydrate Esoméprazole magnésien trihydraté							
ERT Co. L.P.	Orl	20mg	Mylan-Esomeprazole	2383039	MYL		1.8690
		40mg	Mylan-Esomeprazole	2383047	MYL		1.8690

Bulletin #841 September 25, 2012

NBPDP FORMULARY UPDATE

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective September 25, 2012

Included in this bulletin:

- **Regular Benefit Additions**
- **Special Authorization Additions and Revised Criteria**
- **Drugs Reviewed and Not Listed**
- **Correct Quantities For Claim Submissions**

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

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REGULAR BENEFIT ADDITIONS

Drug/Form/Route/Strength			Brand Name	DIN	Manufacturer	Plans	$
Telmisartan/Amlodipine							
Tab	Orl	40/5mg	Twynsta™	02371022	BOE	AEFGVW	AAC
		40/10mg	Twynsta™	02371030			
		80/5mg	Twynsta™	02371049			
		80/10mg	Twynsta™	02371057			

SPECIAL AUTHORIZATION ADDITIONS

Denosumab
(Xgeva®)
120mg/1.7mL single use vial

For the prevention of skeletal-related events (SREs) in patients with castrate-resistant prostate cancer (CRPC) with one or more documented bone metastases and 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.*

Rivaroxaban
(Xarelto®)
15mg and 20mg tablets

For the prevention of stroke and systemic embolism in at-risk patients with non-valvular atrial fibrillation for whom:

a. Anticoagulation is inadequate following a at least a two month trial on warfarin; or
b. Warfarin is contraindicated or not possible due to inability to regularly monitor through International Normalized Ratio (INR) testing (i.e. no access to INR testing services at a laboratory, clinic, pharmacy, and at home).

The following patient groups are excluded from coverage for rivaroxaban for atrial fibrillation:

a. Patients with impaired renal function (creatinine clearance or estimated glomerular filtration rate <30 mL/min)
b. Patients 75 years of age or older without documented stable renal function
c. Patients with hemodynamically significant rheumatic valvular heart disease, especially mitral stenosis
d. Patients with prosthetic heart valves.

Notes:

1. At-risk patients with atrial fibrillation are defined as those with a $CHADS_2$ score of ≥ 1. Although the ROCKET-AF trial included patients with higher $CHADS_2$ scores (≥ 2), other landmark studies with the other newer oral anticoagulants demonstrated a therapeutic benefit in patients with a $CHADS_2$ score of 1. Prescribers may consider an antiplatelet regimen or oral anticoagulation for patients with a $CHADS_2$ score of 1.

SPECIAL AUTHORIZATION ADDITIONS (CONTINUED)

Rivaroxaban (continued) *(Xarelto®)* 15mg and 20mg tablets	Notes: 2. Inadequate anticoagulation is defined as INR testing results that are outside the desired INR range for at least 35% of the tests during the monitoring period (i.e., adequate anticoagulation is defined as INR test results that are within the desired INR range for at least 65% of the tests during the monitoring period). 3. Since renal impairment can increase bleeding risk, renal function should be regularly monitored. Other factors that increase bleeding risk should also be assessed and monitored (see rivaroxaban product monograph). 4. Documented stable renal function is defined as creatinine clearance or estimated glomerular filtration rate that is maintained for at least 3 months (i.e. 30-49 mL/min for 15 mg once daily dosing or ≥ 50 mL/min for 20 mg once daily dosing). 5. There is currently no data to support that rivaroxaban provides adequate anticoagulation in patients with rheumatic valvular disease or those with prosthetic heart valves, so rivaroxaban is not recommended in these populations. 6. Patients starting rivaroxaban should have ready access to appropriate medical services to manage a major bleeding event.

DRUGS REVIEWED AND NOT LISTED

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

Alitretinoin	*(Toctino™)*	10mg, 30mg capsules
Eltrombopag Olamine	*(Revolade®)*	25mg, 50mg tablets
Fentanyl Citrate	*(Abstral®)*	100µg, 200µg, 300µg, 400µg, 600µg, 800µg sublingual tablets
Tadalafil	*(Adcirca™)*	20mg tablets

CORRECT QUANTITIES FOR CLAIM SUBMISSIONS

A detailed list of the correct units of measure to use when submitting claims to NBPDP is now available on the website. This document is posted at www.gnb.ca/0051/0212/index-e.asp in the section titled “Information for Health Care Professionals”

Bulletin # 842 October 3, 2012

Pharmacist administered publicly funded Seasonal influenza vaccine (2012-13)

The New Brunswick Prescription Drug Program (NBPDP), on behalf of the Office of the Chief Medical Officer of Health, manages the claims process for community pharmacies seeking reimbursement for pharmacist administration of publicly funded trivalent influenza vaccine (TIV) to the individuals who meet the eligibility criteria for the Public Health (PH) seasonal influenza program.

VACCINE ELIGIBILITY - PHARMACIST ADMINISTERED TIV

1. Adults and children (age 5 years and older) with chronic health conditions as per the National Advisory Committee on Immunization (NACI) recommendations for the 2012-2013 influenza season and listed below:
   - cardiac or pulmonary disorders (including bronchopulmonary dysplasia, cystic fibrosis and asthma);
   - diabetes mellitus and other metabolic diseases;
   - cancer, immune compromising conditions (due to underlying disease and/or therapy);
   - renal disease;
   - anemia or hemoglobinopathy;
   - conditions that compromise the management of respiratory secretions and are associated with an increased risk of aspiration;
   - morbid obesity (BMI≥40); and
   - children and adolescents with conditions treated for long periods with acetylsalicylic acid.
2. People ≥65 years of age
3. Healthy children 5 to 18 years of age

Eligible individuals should be known to the pharmacist through regular dispensing of medication to treat such conditions as listed above and have an up to date patient medication profile available.

For more information, please refer to the following links:

- The New Brunswick Immunization Program Guide (2012): www2.gnb.ca/content/gnb/en/departments/ocmoh/for_healthprofessionals/cdc.html
- Public Health Agency of Canada: www.phac-aspc.gc.ca/naci-ccni/index-eng.php
- Immunize Canada: www.immunize.ca

CLAIM SUBMISSION

Claims should be submitted under NBPDP Plan "I". A patient profile should be set-up as for any patient and must include the vaccine recipient's name and address; Medicare number; date of birth and gender; date vaccine administered, name and lot number of the vaccine. For billing purposes, the following procedures and information are required.

Field	**Information Required**
Patient ID	Patient's NB Medicare number. Note: this also applies to NBPDP beneficiaries. In cases where an individual is eligible but resides out-of-province enter "999 999 999" in place of the Medicare number
Plan	"I" Note: this also applies to NBPDP beneficiaries.
Prescriber	"8000" plus the license number of the pharmacist administering the vaccine.
Drug	Fluviral® DIN: 02015986 Agriflu® DIN: 02346850
Drug Cost	Zero
Dispensing Fee	$12.00
Intervention and Exception Code	CPhA code "IB" for those individuals meeting at least one of the chronic conditions listed in table above.

Note: Regulation 2009-136, section 14 under the *Public Health Act* requires that those who administer a vaccine provide the recipient with a record of the immunization. A computer generated prescription receipt would satisfy this requirement.

VACCINE ORDERS

All pharmacies should fax their influenza vaccine orders to the Central Serum Depot at (506) 648-6477 and include the following information:

- Number of doses required
- Delivery address including the pharmacy name
- Contact name and telephone number
- Preferred date of delivery

Bulletin #843 October 9, 2012

NBPDP FORMULARY UPDATE

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective October 9, 2012

Included in this bulletin:

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

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

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REGULAR BENEFIT ADDITIONS

Drug/Form/Route/Strength			Brand Name	DIN	Manufacturer	Plans	$
Rilpivirine							
Tab	Orl	25mg	Edurant™	02370603	JAN	U	AAC

SPECIAL AUTHORIZATION ADDITIONS

Linagliptin
(Trajenta™)
5mg tablets

For patients with type 2 diabetes mellitus with inadequate glycemic control while on optimal doses of metformin and a sulfonylurea, and for whom NPH insulin is not an option, when added as a third agent.

Ticagrelor
(Brilinta®)
90mg tablet

To be taken in combination with ASA 75mg -150mg daily[a] for patients with acute coronary syndrome (i.e. ST elevation myocardial infarction (STEMI), non-ST elevation myocardial infarction (NSTEMI), or unstable angina (UA), as follows:

STEMI[b,c]

- STEMI patients undergoing primary PCI

NSTEMI or UA[b,c]

- Presence of high risk features irrespective of intent to perform revascularization:
  - High GRACE risk score (>140)
  - High TIMI risk score (5-7)
  - Second ACS within 12 months
  - Complex or extensive coronary artery disease e.g. diffuse three vessel disease
  - Definite documented cerebrovascular or peripheral vascular disease
  - Previous CABG

OR

- Undergoing PCI + high risk angiographic anatomy[d]

Notes:

(a) Co-administration of ticagrelor with high maintenance dose ASA (>150mg daily) is not recommended.

(b) In the PLATO study more patients on ticagrelor experienced non CABG related major bleeding than patients on clopidogrel, however, there was no difference between the rate of overall major bleeding, between patients treated with ticagrelor and those treated with clopidogrel. As with all other antiplatelet treatments the benefit/risk ratio of antithrombotic effect vs. bleeding complications should be evaluated.

(c) Ticagrelor is contraindicated in patients with active pathological bleeding, in those with a history of intracranial hemorrhage and moderate to severe hepatic impairment.

SPECIAL AUTHORIZATION ADDITIONS CONTINUED

Ticagrelor *(Brilinta®)* 90mg tablet	**Notes (continued):** (d) High risk angiographic anatomy is defined as any of the following: left main stenting, high risk bifurcation stenting (i.e., two-stent techniques), long stents ≥ 38 mm or overlapping stents, small stents ≤ 2.5 mm in patients with diabetes. Approval will be for a maximum of 12 months. Prescriptions written by invasive (interventional) cardiologists do not require special authorization.
Zoledronic Acid *(Aclasta®)* 5mg/100mL solution for infusion	For the treatment of osteoporosis in postmenopausal women who were previously approved or would otherwise be eligible for coverage of oral bisphosphonates and who: • Have experienced further significant decline in bone mineral density (BMD) after 1 year of continuous oral bisphosphonate therapy. OR • Have experienced serious intolerance to oral bisphosphonates. OR • Have a contraindication to oral bisphosphonates. Note: Serious intolerance is defined as esophageal ulceration, erosion or stricture, or lower gastrointestinal symptoms severe enough to cause discontinuation of oral bisphosphonates, or swallowing disorders that will increase the risk of esophageal ulceration from oral bisphosphonates.

DRUGS REVIEWED AND NOT LISTED

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

Fentanyl citrate	*(Onsolis™)*	200µg, 400µg, 600µg, 800µg, 1200µg buccal soluble film
Oxycodone hydrochloride / naloxone hydrochloride - Resubmission	*(Targin™)*	10mg/5mg, 20mg/10mg, 40mg/20mg controlled release tablets

Bulletin # 844 October 17, 2012

NBPDP Formulary Update

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).

Existing interchangeable categories

- New products will be reimbursed at the current category MAP.

New interchangeable categories

- New products, other than the original brand product, will be reimbursed at the new category MAP effective October 17, 2012.
- The original brand product will be reimbursed at the new category MAP effective November 14, 2012. Prior to November 14, 2012, the original brand product will be reimbursed at a higher MAP, as indicated on the attached interchangeable product additions list.

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NBPDP Interchangeable Product Additions
Ajouts produit interchangeable pour le PMONB

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFG FAB	Plans Régimes	MAP PAM
Candesartan Cilexetil Candésartan cilexétil							
Tab Co.	Orl	8mg	pms-Candesartan	2391198	PMS	AEFGVW	0.4600
		16mg	pms-Candesartan	2391201	PMS	AEFGVW	0.4600
		32mg	pms-Candesartan	2391228	PMS	AEFGVW	0.8795
Candesartan Cilexetil/Hydrochlorothiazide Candésartan cilexétil/hydrochlorothiazide							
Tab Co.	Orl	16mg/12.5mg	Atacand Plus	2244021	AZE	AEFGVW	1.2938
			Apo-Candesartan/HCTZ	2367866	APX		0.4792
			Co-Candesartan/HCT	2388650	COB		
			Mylan-Candesartan HCTZ	2374897	MYL		
			pms-Candesartan-HCTZ	2391295	PMS		
			Sandoz Candesartan Plus	2327902	SDZ		
Finasteride Finastéride							
Tab Co.	Orl	5mg	Mint-Finasteride	2389878	MNT	Spec. Auth.	0.7464
Irbesartan Irbésartan							
Tab Co.	Orl	75mg	Apo-Irbesartan	2386968	APX	AEFGVW	0.4839
		150mg	Apo-Irbesartan	2386976	APX	AEFGVW	0.4839
		300mg	Apo-Irbesartan	2386984	APX	AEFGVW	0.4839
Lamivudine							
Tab Co.	Orl	100mg	Heptovir	2239193	VIV	AEFGVW	5.0855
			Apo-Lamivudine HBV	2393239	APX		3.5316
Levonorgestrel/Ethinyl Estradiol Lévonorgestrel/éthinyl estradiol							
Tab Co.	Orl	0.1mg/0.02mg	Esme 21	2388138	MYL	EFGV	0.4636
			Esme 28	2388146	MYL		0.3477
Losartan Potassium/Hydrochlorothiazide Losartan potassique/hydrochlorothiazide							
Tab Co.	Orl	50mg/12.5mg	pms-Losartan-HCTZ	2392224	PMS	AEFGVW	0.5036
		100mg/12.5mg	pms-Losartan-HCTZ	2392232	PMS	AEFGVW	0.4931
		100mg/25mg	pms-Losartan-HCTZ	2392240	PMS	AEFGVW	0.5036

NBPDP Interchangeable Product Additions
Ajouts produit interchangeable pour le PMONB

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFG FAB	Plans Régimes	MAP PAM
Montelukast Sodium Montélukast sodique							
TabC Co.C.	Orl	4mg	Montelukast	2379317	SAS	Spec. Auth.	0.5833
		5mg	Montelukast	2379325	SAS	Spec. Auth.	0.6440
Nevirapine Névirapine							
Tab Co.	Orl	200mg	Mylan-Nevirapine	2387727	MYL	U	1.9753
Pramipexole Dihydrochloride (monohydrate)							
Tab Co.	Orl	0.25mg	Mylan-Pramipexole	2376350	MYL	AEFVW	0.4205
		0.5mg	Mylan-Pramipexole	2376369	MYL	AEFVW	1.0514
		1mg	Mylan-Pramipexole	2376377	MYL	AEFVW	0.8411
		1.5mg	Mylan-Pramipexole	2376385	MYL	AEFVW	0.8411
Riluzole							
Tab Co.	Orl	50mg	Rilutek Apo-Riluzole	2242763 2352583	SAV APX	Spec. Auth.	10.6027 7.3630
Valsartan/Hydrochlorothiazide							
Tab Co.	Orl	80mg/12.5mg	Apo-Valsartan/HCTZ	2382547	APX	AEFGVW	0.4772
		160mg/12.5mg	Apo-Valsartan/HCTZ	2382555	APX	AEFGVW	0.4788
		160mg/25mg	Apo-Valsartan/HCTZ	2382563	APX	AEFGVW	0.4776
		320mg/12.5mg	Apo-Valsartan/HCTZ	2382571	APX	AEFGVW	0.4804
		320mg/25mg	Apo-Valsartan/HCTZ	2382598	APX	AEFGVW	0.4776
Zolmitriptan							
ODT Co.D.O.	Orl	2.5mg	Mylan-Zolmitriptan ODT	2387158	MYL	Spec. Auth.	5.4867

Non-Listed Products Subject to MAP
Produits ne figurant pas sur la liste assujetis aux PAM

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFG FAB	MAP PAM
Candesartan Cilexetil Candésartan cilexétil						
Tab Co.	Orl	4mg	pms-Candesartan	2391171	PMS	0.3400
Tramadol Hydrochloride/Acetaminophen Tramadol (chlorhydrate de)/Acétaminophène						
Tab Co.	Orl	37.5mg/325mg	Jamp-Acet-Tramadol	2388308	JPC	0.6264
			Mar-Tramadol/Acet	2388324	MAR	
			Teva-Tramadol/Acetaminophen	2347180	TEV	
			Tramaphen-Odan	2388294	ODN	

Bulletin #845 October 31, 2012

NBPDP FORMULARY UPDATE

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective October 31, 2012

Included in this bulletin:

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

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

To unsubscribe from the NBPDP emailed announcements, please send a message to info@nbpdp-pmonb.ca. The Updates are available on the NBPDP webpage: http://www.gnb.ca/0212/BenefitUpdates-e.asp

REGULAR BENEFIT ADDITIONS

Drug/Form/Route/Strength	Brand Name	DIN	Manufacturer	Plans	$
Rilpivirine/emtricitabine/tenofovir disoproxil fumarate					
Tab Orl 25mg/200mg/300mg	Complera™	02374129	GIL	U	AAC

SPECIAL AUTHORIZATION ADDITIONS

Boceprevir
(Victrelis™)
200mg capsule

For the treatment of patients with chronic hepatitis C genotype 1 infection (HCV RNA positive) in combination with peginterferon alpha and ribavirin if the following criteria are met:

- Fibrosis stage of F2, F3 or F4 or on recommendation of an Internal Medicine Specialist
- Patient is not co-infected with HIV

One course of treatment only (for up to 44 weeks duration) will be approved.

Notes:
1. Response-guided therapy should be considered in patients for whom this is appropriate.
2. Therapy should be discontinued in all patients with HCV RNA levels ≥ 100 IU/mL at treatment week 12, or confirmed HCV RNA positive at treatment week 24.

Boceprevir/ribavirin plus peginterferon alfa-2b
(Victrelis Triple™)

200mg / 200mg capsules plus 80mcg injection

200mg / 200mg capsules plus 100mcg injection

200mg / 200mg capsules plus 120mcg injection

200mg / 200mg capsules plus 150mcg injection

For the treatment of patients with chronic hepatitis C genotype 1 infection (HCV RNA positive) if the following criteria are met:

- Fibrosis stage of F2, F3 or F4 or on recommendation of an Internal Medicine Specialist
- Patient is not co-infected with HIV

One course of treatment only (for up to 44 weeks duration) will be approved.

Notes:
1. Response-guided therapy should be considered in patients for whom this is appropriate.
2. Therapy should be discontinued in all patients with HCV RNA levels ≥ 100 IU/mL at treatment week 12, or confirmed HCV RNA positive at treatment week 24.

SPECIAL AUTHORIZATION ADDITIONS CONTINUED

Dienogest *(Visanne®)* 2mg tablet	For the management of pelvic pain associated with endometriosis in patients for whom one or more less costly hormonal options are either ineffective or cannot be used. Note: Continuous combined oral contraceptives and medroxyprogesterone are examples of less costly hormonal options.
Rufinamide *(Banzel™)* 100mg, 200mg, 400mg tablets	For the adjunctive treatment of seizures associated with Lennox-Gastaut syndrome for patients who meet all of the following criteria: • are under the care of a physician experienced in treating Lennox-Gastaut syndrome-associated seizures, AND • are currently receiving two or more antiepileptic drugs, AND • in whom less costly antiepileptic drugs are ineffective or not appropriate.
Telaprevir *(Incivek™)* 375mg tablet	For the treatment of patients with chronic hepatitis C genotype 1 infection (HCV RNA positive) in combination with peginterferon alpha and ribavirin if the following criteria are met: • Fibrosis stage of F2, F3 or F4 or on recommendation of an Internal Medicine Specialist • Patient is not co-infected with HIV One course of treatment only (for up to 12 weeks duration) will be approved Notes: 1. Response-guided therapy should be considered in patients for whom this is appropriate. 2. Therapy should be discontinued in all patients with HCV RNA levels greater than 1,000 IU/mL at treatment week 4 or 12, or confirmed HCV RNA positive at treatment week 24.

SPECIAL AUTHORIZATION – REVISED CRITERIA

Peginterferon alfa-2a and ribavirin *(Pegasys RBV®)* 180mcg injection and 200mg tablet **Peginterferon alfa-2b and ribavirin** *(Pegetron®* *Pegetron® Redipen)* 50mcg injection and 200mg capsule 80mcg injection and 200mg capsule 100mcg injection and 200mg capsule 120mcg injection and 200mg capsule 150mcg injection and 200mg capsule	Requests will be considered from internal medicine specialists: 1. For the treatment of peginterferon and ribavirin treatment-naïve chronic hepatitis C (HCV RNA positive) patients. Note: 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. 2. For the treatment of patients with chronic hepatitis C genotype 1 infection (HCV RNA positive) in combination with boceprevir or telaprevir. Note: Coverage will be approved for up to a total of 44 weeks in combination with boceprevir or up to a total of 48 weeks in combination with telaprevir.

DRUGS REVIEWED AND NOT LISTED

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

Belimumab	*(Benlysta™)*	120mg/5mL vial, 400mg/20mg vial powder for intravenous infusion
Dexamethasone	*(Ozurdex™)*	0.7mg intravitreal implant
Silodosin	*(Rapaflo™)*	4mg, 8mg capsules

Bulletin #846 November 15, 2012

Antiviral Coverage for NBPDP Beneficiaries in Long-term Care Facilities

Information for Pharmacies Providing Services to Licensed Nursing Homes

Oseltamivir (Tamiflu®) and zanamivir (Relenza®) are available as special authorization benefits 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 Medical Officer of Health (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

    - Zanamivir: Special authorization NBPDP benefit, Plan V only
        - Option for treatment or prophylaxis of influenza A or influenza B in cases of suspected or confirmed oseltamivir resistance or contraindication to oseltamivir.

- It is important to begin antiviral treatment within 24-48 hours of symptom onset. Antiviral medication is unlikely to benefit residents who have been ill for more than 48 hours.

- Link to guidance on antiviral use: http://www.ammi.ca/guidelines

Process for Coverage of Antivirals

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 antiviral therapy in that LTC facility by calling the NBPDP Inquiry line: 1-800-332-3691.

After regular work 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 antivirals 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 antiviral required.

On-Line Payment of Special Authorization Claims for Antivirals:

When notified by the LTC facility that antiviral 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 the antiviral has been activated and the pharmacy can then bill claims on-line. Approval for antiviral therapy 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®)* 30 mg, 45 mg, and 75mg capsules	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 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 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.
Zanamivir *(Relenza®)* 5 mg blister for inhalation	For beneficiaries residing in long-term care facilities and who meet the same treatment criteria or prophylaxis criteria as for oseltamivir, AND • for whom there is suspected or confirmed oseltamivir resistance, OR • for whom oseltamivir is contraindicated.

Bulletin # 847 November 16, 2012

NBPDP Formulary Update

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).

Existing interchangeable categories

- New products will be reimbursed at the current category MAP.

New interchangeable categories

- New products, other than the original brand product, will be reimbursed at the new category MAP effective November 16, 2012.
- The original brand product will be reimbursed at the new category MAP effective December 14, 2012. Prior to December 14, 2012, the original brand product will be reimbursed at a higher MAP, as indicated on the attached interchangeable product additions list.

To unsubscribe from the NBPDP emailed announcements, please send a message to info@nbpdp-pmonb.ca.
The Updates are available on the NBPDP webpage: http://www.gnb.ca/0212/BenefitUpdates-e.asp

NBPDP Interchangeable Product Additions
Ajouts produit interchangeable pour le PMONB

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFG FAB	Plans Régimes	MAP PAM
Alendronate Sodium Alendronate sodique							
Tab Co.	Orl	70mg	Jamp-Alendronate	2385031	JPC	W & Spec. Auth.	4.0230
Anastrozole							
Tab Co.	Orl	1mg	Anastrozole	2351218	AHI	AEFVW	2.0367
			Apo-Anastrozole	2374420	APX		
			Co-Anastrozole	2394898	COB		
			Jamp-Anastrozole	2339080	JPC		
			Mar-Anastrozole	2379562	MAR		
			Med-Anastrozole	2379104	GMP		
			Mylan-Anastrozole	2361418	MYL		
			pms-Anastrozole	2320738	PMS		
			Ran-Anastrozole	2328690	RAN		
			Taro-Anastrozole	2365650	TAR		
			Teva-Anastrozole	2313049	TEV		
Fluoxetine Hydrochloride Fluoxétine (chlorhydrate de)							
Cap Caps.	Orl	20mg	Jamp-Fluoxetine	2386402	JPC	AEFGVW	0.7357
Latanoprost							
Liq Liq	Oph	0.005%	Sandoz Latanoprost	2367335	SDZ	AEFGVW	4.4048
Metformin Hydrochloride Metformine (chlorhydrate de)							
Tab Co.	Orl	500mg	Septa-Metformin	2379767	SPT	AEFGVW	0.0953
		850mg	Septa-Metformin	2379775	SPT	AEFGVW	0.1536
Mycophenolate Mofetil Mycophénolate mofétil							
Cap Caps	Orl	250mg	Jamp-Mycophenolate	2386399	JPC	R	0.8248
Ondansetron Hydrochloride Dihydrate Ondansétron dihydraté (chlorhydrate d')							
Tab Co.	Orl	4mg	Septa-Ondansetron	2376091	SPT	W & Spec. Auth.	5.3590
		8mg	Septa-Ondansetron	2376105	SPT	W & Spec. Auth.	8.1777
Repaglinide							
Tab Co.	Orl	0.5mg	Apo-Repaglinide	2355663	APX	Spec. Auth.	0.1215

NBPDP Interchangeable Product Additions
Ajouts produit interchangeable pour le PMONB

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFG FAB	Plans Régimes	MAP PAM
Repaglinide							
Tab Co.	Orl	1mg	Apo-Repaglinide	2355671	APX	Spec. Auth.	0.1263
		2mg	Apo-Repaglinide	2355698	APX	Spec. Auth.	0.1312
Riluzole							
Tab Co.	Orl	50mg	Mylan-Riluzole	2390299	MYL	Spec. Auth.	3.4361
Rizatriptan Benzoate Rizatriptan (benzoate de)							
ODT Co. D.O.	Orl	5mg	pms-Rizatriptan RDT	2393360	PMS	Spec. Auth.	5.9280
		10mg	pms-Rizatriptan RDT	2393379	PMS	Spec. Auth.	5.9280
Simvastatin Simvastatine							
Tab Co.	Orl	20mg	Jamp-Simvastatin	2375613	JPC	AEFGVW	1.0002
		40mg	Jamp-Simvastatin	2375621	JPC	AEFGVW	1.0002
		80mg	Jamp-Simvastatin	2375648	JPC	AEFGVW	1.0002
Sotalol Hydrochloride Sotalol (chlorhydrate de)							
Tab Co.	Orl	80mg	ratio-Sotalol	2084228	TEV	AEFGVW	0.2966
Telmisartan							
Tab Co.	Orl	40mg	Telmisartan	2388944	SAS	AEFGVW	0.4518
		80mg	Telmisartan	2388952	SAS	AEFGVW	0.4518
Telmisartan/Hydrochlorothiazide							
Tab Co.	Orl	80mg/12.5mg	Sandoz Telmisartan HCT	2393557	SDZ	AEFGVW	0.4518
		80mg/25mg	Sandoz Telmisartan HCT	2393565	SDZ	AEFGVW	0.4518
Valsartan							
Tab Co.	Orl	40mg	Valsartan	2366940	SAS	AEFGVW	0.4657
		80mg	Valsartan	2366959	SAS	AEFGVW	0.4786
		160mg	Valsartan	2366967	SAS	AEFGVW	0.4797
		320mg	Valsartan	2366975	SAS	AEFGVW	0.4663

NBPDP Interchangeable Product Additions
Ajouts produit interchangeable pour le PMONB

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFG FAB	Plans Régimes	MAP PAM
Valsartan/Hydrochlorothiazide							
Tab Co.	Orl	80mg/12.5mg	Valsartan/HCTZ	2367009	SAS	AEFGVW	0.4772
		160mg/12.5mg	Valsartan/HCTZ	2367017	SAS	AEFGVW	0.4788
		160mg/25mg	Valsartan/HCTZ	2367025	SAS	AEFGVW	0.4776
		320mg/12.5mg	Valsartan/HCTZ	2367033	SAS	AEFGVW	0.4804
		320mg/25mg	Valsartan/HCTZ	2367041	SAS	AEFGVW	0.4776

Non-Listed Products Subject to MAP
Produits ne figurant pas sur la liste assujetis aux PAM

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFG FAB	MAP PAM
Eletriptan Hydrobromide Eletriptan (bromhydrate de)						
Tab Co.	Orl	20mg	Relpax	2256290	PFI	14.5224
			GD-Eletriptan	2342235	GMD	10.0850
		40mg	Relpax	2256304	PFI	14.5224
			GD-Eletriptan	2342243	GMD	10.0850
Tramadol Hydrochloride/Acetaminophen Tramadol (chlorhydrate de)/Acétaminophène						
Tab Co.	Orl	37.5mg/325mg	Ran-Tramadol/Acet	2388197	RAN	0.6264

Bulletin # 848 November 17, 2012

Change in Claim Submission Requirement for Prescriptions Prescribed by Pharmacists

The New Brunswick Prescription Drug Program (NBPDP) will be changing the information that must be submitted for claims for prescriptions that are prescribed by a pharmacist.

Effective February 15, 2013, these claims must contain the following:

Field	Information Required
Prescriber ID	New Brunswick Pharmaceutical Society Pharmacist's Licence Number
Prescriber ID Reference Code	46

In preparation for this change, pharmacists who prescribe drugs that are submitted for reimbursement must now register with NBPDP.

Information on the registration process will be provided by Medavie Blue Cross in the coming weeks. Pharmacists will only be required to complete one registration form. Submitting this form to Medavie Blue Cross will also register the pharmacist with NBPDP.

Please note: Until February 15th, 2013, claims for prescriptions prescribed by a pharmacist must continue to be submitted with the pharmacist's license number preceded by a prefix of 8000.

Bulletin # 849 December 6, 2012

NBPDP FORMULARY UPDATE

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective December 6, 2012.

Included in this bulletin:

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

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

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REGULAR BENEFIT ADDITIONS

Drug/Form/Route/Strength			Brand Name	DIN	Manufacturer	Plans	$
Acetylsalicylic acid							
ECT	Orl	325mg	ASATAB™ EC	02352427	ODN	AEFGVW	AAC
Cefprozil							
Pwr	Orl	125mg/5mL	Cefzil™	02163675	BRI	AEFGVW	MAP
			Apo-Cefprozil	02293943	APX		
			Ran-Cefprozil	02329204	RAN		
			Sandoz Cefprozil	02303426	SDZ		
Pwr	Orl	250mg/5mL	Cefzil™	02163683	BRI	AEFGVW	MAP
			Apo-Cefprozil	02293951	APX		
			Ran-Cefprozil	02293579	RAN		
			Sandoz Cefprozil	02303434	SDZ		
Tab	Orl	250mg	Cefzil™	02163659	BRI	AEFGVW	MAP
			Apo-Cefprozil	02292998	APX		
			Ran-Cefprozil	02293528	RAN		
			Sandoz Cefprozil	02302179	SDZ		
Tab	Orl	500mg	Cefzil™	02163667	BRI	AEFGVW	MAP
			Apo-Cefprozil	02293005	APX		
			Ran-Cefprozil	02293536	RAN		
			Sandoz Cefprozil	02302187	SDZ		
Erythromycin							
Ont	Oph	0.5%	Erythromycin	02326663	SGQ	AEFGVW	MAP
Gliclazide							
ERT	Orl	60mg	Diamicron® MR	02356422	SEV	ABEFGVW	AAC
Mometasone furoate							
Crm	Top	0.1%	Elocom®	00851744	FRS	ABEFGVW	MAP
			Taro-Mometasone	02367157	TAR		
Lot	Top	0.1%	Elocom®	00871095	FRS	ABEFGVW	MAP
			Taro-Mometasone	02266385	TAR		
Ont	Top	0.1%	Elocom®	00851736	FRS	ABEFGVW	MAP
			ratio-Mometasone	02248130	RPH		
Ritonavir							
Tab	Orl	100mg	Norvir®	02357593	ABB	U	AAC
Somatropin							
Liq	SC	6mg	Saizen®	02350122	EMD	T	AAC
		12mg	Saizen®	02350130			
		20mg	Saizen®	02350149			

SPECIAL AUTHORIZATION ADDITIONS

Insulin detemir *(Levemir® Penfill)* 100 U/mL cartridge	For the treatment of patients who have been diagnosed with Type 1 or Type 2 diabetes requiring insulin and have previously taken insulin NPH and/or pre-mix daily at optimal dosing. AND 1. Have experienced unexplained nocturnal hypoglycemia at least once a month despite optimal management. OR 2. Have documented severe or continuing systemic or local allergic reaction to existing insulin(s). Note: Requests should be submitted on the long-acting insulin analogue special authorization request form. Long Acting Insulin Analogue Form
Somatropin *(Saizen®)* 6mg, 12mg, 20mg / cartridge (new format)	• For the treatment of short stature associated with Turner's syndrome patients whose epiphyses are not closed. • Must be prescribed by, or in consultation with, an endocrinologist.

DRUGS REVIEWED AND NOT LISTED

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

Acetylsalicylic acid	*(ASATAB™)*	80mg chewable tablet
Collagenase	*(Santyl®)*	250 units/g ointment
Lidocaine hydrochloride	*(Lidodan™)*	12mg/metered dose (equivalent to 10mg lidocaine base) endotracheal non-aerosol spray
Nicotinic acid	*(Ni-Odan™)*	500mg extended release tablet
Polyethylene glycol	*(PEG 3350)*	powder for oral solution

Bulletin # 850 December 14, 2012

New Brunswick Prescription Drug Program
2012 Holiday Schedule

Our office will be closed on the following days during the holiday season:

Monday	December 24, 2012	Open from 8:00 a.m. until 12:00 p.m.
Tuesday	December 25, 2012	Closed
Wednesday	December 26, 2012	Closed
Tuesday	January 1, 2013	Closed

We would like to take this opportunity to wish you and your staff a Happy Holiday Season.

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Bulletin # 851 December 18, 2012

NBPDP Formulary Update

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).

Existing interchangeable categories

- New products will be reimbursed at the current category MAP.

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The Updates are available on the NBPDP webpage: http://www.gnb.ca/0212/BenefitUpdates-e.asp

NBPDP Interchangeable Product Additions
Ajouts produit interchangeable pour le PMONB

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFG FAB	Plans Régimes	MAP PAM
Candesartan Cilexetil Candésartan Ciléxetil							
Tab Co.	Orl	32mg	Sandoz Candesartan	2392267	SDZ	AEFGVW	0.4193
Levonorgestrel/Ethinyl Estradiol Lévonorgestrel/éthinyl estradiol							
Tab Co.	Orl	0.1mg/0.02mg	Alysena 21	2387875	APX	EFGV	0.4636
			Alysena 28	2387883	APX		0.3477
Losartan Potassium Losartan Potassique							
Tab Co.	Orl	25mg	Losartan	2388863	SAS	AEFGVW	0.4407
		50mg	Losartan	2388871	SAS	AEFGVW	0.4407
		100mg	Losartan	2388898	SAS	AEFGVW	0.4407
Metformin Hydrochloride Metformine (chlorhydrate de)							
Tab Co.	Orl	500mg	Jamp-Metformin Blackberry	2380722	JPC	AEFGVW	0.0834
		850mg	Jamp-Metformin Blackberry	2380730	JPC	AEFGVW	0.1205

Bulletin #852 December 20, 2012

NBPDP FORMULARY UPDATE

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective December 20, 2012.

Included in this bulletin:

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

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

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REGULAR BENEFIT ADDITIONS

Drug/Form/Route/Strength			Brand Name	DIN	Manufacturer	Plans	$
Calcipotriol							
Liq	Top	50mcg/mL	Dovonex® Scalp Solution	02194341	LEO	AEFV	AAC
Cefprozil							
Pwr	Orl	125mg/5mL	Auro-Cefprozil	02347261	ARO	AEFGVW	MAP
		250mg/5mL	Auro-Cefprozil	02347288			
Tab	Orl	250mg	Auro-Cefprozil	02347245	ARO	AEFGVW	MAP
		500mg	Auro-Cefprozil	02347253			
Hydromorphone hydrochloride							
Cap	Orl	4.5mg	Hydromorph Contin®	02359502	PFR	AEFGVW	AAC
		9mg	Hydromorph Contin®	02359510			
Levothyroxine							
Tab	Orl	0.137mg	Synthroid®	02233852	ABB	AEFGVW	AAC
Pinaverium bromide							
Tab	Orl	50mg	Dicetel®	01950592	ABB	AEFGVW	AAC
		100mg	Dicetel®	02230684			

SPECIAL AUTHORIZATION ADDITIONS

Asenapine
(Saphris™)
5mg, 10mg sublingual tablets

For the acute treatment of manic or mixed episodes associated with bipolar I disorder as either:

- Monotherapy, after a trial of lithium or divalproex sodium has failed, and trials of less expensive atypical antipsychotic agents have failed due to intolerance or lack of response
- Co-therapy with lithium or divalproex sodium, after trials of less expensive atypical antipsychotic agents have failed due to intolerance or lack of response.

OnabotulinumtoxinA
(Botox™)
200 Allergan units per vial

New indication added to criteria:

For the treatment of urinary incontinence due to neurogenic detrusor overactivity resulting from neurogenic bladder associated with multiple sclerosis (MS) or subcervical spinal cord injury (SCI) if the following conditions are met:

- patient failed to respond to behavioural modification and anticholinergics and/or is intolerant to anticholinergics
- subsequent treatments are provided at intervals no less than every 36 weeks.

Patients who fail to respond to initial treatment with onabotulinumtoxinA should not be retreated.

DRUGS REVIEWED AND NOT LISTED

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

Asenapine - For the treatment of schizophrenia	*(Saphris™)*	5mg, 10mg sublingual tablets
Exenatide	*(Byetta™)*	250µg/mL solution for injection prefilled pen
Oxybutynin chloride	*(Gelnique™)*	10% gel
Prucalopride	*(Resotran™)*	1mg, 2mg film-coated tablets
Quetiapine	*(pms-Quetiapine)*	50mg tablet
Risedronate	*(Actonel® DR)*	35mg delayed-release tablet

Bulletin # 853 January 31, 2013

NBPDP Formulary Update

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).

Existing interchangeable categories

- New products will be reimbursed at the current category MAP.

New interchangeable categories

- New products, other than the original brand product, will be reimbursed at the new category MAP effective January 31, 2013.
- The original brand product will be reimbursed at the new category MAP effective February 28, 2013. Prior to February 28, 2013 the original brand product will be reimbursed at a higher MAP, as indicated on the attached interchangeable product additions list.

To unsubscribe from the NBPDP emailed announcements, please send a message to info@nbpdp-pmonb.ca.
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NBPDP Interchangeable Product Additions
Ajouts produit interchangeable pour le PMONB

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFG FAB	Plans Régimes	MAP PAM
Alendronate Sodium Alendronate sodique							
Tab Co.	Orl	10mg	Alendronate Sodium Ran-Alendronate	2381486 2384701	AHI RAN	W & Spec. Auth.	0.6981
		70mg	Alendronate Sodium Ran-Alendronate	2381494 2384728	AHI RAN	W & Spec. Auth.	3.5201
Betamethasone 17-Valerate Bétaméthasone (valérate de)							
Crm Cr.	Top	0.05%	Celestoderm V/2	2357860	VAL	AEFGVW	0.0596
		0.1%	Celestoderm V	2357844	VAL	AEFGVW	0.0889
Ont Ont	Top	0.05%	Celestoderm V/2	2357879	VAL	AEFGVW	0.0596
		0.1%	Celestoderm V	2357852	VAL	AEFGVW	0.0889
Bisoprolol Fumarate Fumarate de bisoprolol							
Tab Co.	Orl	5mg	Bisoprolol	2391589	SAS	AEFVW	0.1391
		10mg	Bisoprolol	2391597	SAS	AEFVW	0.2030
Bupropion Hydrochloride Bupropion (chlorhydrate de)							
SRT Co.L.L.	Orl	100mg	Bupropion SR	2391562	SAS	AEFGVW	0.2167
		150mg	Bupropion SR	2391570	SAS	AEFGVW	0.3236
Ciprofloxacin Hydrochloride Ciprofloxacine (chlorhydrate de)							
Tab Co.	Orl	250mg	Auro-Ciprofloxacin	2381907	ARO	BW & Spec. Auth.	0.8660
		500mg	Auro-Ciprofloxacin	2381923	ARO	BW & Spec. Auth.	0.9770
		750mg	Auro-Ciprofloxacin	2381931	ARO	BW & Spec. Auth.	1.7891
Clarithromycin							
Pws. Pds.	Orl	125mg/5mL	Biaxin Accel-Clarithromycin	2146908 2390442	ABB ACC	ABEFGVW	0.3158 0.2047
		250mg/5mL	Biaxin Accel-Clarithromycin	2244641 2390450	ABB ACC	ABEFGVW	0.6169 0.3998

NBPDP Interchangeable Product Additions
Ajouts produit interchangeable pour le PMONB

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFG FAB	Plans Régimes	MAP PAM
Entacapone							
Tab Co.	Orl	200mg	Mylan-Entacapone	2390337	MYL	Spec Auth.	0.5687
Furosemide Furosémide							
Liq	Inj	10mg/mL	Lasix	2224739	AVE	VW	Disc.
Liq			Furosemide	2382539	SDZ		0.8650
Lamotrigine							
Tab Co.	Orl	25mg	Auro-Lamotrigine	2381354	ARO	AEFGVW	0.1310
		100mg	Auro-Lamotrigine	2381362	ARO	AEFGVW	0.5229
		150mg	Auro-Lamotrigine	2381370	ARO	AEFGVW	0.7706
Losartan Potassium/Hydrochlorothiazide Losartan Potassique/Hydrochlorothiazide							
Tab Co.	Orl	50mg/12.5mg	Co-Losartan/HCT	2388251	COB	AEFGVW	0.4407
		100mg/12.5mg	Co-Losartan/HCT	2388278	COB	AEFGVW	0.4314
		100mg/25mg	Co-Losartan/HCT	2388286	COB	AEFGVW	0.4407
Montelukast Sodium Montelukast sodique							
Tab Co.	Orl	10mg	Jamp-Montelukast Montelukast Sodium	2391422 2379236	JPC AHI	Spec. Auth.	0.8276
Ofloxacin Ofloxacine							
Liq Liq	Oph	0.3%	Sandoz Ofloxacin	2247189	SDZ	Spec. Auth.	0.8561
Paroxetine							
Tab Co.	Orl	20mg	Auro-Paroxetine	2383284	ARO	AEFGVW	0.6320
		30mg	Auro-Paroxetine	2383292	ARO	AEFGVW	0.6714

Bulletin #854 February 14, 2013

NBPDP FORMULARY UPDATE

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective February 14, 2013.

Included in this bulletin:

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

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

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REGULAR BENEFIT ADDITIONS

Drug/Form/Route/Strength			Brand Name	DIN	Manufacturer	Plans	$
Ertapenem Sodium							
Pws	IM	1g	Invanz®	02247437	FRS	W	AAC
Naproxen							
ECT	Orl	250mg	Naprosyn® E	02162792	HLR	AEFGVW	MAP
			Apo-Naproxen EC	02246699	APX		
			Naproxen EC	02350785	SAS		
			Teva-Naprox EC	02243312	TEV		
		375mg	Naprosyn® E	02162415	HLR	AEFGVW	MAP
			Apo-Naproxen EC	02246700	APX		
			Mylan-Naproxen EC	02243432	MYL		
			Naproxen EC	02350793	SAS		
			pms-Naproxen EC	02294702	PMS		
			Teva-Naprox EC	02243313	TEV		
		500mg	Naprosyn® E	02162423	HLR	AEFGVW	MAP
			Apo-Naproxen EC	02246701	APX		
			Mylan-Naproxen EC	02241024	MYL		
			Naproxen EC	02350807	SAS		
			pms-Naproxen EC	02294710	PMS		
			Teva-Naprox EC	02243314	TEV		
Tab	Orl	275mg	Anaprox®	02162725	HLR	AEFGVW	MAP
			Apo-Napro-Na	00784354	APX		
			Naproxen Sodium	02351013	SAS		
			Teva-Naproxen Sodium	00778389	TEV		
		550mg	Anaprox® DS	02162717	HLR	AEFGVW	MAP
			Apo-Napro-Na DS	01940309	APX		
			Naproxen Sodium DS	02351021	SAS		
			Teva-Naproxen Sodium DS	02026600	TEV		

SPECIAL AUTHORIZATION ADDITIONS

Nilotinib *(Tasigna™)* 150mg capsule	For the first-line treatment of adult patients with Philadelphia chromosome positive chronic myeloid leukemia (Ph+ CML) in chronic phase.
Risperidone *(Risperdal® Consta®)* 12.5mg prolonged release injection (new strength)	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.

SPECIAL AUTHORIZATION ADDITIONS

Tocilizumab *(Actemra®)* 80mg/4mL, 200mg/10mL, 400mg/20mL injection	**New indication added to criteria:** For the treatment of active systemic juvenile idiopathic arthritis (sJIA), in patients 2 years of age or older, who have responded inadequately to non-steroidal anti-inflammatory drugs (NSAIDs) and systemic corticosteroids (with or without methotrexate) due to intolerance or lack of efficacy. • Must be prescribed by, or in consultation with, a pediatric rheumatologist. • Coverage will be approved for a dose of 12 mg/kg for patients weighing less than 30kg or 8 mg/kg for patients weighing greater than or equal to 30kg to a maximum of 800mg, administered every two weeks. • Continued coverage will be dependent on a positive patient response as determined by a pediatric rheumatologist. Initial approval period: 16 weeks Renewal period: 1 year

DRUGS REVIEWED AND NOT LISTED

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

Gatifloxacin - resubmission	(Zymar™)	0.3% ophthalmic solution
Moxifloxacin - resubmission	(Vigamox®)	0.5% ophthalmic solution

Bulletin # 855 February 26, 2013

NBPDP Formulary Update

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).

Existing interchangeable categories

- New products will be reimbursed at the current category MAP.

New interchangeable categories

- New products, other than the original brand product, will be reimbursed at the new category MAP effective February 26, 2013.
- The original brand product will be reimbursed at the new category MAP effective March 26, 2013. Prior to March 26, 2013 the original brand product will be reimbursed at a higher MAP, as indicated on the attached interchangeable product additions list.

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NBPDP Interchangeable Product Additions
Ajouts produit interchangeable pour le PMONB

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFG FAB	Plans Régimes	MAP PAM
Candesartan Cilexetil Candésartan Cilexétil							
Tab Co.	Orl	8mg	Candesartan	2388928	SAS	AEFGVW	0.4100
		16mg	Candesartan	2388936	SAS	AEFGVW	0.4100
Ciprofloxacin Hydrochloride Ciprofloxacine (chlorhydrate de)							
Liq Liq	Oph	0.3%	Sandoz Ciprofloxacin	2387131	SDZ	AEFGVW	0.7920
Clarithromycin							
Tab Co.	Orl	250mg	Teva-Clarithromycin	2248804	TEV	ABEFGVW	0.5770
		500mg	Teva-Clarithromycin	2248805	TEV	ABEFGVW	1.6293
Fentanyl Transdermal Fentanyl (transdermal de)							
Pth Pth	Trd	12mcg/h	Mylan-Fentanyl Matrix	2396696	MYL	W & Spec. Auth.	2.2300
		25mcg/h	Mylan-Fentanyl Matrix	2396718	MYL	W & Spec. Auth.	4.0236
		50mcg/h	Mylan-Fentanyl Matrix	2396726	MYL	W & Spec. Auth.	7.5719
		75mcg/h	Mylan-Fentanyl Matrix	2396734	MYL	W & Spec. Auth.	10.6498
		100mcg/h	Mylan-Fentanyl Matrix	2396742	MYL	W & Spec. Auth.	13.2559
Fluvastatin Sodium Fluvastatin Sodique							
Cap Caps	Orl	20mg	Lescol Teva-Fluvastatin	2061562 2299224	NVR TEV	AEFGVW	0.9515 0.7048
		40mg	Lescol Teva-Fluvastatin	2061570 2299232	NVR TEV	AEFGVW	1.3360 0.9896
Montelukast Sodium Montélukast Sodique							
TabC Co.C.	Orl	4mg	Apo-Montelukast	2377608	APX	Spec. Auth.	0.5104
		5mg	Apo-Montelukast	2377616	APX	Spec. Auth.	0.5635
Nabilone							
Cap Caps	Orl	0.5mg	Co-Nabilone	2393581	COB	Spec Auth.	1.0859
		1mg	Co-Nabilone	2393603	COB	Spec Auth.	2.1718

NBPDP Interchangeable Product Additions
Ajouts produit interchangeable pour le PMONB

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFG FAB	Plans Régimes	MAP PAM
Pioglitazone Hydrochloride Pioglitazone (chlorhydrate de)							
Tab Co.	Orl	15mg	Pioglitazone Hydrochloride	2391600	AHI	Spec. Auth.	0.8324
Piperacillin Sodium/Tazobactam Sodium Pipéracilline sodique/Tazobactam sodique							
Pws Pds.	Inj	4g/0.5g	AJ-Pip/Taz	2391546	AJP	W	20.2700
Telmisartan							
Tab Co.	Orl	40mg	Co-Telmisartan	2393247	COB	AEFGVW	0.3954
		80mg	Co-Telmisartan	2393255	COB	AEFGVW	0.3954
Telmisartan/Hydrochlorothiazide							
Tab Co.	Orl	80mg/12.5mg	Telmisartan/HCTZ	2395355	SAS	AEFGVW	0.3954
		80mg/25mg	Telmisartan/HCTZ	2395363	SAS	AEFGVW	0.3954

Bulletin # 856 March 19, 2013

NBPDP Formulary Update

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

Existing interchangeable categories

- New products will be reimbursed at the current category MAP.

New interchangeable categories

- New products, other than the original brand product, will be reimbursed at the new category MAP effective March 19, 2013.
- The original brand product will be reimbursed at the new category MAP effective April 16, 2013. Prior to April 16, 2013 the original brand product will be reimbursed at a higher MAP, as indicated on the attached interchangeable product additions list.

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NBPDP Interchangeable Product Additions
Ajouts produit interchangeable pour le PMONB

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFG FAB	Plans Régimes	MAP PAM
Allopurinol							
Tab Co.	Orl	100mg	Mar-Allopurinol	2396327	MAR	AEFGVW	0.0846
		200mg	Mar-Allopurinol	2396335	MAR	AEFGVW	0.1411
		300mg	Mar-Allopurinol	2396343	MAR	AEFGVW	0.2306
Anastrozole							
Tab Co.	Orl	1mg	Mint-Anastrozole	2393573	MNT	AEFVW	1.7821
Candesartan Cilexetil Candésartan Cilexétil							
Tab Co.	Orl	8mg	Jamp-Candesartan	2386518	JPC	AEFGVW	0.4100
		16mg	Jamp-Candesartan	2386526	JPC	AEFGVW	0.4100
		32mg	Jamp-Candesartan	2386534	JPC	AEFGVW	0.4193
Candesartan Cilexetil/Hydrochlorothiazide Candésartan Cilexétil/Hydrochlorothiazide							
Tab Co.	Orl	16mg/12.5mg	Candesartan/HCTZ	2394804	SAS	AEFGVW	0.4193
		32mg/12.5mg	Atacand Plus	2332922	AZE	AEFGVW	1.2938
			Apo-Candesartan/HCTZ	2395126	APX		0.8985
		32mg/25mg	Atacand Plus	2332957	AZE	AEFGVW	1.2938
			Apo-Candesartan/HCTZ	2395134	APX		0.8985
Entecavir							
Tab Co.	Orl	0.5mg	Baraclude	2282224	BRI	Spec. Auth.	23.7600
			Apo-Entecavir	2396955	APX		16.5000
Fluoxetine Hydrochloride Fluoxétine (chlorhydrate de)							
Cap Caps	Orl	10mg	Auro-Fluoxetine	2385627	ARO	AEFGVW	0.8650
		20mg	Auro-Fluoxetine	2385635	ARO	AEFGVW	0.6438
Irbesartan/Hydrochlorothiazide Irbésartan/Hydrochlorothiazide							
Tab Co.	Orl	150mg/12.5mg	Apo-Irbesartan/HCTZ	2387646	APX	AEFGVW	0.4234
		300mg/12.5mg	Apo-Irbesartan/HCTZ	2387654	APX	AEFGVW	0.4234
		300mg/25mg	Apo-Irbesartan/HCTZ	2387662	APX	AEFGVW	0.4206

NBPDP Interchangeable Product Additions
Ajouts produit interchangeable pour le PMONB

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFG FAB	Plans Régimes	MAP PAM
Olanzapine							
ODT Co.D.O.	Orl	5mg	Mar-Olanzapine ODT	2389088	MAR	W & Spec. Auth.	1.2511
		10mg	Mar-Olanzapine ODT	2389096	MAR	W & Spec. Auth.	2.5000
		15mg	Mar-Olanzapine ODT	2389118	MAR	W & Spec. Auth.	3.7489
		20mg	Mar-Olanzapine ODT	2389126	MAR	W & Spec. Auth.	5.9377
Pioglitazone Hydrochloride Pioglitazone (chlorhydrate de)							
Tab Co.	Orl	15mg	Auro-Pioglitazone	2384906	ARO	Spec. Auth.	0.8324
		30mg	Auro-Pioglitazone	2384914	ARO	Spec. Auth.	1.1662
		45mg	Auro-Pioglitazone	2384922	ARO	Spec. Auth.	1.7535
Ramipril							
Cap Caps	Orl	1.25mg	Auro-Ramipril	2387387	ARO	AEFGVW	0.2427
		2.5mg	Auro-Ramipril	2387395	ARO	AEFGVW	0.2800
		5mg	Auro-Ramipril	2387409	ARO	AEFGVW	0.2800
		10mg	Auro-Ramipril	2387417	ARO	AEFGVW	0.3546
Rosuvastatin Calcium Rosuvastatin calcique							
Tab Co.	Orl	10mg	Jamp-Rosuvastatin	2391260	JPC	AEFVW	0.4760
		20mg	Jamp-Rosuvastatin	2391279	JPC	AEFVW	0.5950
		40mg	Jamp-Rosuvastatin	2391287	JPC	AEFVW	0.6965
Telmisartan/Hydrochlorothiazide							
Tab Co.	Orl	80mg/12.5mg	Co-Telmisartan/HCT	2393263	COB	AEFGVW	0.3954
		80mg/25mg	Co-Telmisartan/HCT	2393271	COB	AEFGVW	0.3954

Bulletin # 858 April 30, 2013

NBPDP Formulary Update

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

Existing interchangeable categories

- New products will be reimbursed at the current category MAP.

New interchangeable categories

- New products, other than the original brand product, will be reimbursed at the new category MAP effective April 30, 2013.
- The original brand product will be reimbursed at the new category MAP effective May 28, 2013. Prior to May 28, 2013 the original brand product will be reimbursed at a higher MAP, as indicated on the attached interchangeable product additions list.

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NBPDP Interchangeable Product Additions
Ajouts produit interchangeable pour le PMONB

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFG FAB	Plans Régimes	MAP PAM
Enalapril Maleate Énalapril (maléate de)							
Tab Co.	Orl	2.5mg	pms-Enalapril	2300079	PMS	AEFGVW	0.2737
		5mg	pms-Enalapril	2300087	PMS	AEFGVW	0.3239
		10mg	pms-Enalapril	2300095	PMS	AEFGVW	0.3891
		20mg	pms-Enalapril	2300109	PMS	AEFGVW	0.4696
Meloxicam							
Tab Co.	Orl	7.5mg	Auro-Meloxicam	2390884	ARO	AEFGVW	0.2804
		15mg	Auro-Meloxicam	2390892	ARO	AEFGVW	0.3235
Ramipril/Hydrochlorothiazide							
Tab Co.	Orl	2.5mg/12.5mg	Teva-Ramipril/HCTZ	2388332	TEV	AEFGVW	0.2250
		5mg/12.5mg	Teva-Ramipril/HCTZ	2388340	TEV	AEFGVW	0.2263
		5mg/25mg	Teva-Ramipril/HCTZ	2388367	TEV	AEFGVW	0.2263
		10mg/12.5mg	Teva-Ramipril/HCTZ	2388359	TEV	AEFGVW	0.2865
		10mg/25mg	Teva-Ramipril/HCTZ	2388375	TEV	AEFGVW	0.2865
Rizatriptan Benzoate Rizatriptan (benzoate de)							
Tab Co.	Orl	5mg	Apo-Rizatriptan	2393468	APX	Spec. Auth.	5.1508
		10mg	Apo-Rizatriptan	2393476	APX	Spec. Auth.	5.1870
Simvastatin Simvastatine							
Tab Co.	Orl	5mg	Jamp-Simvastatin Simvastatin-Odan	2375591 2378884	JPC ODN	AEFGVW	0.3600
		10mg	Jamp-Simvastatin Simvastatin-Odan	2375605 2378892	JPC ODN	AEFGVW	0.7081
		20mg	Simvastatin-Odan	2378906	ODN	AEFGVW	0.8751
		40mg	Simvastatin-Odan	2378914	ODN	AEFGVW	0.8751
		80mg	Simvastatin-Odan	2378922	ODN	AEFGVW	0.8751

NBPDP Interchangeable Product Additions
Ajouts produit interchangeable pour le PMONB

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFG FAB	Plans Régimes	MAP PAM
Terazosin Hydrochloride Térazosine (chlorhydrate de)							
Tab Co.	Orl	1mg	Mylan-Terazosin	2396289	MYL	AEF18+VW	0.2616
		2mg	Mylan-Terazosin	2396297	MYL	AEF18+VW	0.3325
		5mg	Mylan-Terazosin	2396300	MYL	AEF18+VW	0.4515
		10mg	Mylan-Terazosin	2396319	MYL	AEF18+VW	0.6609
Tetrabenazine Tétrabénazine							
Tab Co.	Orl	25mg	Nitoman	2199270	VLN	AEFGVW	7.2011
			pms-Tetrabenazine	2402424	PMS		4.8551
Venlafaxine Hydrochloride Venlafaxine (chlorhydrate de)							
SRC Caps.L.L.	Orl	37.5mg	Apo-Venlafaxine XR	2331683	APX	AEFGVW	0.1643
		75mg	Apo-Venlafaxine XR	2331691	APX	AEFGVW	0.3285
		150mg	Apo-Venlafaxine XR	2331705	APX	AEFGVW	0.3469
Zopiclone							
Tab Co.	Orl	5mg	Mar-Zopiclone	2386771	MAR	AEFVW	0.2231
			Mint-Zopiclone	2391716	MNT		
		7.5mg	Mar-Zopiclone	2386798	MAR	AEFVW	0.4685
			Mint-Zopiclone	2391724	MNT		

Bulletin # 859 May 28, 2013

NBPDP Formulary Update

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

Existing interchangeable categories

- New products will be reimbursed at the current category MAP.

New interchangeable categories

- New products, other than the original brand product, will be reimbursed at the new category MAP effective May 28, 2013.
- The original brand product will be reimbursed at the new category MAP effective June 25, 2013. Prior to June 25, 2013 the original brand product will be reimbursed at a higher MAP, as indicated on the attached interchangeable product additions list.

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NBPDP Interchangeable Product Additions
Ajouts produit interchangeable pour le PMONB

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFG FAB	Plans Régimes	MAP PAM
Allopurinol							
Tab Co.	Orl	100mg	Apo-Allopurinol	2402769	APX	AEFGVW	0.0846
		200mg	Apo-Allopurinol	2402777	APX	AEFGVW	0.1411
		300mg	Apo-Allopurinol	2402785	APX	AEFGVW	0.2306
Amlodipine Besylate Bésylate d'amlodipine							
Tab Co.	Orl	5mg	Auro-Amlodipine	2397072	ARO	AEFVW	0.2417
		10mg	Auro-Amlodipine	2397080	ARO	AEFVW	0.3587
Amoxicillin Amoxicilline							
Cap Caps.	Orl	250mg	Auro-Amoxicillin	2388073	ARO	ABEFGVW	0.1750
		500mg	Auro-Amoxicillin	2388081	ARO	ABEFGVW	0.3417
Cyproterone Acetate Cyprotérone (acétate de)							
Tab Co.	Orl	50mg	Med-Cyproterone	2390760	GMP	AEFVW	1.5283
Desogestrel/Ethinyl Estradiol Désogestrel/éthinyloestradiol							
Tab Co.	Orl	0.15mg/0.03mg	Freya 21 Freya 28	2396491 2396610	MYL MYL	EFGV	0.5436 0.4077
Fentanyl							
Pth Pth	Trd	25mcg/h	Co-Fentanyl	2386852	COB	W & Spec. Auth.	4.0236
		50mcg/h	Co-Fentanyl	2386879	COB	W & Spec. Auth.	7.5719
		75mcg/h	Co-Fentanyl	2386887	COB	W & Spec. Auth.	10.6498
		100mcg/h	Co-Fentanyl	2386895	COB	W & Spec. Auth.	13.2559
Fluoxetine Hydrochloride Fluoxétine (chlorhydrate de)							
Cap Caps.	Orl	10mg	Fluoxetine	2393441	AHI	AEFGVW	0.8650
Gabapentin Gabapentine							
Tab Co.	Orl	600mg	Gabapentin Mylan-Gabapentin	2392526 2397471	AHI MYL	AEFGVW	0.6350
		800mg	Gabapentin Mylan-Gabapentin	2392534 2397498	AHI MYL	AEFGVW	0.8467

NBPDP Interchangeable Product Additions
Ajouts produit interchangeable pour le PMONB

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFG FAB	Plans Régimes	MAP PAM
Irbesartan/Hydrochlorothiazide Irbésartan/Hydrochlorothiazide							
Tab Co.	Orl	150mg/12.5mg	Mint-Irbesartan/HCTZ	2392992	MNT	AEFGVW	0.4234
		300mg/12.5mg	Mint-Irbesartan/HCTZ	2393018	MNT	AEFGVW	0.4234
		300mg/25mg	Mint-Irbesartan/HCTZ	2393026	MNT	AEFGVW	0.4206
Lisinopril							
Tab Co.	Orl	5mg	Auro-Lisinopril	2394472	ARO	AEFGVW	0.2100
		10mg	Auro-Lisinopril	2394480	ARO	AEFGVW	0.2522
		20mg	Auro-Lisinopril	2394499	ARO	AEFGVW	0.3032
Mometasone Furoate Mométasone (furoate de)							
Aem	Nas	50mcg	Nasonex Aqueous	2238465	FRS	EFG-12	0.2289
Aem			Apo-Mometasone	2403587	APX		0.1549
Nabilone							
Cap	Orl	0.25mg	Cesamet	2312263	VLN	Spec. Auth.	1.7254
Caps			Teva-Nabilone	2392925	TEV		1.1634
Quetiapine Fumarate Quétiapine (fumarate de)							
Tab Co.	Orl	25mg	Auro-Quetiapine	2390205	ARO	AEFGVW	0.1779
		100mg	Auro-Quetiapine	2390213	ARO	AEFGVW	0.4746
		200mg	Auro-Quetiapine	2390248	ARO	AEFGVW	0.9530
		300mg	Auro-Quetiapine	2390256	ARO	AEFGVW	1.3906
Telmisartan/Hydrochlorothiazide							
Tab Co.	Orl	80mg/12.5mg	pms-Telmisartan/HCTZ	2401665	PMS	AEFGVW	0.3954
		80mg/25mg	pms-Telmisartan/HCTZ	2401673	PMS	AEFGVW	0.3954

Bulletin #860 May 28, 2013

NBPDP Formulary Update

Changes to Dispensing Fees and Drug Pricing

The New Brunswick Prescription Drug Program (NBPDP) will apply the following changes to the submission and payment of claims effective June 1, 2013.

Pharmacy Dispensing Fees

NBPDP pays pharmacies a dispensing fee for each eligible prescription dispensed to NBPDP beneficiaries. The maximum eligible dispensing fee for each drug category is outlined in the table below.

Drug Category	Dispensing Fee
Interchangeable	$10.50
Non-interchangeable	$10.50
Extemporaneous Preparations (Compounds)	$15.75
Methadone for Chronic Pain	$10.50
Methadone for Opioid Dependence	$9.50

Generic Drug Pricing

The price for interchangeable (generic) products will be 25% of the brand name drug price for solid oral dosage forms and 35% of brand name drug price for non-solid oral dosage forms. The reimbursement prices are indicated on the Maximum Allowable Price (MAP) list.

Note: For the period June 1st to 7th, 2013, NBPDP will reimburse pharmacies based on the April 2013 MAP list.

Drug Cost Reimbursement

The New Brunswick Prescription Drug Program (NBPDP) will reimburse the drug cost for each eligible prescription dispensed to NBPDP beneficiaries as follows:

Interchangeable Drugs
Maximum Allowable Price (MAP) plus up to 8% of MAP

Non-interchangeable Drugs
Manufacturer's list price (MLP) plus up to 8% of MLP

Extemporaneous Preparations (Compounds)
Actual Acquisition Cost (AAC)

Methadone Oral Solution
Maximum Allowable Price (MAP)

Information is also available on the NBPDP webpage at www.gnb.ca/0051/0212/index-e.asp in the section titled "Information for Health Care Professionals".

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

To unsubscribe from the NBPDP emailed announcements, please send a message to info@nbpdp-pmonb.ca.
The Updates are available on the NBPDP webpage: http://www.gnb.ca/0212/BenefitUpdates-e.asp

Bulletin #861 May 28, 2013

NBPDP Formulary Update
Methadone Claims

The New Brunswick Prescription Drug Program (NBPDP) will apply the following changes to the submission and payment of methadone claims.

Dispensing Fee

Effective June 1, 2013, the dispensing fee for each eligible methadone claim will be based on the indication:

Methadone for opioid dependence $9.50
Methadone for chronic pain $10.50

Claim Submissions

Product Identification Numbers (PINs) have been assigned to all methadone products to differentiate the indications of treatment of opioid dependence and chronic pain.

Effective June 1, 2013, claims for methadone products must be billed using the applicable PIN for the prescribed indication, as outlined in the table below.

Product	Opioid Dependence PIN	Chronic Pain PIN	MAP (per mg)
Compounded methadone oral solution	00999734	00999801	0.0050
Metadol™ 1 mg/mL oral solution	00903823	00903825	0.0050
Metadol™ 10 mg/mL oral concentrate	00903824	00903826	0.0050

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

Bulletin #863 June 18, 2013

NBPDP Formulary Update
Frequency of Dispensing and Payment Policy

Effective July 2, 2013, the New Brunswick Prescription Drug Program (NBPDP) will be expanding the Frequency of Dispensing and Payment policy to establish criteria for dispensing drugs taken continuously (long-term) by all NBPDP beneficiaries. The policy is being expanded to address the increase in frequency of dispensing of such drugs.

Please refer to the NBPDP webpage www.gnb.ca/0051/0212/index-e.asp in the section titled "Information for Health Care Professionals", for details on the policy, including exceptions, documentation requirements and changes to the claim submission process.

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

Bulletin #864 June 20, 2013

NBPDP FORMULARY UPDATE

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective June 20, 2013.

Included in this bulletin:

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

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

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REGULAR BENEFIT ADDITIONS

Drug/Form/Route/Strength			Brand Name	DIN	Manufacturer	Plans	$
Hypertonic sodium chloride							
Liq	Inh	7%	Hyper-Sal®	80029414	KEG	BEFG	AAC
Sirolimus **No longer requires special authorization**							
Liq	Orl	1mg/mL	Rapamune®	02243237	PFI	R	AAC
Tab	Orl	1mg	Rapamune®	02247111	PFI	R	AAC

SPECIAL AUTHORIZATION ADDITIONS

Fingolimod
(Gilenya®)
0.5 mg capsule

For the treatment of patients with Relapsing Remitting Multiple Sclerosis (RRMS) who meet all of the following criteria:

- Failure to respond to full and adequate courses[1] of at least one interferon OR glatiramer acetate; OR documented intolerance[2] to both therapies
- Have experienced one or more clinically disabling relapses in the previous year
- Demonstrate a significant increase in T2 lesion load compared with that from a previous MRI scan (i.e. 3 or more new lesions) OR have at least one gadolinium enhancing lesion
- Request is being made by and followed by a neurologist experienced in the management of RRMS
- Patient has a recent Expanded Disability Status Scale (EDSS) score less than or equal to 5.5 (i.e. patients must be able to ambulate at least 100 meters without assistance)

[1] Failure to respond to full and adequate courses is defined as a trial of at least 6 months of interferon or glatiramer therapy AND experienced at least one disabling relapse (attack) while on interferon or glatiramer therapy (MRI report does not need to be submitted with the request)

[2] Intolerance is defined as documented serious adverse effects or contraindications that are incompatible with further use of that class of drug. (Note that skin reactions at the site of the injection do NOT qualify as a contraindication to interferon or glatiramer therapy.)

Dosage: 0.5 mg once daily
Approval period: 1 year

Exclusion Criteria:

- Combination therapy of Fingolimod with other disease modifying therapies (e.g. Avonex, Betaseron, Copaxone, Rebif, Extavia, Tysabri) will not be funded.
- Combination therapy of Fingolimid with Fampyra will not be funded.
- Patients with EDSS > 5.5 will not be funded
- Patients who have experienced a heart attack or stroke within the 6 months prior to the funding request will not be considered.

SPECIAL AUTHORIZATION ADDITIONS CONTINUED

Fingolimod
(Gilenya®)
0.5 mg capsule

- Patients with a history of sick sinus syndrome, atrioventricular block, significant QT prolongation, bradycardia, ischemic heart disease, or congestive heart failure will not be considered.
- Patients younger than 18 years of age will not be considered.
- Patients with needle phobia or those having a preference for an oral therapy over an injection and who do not have one or more clinical contraindications to interferon or glatiramer therapy will not be funded.
- Skin reactions at the site of the injection do NOT qualify as a contraindication to interferon or glatiramer therapy.

Requirements for Initial Requests:

- The patient's physician must provide documentation setting out the details of the patient's most recent neurological examination within ninety (90) days of the submitted request. This must include a description of any recent attacks, the dates, and the neurological findings.

Renewal requests will be considered.

- Date and details of the most recent neurological examination and EDSS scores must be provided (exam must have occurred within that last 90 days); AND
- Patient must be stable or have experienced no more than 1 disabling attack/relapse in the past year; AND
- The recent Expanded Disability Status Scale (EDSS) score must be less than or equal to 5.5 (i.e. patients must be able to ambulate at least 100 meters without assistance)

Dosage: 0.5 mg once daily
Renewal period: 2 years

SPECIAL AUTHORIZATION ADDITIONS CONTINUED

Indacaterol maleate
(Onbrez® Breezhaler)
75mcg inhalation powder hard capsule

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.
- Dose not to exceed 75mcg/day.

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.

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

SPECIAL AUTHORIZATION ADDITIONS CONTINUED

Fesoterodine Fumarate
(Toviaz™)
4mg, 8mg 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.

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 fesoterodine fumarate 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 CRITERIA

Topiramate
(Topamax® & generic brands)
25mg, 50mg, 100mg, 200mg tablets

New Indication added to criteria:
To reduce the frequency of migraine headaches in adult patients who have failed an adequate trial of, or have contraindications to, beta blockers AND tricyclics for prophylaxis**.**

Naratriptan
(Amerge® & generic brands)
1mg, 2.5mg tablets

Rizatriptan
(Maxalt®, Maxalt® RPD & generic brands)
5mg, 10mg tablets
5mg, 10mg OD tablets

Sumatriptan
(Imitrex®, Imitrex® DF & generic brands)
50mg, 100mg tablets

Zolmitriptan
(Zomig®, Zomig® Rapidmelt & generic brands)
2.5mg tablet, 2.5mg OD tablets

- For the treatment of migraine[1] headache when:
  - Migraines are moderate[2] in severity and other therapies (e.g. NSAIDs, acetaminophen, DHE spray) are not effective, or
  - Migraine attacks are severe[2] or ultra severe[2]
- 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

SPECIAL AUTHORIZATION – REVISED CRITERIA CONTINUED

Almotriptan *(Axert®)* 6.25mg, 12.5mg tablets **Sumatriptan** *(Imitrex®)* 5mg, 20mg nasal spray **Zolmitriptan** *(Zomig®)* 2.5mg, 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, zolmitriptan, rizatriptan and naratriptan. • For the treatment of migraine[1] headache of severe[2] or ultra severe[2] intensity when patients have not responded to oral sumatriptan, zolmitriptan, rizatriptan and/or naratriptan. • 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
Sumatriptan *(Imitrex® and generic brands)* *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] o patients with >3 migraines/month on average despite prophylactic therapy may be considered for up to a maximum of 12 doses / 30 days.

[1] As diagnosed based on current Canadian guidelines.

[2] Definitions:
- Moderate - pain is distracting causing need to slow down and limit activates:
- 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 6 triptan doses per 30 days regardless of the agent(s) used within the 30 day period.

DRUGS REVIEWED AND NOT LISTED

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

Colistimethate sodium	*(Coly-Mycin M™)* *(Sterimax Colistimethate)*	150mg/vial powder for solution
Fampridine	*(Fampyra™)*	10mg sustained release tablet
Insulin Aspart	*(Novorapid FlexTouch®)*	100IU/mL prefilled pen
Meclizine	*(Bonamine®)*	25mg tablet

Bulletin # 865 June 26, 2013

NBPDP Formulary Update

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

Existing interchangeable categories

- New products will be reimbursed at the current category MAP.

New interchangeable categories

- New products, other than the original brand product, will be reimbursed at the new category MAP effective June 26, 2013.
- The original brand product will be reimbursed at the new category MAP effective July 24, 2013. Prior to July 24, 2013 the original brand product will be reimbursed at a higher MAP, as indicated on the attached interchangeable product additions list.

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NBPDP Interchangeable Product Additions
Ajouts produit interchangeable pour le PMONB

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFG FAB	Plans Régimes	MAP PAM
Amlodipine Besylate/Atorvastatin Calcium Bésylate d'amlodipine/Atorvastatine calcique							
Tab Co.	Orl	5mg/10mg	pms-Amlodipine/Atorvastatin	2404222	PMS	AEFV	0.7551
		5mg/20mg	pms-Amlodipine/Atorvastatin	2404230	PMS	AEFV	0.8591
		10mg/10mg	pms-Amlodipine/Atorvastatin	2404249	PMS	AEFV	0.9194
		10mg/20mg	pms-Amlodipine/Atorvastatin	2404257	PMS	AEFV	1.0234
Atorvastatin Calcium Atorvastatine calcique							
Tab Co.	Orl	10mg	pms-Atorvastatin	2399377	PMS	AEFVW	0.3138
		20mg	pms-Atorvastatin	2399385	PMS	AEFVW	0.3922
		40mg	pms-Atorvastatin	2399393	PMS	AEFVW	0.4216
Candesartan Cilexetil Candésartan cilexétil							
Tab Co.	Orl	8mg	Candesartan Cilexetil	2379279	AHI	AEFGVW	0.2932
		16mg	Candesartan Cilexetil	2379287	AHI	AEFGVW	0.2932
		32mg	Candesartan Cilexetil	2379295	AHI	AEFGVW	0.2995
Clopidogrel Bisulfate Clopidogrel (bisulfate de)							
Tab Co.	Orl	75mg	Clopidogrel	2400553	SAS	W & Spec. Auth.	0.6576
Diltiazem Hydrochloride Diltiazem (chlorhydrate de)							
CD Caps.L.C.	Orl	120mg	Diltiazem CD	2400421	SAS	AEFGVW	0.3529
		180mg	Diltiazem CD	2400448	SAS	AEFGVW	0.4684
		240mg	Diltiazem CD	2400456	SAS	AEFGVW	0.6213
		300mg	Diltiazem CD	2400464	SAS	AEFGVW	0.7766
Divalproex Sodium Divalproex sodique							
ECT Co.Ent.	Orl	125mg	Divalproex	2400499	SAS	AEFGVW	0.0724
		250mg	Divalproex	2400502	SAS	AEFGVW	0.1301
		500mg	Divalproex	2400510	SAS	AEFGVW	0.2604

NBPDP Interchangeable Product Additions
Ajouts produit interchangeable pour le PMONB

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFG FAB	Plans Régimes	MAP PAM
Enalapril Maleate Enalapril (maléate de)							
Tab Co.	Orl	2.5mg	Enalapril	2400650	SAS	AEFGVW	0.1919
		5mg	Enalapril	2400669	SAS	AEFGVW	0.2270
		10mg	Enalapril	2400677	SAS	AEFGVW	0.2727
		20mg	Enalapril	2400685	SAS	AEFGVW	0.3291
Lansoprazole							
SRC Caps.L.L.	Orl	15mg	pms-Lansoprazole	2395258	PMS	Spec. Auth.	0.5000
		30mg	pms-Lansoprazole	2395266	PMS	Spec. Auth.	0.5000
Latanoprost/Timolol Maleate Latanoprost/Timolol (maléate de)							
Liq	Oph	0.005%/0.5%	Xalacom	2246619	PFI	AEFGVW	12.6480
Liq			GD-Latanoprost/Timolol	2373068	GMD		4.4280
			Sandoz Latanoprost/Timolol	2394685	SDZ		
Letrozole Létrozole							
Tab Co.	Orl	2.5mg	Teva-Letrozole	2343657	TEV	AEFVW	1.3780
Losartan Potassium/Hydrochlorothiazide Losartan potassique/Hydrochlorothiazide							
Tab Co.	Orl	50mg/12.5mg	Mint-Losartan/HCTZ	2389657	MNT	AEFGVW	0.3148
		100mg/12.5mg	Mint-Losartan/HCTZ	2389665	MNT	AEFGVW	0.3082
		100mg/25mg	Mint-Losartan/HCTZ DS	2389673	MNT	AEFGVW	0.3148
Metformin Hydrochloride Metformine (chlorhydrate de)							
Tab Co.	Orl	500mg	Mint-Metformin	2388766	MNT	AEFGVW	0.0669
		850mg	Mint-Metformin	2388774	MNT	AEFGVW	0.0847
Quetiapine Fumarate Quétiapine (fumarate de)							
Tab Co.	Orl	25mg	Quetiapine	2387794	AHI	AEFGVW	0.1235
		100mg	Quetiapine	2387808	AHI	AEFGVW	0.3295
		200mg	Quetiapine	2387824	AHI	AEFGVW	0.6618
		300mg	Quetiapine	2387832	AHI	AEFGVW	0.9656

NBPDP Interchangeable Product Additions
Ajouts produit interchangeable pour le PMONB

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFG FAB	Plans Régimes	MAP PAM
Quetiapine Fumarate Quétiapine (fumarate de)							
ERT Co.L.P.	Orl	50mg	Seroquel XR	2300184	AZE	AEFGVW	0.9875
			Teva-Quetiapine XR	2395444	TEV		0.4938
		150mg	Seroquel XR	2321513	AZE	AEFGVW	1.9450
			Teva-Quetiapine XR	2395452	TEV		0.9725
		200mg	Seroquel XR	2300192	AZE	AEFGVW	2.6300
			Teva-Quetiapine XR	2395460	TEV		1.3150
		300mg	Seroquel XR	2300206	AZE	AEFGVW	3.8600
			Teva-Quetiapine XR	2395479	TEV		1.9300
		400mg	Seroquel XR	2300214	AZE	AEFGVW	5.2400
			Teva-Quetiapine XR	2395487	TEV		2.6200
Sertraline Hydrochloride Sertraline (chlorhydrate de)							
Cap Caps.	Orl	25mg	Auro-Sertraline	2390906	ARO	AEFGVW	0.2004
		50mg	Auro-Sertraline	2390914	ARO	AEFGVW	0.4008
		100mg	Auro-Sertraline	2390922	ARO	AEFGVW	0.4200

Products Delisted from the NBPDP Formulary
Produits ne figurant plus sur le formulaire du PMONB

The following products have been delisted as NBPDP benefits effective June 8, 2013
Les produits ci-après ne figurent plus sur le formulaire du PMONB à compter du 8 juin 2013

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFG FAB	Plans Régimes
Carbamazepine Carbamazépine						
TabC Co.C.	Orl	100mg	Carbamazepine Chewtabs	2244403	TAR	AEFGVW
		200mg	Carbamazepine Chewtabs	2244404	TAR	AEFGVW
Ciprofloxacin Ciprofloxacine						
Liq Liq	IV	2mg	Ciprofloxacin	2304759	SDZ	W

Bulletin # 866 July 30, 2013

NBPDP Formulary Update

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

Existing interchangeable categories

- New products will be reimbursed at the current category MAP.

New interchangeable categories

- New products, other than the original brand product, will be reimbursed at the new category MAP effective July 29, 2013.
- The original brand product will be reimbursed at the new category MAP effective August 27, 2013. Prior to August 27, 2013 the original brand product will be reimbursed at a higher MAP, as indicated on the attached interchangeable product additions list.

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NBPDP Interchangeable Product Additions
Ajouts produit interchangeable pour le PMONB

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFG FAB	Plans Régimes	MAP PAM
Amitriptyline Hydrochloride Amitriptyline (chlorhydrate d')							
Tab Co.	Orl	10mg	Apo-Amitriptyline	2403137	APX	AEFGVW	0.0664
		25mg	Apo-Amitriptyline	2403145	APX	AEFGVW	0.1211
		50mg	Apo-Amitriptyline	2403153	APX	AEFGVW	0.2347
		75mg	Apo-Amitriptyline Elavil	2403161 754129	APX AAP	AEFGVW	0.3634
Ceftriaxone Sodium Ceftriaxone sodique							
Pws Pds.	Inj	1g	Ceftriaxone Sodium	2287633	TEV	BEFGVW	12.4950
Fluoxetine Hydrochloride Fluoxétine (chlorhydrate de)							
Cap Caps.	Orl	10mg	Mar-Fluoxetine	2392909	MAR	AEFGVW	0.4963
		20mg	Mar-Fluoxetine	2392917	MAR	AEFGVW	0.4598
Galantamine Hydrobromide Galantamine (bromhydrate de)							
ERC Caps.L.P.	Orl	8mg	pms-Galantamine ER	2398370	PMS	Spec. Auth.	1.2467
		16mg	pms-Galantamine ER	2398389	PMS	Spec. Auth.	1.2467
		24mg	pms-Galantamine ER	2398397	PMS	Spec. Auth.	1.2467
Losartan Potassium Losartan potassique							
Tab Co.	Orl	25mg	Jamp-Losartan	2398834	JPC	AEFGVW	0.3148
		50mg	Jamp-Losartan	2398842	JPC	AEFGVW	0.3148
		100mg	Jamp-Losartan	2398850	JPC	AEFGVW	0.3148
Montelukast Sodium Montelukast sodique							
Tab Co.	Orl	10mg	Auro-Montelukast	2401274	ARO	Spec. Auth.	0.8195
Nevirapine Névirapine							
Tab Co.	Orl	200mg	pms-Nevirapine	2405776	PMS	U	1.2346

NBPDP Interchangeable Product Additions
Ajouts produit interchangeable pour le PMONB

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFG FAB	Plans Régimes	MAP PAM
Ondansetron Hydrochloride Dihydrate Ondansétron dihydaté (chlorhydate d')							
Liq	Inj	2mg	AJ-Ondansetron	2390019	AJP	W	6.8007
Liq							
Tranexamic Acid Acide Tranexamique							
Tab	Orl	500mg	Cyklokapron	2064405	PFI	AEFGVW	1.1530
Co.			Tranexamic Acid	2401231	STR		0.8071

Bulletin #867 August 2, 2013

NBPDP FORMULARY UPDATE

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective August 2, 2013.

Included in this bulletin:

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

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

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REGULAR BENEFIT ADDITIONS

Drug/Form/Route/Strength	Brand Name	DIN	Manufacturer	Plans	$
Candesartan					
Tab Orl 4mg	Atacand®	02239090	AZE	AEFGVW	MAP
	Candesartan	02379260	AHI		
	Apo-Candesartan	02365340	APX		
	Co-Candsesartan	02376520	COB		
	Jamp-Candesartan	02386496	JPC		
	Mylan-Candesartan	02379120	MYL		
	pms-Candesartan	02391171	PMS		
	Sandoz Candesartan	02326957	SDZ		
Epinephrine					
Inj IM 0.15mg	Allerject®	02382059	SAV	AEFGVW	MLP
0.3mg	Allerject®	02382067			
Rosuvastatin					
Tab Orl 5mg	Crestor®	02265540	AZE	AEFVW	MAP
	Apo-Rosuvastatin	02337975	APX		
	Co-Rosuvastatin	02339765	COB		
	Mylan-Rosuvastatin	02381265	MYL		
	pms-Rosuvastatin	02378523	PMS		
	Ran-Rosuvastatin	02382644	RAN		
	Sandoz Rosuvastatin	02338726	SDZ		
	Teva-Rosuvastatin	02354608	TEV		

SPECIAL AUTHORIZATION ADDITIONS

Darunavir
(Prezista®)
150mg tablet
(new strength)

- 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.
- As part of a HIV treatment regimen for treatment-naïve patients (Plan U beneficiaries) for whom protease inhibitor therapy is indicated.
- As part of a HIV treatment regimen for treatment-experienced HIV-1 pediatric patients (Plan U beneficiaries).

Paliperidone
(Invega Sustenna®)
50mg/0.5mL, 75mg/0.75mL, 100mg/mL, 150mg/1.5mL prefilled syringes

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.

DRUGS REVIEWED AND NOT LISTED

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

Amlodipine	*(Odan-Amlodipine)*	2.5mg tablet (discontinued)
Oseltamivir	*(Tamiflu®)*	6mg/mL powder for suspension
Tramadol/acetaminophen - re-review	*(Tramacet® & generic brands)*	37.5mg/325mg tablet

Bulletin #868 August 16, 2013

NBPDP Formulary Update

Pharmacy Transition Fee

The New Brunswick Prescription Drug Program (NBPDP) will apply the following changes to the submission and payment of claims effective September 1, 2013.

Pharmacies may submit a transition fee for payment for each eligible claim. Transition fees are to be included with the dispensing fee in the dispensing fee field.

The transition fee for each eligible claim will be as follows:

$1.00 – From September 1, 2013 to November 30, 2013
$0.75 – From December 1, 2013 to January 31, 2014
$0.50 – From February 1, 2014 to March 31, 2014

Pharmacies that choose to submit claims on batch/cycle fill basis are eligible for one transition fee every 28 days.

Please note that claims for the following are not eligible for a transition fee: drugs for the treatment of opioid dependence; NB PharmaCheck™; Extra-Mural Program (Plan W) or Public Health claims for the administration of influenza vaccine (Plan I) and tuberculosis drugs (Plan P).

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Bulletin # 869 August 22, 2013

NBPDP Formulary Update

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

Existing interchangeable categories

- New products will be reimbursed at the current category MAP.
- Pregabalin and Modafinil products will be listed as NBPDP benifits effective August 22, 2013. These products will be reimbursed at the category MAP effective September 19, 2013.

New interchangeable categories

- New products, other than the original brand product, will be reimbursed at the category MAP effective August 22, 2013.
- The original brand product will be reimbursed at the new category MAP effective September 19, 2013. Prior to September 19, 2013 the original brand product will be reimbursed at a higher MAP, as indicated on the attached interchangeable product additions list.

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NBPDP Interchangeable Product Additions
Ajouts produit interchangeable pour le PMONB

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFG FAB	Plans Régimes	MAP PAM
Atorvastatin Calcium Atorvastatine calcique							
Tab Co.	Orl	80mg	pms-Atorvastatin	2399407	PMS	AEFVW	0.4216
Candesartan Cilexetil Candésartan cilexétil							
Tab Co.	Orl	4mg	Candesartan	2388901	SAS	AEFGVW	0.1700
		32mg	Apo-Candesartan	2399105	APX	AEFGVW	0.2995
Cefoxitin Sodium Céfoxitine sodique							
Pws. Pds.	Inj	1g	Cefoxitin Cefoxitin for Injection	2128187 2291711	TEV APX	W	10.6000
		2g	Cefoxitin Cefoxitin for Injection	2128195 2291738	TEV APX	W	21.2500
Dorzolamide Hydrochloride/Timolol Maleate Dorzolamide (chlorhydrate de)/Timolol (maléate de)							
Liq Liq	Oph	2%/0.5%	Co-Dorzotimolol	2404389	COB	AEFVW	2.0097
Drospirenone/Ethinyl Estradiol Drospirénone/Éthinyl estradiol							
Tab Co.	Orl	3mg/0.03mg	Yasmin 28 Zarah 28	2261731 2385066	BAY COB	EFGV	0.4293 0.3220
Imatinib Mesylate Imatinib (mésylate de)							
Tab Co.	Orl	100mg	Gleevec Apo-Imatinib Teva-Imatinib	2253275 2355337 2399806	NVR APX TEV	Spec. Auth.	27.8798 6.8186
		400mg	Gleevec Apo-Imatinib Teva-Imatinib	2253283 2355345 2399814	NVR APX TEV	Spec. Auth.	111.5190 27.2743
Losartan Potassium Losartan potassique							
Tab Co.	Orl	25mg	Auro-Losartan	2403323	ARO	AEFGVW	0.3148
		50mg	Auro-Losartan	2403331	ARO	AEFGVW	0.3148
		100mg	Auro-Losartan	2403358	ARO	AEFGVW	0.3148
Modafinil							
Tab Co.	Orl	100mg	Alertec Modafinil	2239665 2285398	SHI AAP	Spec. Auth.	0.9293

NBPDP Interchangeable Product Additions
Ajouts produit interchangeable pour le PMONB

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFG FAB	Plans Régimes	MAP PAM
Montelukast Sodium Montelukast sodique Tab Co.	Orl	10mg	Ran-Montelukast	2389517	RAN	Spec. Auth.	0.8195
Nabilone Cap Caps.	Orl	0.25mg	Ran-Nabilone	2358077	RAN	Spec. Auth.	1.1634
Pregabalin Cap Caps	Orl	25mg	Lyrica	2268418	PFI	Spec. Auth.	0.2058
			Co-Pregabalin	2402912	COB		
			pms-Pregabalin	2359596	PMS		
			Ran-Pregabalin	2392801	RAN		
			Sandoz Pregabalin	2390817	SDZ		
			Teva-Pregabalin	2361159	TEV		
		50mg	Lyrica	2268426	PFI	Spec. Auth.	0.3228
			Co-Pregabalin	2402920	COB		
			pms-Pregabalin	2359618	PMS		
			Ran-Pregabalin	2392828	RAN		
			Sandoz Pregabalin	2390825	SDZ		
			Teva-Pregabalin	2361175	TEV		
		75mg	Lyrica	2268434	PFI	Spec. Auth.	0.4176
			Co-Pregabalin	2402939	COB		
			pms-Pregabalin	2359626	PMS		
			Ran-Pregabalin	2392836	RAN		
			Sandoz Pregabalin	2390833	SDZ		
			Teva-Pregabalin	2361183	TEV		
		150mg	Lyrica	2268450	PFI	Spec. Auth.	0.5757
			Co-Pregabalin	2402955	COB		
			pms-Pregabalin	2359634	PMS		
			Ran-Pregabalin	2392844	RAN		
			Sandoz Pregabalin	2390841	SDZ		
			Teva-Pregabalin	2361205	TEV		
		225mg	Lyrica	2268477	PFI	Spec. Auth.	0.5757
			Co-Pregabalin	2402971	COB		
			Teva-Pregabalin	2361221	TEV		
		300mg	Lyrica	2268485	PFI	Spec. Auth.	0.5757
			Co-Pregabalin	2402998	COB		
			pms-Pregabalin	2359642	PMS		
			Sandoz Pregabalin	2390868	SDZ		
			Ran-Pregabalin	2392860	RAN		
			Teva-Pregabalin	2361248	TEV		
Quinapril Tab Co.	Orl	5mg	Accupril	1947664	PFI	AEFGVW	0.9110
			Apo-Quinapril	2248499	APX		0.6867

NBPDP Interchangeable Product Additions
Ajouts produit interchangeable pour le PMONB

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFG FAB	Plans Régimes	MAP PAM
Quinapril							
Tab	Orl	10mg	Accupril	1947672	PFI	AEFGVW	0.9110
Co.			Apo-Quinapril	2248500	APX		0.6867
		20mg	Accupril	1947680	PFI	AEFGVW	0.9110
			Apo-Quinapril	2248501	APX		0.6867
		40mg	Accupril	1947699	PFI	AEFGVW	0.9110
			Apo-Quinapril	2248502	APX		0.6867
Temozolomide							
Témozolomide							
Cap	Orl	20mg	Temodal	2241094	FRS	Spec. Auth.	31.2000
Caps.			Co-Temozolomide	2395274	COB		22.7194
		100mg	Temodal	2241095	FRS	Spec. Auth.	156.0060
			Co-Temozolomide	2395282	COB		113.5966
		140mg	Temodal	2312794	FRS	Spec. Auth.	218.4100
			Co-Temozolomide	2395290	COB		159.0358
		250mg	Temodal	2241096	FRS	Spec. Auth.	390.0040
			Co-Temozolomide	2395312	COB		283.9834
Valganciclovir Hydrochloride							
Valganciclovir (chlorhydrate de)							
Tab	Orl	450mg	Valcyte	2245777	HLR	Spec. Auth.	23.2123
Co			Apo-Valganciclovir	2393824	APX		19.7305
Zopiclone							
Tab	Orl	5mg	Septa-Zopiclone	2386909	SPT	AEFVW	0.2231
Co.							
		7.5mg	Septa-Zopiclone	2386917	SPT	AEFVW	0.3125

Products Delisted from the NBPDP Formulary
Produits ne figurant plus sur le formulaire du PMONB

The following products have been delisted as NBPDP benefits effective September 5, 2013
Les produits ci-après ne figurent plus sur le formulaire du PMONB à compter du 5 septembre 2013

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFG FAB	Plans Régimes
Furosemide						
Furosémide						
Tab	Orl	40mg	Apo-Furosemide	362166	APX	AEFGVW
Co.			Teva-Furosemide	337749	TEV	

Bulletin #870 September 11, 2013

NBPDP Formulary Update

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective September 11, 2013.

Included in this bulletin:

- **Regular Benefit Additions**
- **Special Authorization Benefit Additions**
- **Changes to Existing Special Authorization Benefits**
- **Drugs Delisted**
- **Drugs Reviewed and Not Listed**

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Regular Benefit Additions

Drug/Form/Route/Strength	Brand Name	DIN	Manufacturer	Plans
Nevirapine ERT Orl 400mg	Viramune® XR	02367289	BOE	U

Special Authorization Benefit Additions

Modafinil *(Alertec®& generic brands)* 100mg tablet	For the treatment of narcolepsy confirmed by a sleep study.
Pregabalin *(Lyrica®& generic brands)* 25mg, 50mg, 75mg, 150mg, 225mg, 300mg tablets	For the treatment of neuropathic pain (e.g. diabetic peripheral neuropathy, postherpetic neuralgia) in patients who have failed a trial of a tricyclic antidepressant (e.g. amitriptyline, desipramine, imipramine, nortriptyline).
Ranibizumab *(Lucentis®)* 10mg/mL (2.3mg/0.23mL/vial)	For the treatment of visual impairment due to diabetic macular edema (DME) in patients who meet all of the following criteria: • clinically significant centre-involving macular edema for whom laser photocoagulation is also indicated • hemoglobin A1c test in the past 6 months with a value of less than or equal to 11% • best corrected visual acuity of 20/32 to 20/400 • central retinal thickness greater than or equal to 250 micrometers Approval Period: 1 year Renewal Criteria: • confirm that a hemoglobin A1c test in the past 6 months had a value of less than or equal to 11% • date of last visit and results of best corrected visual acuity at that visit • date of last OCT and central retinal thickness on that examination • if ranibizumab is being administered monthly, please provide details on the rationale Note: Treatment should be given monthly until maximum visual acuity is achieved (i.e. stable visual acuity for three consecutive months while on ranibizumab). Thereafter, the patient's visual acuity should be monitored monthly. Treatment should be resumed when monitoring indicates a loss of visual acuity due to DME until stable visual acuity is reached again for three consecutive months.
Vemurafenib *(Zelboraf™)* 240mg film-coated tablet	• For the first line treatment of patients with BRAF V600 mutation-positive unresectable or metastatic melanoma who have an ECOG status performance of ≤1. • For the second line treatment of patients with BRAF V600 mutation-positive unresectable or metastatic melanoma who have an ECOG performance status of ≤1 and did not receive vemurafenib as first line treatment.

Changes to Existing Special Authorization Benefits

New Indication

Rivaroxaban *(Xarelto®)* 10mg, 15mg, 20mg film-coated tablets	For the treatment of deep vein thrombosis (DVT) without symptomatic pulmonary embolism (PE). Approval Period: Up to 6 months Notes: • The recommended dose of rivaroxaban for patients initiating DVT treatment is 15mg twice daily for 3 weeks, followed by 20mg once daily. • Drug plan coverage for rivaroxaban is an alternative to heparin/warfarin for up to 6 months. When used for greater than 6 months, rivaroxaban is more costly than heparin/warfarin. As such, patients with an intended duration of therapy greater than 6 months should he considered for initiation on heparin/warfarin. • Since renal impairment can increase bleeding risk, it is important to monitor renal function regularly. Other factors that increase bleeding risks should also be assessed and monitored (see product monograph).

Revised Criteria

Natalizumab *(Tysabri®)* 300mg/15mL vial	Initial Request: For the treatment of Relapsing-Remitting Multiple Sclerosis (RRMS) in patients who meet all the following criteria: • The patient's physician is a neurologist experienced in the management of relapsing-remitting multiple sclerosis (RRMS); AND The patient; • Has a current EDSS less than or equal to 5.0; AND • Has failed to respond to a full and adequate course (see note below) of at least ONE disease modifying therapy OR has contraindications/intolerance to at least TWO disease modifying therapies; AND • Has had ONE of the following types of relapses in the past year: - The occurrence of one relapse with partial recovery during the past year AND has at least ONE gadolinium-enhancing lesion on brain MRI, OR significant increase in T2 lesion load compared to a previous MRI; OR - The occurrence of two or more relapses with partial recovery during the past year; OR - The occurrence of two or more relapses with complete recovery during the past year AND has at least ONE gadolinium-enhancing lesion on brain MRI, OR significant increase in T2 lesion load compared to a previous MRI. Approval Period: 1 year

Natalizumab *(Tysabri®)* 300mg/15mL vial	Requirements for Initial Requests: • The patient's physician provides documentation setting out the details of the patient's most recent neurological examination within ninety (90) days of the submitted request. This must include a description of any recent attacks, the dates, and the neurological findings. • MRI reports do NOT need to be submitted with the initial request Renewal: • Date and details of the most recent neurological examination and EDSS scores must be provided (exam must have occurred within that last 90 days) AND • Patients must be stable or have experienced no more than 1 disabling attack/relapse in the past year; AND • Recent Expanded Disability Status Scale (EDSS) score less than or equal to 5.0 Notes: • Failure to respond to a full and adequate course: defined as a trial of at least 6 months of interferon or glatiramer therapy AND experienced at least one disabling relapse (attack) while on interferon or glatiramer therapy. Combination therapy of Natalizumab with other disease modifying therapies (e.g. Avonex, Betaseron, Copaxone, Rebif, Extavia, Gilenya) will not be funded.

Drugs Delisted

Synthetic calcitonin (salmon) *(Miacalcin®& generic brands)* 200IU nasal spray	Following a review of safety and efficacy information by Health Canada, synthetic calcitonin (salmon) nasal spray products will be withdrawn from the market effective October 1, 2013. As a result, they will be delisted from the NBPDP Formulary. http://www.healthycanadians.gc.ca/recall-alert-rappel-avis/hc-sc/2013/34783a-eng.php
Meprobamate / Acetylsalicylic Acid / Caffeine / Codeine *(282 MEP®)* 200mg/350mg/30mg/15mg tablets	Following a review of safety and efficacy information by Health Canada, 282 MEP® will be withdrawn from the market effective October 28, 2013. As a result, it will be delisted from the NBPDP Formulary. http://healthycanadians.gc.ca/recall-alert-rappel-avis/hc-sc/2013/35311a-eng.php

Drugs Reviewed and Not Listed

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

Colesevelam hydrochloride	*(Lodalis™)*	625mg tablet
Lurasidone	*(Latuda™)*	40mg, 80mg, 120mg film-coated tablets
Tolvaptan	*(Samsca®)*	15mg, 30mg tablets

Bulletin # 871 September 24, 2013

Pharmacist administered publicly funded Seasonal influenza vaccine (2013-14)

The New Brunswick Prescription Drug Program (NBPDP), on behalf of the Office of the Chief Medical Officer of Health, manages the claims process for community pharmacies seeking reimbursement for pharmacist administration of publicly funded trivalent influenza vaccine (TIV) to the individuals who meet the eligibility criteria for the Public Health (PH) seasonal influenza program.

Groups Eligible for Pharmacist Administered TIV

1. Adults and children (age 5 years and older) with chronic health conditions as per the National Advisory Committee on Immunization (NACI) recommendations for the 2013-2014 influenza season and listed below:
   - cardiac or pulmonary disorders (including bronchopulmonary dysplasia, cystic fibrosis and asthma);
   - diabetes mellitus and other metabolic diseases;
   - cancer, immune compromising conditions (due to underlying disease and/or therapy);
   - renal disease;
   - anemia or hemoglobinopathy;
   - conditions that compromise the management of respiratory secretions and are associated with an increased risk of aspiration;
   - morbid obesity (BMI≥40); and
   - children and adolescents with conditions treated for long periods with acetylsalicylic acid.
2. People ≥65 years of age
3. Healthy children 5 to 18 years of age

Eligible individuals should be known to the pharmacist through regular dispensing of medication to treat such conditions as listed above and have an up to date patient medication profile available.

For more information, please refer to the following links:

- The New Brunswick Immunization Program Guide: www2.gnb.ca/content/gnb/en/departments/ocmoh/for_healthprofessionals/cdc.html
- Public Health Agency of Canada: www.phac-aspc.gc.ca/naci-ccni/index-eng.php
- Immunize Canada: www.immunize.ca

Claim Submission

Claims should be submitted under NBPDP Plan "I". A patient profile should be set-up as for any client and must include the vaccine recipient's name and address; Medicare number; date of birth and gender; date vaccine administered, name and lot number of the vaccine. For billing purposes, the following procedures and information are required.

Field	**Information Required**
Patient ID	Patient's NB Medicare number. Note: this also applies to NBPDP beneficiaries. In cases where an individual is eligible but resides out-of-province enter "999 999 999" in place of the Medicare number
Plan	"I" Note: this also applies to NBPDP beneficiaries.
Prescriber ID	New Brunswick Pharmaceutical Society Pharmacist's Licence Number of the pharmacist administering the vaccine.
Prescriber ID Reference Code	46
Drug	Fluviral® 5 mL multi-dose vial, DIN: 02015986 Agriflu® 0.5 mL prefilled syringe, DIN: 02346850
Drug Cost	Zero
Dispensing Fee	$12.00
Intervention and Exception Code	CPhA code "IB" for those individuals meeting at least one of the chronic conditions listed in table above.

Note: Regulation 2009-136, section 14 under the *Public Health Act* requires that those who administer a vaccine provide the recipient with a record of the immunization. A computer generated prescription receipt would satisfy this requirement.

Vaccine Orders

The required influenza vaccine order form should be completed and faxed to the Central Serum Depot at (506) 648-6477. See link for order form: http://www2.gnb.ca/content/dam/gnb/Departments/h-s/pdf/en/CDC/HealthProfessionals/416-VaccineOrderFormforPHO-FirstNation-VON-EMP-Hosp.pdf.

Questions regarding ordering should be forwarded to the Central Serum Depot at (506) 648-6474.

Please note: it is important for pharmacies to ensure they have adequate storage capacity and conditions for the vaccine prior to submitting an order. It is encouraged to order smaller amounts more frequently.

Bulletin # 872 September 25, 2013

NBPDP Formulary Update

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

Existing interchangeable categories

- New products will be reimbursed at the current category MAP.

To unsubscribe from the NBPDP emailed announcements, please send a message to info@nbpdp-pmonb.ca.
The Updates are available on the NBPDP webpage: http://www.gnb.ca/0212/BenefitUpdates-e.asp

NBPDP Interchangeable Product Additions
Ajouts produit interchangeable pour le PMONB

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFG FAB	Plans Régimes	MAP PAM
Candesartan Cilexetil Candésartan cilexétil							
Tab Co.	Orl	4mg	Ran-Candesartan	2380684	RAN	AEFGVW	0.1700
		8mg	Ran-Candesartan	2380692	RAN	AEFGVW	0.2932
		16mg	Ran-Candesartan	2380706	RAN	AEFGVW	0.2932
		32mg	Ran-Candesartan	2380714	RAN	AEFGVW	0.2995
Fentanyl							
Pth Pth	Trd	12mcg	Co-Fentanyl	2386844	COB	W & Spec. Auth.	2.2300
Lansoprazole							
SRC Caps.L.L.	Orl	15mg	Ran-Lansoprazole	2402610	RAN	Spec. Auth.	0.5000
		30mg	Ran-Lansoprazole	2402629	RAN	Spec. Auth.	0.5000
Levonorgestrel/Ethinyl Estradiol Lévonorgestrel/éthinyl estradiol							
Tab Co.	Orl	0.1mg/0.02mg	Lutera 21 Lutera 28	2401185 2401207	COB COB	EFGV	0.4636 0.3477
		0.15mg/0.03mg	Ovima 21 Ovima 28	2387085 2387093	APX APX	EFGV	0.5075 0.3806
Mirtazapine							
Tab Co.	Orl	15mg	Mylan-Mirtazapine	2256096	MYL	AEFGVW	0.0975
Montelukast Sodium Montelukast sodique							
TabC Co.C.	Orl	4mg	Mar-Montelukast Ran-Montelukast	2399865 2402793	MAR RAN	Spec. Auth.	0.3646
		5mg	Mar-Montelukast Ran-Montelukast	2399873 2402807	MAR RAN	Spec. Auth.	0.5565
Tab Co.	Orl	10mg	Mar-Montelukast	2399997	MAR	Spec. Auth.	0.8195
Nitroglycerin Nitroglycérine							
Aem Aém	Slg	0.4mg	Apo-Nitroglycerin	2393433	APX	AEFGVW	0.0423
Pregabalin							
Cap Caps	Orl	25mg	Apo-Pregabalin GD-Pregabalin	2394235 2360136	APX GMD	W & Spec. Auth.	0.2058

NBPDP Interchangeable Product Additions
Ajouts produit interchangeable pour le PMONB

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFG FAB	Plans Régimes	MAP PAM
Pregabalin							
Cap Caps	Orl	50mg	Apo-Pregabalin GD-Pregabalin	2394243 2360144	APX GMD	W & Spec. Auth.	0.3228
		75mg	Apo-Pregabalin GD-Pregabalin	2394251 2360152	APX GMD	W & Spec. Auth.	0.4176
		150mg	Apo-Pregabalin GD-Pregabalin	2394278 2360179	APX GMD	W & Spec. Auth.	0.5757
		225mg	Apo-Pregabalin GD-Pregabalin pms-Pregabalin Ran-Pregabalin	2394286 2360195 2398079 2392852	APX GMD PMS RAN	W & Spec. Auth.	0.5757
		300mg	Apo-Pregabalin GD-Pregabalin	2394294 2360209	APX GMD	W & Spec. Auth.	0.5757
Quetiapine Fumarate Quétiapine (fumarate de)							
Tab Co.	Orl	25mg	Ran-Quetiapine	2397099	RAN	AEFGVW	0.1235
		100mg	Ran-Quetiapine	2397102	RAN	AEFGVW	0.3295
		200mg	Ran-Quetiapine	2397110	RAN	AEFGVW	0.6618
		300mg	Ran-Quetiapine	2397129	RAN	AEFGVW	0.9656
ERT Co.L.P.	Orl	50mg	Sandoz Quetiapine XR	2407671	SDZ	AEFGVW	0.4938
		150mg	Sandoz Quetiapine XR	2407698	SDZ	AEFGVW	0.9725
		200mg	Sandoz Quetiapine XR	2407701	SDZ	AEFGVW	1.3150
		300mg	Sandoz Quetiapine XR	2407728	SDZ	AEFGVW	1.9300
		400mg	Sandoz Quetiapine XR	2407736	SDZ	AEFGVW	2.6200

Bulletin # 873 October 31, 2013

NBPDP Formulary Update

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

Existing interchangeable categories

- New products will be reimbursed at the current category MAP.

New interchangeable categories

- New products, other than the original brand product, will be reimbursed at the new category MAP effective October 31, 2013.
- The original brand product will be reimbursed at the new category MAP effective November 28, 2013. Prior to November 28, 2013 the original brand product will be reimbursed at a higher MAP, as indicated on the attached interchangeable product additions list.

To unsubscribe from the NBPDP emailed announcements, please send a message to info@nbpdp-pmonb.ca.
The Updates are available on the NBPDP webpage: http://www.gnb.ca/0212/BenefitUpdates-e.asp

NBPDP Interchangeable Product Additions
Ajouts produit interchangeable pour le PMONB

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFG FAB	Plans Régimes	MAP PAM
Alendronate Sodium Alendronate sodique							
Tab Co.	Orl	10mg	Mint-Alendronate	2394863	MNT	W & Spec. Auth.	0.4987
		70mg	Mint-Alendronate	2394871	MNT	W & Spec. Auth.	2.5144
Almotriptan Malate Almotriptan (malate de)							
Tab Co.	Orl	6.25mg	Axert	2248128	JNJ	Spec. Auth.	13.0433
			Mylan-Almotriptan	2398435	MYL		7.0434
		12.5mg	Axert	2248129	JNJ	Spec. Auth.	13.0433
			Mylan-Almotriptan	2398443	MYL		7.0434
			Sandoz Almotriptan	2405334	SDZ		
Amlodipine Besylate Bésylate d'amlodipine							
Tab Co.	Orl	2.5mg	Ran-Amlodipine	2398877	RAN	AEFVW	0.1380
Capecitabine Capécitabine							
Tab Co.	Orl	150mg	Xeloda	2238453	HLR	Spec. Auth.	1.8300
			Teva-Capecitabine	2400022	TEV		1.3725
		500mg	Xeloda	2238454	HLR	Spec. Auth.	6.1000
			Teva-Capecitabine	2400030	TEV		4.5750
Efavirenz Éfavirenz							
Tab Co.	Orl	600mg	Sustiva	2246045	BRI	U	15.2123
			Mylan-Efavirenz	2381524	MYL		8.4984
			Teva-Efavirenz	2389762	TEV		8.4984
Levetiracetam Lévétiracétam							
Tab Co.	Orl	250mg	Ran-Levetiracetam	2396106	RAN	Spec. Auth.	0.8000
		500mg	Ran-Levetiracetam	2396114	RAN	Spec. Auth.	0.9750
		750mg	Ran-Levetiracetam	2396122	RAN	Spec. Auth.	1.3500
Losartan Potassium Losartan Potassique							
Tab Co.	Orl	25mg	Ran-Losartan	2404451	RAN	AEFGVW	0.3148
		50mg	Ran-Losartan	2404478	RAN	AEFGVW	0.3148
		100mg	Ran-Losartan	2404486	RAN	AEFGVW	0.3148

NBPDP Interchangeable Product Additions
Ajouts produit interchangeable pour le PMONB

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFG FAB	Plans Régimes	MAP PAM
Olanzapine							
Tab Co.	Orl	2.5mg	Ran-Olanzapine	2403064	RAN	W & Spec. Auth.	0.4493
		5mg	Ran-Olanzapine	2403072	RAN	W & Spec. Auth.	0.8986
		7.5mg	Ran-Olanzapine	2403080	RAN	W & Spec. Auth.	1.3479
		10mg	Ran-Olanzapine	2403099	RAN	W & Spec. Auth.	1.7972
		15mg	Ran-Olanzapine	2403102	RAN	W & Spec. Auth.	2.6958
Omeprazole Oméprazole							
SRC Caps.L.L.	Orl	20mg	Ran-Omeprazole	2403617	RAN	ABEFGVW	0.4117
Ondansetron Hydrochloride Ondansétron (chlorhydrate d')							
ODT Co.D.O.	Orl	4mg	Zofran ODT Ondissolve	2239372 2389983	GSK TAK	Spec. Auth.	13.0890 3.2720
		8mg	Zofran ODT Ondissolve	2239373 2389991	GSK TAK	Spec. Auth.	19.9720 4.9930
Pregabalin							
Cap Caps	Orl	25mg	Pregabalin	2405539	SAS	W & Spec. Auth.	0.2058
		50mg	Pregabalin	2405547	SAS	W & Spec. Auth.	0.3228
		75mg	Pregabalin	2405555	SAS	W & Spec. Auth.	0.4176
		150mg	Pregabalin	2405563	SAS	W & Spec. Auth.	0.5757
		300mg	Pregabalin	2405598	SAS	W & Spec. Auth.	0.5757
Quinapril/Hydrochlorothiazide							
Tab Co.	Orl	10mg/12.5mg	Accuretic Apo-Quinapril/HCTZ	2237367 2408767	PFI APX	AEFGVW	0.9111 0.6865
		20mg/12.5mg	Accuretic Apo-Quinapril/HCTZ	2237368 2408775	PFI APX	AEFGVW	0.9111 0.6865
		20mg/25mg	Accuretic Apo-Quinapril/HCTZ	2237369 2408783	PFI APX	AEFGVW	0.8682 0.6512

NBPDP Interchangeable Product Additions
Ajouts produit interchangeable pour le PMONB

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFG FAB	Plans Régimes	MAP PAM
Rabeprazole Sodium Rabéprazole sodique							
ECT Co.Ent.	Orl	10mg	Mylan-Rabeprazole	2408392	MYL	ABEFGVW	0.1204
		20mg	Mylan-Rabeprazole	2408406	MYL	ABEFGVW	0.2408
Rizatriptan Benzoate Rizatriptan (benzoate de)							
ODT Co.D.O.	Orl	5mg	Apo-Rizatriptan RPD	2393484	APX	Spec. Auth.	4.0014
		10mg	Apo-Rizatriptan RPD	2393492	APX	Spec. Auth.	4.0014
Rosuvastatin Calcium Rosuvastatin calcique							
Tab Co.	Orl	5mg	Rosuvastatin	2405628	SAS	AEFVW	0.3225
		10mg	Rosuvastatin	2405636	SAS	AEFVW	0.3400
		20mg	Rosuvastatin	2405644	SAS	AEFVW	0.4250
		40mg	Rosuvastatin	2405652	SAS	AEFVW	0.4975
Tamsulosin Hydrochloride Tamsulosine (chlorhydrate de)							
ERT Co.L.P.	Orl	0.4mg	Teva-Tamsulosin CR	2368242	TEV	AEFVW	0.1500
Topiramate							
Tab Co.	Orl	25mg	Ran-Topiramate	2396076	RAN	Spec. Auth.	0.3128
		100mg	Ran-Topiramate	2396084	RAN	Spec. Auth.	0.5929
		200mg	Ran-Topiramate	2396092	RAN	Spec. Auth.	0.8854
Valacyclovir							
Tab Co.	Orl	500mg	Auro-Valacyclovir	2405040	ARO	AEFGVW	0.8481

Bulletin #874 November 8, 2013

NBPDP Formulary Update

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective November 8, 2013.

Included in this bulletin:

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

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

To unsubscribe from the NBPDP emailed announcements, please send a message to info@nbpdp-pmonb.ca. The Updates are available on the NBPDP webpage: http://www.gnb.ca/0212/BenefitUpdates-e.asp

Regular Benefit Additions

Drug/Form/Route/Strength	Brand Name	DIN	Manufacturer	Plans
Olopatadine hydrochloride Liq Oph 0.2%	Pataday	02362171	ALC	AEFGVW

Special Authorization Benefit Additions

Sunitinib malate *(Sutent®)* 12.5mg, 25mg and 50mg capsules	For the treatment of patients with progressive, unresectable, well or moderately differentiated, locally advanced or metastatic pancreatic neuroendocrine tumors (pNET) with an ECOG performance status of 0-2, until disease progression.
Crizotinib *(Xalkori®)* 200mg, 250mg capsules	Second-line therapy for patients with anaplastic lymphoma kinase (ALK) - positive advanced non-small cell lung cancer (NSCLC) with an ECOG performance status of 0-2.

Drugs Reviewed and Not Listed

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

Estrone	(Estragyn™)	0.1% vaginal cream
Anetholetrithione	(Sialor®)	25mg tablet

Bulletin #875 November 13, 2013

NBPDP Formulary Update
Travel Supply Policy

NBPDP beneficiaries, who leave the province for more than 100 days, may purchase a travel supply of drugs prior to leaving the province, as long as the prescription allows. After returning to the province, they may submit the receipt for reimbursement for drugs covered by the NBPDP. The reimbursement amount will not exceed the regulated rates for the drug cost, pharmacy dispensing fee and mark-up that were in effect on the date of the receipt.

Effective November 13, 2013, NBPDP beneficiaries who are seniors (Plan A), and who are leaving the province for more than 100 days, may be eligible to have a travel supply of drugs dispensed and the claim submitted electronically by the pharmacy prior to the senior leaving the province.

Please refer to the NBPDP webpage www.gnb.ca/0051/0212/index-e.asp in the section titled “Travel Supply Policy”, for details on the policy, including documentation requirements and the claim submission process.

Reminder: Pharmacies may not charge NBPDP beneficiaries more than the maximum reimbursement amount paid by NBPDP even though they pay out-of-pocket for the prescription.

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

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Bulletin # 876 November 15, 2013

Antiviral Coverage for NBPDP Beneficiaries in Long-term Care Facilities

Information for Pharmacies Providing Services to Licensed Nursing Homes

Oseltamivir (Tamiflu®) and zanamivir (Relenza®) are available as special authorization benefits 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 Medical Officer of Health (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
  - Zanamivir: Special authorization NBPDP benefit, Plan V only
    - Option for treatment or prophylaxis of influenza A or influenza B in cases of suspected or confirmed oseltamivir resistance or contraindication to oseltamivir.
- It is important to begin antiviral treatment within 24-48 hours of symptom onset. Antiviral medication is unlikely to benefit residents who have been ill for more than 48 hours.
- Link to guidance on antiviral use: http://www.ammi.ca/guidelines

Process for Coverage of Antivirals

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 antiviral therapy in that LTC facility by calling the NBPDP Inquiry line: 1-800-332-3691.

After regular work 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 antivirals 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 antiviral required.

On-Line Payment of Special Authorization Claims for Antivirals:

When notified by the LTC facility that antiviral 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 the antiviral has been activated and the pharmacy can then bill claims on-line. Approval for antiviral therapy 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®)* 30 mg, 45 mg, and 75mg capsules	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 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 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.
Zanamivir *(Relenza®)* 5 mg blister for inhalation	For beneficiaries residing in long-term care facilities and who meet the same treatment criteria or prophylaxis criteria as for oseltamivir, AND • for whom there is suspected or confirmed oseltamivir resistance, OR • for whom oseltamivir is contraindicated.

Bulletin # 877 November 28, 2013

NBPDP Formulary Update

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

Existing interchangeable categories

- New products will be reimbursed at the current category MAP.

New interchangeable categories

- New products, other than the original brand product, will be reimbursed at the new category MAP effective November 28, 2013.
- The original brand product will be reimbursed at the new category MAP effective Decemeber 26, 2013. Prior to December 26, 2013 the original brand product will be reimbursed at a higher MAP, as indicated on the attached interchangeable product additions list.

To unsubscribe from the NBPDP emailed announcements, please send a message to info@nbpdp-pmonb.ca.
The Updates are available on the NBPDP webpage: http://www.gnb.ca/0212/BenefitUpdates-e.asp

NBPDP Interchangeable Product Additions
Ajouts produit interchangeable pour le PMONB

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFG FAB	Plans Régimes	MAP PAM
Bupropion Hydrochloride Bupropion (chlorhydrate de)							
SRT Co.L.L.	Orl	150mg	Wellbutrin XL Mylan-Bupropion XL	2275090 2382075	VLN MYL	AEFGVW	0.5346 0.3982
		300mg	Wellbutrin XL Mylan-Bupropion XL	2275104 2382083	VLN MYL	AEFGVW	1.0691 0.7963
Clarithromycin Clarithromycine							
Pws Pds.	Orl	125mg/5mL	Clarithromycin	2408988	SAS	ABEFGVW	0.2047
		250mg/5mL	Clarithromycin	2408996	SAS	ABEFGVW	0.3998
Drospirenone/Ethinyl Estradiol Drospirénone/Éthinyl estradiol							
Tab Co.	Orl	3mg/0.03mg	Yasmin 21 Zarah 21	2261723 2385058	BAY COB	EFGV	0.5724 0.4293
Fluoxetine Fluoxétine							
Cap Caps	Orl	10mg	Jamp-Fluoxetine Ran-Fluoxetine	2401894 2405695	JPC RAN	AEFGVW	0.4963
		20mg	Ran-Fluoxetine	2405709	RAN	AEFGVW	0.4598
Fluvastatin Sodium Fluvastatin sodique							
Cap Caps	Orl	20mg	Sandoz Fluvastatin	2400235	SDZ	AEFGVW	0.2202
		40mg	Sandoz Fluvastatin	2400243	SDZ	AEFGVW	0.3092
Nitroglycerin (Glyceryl Trinitrate) Nitroglycerin (Trinitrate de Glyceryle)							
Pth Pth	Trd	0.2 mg/hr	Nitro-Dur Mylan-Nitro Patch	1911910 2407442	FRS MYL	AEFVW	0.5667 0.4463
		0.4 mg/hr	Nitro-Dur Mylan-Nitro Patch	1911902 2407450	FRS MYL	AEFVW	0.6400 0.4704
		0.6 mg/hr	Nitro-Dur Mylan-Nitro Patch	1911929 2407469	FRS MYL	AEFVW	0.6400 0.4704
		0.8 mg/hr	Nitro-Dur Mylan-Nitro Patch	2011271 2407477	FRS MYL	AEFVW	1.1100 0.8743
Levetiracetam Lévétiracétam							
Tab Co.	Orl	250mg	Levetiracetam	2399776	AHI	Spec. Auth.	0.8000
		500mg	Levetiracetam	2399784	AHI	Spec. Auth.	0.9750
		750mg	Levetiracetam	2399792	AHI	Spec. Auth.	1.3500

NBPDP Interchangeable Product Additions
Ajouts produit interchangeable pour le PMONB

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFG FAB	Plans Régimes	MAP PAM
Pioglitazone Hydrochloride Pioglitazone (chlorhydrate de)							
Tab Co.	Orl	15mg	Jamp-Pioglitazone	2397307	JPC	Spec. Auth.	0.5809
Rivastigmine							
Cap Caps	Orl	1.5mg	Mint-Rivastigmine	2406985	MNT	Spec. Auth.	0.6515
		3mg	Mint-Rivastigmine	2406993	MNT	Spec. Auth.	0.6515
		4.5mg	Mint-Rivastigmine	2407000	MNT	Spec. Auth.	0.6515
		6mg	Mint-Rivastigmine	2407019	MNT	Spec. Auth.	0.6515
Rosuvastatin Rosuvastatine							
Tab Co.	Orl	5mg	Mint-Rosuvastatin	2397781	MNT	AEFGVW	0.3225
		10mg	Mint-Rosuvastatin	2397803	MNT	AEFGVW	0.3400
		20mg	Mint-Rosuvastatin	2397811	MNT	AEFGVW	0.4250
		40mg	Mint-Rosuvastatin	2397838	MNT	AEFGVW	0.4975
Tetrabenazine Tétrabenazine							
Tab Co.	Orl	25mg	Apo-Tetrabenazine	2407590	APX	AEFGVW	3.3746
Topiramate							
Tab Co.	Orl	25mg	Topiramate	2395738	AHI	Spec. Auth.	0.3128
		100mg	Topiramate	2395746	AHI	Spec. Auth.	0.5929
		200mg	Topiramate	2395754	AHI	Spec. Auth.	0.8854

Bulletin #878 December 19, 2013

NBPDP Formulary Update

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective December 19, 2013.

Included in this bulletin:

- **Regular Benefit Additions**
- **Special Authorization Benefit Additions**
- **Changes to Existing Special Authorization Benefits**
- **Drugs Reviewed and Not Listed**

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

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Regular Benefit Additions

Drug/Form/Route/Strength			Brand Name	DIN	Manufacturer	Plans
Somatropin Liq	SC	5mg/mL	Nutropin AQ® NuSpin	02376393	HLR	T

Special Authorization Benefit Additions

Enzalutamide *(Xtandi®)* 40mg tablet	For treatment of patients with metastatic castration resistant prostate cancer, who have progressed on docetaxel-based chemotherapy with an ECOG performance status ≤2 and no risk factors for seizures and would be an alternative to abiraterone for patients in the post-docetaxel setting but would not be an add-on therapy to abiraterone treatment.
Epoprostenol Sodium (Caripul®) 0.5mg, 1.5mg /vial	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.
Glycopyrronium bromide *(Seebri® Breezhaler)* 50mcg capsule	• For the treatment of chronic obstructive pulmonary disease (COPD) with EITHER glycopyrronium bromide OR a long-acting beta2-adrenergic agonist (LABA) 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 glycopyrronium bromide AND a long-acting beta2-adrenergic agonist/inhaled corticosteroid (LABA/ICS) will only be considered if: - there is spirometric evidence of at least moderate to severe airflow obstruction (FEV1 < 60% and FEV1/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.

Glycopyrronium bromide *(Seebri® Breezhaler)* 50mcg capsule (continued)

**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.

Methadone HCl (Methadose™) 10mg/mL dye-free, sugar-free, unflavored oral concentrate

Requests from New Brunswick physicians authorized to prescribe methadone will be considered:

1. For the treatment of opioid dependence.

All requests must meet requirements set out in the NBPDP methadone reimbursement policies.

Pharmacy Claims:
Claims submitted by pharmacies must be billed using DIN 02394618 and is subject to a maximum allowable price (MAP).

Prasugrel hydrochloride *(Effient®)* 10mg tablet

In combination with ASA for patients with:

- ST-elevated myocardial infarction (STEMI) undergoing primary percutaneous coronary intervention (PCI) who have not received antiplatelet therapy prior to arrival in the catheterization lab. Treatment must be initiated in hospital.

  OR

- Acute coronary syndrome who failed on optimal clopidogrel and ASA therapy as defined by definite stent thrombosis1, or recurrent STEMI, or NSTEMI or UA after prior revascularization via PCI.

Notes:

1. Definite stent thrombosis, according to the Academic Research Consortium, is a total occlusion originating in or within 5 mm of the stent or is a visible thrombus within the stent or is within 5 mm of the stent in the presence of an acute ischemic clinical syndrome within 48 hours. Definite stent thrombosis must be confirmed by angiography or by pathologic evidence of acute thrombosis.

2. As per the product monograph, prasugrel is contraindicated in patients with a known history of transient ischemic attack or stroke; those with active pathological bleeding such as gastrointestinal bleeding or intracranial hemorrhage; and those with severe hepatic impairment (Child-Pugh Class C).

Prasugrel hydrochloride *(Effient®)* 10mg tablet (continued)	3. As per the product monograph, prasugrel is not recommended in patients ≥ 75 years of age because of the increase risk of fatal and intracranial bleeding; or those with body weight < 60 kg because of increased risk of major bleeding due to an increase in exposure to the active metabolite of prasugrel. Approval will be for a maximum of 12 months. Prescriptions written by invasive (interventional) cardiologists do not require special authorization.
Ruxolitinib *(Jakavi®)* 5mg, 15mg, 20mg tablets	For patients with intermediate to high risk symptomatic Myelofibrosis (MF) as assessed using the Dynamic International Prognostic Scoring System (DIPSS) Plus or patients with symptomatic splenomegaly. Patients should have ECOG performance status ≤3 and be either previously untreated or refractory to other treatment.
Elvitegravir/Cobicistat/ Emtricitabine/Tenofovir disoproxil fumarate *(Stribild™)* 150mg/150mg/200mg/300mg tablet	As a complete regimen for antiretroviral treatment naïve HIV-1 infected patients in whom efavirenz is not indicated.

Changes to Existing Special Authorization Benefits

New Strength

Darunavir *(Prezista®)* 800mg tablet	• 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. • As part of a HIV treatment regimen for treatment-naïve patients (Plan U beneficiaries) for whom protease inhibitor therapy is indicated. • As part of a HIV treatment regimen for treatment-experienced HIV-1 pediatric patients (Plan U beneficiaries).
IncobotulinumtoxinA *(Xeomin®)* 50 LD_{50} units/ vial	• For the treatment of blepharospasm in patients 18 years of age and older. • For the treatment of cervical dystonia (spasmodic torticollis) in patients 18 years of age or older.

Revised Criteria

Everolimus *(Afinitor®)* 2.5mg, 5mg, 10mg tablets	For the treatment of metastatic renal cell carcinoma (mRCC) with clear cell morphology, in patients previously treated with a tyrosine kinase inhibitor. Dosing: 10mg daily

New Indication

Everolimus *(Afinitor®)* 2.5mg, 5mg, 10mg tablets	1. In combination with exemestane, for the treatment of hormone-receptor positive, HER2 negative advanced breast cancer, in postmenopausal women with ECOG performance status ≤ 2 after recurrence or progression following a non-steroidal aromatase inhibitor (NSAI), if the treating oncologist would consider using exemestane. Dosing: 10 mg daily 2. For the treatment of patients with progressive, unresectable, well or moderately differentiated, locally advanced or metastatic pancreatic neuroendocrine tumours (pNET) with good performance status (ECOG 0-2), until disease progression. Dosing: 10mg daily

Drugs Reviewed and Not Listed

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

Eculizumab - for the treatment of atypical hemolytic uremic syndrome (aHUS)	*Soliris®*	10mg/mL vial
Levofloxacin	*Levaquin®*	750mg tablet
Methadone HCl	*Methadose™*	10mg/mL cherry flavored oral concentrate

Bulletin # 878 December 20, 2013

NBPDP Formulary Update

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

Existing interchangeable categories

- New products will be reimbursed at the current category MAP.

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NBPDP Interchangeable Product Additions
Ajouts produit interchangeable pour le PMONB

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFG FAB	Plans Régimes	MAP PAM
Alendronate Sodium Alendronate sodique							
Tab Co.	Orl	10mg	Auro-Alendronate	2388545	ARO	W & Spec. Auth	0.4987
		70mg	Auro-Alendronate	2388553	ARO	W & Spec. Auth	2.5144
Amlodipine/Atorvastatin Amlodipine/Atorvastatine							
Tab Co.	Orl	5mg/10mg	Apo-Amlodipine-Atorvastatin	2411253	APX	Spec. Auth	0.5802
		5mg/20mg	Apo-Amlodipine-Atorvastatin	2411261	APX	Spec. Auth	0.6842
		5mg/40mg	Apo-Amlodipine-Atorvastatin	2411288	APX	Spec. Auth	0.7232
		5mg/80mg	Apo-Amlodipine-Atorvastatin	2411296	APX	Spec. Auth	0.7232
		10mg/10mg	Apo-Amlodipine-Atorvastatin	2411318	APX	Spec. Auth	0.6125
		10mg/20mg	Apo-Amlodipine-Atorvastatin	2411326	APX	Spec. Auth	0.7636
		10mg/40mg	Apo-Amlodipine-Atorvastatin	2411334	APX	Spec. Auth	0.8000
		10mg/80mg	Apo-Amlodipine-Atorvastatin	2411342	APX	Spec. Auth	0.8000
Candesartan Cilexetil/Hydrochlorothiazide Candésartan cilexétil/Hydrochlorothiazide							
Tab Co.	Orl	16mg/12.5mg	Teva-Candesartan/HCTZ	2395541	TEV	AEFGVW	0.2995
		32mg/12.5mg	Teva-Candesartan/HCTZ	2395568	TEV	AEFGVW	0.5990
Clopidogrel Bisulfate Clopidogrel (Bisulfate de)							
Tab Co.	Orl	75mg	Mint-Clopidogrel	2408910	MNT	W & Spec. Auth	0.6576
Domperidone Maleate Dompéridone (maléate de)							
Tab Co.	Orl	10mg	Mar-Domperidone	2403870	MAR	AEFGVW	0.0594
Gabapentin Gabapentine		100mg	Mar-Gabapentin	2391473	MAR	AEFGVW	0.1040
Cap Caps	Orl	300mg	Mar-Gabapentin	2391481	MAR	AEFGVW	0.2530
		400mg	Mar-Gabapentin	2391503	MAR	AEFGVW	0.3015

NBPDP Interchangeable Product Additions
Ajouts produit interchangeable pour le PMONB

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFG FAB	Plans Régimes	MAP PAM
Irbesartan							
Tab Co.	Orl	75mg	Auro-Irbesartan	2406098	ARO	AEFGVW	0.3073
			Ran-Irbesartan	2406810	RAN		
		150mg	Auro-Irbesartan	2406101	ARO	AEFGVW	0.3073
			Ran-Irbesartan	2406829	RAN		
		300mg	Auro-Irbesartan	2406128	ARO	AEFGVW	0.3073
			Ran-Irbesartan	2406837	RAN		
Piperacillin/Tazobactam Pipéracilline/Tazobactam							
Pws Pds.	Inj	3g/0.375g per vial	Piperacillin/Tazobactam	2370166	TEV	W	14.4180
		4g/0.5g per vial	Piperacillin/Tazobactam	2370174	TEV	W	12.1100
Quetiapine Fumarate Quétiapine (fumarate de)							
Tab Co.	Orl	25mg	Mar-Quetiapine	2399822	MAR	AEFGVW	0.1235
		100mg	Mar-Quetiapine	2399830	MAR	AEFGVW	0.3295
		200mg	Mar-Quetiapine	2399849	MAR	AEFGVW	0.6618
		300mg	Mar-Quetiapine	2399857	MAR	AEFGVW	0.9656
Sertraline Hydrochloride Sertraline (chlorhydrate de)							
Cap Caps	Orl	25mg	Mar-Sertraline	2399415	MAR	AEFGVW	0.2004
			Mint-Sertraline	2402378	MNT		
		50mg	Mar-Sertraline	2399423	MAR	AEFGVW	0.4008
			Mint-Sertraline	2402394	MNT		
		100mg	Mar-Sertraline	2399431	MAR	AEFGVW	0.4200
			Mint-Sertraline	2402408	MNT		

Bulletin # 880 January 28, 2014

NBPDP Formulary Update

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

Existing interchangeable categories

- New products will be reimbursed at the current category MAP.

New interchangeable categories

- New products, other than the original brand product, will be reimbursed at the new category MAP effective January 28, 2014.
- The original brand product will be reimbursed at the new category MAP effective February 25, 2014. Prior to February 25, 2014 the original brand product will be reimbursed at a higher MAP, as indicated on the attached interchangeable product additions list.

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NBPDP Interchangeable Product Additions
Ajouts produit interchangeable pour le PMONB

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFG FAB	Plans Régimes	MAP PAM
Alendronate Sodium/Cholecalciferol Alendronate sodique/Cholécalciférol							
Tab Co.	Orl	70mg/5600IU	Fosavance	2314940	FRS	W & Spec. Auth.	4.6625
			Teva-Alendronate/Cholecalciferol	2403641	TEV		2.7975
Almotriptan Malate Almotriptan (malate de)							
Tab Co.	Orl	6.25mg	Apo-Almotriptan	2405792	APX	Spec. Auth	7.0434
		12.5mg	Apo-Almotriptan	2405806	APX	Spec. Auth	7.0434
Azithromycin Azithromycine							
Pws. Pds.	Orl	100mg/5mL	GD-Azithromycin	2274566	GMD	ABEFGVW	0.3953
		200mg/5mL	GD-Azithromycin	2274574	GMD	ABEFGVW	0.5604
Donepezil Hydrochloride Donépézil (chlorhydrate de)							
Tab Co.	Orl	5mg	Aricept	2232043	PFI	Spec. Auth	4.7225
			Apo-Donepezil	2362260	APX		1.1806
			Auro-Donepezil	2400561	ARO		
			Co-Donepezil	2397595	COB		
			Jamp-Donepezil	2404419	JPC		
			Mar-Donepezil	2402092	MAR		
			Mylan-Donepezil	2359472	MYL		
			pms-Donepezil	2322331	PMS		
			Ran-Donepezil	2381508	RAN		
			Sandoz Donepezil	2328666	SDZ		
			Teva-Donepezil	2340607	TEV		
		10mg	Aricept	2232044	PFI	Spec. Auth	4.7225
			Apo-Donepezil	2362279	APX		1.1806
			Auro-Donepezil	2400588	ARO		
			Co-Donepezil	2397609	COB		
			Jamp-Donepezil	2404427	JPC		
			Mar-Donepezil	2402106	MAR		
			Mylan-Donepezil	2359480	MYL		
			pms-Donepezil	2322358	PMS		
			Ran-Donepezil	2381516	RAN		
			Sandoz Donepezil	2328682	SDZ		
			Teva-Donepezil	2340615	TEV		
Gabapentin Gabapentine							
Tab Co.	Orl	600mg	Jamp-Gabapentin	2402289	JPC	AEFGVW	0.4522
		800mg	Jamp-Gabapentin	2402297	JPC	AEFGVW	0.6030
Levonorgestrel Lévonorgestrel							
Tab Co.	Orl	0.75mg	Plan B	2241674	PAL	EFG	8.6000
			Next Choice	2364905	COB		6.4500

NBPDP Interchangeable Product Additions
Ajouts produit interchangeable pour le PMONB

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFG FAB	Plans Régimes	MAP PAM
Rosuvastatin Calcium Rosuvastatin calcique							
Tab Co.	Orl	5mg	Jamp-Rosuvastatin	2391252	JPC	AEFGVW	0.3225
Tacrolimus							
Cap	Orl	1mg	Prograf	2175991	ASL	R	2.5200
Caps			Sandoz Tacrolimus	2416824	SDZ		1.8900
		5mg	Prograf	2175983	ASL	R	12.6200
			Sandoz Tacrolimus	2416832	SDZ		9.4650
Theophylline Théophylline							
SRT Co. L. L.	Orl	400mg	Uniphyl	2014165	PFR	ABEFGVW	0.5030
			Theo ER	2360101	AAP		0.3735
		600mg	Uniphyl	2014181	PFR	ABEFGVW	0.6090
			Theo ER	2360128	AAP		0.4524

Bulletin #881 February 10, 2014

NBPDP Formulary Update

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective February 10, 2014.

Included in this bulletin:

- **Regular Benefit Additions**
- **Drugs No Longer Requiring Special Authorization**
- **Special Authorization Benefit Additions**
- **Changes to Existing Special Authorization Benefits**
- **Drugs Reviewed and Not Listed**
- **Pegfilgrastim (Neulasta®) Claims**

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

To unsubscribe from the NBPDP emailed announcements, please send a message to info@nbpdp-pmonb.ca. The Updates are available on the NBPDP webpage: http://www.gnb.ca/0212/BenefitUpdates-e.asp

Regular Benefit Additions

Drug/Form/Route/Strength			Brand Name	DIN	Manufacturer	Plans
5-Aminosalicylic Acid						
ERT	Orl	1g	Pentasa®	02399466	FEI	AEFGVW

Drugs No Longer Requiring Special Authorization

Clozapine						
Tab	Orl	25mg	Clozaril®	00894737	NVR	AEFGVW
			Apo-Clozapine	02248034	APX	
			Gen-Clozapine	02247243	MYL	
		50mg	Gen-Clozapine	02305003	MYL	AEFGVW
		100mg	Clozaril®	00894745	NVR	AEFGVW
			Apo-Clozapine	02247244	APX	
			Gen-Clozapine	02248035	MYL	
		200mg	Gen-Clozapine	02305011	MYL	AEFGVW
Darunavir						
Tab	Orl	75mg	Prezista®	02338432	JAN	U
		150mg	Prezista®	02369753		
		400mg	Prezista®	02324016		
		600mg	Prezista®	02324024		
		800mg	Prezista®	02393050		
Bicalutamide*						
Tab	Orl	50mg	Casodex® & generic brands			AEFVW
Cyproterone*						
Tab	Orl	50mg	Androcur® & generic brands			AEFVW
Flutamide*						
Tab	Orl	250mg	Euflex® & generic brands			AEFVW
Nilutamide*						
Tab	Orl	50mg	Anandron®			AEFVW

***No longer requires Special Authorization after 2 years**

Special Authorization Benefit Additions

Fosfomycin (Monurol®) 3g sachet	For the treatment of uncomplicated urinary tract infections in adult female patients where: • The infecting organism is resistant to other oral agents, or • Other less costly agents are not tolerated. Note: Fosfomycin is not indicated in the treatment of pyelonephritis or perinephric abscess.

Changes to Existing Special Authorization Benefits

Revised Criteria

Boceprevir (Victrelis™) 200mg capsule Boceprevir/Ribavirin Plus Peginterferon alfa-2b (Victrelis Triple™) 200mg / 200mg capsules plus 80mcg inj 200mg / 200mg capsules plus 100mcg inj 200mg / 200mg capsules plus 120mcg inj 200mg / 200mg capsules plus 150mcg inj	**Criteria have been revised to include patients co-infected with HIV/HCV.** For the treatment of chronic hepatitis C genotype 1 infection in patients with compensated liver disease, in combination with peginterferon alpha and ribavirin, if the following criteria are met: • Detectable levels of hepatitis C virus (HCV) RNA in the last six months • Fibrosis stage of F2, F3 or F4 or on the recommendation of an Internal Medicine Specialist One course of treatment only (for up to 44 weeks duration) will be approved.
Telaprevir (Incivek®) 375mg tablet	**Criteria have been revised to include patients co-infected with HIV/HCV.** For the treatment of chronic hepatitis C genotype 1 infection in patients with compensated liver disease, in combination with peginterferon alpha and ribavirin, if the following criteria are met: • Detectable levels of hepatitis C virus (HCV) RNA in the last six months • Fibrosis stage of F2, F3 or F4 or on the recommendation of an Internal Medicine Specialist One course of treatment only (for up to 12 weeks duration) will be approved.

New Indication

Pazopanib hydrochloride (Votrient®) 200mg tablet	As a first-line treatment for patients with advanced or metastatic clear cell renal carcinoma and good performance status.

New Strength

Ustekinumab (Stelara®) 90 mg/1 mL pre-filled syringe	• 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 90 mg administered initially at weeks 0, 4 and 16, then 90 mg every 12 weeks thereafter, up to a year (if response criteria met at 16 weeks).

Drugs Reviewed and Not Listed

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

Palonosetron	*Aloxi®IV*	0.25mg/5mL solution for IV injection

Pegfilgrastim (Neulasta®) Claims

Currently, claims for pegfilgrastim submitted by pharmacies are reimbursed up to a maximum allowable price (MAP) set by NBPDP. The difference between the MAP and the actual acquisition cost of pegfilgrastim, up to 8% of the manufacturer's list price, is reimbursed through the STI smartcard.

Effective February 15, 2014: Claims for pegfilgrastim submitted by pharmacies will be reimbursed up to the Manufacturers List Price (MLP) plus up to 8% of MLP.

Please note: Pharmacies may not charge NBPDP beneficiaries any additional amount, above what is reimbursed by NBPDP, other than the copay.

Bulletin # 882 February 25, 2014

NBPDP Formulary Update

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

Existing interchangeable categories

- New products will be reimbursed at the current category MAP.

New interchangeable categories

- New products, other than the original brand product, will be reimbursed at the new category MAP effective February 25, 2014.
- The original brand product will be reimbursed at the new category MAP effective March 25, 2014. Prior to March 25, 2014 the original brand product will be reimbursed at a higher MAP, as indicated on the attached interchangeable product additions list.

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NBPDP Interchangeable Product Additions
Ajouts produit interchangeable pour le PMONB

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFG FAB	Plans Régimes	MAP PAM
Amiodarone Hydrochloride Amiodarone (chlorhydrate de)							
Tab Co.	Orl	200mg	Amiodarone	2385465	SIV	AEFGVW	0.5147
Amlodipine Besylate Bésylate d'amlodipine							
Tab Co.	Orl	2.5mg	Amlodipine	2385783	SIV	AEFVW	0.1380
		5mg	Amlodipine	2385791	SIV	AEFVW	0.2417
		10mg	Amlodipine	2385805	SIV	AEFVW	0.3587
Amoxicillin Amoxicilline							
Cap Caps	Orl	250mg	Amoxicillin	2401495	SIV	ABEFGVW	0.1750
		500mg	Amoxicillin	2401509	SIV	ABEFGVW	0.3417
Pws Pds.	Orl	250mg/5mL	Amoxicillin	2401541	SIV	ABEFGVW	0.0540
Anastrozole							
Tab Co.	Orl	1mg	Zinda-Anastrozole	2326035	MCK	AEFVW	1.2729
Atorvastatin Calcium Atorvastatine calcique							
Tab Co.	Orl	10mg	Jamp-Atorvastatin Atorvastatin	2391058 2411350	JPC SIV	AEFGVW	0.3138
		20mg	Jamp-Atorvastatin Atorvastatin	2391066 2411369	JPC SIV	AEFGVW	0.3922
		40mg	Jamp-Atorvastatin Atorvastatin	2391074 2411377	JPC SIV	AEFGVW	0.4216
		80mg	Jamp-Atorvastatin Atorvastatin	2391082 2411385	JPC SIV	AEFGVW	0.4216
Betahistine Hydrochloride Betahistine (dichlorhydrate de)							
Tab Co.	Orl	16mg	pms-Betahistine	2330210	PMS	Spec. Auth	0.1770
		24mg	pms-Betahistine	2330237	PMS	Spec. Auth	0.3040
Bicalutamide							
Tab Co.	Orl	50mg	Bicalutamide	2382423	SIV	AEFVW	1.6100
Bisoprolol Fumarate Fumarate de bisoprolol							
Tab Co.	Orl	5mg	Bisoprolol	2383055	SIV	AEFVW	0.0994

NBPDP Interchangeable Product Additions
Ajouts produit interchangeable pour le PMONB

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFG FAB	Plans Régimes	MAP PAM
Fumarate de bisoprolol							
Tab Co.	Orl	10mg	Bisoprolol	2383063	SIV	AEFVW	0.1450
Candesartan Cilexetil Candésartan Cilexétil							
Tab Co.	Orl	4mg	Candesartan	2388693	SIV	AEFGVW	0.1700
		8mg	Candesartan	2388707	SIV	AEFGVW	0.2932
		16mg	Candesartan	2388715	SIV	AEFGVW	0.2932
Candesartan Cilexetil/Hydrochlorothiazide Candésartan cilexétil/hydrochlorothiazide							
Tab Co.	Orl	16mg/12.5mg	Candesartan HCT	2394812	SIV	AEFGVW	0.2995
Ciprofloxacin Hydrochloride Ciprofloxacine (chlorhydrate de)							
Tab Co.	Orl	250mg	Ciprofloxacin	2386119	SIV	BW & Spec. Auth	0.6186
		500mg	Ciprofloxacin	2386127	SIV	BW & Spec. Auth	0.6979
Citalopram Hydrobromide Citalopram (bromhydrate de)							
Tab Co.	Orl	10mg	Citalopram	2387948	SIV	AEFGVW	0.1782
		20mg	Citalopram	2387956	SIV	AEFGVW	0.3329
		40mg	Citalopram	2387964	SIV	AEFGVW	0.3329
Clopidogrel Bisulfate Clopidogrel (bisulfate de)							
Tab Co.	Orl	75mg	Clopidogrel	2385813	SIV	W & Spec. Auth	0.6576
Desogestrel/Ethinyl Estradiol Désogestrel/Éthinyl Estradiol							
Tab Co.	Orl	0.15mg/0.03mg	Mirvala 21	2410249	APX	EFGV	0.5032
			Mirvala 28	2410257	APX	EFGV	0.3774
Domperidone Maleate Dompéridone (maléate de)							
Tab Co.	Orl	10mg	Domperidone	2238341	SIV	AEFGVW	0.0594
Drospirenone/Ethinyl Estradiol Drospirénone/Éthinyl Estradiol							
Tab Co.	Orl	3mg/0.03mg	Zamine 21	2410788	APX	EFGV	0.4293
			Zamine 28	2410796	APX	EFGV	0.3220

NBPDP Interchangeable Product Additions
Ajouts produit interchangeable pour le PMONB

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFG FAB	Plans Régimes	MAP PAM
Finasteride Finastéride							
Tab Co.	Orl	5mg	Auro-Finasteride	2405814	ARO	Spec. Auth	0.4633
Fluoxetine Hydrochloride Fluoxétine (chlorhydrate de)							
Cap Caps	Orl	10mg	Fluoxetine	2374447	SIV	AEFGVW	0.4963
		20mg	Fluoxetine	2374455	SIV	AEFGVW	0.4598
Gabapentin Gabapentine							
Tab Co.	Orl	600mg	Gabapentin	2388200	SIV	AEFGVW	0.4522
		800mg	Gabapentin	2388219	SIV	AEFGVW	0.6030
Irbesartan Irbésartan							
Tab Co.	Orl	75mg	Irbesartan	2385287	SIV	AEFGVW	0.3073
		150mg	Irbesartan	2385295	SIV	AEFGVW	0.3073
		300mg	Irbesartan	2385309	SIV	AEFGVW	0.3073
Irbesartan/Hydrochlorothiazide Irbésartan/Hydrochlorothiazide							
Tab Co	Orl	150mg/12.5mg	Irbesartan HCT	2385317	SIV	AEFGVW	0.3073
		300mg/12.5mg	Irbesartan HCT	2385325	SIV	AEFGVW	0.3073
		300mg/25mg	Irbesartan HCT	2385333	SIV	AEFGVW	0.3052
Lansoprazole							
SRC Caps.L.L	Orl	30mg	Lansoprazole	2410389	SIV	Spec. Auth	0.5000
Letrozole Létrozole							
Tab Co.	Orl	2.5mg	Auro-Letrozole Zinda-Letrozole	2404400 2378213	ARO MCK	AEFVW	1.3780
Levetiracetam Lévétiracétam							
Tab Co.	Orl	250mg	Jamp-Levetiracetam	2403005	JPC	Spec. Auth	0.8000
		500mg	Jamp-Levetiracetam	2403021	JPC	Spec. Auth	0.9750
		750mg	Jamp-Levetiracetam	2403048	JPC	Spec. Auth	1.3500

NBPDP Interchangeable Product Additions
Ajouts produit interchangeable pour le PMONB

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFG FAB	Plans Régimes	MAP PAM
Lisinopril							
Tab Co.	Orl	5mg	Lisinopril	2386232	SIV	AEFGVW	0.1429
		10mg	Lisinopril	2386240	SIV	AEFGVW	0.1716
		20mg	Lisinopril	2386259	SIV	AEFGVW	0.2063
Losartan Potassium Losartan Potassique							
Tab Co.	Orl	25mg	Losartan	2388790	SIV	AEFGVW	0.3148
		50mg	Losartan	2388804	SIV	AEFGVW	0.3148
		100mg	Losartan	2388812	SIV	AEFGVW	0.3148
Losartan Potassium/Hydrochlorothiazide Losartan Potassique/Hydrochlorothiazide							
Tab Co.	Orl	50mg/12.5mg	Losartan HCT	2388960	SIV	AEFGVW	0.3148
		100mg/12.5mg	Losartan HCT	2388979	SIV	AEFGVW	0.3082
		100mg/25mg	Losartan HCT	2388987	SIV	AEFGVW	0.3148
Metformin Hydrochloride Metformine (chlorhydrate de)							
Tab Co.	Orl	500mg	Metformin FC	2385341	SIV	AEFGVW	0.0669
		850mg	Metformin FC	2385368	SIV	AEFGVW	0.0847
Montelukast Sodium Montélukast Sodique							
TabC Co.C	Orl	4mg	Mint-Montelukast Montelukast	2408627 2382458	MNT SIV	Spec. Auth	0.3646
		5mg	Mint-Montelukast Montelukast	2408635 2382466	MNT SIV	Spec. Auth	0.5565
Tab Co.	Orl	10mg	Mint-Montelukast Montelukast	2408643 2382474	MNT SIV	Spec. Auth	0.8195
Olanzapine							
ODT Co.D.O.	Orl	5mg	Olanzapine ODT	2343665	SIV	W & Spec. Auth	0.8937
		10mg	Olanzapine ODT	2343673	SIV	W & Spec. Auth	1.7857
		15mg	Olanzapine ODT	2343681	SIV	W & Spec. Auth	2.6778
		20mg	Olanzapine ODT	2343703	SIV	W & Spec. Auth	5.9376

NBPDP Interchangeable Product Additions
Ajouts produit interchangeable pour le PMONB

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFG FAB	Plans Régimes	MAP PAM
Olanzapine							
Tab Co.	Orl	2.5mg	Olanzapine	2385864	SIV	W & Spec. Auth	0.4493
		5mg	Olanzapine	2385872	SIV	W & Spec. Auth	0.8986
		7.5mg	Olanzapine	2385880	SIV	W & Spec. Auth	1.3479
		10mg	Olanzapine	2385899	SIV	W & Spec. Auth	1.7972
		15mg	Olanzapine	2385902	SIV	W & Spec. Auth	2.6958
Omeprazole Oméprazole							
SRC Cap.L.L.	Orl	20mg	Omeprazole	2411857	SIV	ABEFGVW	0.4117
Pantoprazole Sodium Pantoprazole sodique							
ERT Co.L.P.	Orl	20mg	Pantoprazole	2385740	SIV	Spec. Auth	1.2750
		40mg	Pantoprazole	2385759	SIV	Spec. Auth	0.5039
Paroxetine							
Tab Co.	Orl	20mg	Paroxetine	2388235	SIV	AEFGVW	0.4514
		30mg	Paroxetine	2388243	SIV	AEFGVW	0.4796
Pramipexole Dihydrochloride							
Tab Co.	Orl	0.25mg	Pramipexole	2309122	SIV	AEFVW	0.2628
		0.5mg	Pramipexole	2309130	SIV	AEFVW	1.0514
		1mg	Pramipexole	2309149	SIV	AEFVW	0.5257
		1.5mg	Pramipexole	2309157	SIV	AEFVW	0.5257
Pravastatin Sodium Pravastatine sodique							
Tab Co.	Orl	10mg	Pravastatin	2389703	SIV	AEFGVW	0.4050
		20mg	Pravastatin	2389738	SIV	AEFGVW	0.4778
		40mg	Pravastatin	2389746	SIV	AEFGVW	0.5755
Pregabalin							
Cap Caps	Orl	25mg	Myl-Pregabalin Pregabalin	2408651 2411725	MYL SIV	W & Spec. Auth	0.2058
		50mg	Myl-Pregabalin Pregabalin	2408678 2411733	MYL SIV	W & Spec. Auth	0.3228

NBPDP Interchangeable Product Additions
Ajouts produit interchangeable pour le PMONB

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFG FAB	Plans Régimes	MAP PAM
Pregabalin							
Cap Caps	Orl	75mg	Myl-Pregabalin Pregabalin	2408686 2411741	MYL SIV	W & Spec. Auth	0.4176
		150mg	Myl-Pregabalin Pregabalin	2408694 2411768	MYL SIV	W & Spec. Auth	0.5757
		300mg	Myl-Pregabalin	2408708	MYL	W & Spec. Auth	0.5757
Quetiapine Fumarate Quétiapine (fumarate de)							
Tab Co.	Orl	25mg	Quetiapine	2317893	SIV	AEFGVW	0.1235
		100mg	Quetiapine	2317907	SIV	AEFGVW	0.3295
		200mg	Quetiapine	2317923	SIV	AEFGVW	0.6618
		300mg	Quetiapine	2317931	SIV	AEFGVW	0.9656
Rabeprazole Sodium Rabéprazole sodique							
ECT Co.Ent.	Orl	10mg	Rabeprazole	2385449	SIV	ABEFGVW	0.1204
		20mg	Rabeprazole	2385457	SIV	ABEFGVW	0.2408
Ramipril							
Cap Caps	Orl	2.5mg	Ramipril	2411563	SIV	AEFGVW	0.1470
		5mg	Ramipril	2411571	SIV	AEFGVW	0.1470
		10mg	Ramipril	2411598	SIV	AEFGVW	0.1862
Ranitidine Hydrochloride Ranitidine (chlorhydrate de)							
Tab Co.	Orl	150mg	Ranitidine	2385953	SIV	ABEFGVW	0.1800
		300mg	Ranitidine	2385961	SIV	ABEFGVW	0.3600
Risedronate Sodium Risedronate sodique							
Tab Co.	Orl	35mg	Risedronate	2411407	SIV	Spec. Auth	2.4288
Rosuvastatin Calcium Rosuvastatin calcique							
Tab Co.	Orl	5mg	Rosuvastatin	2411628	SIV	AEFGVW	0.3225
		10mg	Rosuvastatin	2411636	SIV	AEFGVW	0.3400
		20mg	Rosuvastatin	2411644	SIV	AEFGVW	0.4250
		40mg	Rosuvastatin	2411652	SIV	AEFGVW	0.4975

NBPDP Interchangeable Product Additions
Ajouts produit interchangeable pour le PMONB

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFG FAB	Plans Régimes	MAP PAM
Sertraline Hydrochloride Sertraline (chlorhydrate de)							
Cap Caps	Orl	25mg	Sertraline	2386070	SIV	AEFGVW	0.2004
		50mg	Sertraline	2386089	SIV	AEFGVW	0.4008
		100mg	Sertraline	2386097	SIV	AEFGVW	0.4200
Sildenafil Citrate Sildénafil (citrate de)							
Tab Co.	Orl	20mg	Apo-Sildenafil R	2418118	APX	Spec. Auth	6.2520
Simvastatin Simvastatine							
Tab Co.	Orl	5mg	Simvastatin	2386291	SIV	AEFGVW	0.2556
		10mg	Simvastatin	2386305	SIV	AEFGVW	0.5058
		20mg	Simvastatin	2386313	SIV	AEFGVW	0.6251
		40mg	Simvastatin	2386321	SIV	AEFGVW	0.6251
		80mg	Simvastatin	2386348	SIV	AEFGVW	0.6251
Sotalol Hydrochloride Sotalol (chlorhydrate de)							
Tab Co.	Orl	80mg	Sotalol	2385988	SIV	AEFGVW	0.2966
		160mg	Sotalol	2385996	SIV	AEFGVW	0.1623
Sumatriptan							
Tab Co.	Orl	50mg	Sumatriptan DF	2385570	SIV	Spec. Auth	7.1350
		100mg	Sumatriptan DF	2385589	SIV	Spec. Auth	7.8600
Telmisartan							
Tab Co.	Orl	40mg	Telmisartan	2390345	SIV	AEFGVW	0.2824
		80mg	Telmisartan	2390353	SIV	AEFGVW	0.2824
Telmisartan/Hydrochlorothiazide							
Tab Co.	Orl	80mg/12.5mg	Telmisartan HCTZ	2390302	SIV	AEFGVW	0.2824
		80mg/25mg	Telmisartan HCTZ	2390310	SIV	AEFGVW	0.2824
Terbinafine Hydrochloride Terbinafine (chlorhydrate de)							
Tab Co.	Orl	250mg	Terbinafine	2385279	SIV	Spec. Auth	1.8526

NBPDP Interchangeable Product Additions
Ajouts produit interchangeable pour le PMONB

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFG FAB	Plans Régimes	MAP PAM
Topiramate							
Tab Co.	Orl	25mg	Topiramate	2389460	SIV	Spec. Auth	0.3128
		100mg	Topiramate	2389487	SIV	Spec. Auth	0.5929
Valsartan							
Tab Co.	Orl	40mg	Valsartan	2384523	SIV	AEFGVW	0.2911
		80mg	Valsartan	2384531	SIV	AEFGVW	0.2999
		160mg	Valsartan	2384558	SIV	AEFGVW	0.2998
		320mg	Valsartan	2384566	SIV	AEFGVW	0.2914
Valsartan/Hydrochlorothiazide							
Tab Co.	Orl	80mg/12.5mg	Valsartan HCT	2384736	SIV	AEFGVW	0.2985
		160mg/12.5mg	Valsartan HCT	2384744	SIV	AEFGVW	0.2993
		160mg/25mg	Valsartan HCT	2384752	SIV	AEFGVW	0.3003
Venlafaxine Hydrochloride Venlafaxine (chlorhydrate de)							
SRC Caps.L.L.	Orl	37.5mg	Venlafaxine XR	2385929	SIV	AEFGVW	0.1643
		75mg	Venlafaxine XR	2385937	SIV	AEFGVW	0.3285
		150mg	Venlafaxine XR	2385945	SIV	AEFGVW	0.3469
Verapamil Hydrochloride Vérapamil (chlorhydrate de)							
SRT Co.L.L.	Orl	120mg	Isoptin SR	1907123	ABB	AEFGVW	0.5078
			Mylan-Verapamil SR	2210347	MYL		
			Apo-Verapamil SR	2246893	APX		
Zopiclone							
Tab Co.	Orl	5mg	Jamp-Zopiclone	2406969	JPC	AEFVW	0.2231
			Zopiclone	2385821	SIV		
		7.5mg	Zopiclone	2385848	SIV	AEFVW	0.3125

Bulletin # 883 March 31, 2014

NBPDP Formulary Update

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

Existing interchangeable categories

- New products will be reimbursed at the current category MAP.

New interchangeable categories

- New products, other than the original brand product, will be reimbursed at the new category MAP effective March 31, 2014.
- The original brand product will be reimbursed at the new category MAP effective April 28, 2014. Prior to April 28, 2014 the original brand product will be reimbursed at a higher MAP, as indicated on the attached interchangeable product additions list.

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NBPDP Interchangeable Product Additions
Ajouts produit interchangeable pour le PMONB

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFG FAB	Plans Régimes	MAP PAM
Azithromycin Azithromycine							
Tab Co.	Orl	250mg	Apo-Azithromycin Z	2415542	APX	ABEFGVW	1.2313
Citalopram Hydrobromide Citalopram (bromhydrate de)							
Tab Co.	Orl	10mg	Nat-Citalopram	2409003	NAT	AEFGVW	0.1782
		20mg	Nat-Citalopram	2409011	NAT	AEFGVW	0.3329
		40mg	Nat-Citalopram	2409038	NAT	AEFGVW	0.3329
Exemestane Exeméstane							
Tab Co.	Orl	25mg	Teva-Exemestane	2408473	TEV	AEFVW	1.3263
Ibuprofen Ibuprofène							
Tab Co.	Orl	400mg	Jamp-Ibuprofen	2401290	JPC	AEFGVW	0.0372
Mercaptopurine							
Tab Co.	Orl	50mg	Purinethol Mercaptopurine	4723 2415275	TEV STR	AEFGVW	4.7684 2.8610
Mirtazapine							
Tab Co.	Orl	15mg	Auro-Mirtazapine	2411695	ARO	AEFGVW	0.0975
		30mg	Auro-Mirtazapine	2411709	ARO	AEFGVW	0.3100
Ramipril/Hydrochlorothiazide							
Tab Co.	Orl	5mg/12.5mg	Ramipril-HCTZ	2412640	SNS	AEFGVW	0.2263
		10mg/12.5mg	Ramipril-HCTZ	2412659	SNS	AEFGVW	0.2865
		5mg/25mg	Ramipril-HCTZ	2412667	SNS	AEFGVW	0.2263
		10mg/25mg	Ramipril-HCTZ	2412675	SNS	AEFGVW	0.2865
Valacyclovir hydrochloride Valacyclovir (chlorhydrate de)							
Tab Co.	Orl	500mg	Teva-Valacyclovir	2357534	TEV	AEFGVW	0.8481
Valsartan/Hydrochlorothiazide							
Tab Co.	Orl	80mg/12.5mg	Auro-Valsartan HCT	2408112	ARO	AEFGVW	0.2985
		160mg/12.5mg	Auro-Valsartan HCT	2408120	ARO	AEFGVW	0.2993

NBPDP Interchangeable Product Additions
Ajouts produit interchangeable pour le PMONB

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFG FAB	Plans Régimes	MAP PAM
Valsartan/Hydrochlorothiazide							
Tab Co.	Orl	160mg/25mg	Auro-Valsartan HCT	2408139	ARO	AEFGVW	0.3003
		320mg/12.5mg	Auro-Valsartan HCT	2408147	ARO	AEFGVW	0.2985
		320mg/25mg	Auro-Valsartan HCT	2408155	ARO	AEFGVW	0.2985

Bulletin # 884 April 29, 2014

NBPDP Formulary Update

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

Existing interchangeable categories

- New products will be reimbursed at the current category MAP.

New interchangeable categories

- New products, other than the original brand product, will be reimbursed at the new category MAP effective April 29, 2014.
- The original brand product will be reimbursed at the new category MAP effective May 28, 2014. Prior to May 28, 2014 the original brand product will be reimbursed at a higher MAP, as indicated on the attached interchangeable product additions list.

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NBPDP Interchangeable Product Additions
Ajouts produit interchangeable pour le PMONB

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFG FAB	Plans Régimes	MAP PAM
Anagrelide							
Cap Caps	Orl	0.5mg	Agrylin pms-Anagrelide Mylan-Anagrelide Sandoz Anagrelide	2236859 2274949 2253054 2260107	SHB PMS MYL SDZ	AEFGVW	2.6361
Anastrozole							
Tab Co.	Orl	1mg	Auro-Anastrozole	2404990	ARO	AEFVW	1.2729
Bosentan							
Tab Co.	Orl	62.5mg	Teva-Bosentan	2398400	TEV	Spec.Auth	22.4625
		125mg	Teva-Bosentan	2398419	TEV	Spec.Auth	22.4625
Diclofenac Sodium/Misoprostol Diclofenac sodique/Misoprostol							
Tab Co.	Orl	50mg/200mcg	Arthrotec Co-Diclo-Miso	1917056 2397145	PFI COB	AEFGVW	0.6144 0.4541
		75mg/200mcg	Arthrotec Co-Diclo-Miso	2229837 2397153	PFI COB	AEFGVW	0.8362 0.6179
Latanoprost							
Liq Liq	Oph	0.005%	Latanoprost	2375508	PMS	AEFGVW	3.8542
Levodopa/Carbidopa Lévodopa/carbidopa							
SRT Co.L.L.	Orl	100mg/25mg	pms-Levocarb CR	2421488	PMS	AEFVW	0.5126
		200mg/50mg	pms-Levocarb CR	2421496	PMS	AEFVW	1.0000

Bulletin #885 April 30, 2014

NBPDP Formulary Update

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective April 30, 2014.

Included in this bulletin:

- **Regular Benefit Additions**
- **Special Authorization Benefit Additions**
- **Changes to Existing Special Authorization Benefits**
- **Drugs Reviewed and Not Listed**

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

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Regular Benefit Additions

Drug/Form/Route/Strength	Brand Name	DIN	Manufacturer	Plans
Ketorolac tromethamine Liq Oph 0.45%	Acuvail™	02369362	ALL	AEFGVW

Special Authorization Benefit Additions

Axitinib (Inlyta™) 1mg, 5mg tablets	As a second-line treatment for patients with metastatic clear cell renal carcinoma, who, based on the mutual assessment of the treating physician and patient, are unable to tolerate ongoing use of an effective dose of everolimus or who have a contraindication to everolimus.
Levocarnitine (Carnitor®) 100mg/mL oral liquid 330mg tablet	1. For the treatment of patients with primary systemic carnitine deficiency. 2. For the treatment of patients with an inborn error of metabolism that results in secondary carnitine deficiency.

Changes to Existing Special Authorization Benefits

Revised Criteria

Abiraterone (Zytiga®) 250mg tablet	In combination with prednisone for the treatment of metastatic prostate cancer (castration-resistant prostate cancer) in patients who: • are asymptomatic or mildly symptomatic after failure of androgen deprivation therapy, or • have received prior chemotherapy containing docetaxel after failure of androgen deprivation therapy

New Strength

Sitagliptin (Januvia®) 25mg, 50mg tablets	For the treatment of Type 2 diabetes mellitus in patients for whom NPH insulin is not an option and: • Who have inadequate glycemic control while on optimal doses of metformin and a sulfonylurea when added as a third agent; or • In combination with metformin when a sulfonylurea is not suitable due to contraindications or intolerance; or • As monotherapy when metformin and sulfonylurea are not suitable due to contraindications or intolerance.

Drugs Reviewed and Not Listed

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

Clindamycin / benzoyl peroxide	*Clindoxyl® ADV*	1% / 3% gel
Doxycycline monohydrate	*Apprilon™*	40 mg modified release capsule
Estradiol	*Divigel®*	0.1% transdermal gel
Levocarnitine	*Carnitor®*	1g / 5mL injection
Nebivolol	*Bystolic®*	2.5mg, 5mg, 10mg, 20mg tablets
Palonosetron hydrochloride	*Aloxi®*	0.5mg capsule

Bulletin #885 May 29, 2014

NB Drug Plans Update

The New Brunswick Drug Plans are implementing changes to certain dispensing fees and NB PharmaCheck™ as outlined below. The NB Drug Plans include the New Brunswick Prescription Drug Program (NBPDP), NB Drug Plan (Plan D), Extra-Mural Program (Plan W) and Public Health (Plan P).

Pharmacy Transition Fee

The Pharmacy Transition fee that has been in effect for eligible claims since September 1, 2013 will end on May 31, 2014.

Pharmacy Dispensing Fees

Effective June 1, 2014, the dispensing fees for eligible claims are as follows:

Pharmacy Dispensing Fees NBPDP – Plan ABEFGHTRUV	
Drug Category	Dispensing Fee
Pharmaceutical Equivalent (Interchangeable)	up to $11.00
Non-Pharmaceutical Equivalent (Non-interchangeable)	up to $11.00
Extemporaneous Preparations (Compounds)	up to $16.50
Methadone for Chronic Pain	up to $11.00 (no change)
Drugs for Opioid Dependence (e.g. Methadone, Buprenorphine/Naloxone)	up to $9.50

Pharmacy Dispensing Fees Extra-Mural Program - Plan W	
Drug Category	Dispensing Fee
Pharmaceutical Equivalent (Interchangeable)	up to $11.00
Non-Pharmaceutical Equivalent (Non-interchangeable)	up to $11.00
Extemporaneous Preparations (Compounds)	up to $16.50

Pharmacy Dispensing Fees Public Health (TB Drugs) - Plan P	
Drug Category	Dispensing Fee
Pharmaceutical Equivalent (Interchangeable)	up to $11.00
Non-Pharmaceutical Equivalent (Non-interchangeable)	up to $11.00
Extemporaneous Preparations (Compounds)	up to $16.50

Pharmacy Dispensing Fees NB Drug Plan – Plan D	
Drug Category	Dispensing Fee
Pharmaceutical Equivalent (Interchangeable)	up to $11.00
Non-Pharmaceutical Equivalent (Non-interchangeable)	up to $11.00
Extemporaneous Preparations (Compounds)	up to $16.50
Methadone for Chronic Pain	up to $11.00
Drugs for Opioid Dependence (e.g. Methadone, Buprenorphine/Naloxone)	up to $9.50 (no change)

Dispensing Physician Dispensing Fees NBPDP – Plan AEFGV	
Drug Category	Dispensing Fee
Pharmaceutical Equivalent (Interchangeable)	up to $8.40 (no change)
Non-Pharmaceutical Equivalent (Non-interchangeable)	up to $8.40 (no change)
Extemporaneous Preparations (Compounds)	up to $12.60 (no change)

More information is available on the NB Drug Plan webpage at www.gnb.ca/drugplan and NBPDP webpage at www.gnb.ca/0051/0212/index-e.asp in the sections titled “Information for Health Care Professionals”

NB PharmaCheck™

Effective April 1, 2014, NB PharmaCheck™ expanded to include Department of Social Development clients, in addition to senior beneficiaries of NBPDP.

Beneficiaries who are taking three or more chronic prescription medications are eligible for a medication review. Please note that over-the-counter/non-prescription medications are not eligible chronic medications. More information is available on the NBPDP webpage at www.gnb.ca/0051/0212/index-e.asp in the section titled “Information for Health Care Professionals”.

Bulletin # 886 May 30, 2014

NB Drug Plans Formulary Update

Please find attached a list of **pharmaceutical equivalent** (**interchangeable) product additions** to the New Brunswick Drug Plans Formulary.

Existing pharmaceutical equivalent (interchangeable) categories

- New products will be reimbursed at the current category MAP.

New pharmaceutical equivalent (interchangeable) categories

- New products, other than the original brand product, will be reimbursed at the new category MAP effective May 30, 2014.
- The original brand product will be reimbursed at the new category MAP effective June 27, 2014. Prior to June 27, 2014 the original brand product will be reimbursed at a higher MAP, as indicated on the attached pharmaceutical equivalent (interchangeable) product additions list.

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To unsubscribe from the NB Drug Plans emailed announcements, please send a message to info@nbdrugs-medicamentsnb.ca. The Updates are available on the NBPDP webpage: http://www.gnb.ca/0212/BenefitUpdates-e.asp

NB Drug Plans Pharmaceutical Equivalent (Interchangeable) Product Additions
Ajouts produit Équivalent pharmaceutique (interchangeable) le Régimes de médicaments du N.-B.

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFG FAB	Plans Régimes	MAP PAM
Azithromycin Azithromycine							
Pws. Pds.	Inj	500mg	Zithromax AJ-Azithromycin	2239952 2385473	PFI AJP	ADEFGVW	21.2380 19.6600
Pws. Pds.	Orl	100mg/5mL	pms-Azithromycin	2418452	PMS	ABDEFGVW	0.3953
		200mg/5mL	pms-Azithromycin	2418460	PMS	ABDEFGVW	0.5604
Donepezil Hydrochloride Donépézil (chlorhydrate de)							
Tab Co.	Orl	5mg	Donepezil	2420597	SIV	Spec. Auth.	1.1806
		10mg	Donepezil	2420600	SIV	Spec. Auth.	1.1806
Exemestane Exémestane							
Tab Co.	Orl	25mg	Apo-Exemestane	2419726	APX	ADEFVW	1.3263
Lorazepam Lorazépam							
Slt Co.S.L.	Orl	0.5mg	Ativan SL Apo-Lorazepam Sublingual	2041456 2410745	PFI APX	AEFGVW	0.1089 0.0875
		1mg	Ativan SL Apo-Lorazepam Sublingual	2041464 2410753	PFI APX	AEFGVW	0.1368 0.1100
		2mg	Ativan SL Apo-Lorazepam Sublingual	2041472 2410761	PFI APX	AEFGVW	0.2128 0.1711
Losartan Potassium / Hydrochlorothiazide Losartan Possique / Hydrochlorothizaide							
Tab Co.	Orl	50mg/12.5mg	Jamp-Losartan HCTZ	2408244	JPC	ADEFGVW	0.3148
		100mg/25mg	Jamp-Losartan HCTZ	2408252	JPC	ADEFGVW	0.3148
Methylphenidate Hydrochloride Méthylphénidate (chlorhydrate de)							
ERT Co.L.P.	Orl	18mg	pms-Methylphenidate ER	2413728	PMS	Spec. Auth	1.0197
		27mg	pms-Methylphenidate ER	2413736	PMS	Spec. Auth	1.1768
		36mg	pms-Methylphenidate ER	2413744	PMS	Spec. Auth	1.3339
		54mg	pms-Methylphenidate ER	2413752	PMS	Spec. Auth	1.6480
Pantoprazole Sodium Pantoprazole sodique							
ECT Co. Ent	Orl	20mg	Jamp-Pantoprazole	2408414	JPC	Spec. Auth.	0.3246
		40mg	Jamp-Pantoprazole	2357054	JPC	Spec. Auth.	0.3628

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFG FAB	Plans Régimes	MAP PAM
Risperidone Rispéridone							
ODT Co.D.O.	Orl	0.5mg	Risperdal M	2247704	JAN	W & Spec. Auth.	0.7450
			Mylan-Risperidone ODT	2413485	MYL		0.5588
		1mg	Mylan-Risperidone ODT	2413493	MYL	W & Spec. Auth.	0.5150
		2mg	Mylan-Risperidone ODT	2413507	MYL	W & Spec. Auth.	1.0188
		3mg	Mylan-Risperidone ODT	2413515	MYL	W & Spec. Auth.	1.5275
		4mg	Mylan-Risperidone ODT	2413523	MYL	W & Spec. Auth.	2.0425
Tamsulosin Hydrochloride Tamsulosine (chlorhydrate de)							
SRC Caps L.L.	Orl	0.4mg	Sandoz Tamsulosin	2319217	SDZ	ADEFVW	0.2439
Vancomycin Hydrochloride Vancomycine (chlorhydrate de)							
Pws Pds.	Inj	500mg	AJ-Vancomycin	2407914	AJP	ABDEFGW	31.0500
		1g	AJ-Vancomycin	2407922	AJP	ABDEFGW	58.9900
Voriconazole							
Tab Co.	Orl	50mg	Vfend	2256460	PFI	Spec. Auth.	12.8590
			Apo-Voriconazole	2409674	APX		3.2148
			Sandoz Voriconazole	2399245	SDZ		3.2148
			Teva-Voriconazole	2396866	TEV		3.2148
		200mg	Vfend	2256479	PFI	Spec. Auth.	51.4147
			Apo-Voriconazole	2409682	APX		12.8537
			Sandoz Voriconazole	2399253	SDZ		12.8537
			Teva-Voriconazole	2396874	TEV		12.8537

Bulletin #887 June 25, 2014

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective June 25, 2014.

Included in this bulletin:

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

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

To unsubscribe from the NB Drug Plans Formulary emailed announcements, please send a message to info@nbdrugs-medicamentsnb.ca. The Updates are available on the NBPDP webpage: http://www.gnb.ca/0212/BenefitUpdates-e.asp.

SPECIAL AUTHORIZATION BENEFIT ADDITIONS

Lurasidone (Latuda®) 40mg, 80mg, 120mg film-coated tablets	For the treatment of schizophrenia and related psychotic disorders (not dementia related) in patients with a history of failure, intolerance, or contraindication to at least one less expensive antipsychotic agent.
Plerixafor (Mozobil®) 20mg/mL Solution for Injection	For use in combination with filgrastim to mobilize hematopoietic stem cells for subsequent autologous transplantation in patients with Non-Hodgkin's lymphoma (NHL) or multiple myeloma (MM) if one of the following criteria are met: • A PBCD34+ count of < 10 cells/uL after 4 days of filgrastim; OR • Less than 50% of the target CD34 yield is achieved on the 1st day of apheresis (after being mobilized with filgrastim alone or following chemotherapy); OR • If a patient has failed a previous stem cell mobilization with filgrastim alone or following chemotherapy. Notes: Reimbursement is limited to a maximum of 4 doses (0.24mg/kg given daily) for a single mobilization attempt and to prescriptions written by an oncologist or hematologist.
Vismodegib (Erivedge®) 150mg capsule	**Initial Requests:** • For patients with metastatic basal cell carcinoma (BCC) or with locally advanced BCC (including patients with basal cell nevus syndrome, i.e. Gorlin syndrome) who have measurable metastatic disease or locally advanced disease, which is considered inoperable or inappropriate for surgery[1] AND inappropriate for radiotherapy[2] AND • Patient 18 years or age or older; AND • Patient has ECOG ≤ 2 • Patient preference for oral therapy will not be considered <u>Information Required</u> Physicians must provide rationale for why surgery[1] AND radiation[2] cannot be considered • The request must include a surgical consultation report that provides a preoperative/surgical evaluation why surgery is not appropriate for the patient; AND • A consultation report as to why radiation therapy is not appropriate for the patient • Both of the above evaluations must come from a physician who is not the requesting physician • Confirmation that the patient has been discussed at a multi-disciplinary cancer conference or equivalent (e.g. Regional Tumour Board).

Vismodegib (Erivedge®) 150mg capsule	Notes: [1] Considered inoperable or inappropriate for surgery for one of the following reasons: – Technically not possible to perform surgery due to size/location/invasiveness of BCC (either lesion too large or can be several small lesions making surgery not feasible) – Recurrence of BCC after two or more surgical procedures and curative resection unlikely – Substantial deformity and/or morbidity anticipated from surgery [2] Considered inappropriate for radiation for one of the following reasons: – Contraindication to radiation (e.g. Gorlin syndrome) – Prior radiation to lesion – Suboptimal outcomes expected due to size/location/invasiveness of BCC Dose: 150mg orally once daily taken until disease progression or unacceptable toxicity. Approval duration: 1 year **Renewal criteria:** • The physician has confirmed that the patient has not experienced disease progression while on Erivedge therapy. Approval duration: 1 year

DRUGS REVIEWED AND NOT LISTED

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

Lapatinib	Tykerb®	250mg tablet	For metastatic breast cancer in combination with letrozole
Pazopanib	Votrient®	200mg tablet	For Soft Tissue Sarcoma

Bulletin #888 July 16, 2014

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective July 16, 2014.

Included in this bulletin:

- Regular Benefit Additions
- Special Authorization Benefit Additions
- Quantities for Claim Submissions - Paliperidone palmitate (Invega Sustenna®)

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

To unsubscribe from the NB Drug Plans Formulary emailed announcements, please send a message to info@nbdrugs-medicamentsnb.ca. The Updates are available on the NBPDP webpage: http://www.gnb.ca/0212/BenefitUpdates-e.asp.

Regular Benefit Additions

Form	Route	Strength	Trade Name	DIN	MFG	Plans	Cost Base
Colesevelam hydrochloride							
Tab	Orl	625mg	Lodalis™	02373955	VLN	ADEFGVW	MLP
Isotretinoin							
Tab	Orl	10mg	Epuris™	02396971	CIP	EFG	MLP
		20mg	Epuris™	02396998			
		30mg	Epuris™	02397005			
		40mg	Epuris™	02397013			

Special Authorization Benefit Additions

Non-Nicotine Smoking Cessation Therapies

Form	Route	Strength	Trade Name	DIN	MFG	Plans	Cost Base
Bupropion SR							
Tab	Orl	150mg	Zyban®	02238441	VLN	ADEFV	MLP

For smoking cessation treatment in adults 18 years of age and older.

A maximum of 168 tablets (12 weeks of treatment) will be reimbursed annually without special authorization.

A second 12 week course may be approved under special authorization for individuals who have demonstrated some success with smoking cessation and require additional treatment.

Form	Route	Strength	Trade Name	DIN	MFG	Plans	Cost Base
Varenicline							
Tab	Orl	0.5mg	Champix®	02291177	PFI	(SA)	MLP
		1mg	Champix®	02291185			
		0.5mg/1mg	Champix® Starter Kit	02298309			

For smoking cessation treatment in adults 18 years of age and older.

Special authorization is required and a maximum of 168 tablets (12 weeks of treatment) will be reimbursed annually.

Individuals who have already completed a full course of treatment with Zyban will not be eligible for reimbursement of Champix within the same fiscal year.

Information and smoking cessation resources are available online:
www2.gnb.ca/content/gnb/en/departments/dhic/wellness/content/healthy_living/tobacco_free.html

Paliperidone palmitate (Invega Sustenna®) – Claim Quantities

This is a reminder that claims submitted by pharmacies for reimbursement of Invega Sustenna® should be billed **as 1 kit and not by mL.** Claim quantities greater than 1 kit will be subject to post-audit review.

For more information, please refer to: www.gnb.ca/0212/pdf/quan-claim-sub/QuantitiesClaimsSubmissions.pdf

Bulletin # 889 July 30, 2014

NB Drug Plans Formulary Update

Please find attached a list of **pharmaceutical equivalent** (**interchangeable) product** additions to the New Brunswick Drug Plans Formulary.

Existing generic categories

- New products will be reimbursed at the current category MAP.

New generic categories

- New products, other than the original brand product, will be reimbursed at the new category MAP effective July 30, 2014.
- The original brand product will be reimbursed at the new category MAP effective August 27, 2014. Prior to August 27, 2014 the original brand product will be reimbursed at a higher MAP as indicated on the attached pharmaceutical equivalent (interchangeable) product additions list.

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To unsubscribe from the NB Drug Plans emailed announcements, please send a message to info@nbdrugs-medicamentsnb.ca. The Updates are available on the NBPDP webpage: http://www.gnb.ca/0212/BenefitUpdates-e.asp

NB Drug Plans Pharmaceutical Equivalent (Interchangeable) Product Additions
Ajouts produit Équivalent pharmaceutique (interchangeable) le Régimes de médicaments du N.-B.

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFG FAB	Plans Régimes	MAP PAM
Alprazolam							
Tab Co.	Orl	0.25mg	Jamp-Alprazolam	2400111	JPC	ADEFGVW	0.0609
		0.5mg	Jamp-Alprazolam	2400138	JPC	ADEFGVW	0.0728
Candesartan Cilexetil Candésartan cilexétil							
Tab Co.	Orl	32mg	Sandoz Candesartan	2417340	SDZ	ADEFGVW	0.2995
Carbamazepine Carbamazépine							
Tab Co.	Orl	200mg	Taro-Carbamazepine	2407515	TAR	ADEFGVW	0.1467
Citalopram Hydrobromide Citalopram (bromhydrate de)							
Tab Co.	Orl	10mg	Abbott-Citalopram	2414570	ABB	ADEFGVW	0.1432
		20mg	Abbott-Citalopram	2414589	ABB	ADEFGVW	0.2397
		40mg	Abbott-Citalopram	2414597	ABB	ADEFGVW	0.2397
Clopidogrel Bisulfate Clopidogrel (bisulfate de)							
Tab Co.	Orl	75mg	Abbott-Clopidogrel Auro-Clopidogrel	2412942 2416387	ABB ARO	W & Spec. Auth.	0.6576
Exemestane Exémestane							
Tab Co.	Orl	25mg	Med-Exemestane	2407841	GMP	ADEFVW	1.3263
Hydromorphone Hydrochloride Hydromorphone (chlorhydrate d')							
Tab Co.	Orl	1mg	Apo-Hydromorphone	2364115	APX	ADEFGVW	0.0959
		2mg	Apo-Hydromorphone	2364123	APX	ADEFGVW	0.1417
		4mg	Apo-Hydromorphone	2364131	APX	ADEFGVW	0.2240
		8mg	Apo-Hydromorphone	2364158	APX	ADEFGVW	0.3528
Imatinib Mesylate Imatinib (mésylate d')							
Tab Co.	Orl	100mg	Co Imatinib	2397285	COB	Spec. Auth.	6.8186
		400mg	Co Imatinib	2397293	COB	Spec. Auth.	27.2743

NB Drug Plans Pharmaceutical Equivalent (Interchangeable) Product Additions
Ajouts produit Équivalent pharmaceutique (interchangeable) le Régimes de médicaments du N.-B.

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFG FAB	Plans Régimes	MAP PAM
Imiquimod							
Crm	Top	5%	Aldara	2239505	VLN	Spec. Auth.	14.7067
Cr.			Apo-Imiquimod	2407825	APX		11.0300
Losartan Potassium							
Losartan potassique							
Tab	Orl	25mg	Mint-Losartan	2405733	MNT	ADEFGVW	0.3148
Co.							
		50mg	Mint-Losartan	2405741	MNT	ADEFGVW	0.3148
		100mg	Mint-Losartan	2405768	MNT	ADEFGVW	0.3148
Norgestimate / Ethinyl Estradiol							
Norgestimate / éthinyloestradiol							
Tab	Orl	0.18/0.215/0.25/0.025mg	Tri-Cyclen LO (21)	2258560	JAN	DEFGV	0.6014
Co.			Tricira LO (21)	2401967	APX		0.4511
Tab	Orl	0.18/0.215/0.25/0.025mg	Tri-Cyclen LO (28)	2258587	JAN	DEFGV	0.4511
Co.			Tricira LO (28)	2401975	APX		0.3383
Octreotide Acetate							
Octréotide (acétate d')							
Liq	SC	0.05mg/mL	Ocphyl	2413191	PDP	W & Spec. Auth.	1.7465
Liq							
		0.1mg/mL	Ocphyl	2413205	PDP	W & Spec. Auth.	3.2970
		0.5mg/mL	Ocphyl	2413213	PDP	W & Spec. Auth.	15.4945
Olanzapine							
ODT	Orl	5mg	Ran-Olanzapine ODT	2414090	RAN	W & Spec. Auth.	0.8937
Co.D.O.							
		10mg	Ran-Olanzapine ODT	2414104	RAN	W & Spec. Auth.	1.7857
		15mg	Ran-Olanzapine ODT	2414112	RAN	W & Spec. Auth.	2.6778
		20mg	Ran-Olanzapine ODT	2414120	RAN	W & Spec. Auth.	5.9375
Ondansetron Hydrochloride Dihydrate							
Ondansétron dihydraté (chlorhydrate d')							
Tab	Orl	4mg	Ondansetron	2421402	SAS	W & Spec. Auth.	3.3495
Co.							
		8mg	Ondansetron	2421410	SAS	W & Spec. Auth.	5.1110
Pantoprazole Sodium							
Pantoprazole sodique							
ECT	Orl	40mg	Abbott-Pantoprazole	2412969	ABB	Spec. Auth.	0.3628
Co. Ent							

NB Drug Plans Pharmaceutical Equivalent (Interchangeable) Product Additions
Ajouts produit Équivalent pharmaceutique (interchangeable) le Régimes de médicaments du N.-B.

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFG FAB	Plans Régimes	MAP PAM
Paroxetine Hydrochloride Paroxétine (chlorhydrate de)							
Tab Co.	Orl	20mg	Mar-Paroxetine	2411954	MAR	ADEFGVW	0.4514
		30mg	Mar-Paroxetine	2411962	MAR	ADEFGVW	0.4796
Rosuvastatin Calcium Rosuvastatine calcique							
Tab Co.	Orl	5mg	Mar-Rosuvastatin	2413051	MAR	ADEFGVW	0.2311
		10mg	Mar-Rosuvastatin	2413078	MAR	ADEFGVW	0.2437
		20mg	Mar-Rosuvastatin	2413086	MAR	ADEFGVW	0.3046
		40mg	Mar-Rosuvastatin	2413108	MAR	ADEFGVW	0.3582
Salbutamol Sulfate Salbutamol (sulfate de)							
Aem Aém.	Inh	100mcg	Salbutamol HFA	2419858	SAS	ABDEFGVW	0.0300
Simvastatin Simvastatine							
Tab Co.	Orl	5mg	Auro-Simvastatin	2405148	ARO	ADEFGVW	0.1841
		10mg	Auro-Simvastatin	2405156	ARO	ADEFGVW	0.3642
		20mg	Auro-Simvastatin	2405164	ARO	ADEFGVW	0.4501
		40mg	Auro-Simvastatin	2405172	ARO	ADEFGVW	0.4501
		80mg	Auro-Simvastatin	2405180	ARO	ADEFGVW	0.4501
Topiramate							
Tab Co.	Orl	25mg	Abbott-Topiramate	2414600	ABB	Spec. Auth.	0.3128
		100mg	Abbott-Topiramate	2414619	ABB	Spec. Auth.	0.5929
		200mg	Abbott-Topiramate	2414627	ABB	Spec. Auth.	0.8854
Valsartan							
Tab Co.	Orl	40mg	Auro-Valsartan	2414201	ARO	ADEFGVW	0.2911
		80mg	Auro-Valsartan	2414228	ARO	ADEFGVW	0.2999
		160mg	Auro-Valsartan	2414236	ARO	ADEFGVW	0.2998

Bulletin # 890

August 26, 2014

NB Drug Plans Formulary Update

Please find attached a list of **pharmaceutical equivalent product** additions to the New Brunswick Drug Plans Formulary.

Existing pharmaceutical equivalent categories

- New products will be reimbursed at the current category MAP.

New pharmaceutical equivalent categories

- New products, other than the original brand product, will be reimbursed at the new category MAP effective August 26, 2014.
- The original brand product will be reimbursed at the new category MAP effective September 23, 2014. Prior to September 23, 2014 the original brand product will be reimbursed at a higher MAP as indicated on the attached list.

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NB Drug Plans Pharmaceutical Equivalent Product Additions
Ajouts produit Équivalent pharmaceutique le Régimes de médicaments du N.-B.

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFG FAB	Plans Régimes	MAP PAM
Candesartan Cilexetil/Hydrochlorothiazide Candésartan cilexétil/hydrochlorothiazide							
Tab Co.	Orl	32mg/12.5mg	Sandoz Candesartan Plus	2420732	SDZ	ADEFGVW	0.3008
		32mg/25mg	Sandoz Candesartan Plus	2420740	SDZ	ADEFGVW	0.3008
Carvedilol Carvédilol							
Tab Co.	Orl	3.125mg	Auro-Carvedilol	2418495	ARO	Spec. Auth.	0.3377
		6.25mg	Auro-Carvedilol	2418509	ARO	Spec. Auth.	0.3377
		12.5mg	Auro-Carvedilol	2418517	ARO	Spec. Auth.	0.3377
		25mg	Auro-Carvedilol	2418525	ARO	Spec. Auth.	0.3377
Desogestrel/Ethinyl Estradiol Désogestrel/éthinyloestradiol							
Tab Co.	Orl	0.15mg/0.03mg	Reclipsen (21)	2420813	ATV	DEFGV	0.5032
			Reclipsen (28)	2417464	ATV	DEFGV	0.3774
Donepezil Hydrochloride Donépézil (chlorhydrate de)							
Tab Co.	Orl	5mg	Donepezil	2402645	AHI	Spec. Auth.	1.1806
		10mg	Donepezil	2402653	AHI	Spec. Auth.	1.1806
Dutasteride Dutastéride							
Cap	Orl	0.5mg	Avodart	2247813	GSK	Spec. Auth.	1.6570
Caps			Apo-Dutasteride	2404206	APX		0.4205
			pms-Dutasteride	2393220	PMS		
			Teva-Dutasteride	2408287	TEV		
Latanoprost/Timolol maleate Latanoprost/timolol (maléate de)							
Liq Liq	Oph	0.005%/0.5%	Apo-Latanoprost-Timop	2414155	APX	ADEFVW	4.4280
Levetiracetam Lévétiracétam							
Tab Co.	Orl	250mg	Abbott-Levetiracetam	2414805	ABB	Spec. Auth.	0.8000
		500mg	Abbott-Levetiracetam	2414791	ABB	Spec. Auth.	0.9750
		750mg	Abbott-Levetiracetam	2414783	ABB	Spec. Auth.	1.3500

NB Drug Plans Pharmaceutical Equivalent Product Additions
Ajouts produit Équivalent pharmaceutiquele Régimes de médicaments du N.-B.

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFG FAB	Plans Régimes	MAP PAM
Mycophenolate sodium Mycophénolate sodique							
ECT Co. Ent	Orl	180mg	Myfortic Apo-Mycophenolic Acid	2264560 2372738	NVR APX	DR	1.9977 1.4983
		360mg	Myfortic Apo-Mycophenolic Acid	2264579 2372746	NVR APX	DR	3.9953 2.9965
Olanzapine							
ODT Co.D.O.	Orl	20mg	pms-Olanzapine ODT	2423944	PMS	W & Spec. Auth.	5.9376
Pantoprazole Sodium Pantoprazole sodique							
ECT Co. Ent	Orl	40mg	Mar-Pantoprazole Mint-Pantoprazole	2416565 2417448	MAR MNT	Spec. Auth.	0.3628
Quetiapine fumarate Quétiapine (fumarate de)							
Tab Co.	Orl	25mg	Abbott-Quetiapine	2412977	ABB	ADEFGVW	0.1235
		100mg	Abbott-Quetiapine	2412985	ABB	ADEFGVW	0.3295
		200mg	Abbott-Quetiapine	2412993	ABB	ADEFGVW	0.6618
		300mg	Abbott-Quetiapine	2413000	ABB	ADEFGVW	0.9656
Risedronate sodium hemi-pentahydrate Risédronate sodique hémi-pentahydraté							
Tab Co.	Orl	35mg	Auro-Risedronate	2406306	ARO	Spec. Auth	2.4288
Telmisartan							
Tab Co.	Orl	40mg	Telmisartan Apo-Telmisartan	2407485 2420082	AHI APX	ADEFGVW	0.2824
		80mg	Telmisartan Apo-Telmisartan	2407493 2420090	AHI APX	ADEFGVW	0.2824
Vancomycin Hydrochloride Vancomycine (chlorhydrate de)							
Pws Pds.	Inj	500mg	Vancomycin	2394626	SDZ	ABDEFGVW	31.0500
		1g	Vancomycin	2394634	SDZ	ABDEFGVW	58.9900

Bulletin #891 September 11, 2014

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective September 11, 2014.

Included in this bulletin:

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

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

To unsubscribe from the NB Drug Plans Formulary emailed announcements, please send a message to info@nbdrugs-medicamentsnb.ca. The Updates are available on the NBPDP webpage: http://www.gnb.ca/0212/BenefitUpdates-e.asp.

Regular Benefit Additions

Form	Route	Strength	Trade Name	DIN	MFG	Plans	Cost Base
Calcipotriol/betamethasone dipropionate							
Gel	Top	50/0.5mcg/g	Dovobet® Gel	02319012	LEO	ADEFGVW	MLP

Special Authorization Benefit Additions

Form	Route	Strength	Trade Name	DIN	MFG	Plans	Cost Base
Aclidinum bromide							
Pwr	Inh	400mcg/act	Tudorza™ Genuair™	02409720	ALM	(SA)	MLP

Criteria:

- For the treatment of chronic obstructive pulmonary disease (COPD) with EITHER aclidinium bromide OR a long-acting beta2-adrenergic agonist (LABA) 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 (FEV1 < 60% and FEV1 /FVC ratio < 0.7) and significant symptoms (i.e. Medical Research Council (MRC) Dyspnea Scale score of 3-5).
- Combination therapy with aclidinium bromide AND a long-acting beta2-adrenergic agonist/inhaled corticosteroid (LABA/ICS) will only be considered if:
  - there is spirometric evidence of at least moderate to severe airflow obstruction (FEV1 < 60% and FEV1/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.

<u>Clinical Note:</u>

- 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.

Form	Route	Strength	Trade Name	DIN	MFG	Plans	Cost Base
Afatinib Dimaleate							
Tab	Orl	20mg	Giotrif®	02415666	BOE	(SA)	MLP
		30mg		02415674			
		40mg		02415682			

Criteria:

For the first-line treatment of patients with EGFR mutation positive advanced or metastatic adenocarcinoma of the lung who have an ECOG performance status 0 or 1.

Approval duration: 6 months

Renewal Criteria:
Written confirmation that the patient has responded to treatment and in whom there is no evidence of disease progression.

Clinical Note:
- Patients who receive afatinib 1st line are not eligible for erlotinib for 2nd line, 3rd line, or maintenance therapy).

Claim Note:
- Doses of more than 40 mg once daily will not be approved.

Form	Route	Strength	Trade Name	DIN	MFG	Plans	Cost Base
Fidaxomicin							
Tab	Orl	200mg	Dificid™	02387174	CBP	(SA)	MLP

Criteria:

For the treatment of Clostridium Difficile Infection (CDI) where the patient:

- has experienced a third or subsequent episode within 6 months of treatment with vancomyin for prior episode(s), with no previous trial of fidaxomicin; or
- has experienced treatment failure* with oral vancomycin for the current CDI episode; or
- has had a documented allergy (immune-mediated reaction) to oral vancomycin; or
- has experienced a severe adverse reaction or intolerance** to oral vancomycin treatment that resulted in the discontinuation of vancomycin therapy.

Re-treatment criteria:
- Re-treatment with fidaxomicin will only be considered for an early relapse occurring within 30 days of the completion of the most recent fidaxomicin course.
- Relapse/recurrence occurring beyond 30 days after the completion of the most recent fidaxomicin course will require a trial with vancomycin, unless there is a documented allergy, severe adverse reaction or intolerance to prior oral vancomycin use.

Clinical Notes:
- *Treatment failure is defined as 7 days of vancomycin therapy without acceptable clinical improvement.
- **Details of severe adverse reaction or intolerance must be provided and should be clinically related to oral administration of vancomycin.

Claim Note:
- Requests will be approved for 200mg twice a day for 10 days.

Form	Route	Strength	Trade Name	DIN	MFG	Plans	Cost Base
Perampanel							
Tab	Orl	2mg	Fycompa®	02404516	EIS	(SA)	MLP
		4mg		02404524			
		6mg		02404532			
		8mg		02404540			
		10mg		02404559			
		12mg		02404567			

Criteria:

For the adjunctive treatment of refractory partial-onset seizures in patients who meet all of the following criteria:

- are under the care of a physician experienced in the treatment of epilepsy, and
- are currently receiving two or more antiepileptic drugs, and
- in whom less costly antiepileptic drugs* are ineffective or not appropriate.

Clinical Notes:

- The combination of lacosamide (Vimpat) and perampanel (Fycompa) will not be reimbursed.
- *Less costly antiepileptic drugs may include the following: carbamazepine, gabapentin, lamotrigine, phenytoin, topiramate, vigabatrin.

Special Authorization – Revised Criteria

Form	Route	Strength	Trade Name	DIN	MFG	Plans	Cost Base
Itraconazole							
Cap	Orl	100mg	Sporanox®	02047454	JAN	(SA)	MLP

Criteria:

1. For the treatment of severe systemic fungal infections not responding to alternative therapy.
2. For the treatment of severe or resistant fungal infections in immunocompromised patients not responding to alternative therapy.
3. For the treatment of skin infections (excluding onychomycosis) caused by dermatophyte fungi not responding to alternative therapy.

Drugs Reviewed and Not Listed

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

Form	Route	Strength	Trade Name	Indication	DIN	MFG
Collagenase Ointment						
Ont	Top	250U/g	Santyl® (re-submission)	Topical Enzymatic Debriding Agent	02063670	HPT

Bulletin # 892

September 30, 2014

NB Drug Plans Formulary Update

Please find attached a list of **generic drug product additions** to the New Brunswick Drug Plans Formulary.

Existing generic drug prodcuct categories

- New products will be reimbursed at the current category MAP.

New generic drug prodcut categories

- New products, other than the original brand product, will be reimbursed at the new category MAP effective September 30, 2014.
- The original brand product will be reimbursed at the new category MAP effective October 28, 2014. Prior to October 28, 2014 the original brand product will be reimbursed at a higher MAP as indicated on the attached list.

To unsubscribe from the NB Drug Plans emailed announcements, please send a message to info@nbdrugs-medicamentsnb.ca. The Updates are available on the NBPDP webpage: http://www.gnb.ca/0212/BenefitUpdates-e.asp

NB Drug Plans Generic Drug Product Additions
Ajouts de médicaments génériques aux Régimes de médicaments du N.-B.

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFG FAB	Plans Régimes	MAP PAM
Atorvastatin Calcium Atorvastatine calcique							
Tab Co.	Orl	10mg	Mylan-Atorvastatin	2392933	MYL	ADEFGVW	0.3138
		20mg	Mylan-Atorvastatin	2392941	MYL	ADEFGVW	0.3922
		40mg	Mylan-Atorvastatin	2392968	MYL	ADEFGVW	0.4216
		80mg	Mylan-Atorvastatin	2392976	MYL	ADEFGVW	0.4216
Clobetasol propionate Clobétasol (propionate de)							
Crm Cr.	Top	0.05%	pms-Clobetasol	2309521	PMS	ADEFGVW	0.2279
Ont Ont	Top	0.05%	pms-Clobetasol	2309548	PMS	ADEFGVW	0.2279
Dutasteride Dutastéride							
Cap Caps	Orl	0.5mg	Act Dutasteride	2412691	ATV	Spec. Auth.	0.4205
Ezetimibe Ézétimibe							
Tab Co.	Orl	10mg	Ezetrol	2247521	FRS	Spec. Auth.	0.4612
			Act Ezetimibe	2414716	ATV		
			Apo-Ezetimibe	2427826	APX		
			Jamp-Ezetimibe	2423235	JPC		
			Mar-Ezetimibe	2422662	MAR		
			Mint-Ezetimibe	2423243	MNT		
			Mylan-Ezetimibe	2378035	MYL		
			pms-Ezetimibe	2416409	PMS		
			Ran-Ezetimibe	2419548	RAN		
			Sandoz Ezetimibe	2416778	SDZ		
			Teva-Ezetimibe	2354101	TEV		
Fluocinonide							
Crm Cr.	Top	0.05%	Lyderm	716863	TPH	ADEFGVW	0.2444
			Lidex	2161923	VAL		
Fluorometholone Fluorométholone							
Dps Gttes	Oph	0.1%	Sandoz Fluorometholone	432814	SDZ	ADEFGVW	1.7880
Lactulose							
Syr Sir	Orl	667mg	Lactulose	2412268	SAS	Spec. Auth.	0.0145

NB Drug Plans Generic Drug Product Additions
Ajouts de médicaments génériques aux Régimes de médicaments du N.-B.

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFG FAB	Plans Régimes	MAP PAM
Olanzapine							
ODT Co.D.O.	Orl	5mg	Jamp-Olanzapine ODT	2406624	JPC	W & Spec. Auth.	0.8937
		10mg	Jamp-Olanzapine ODT	2406632	JPC	W & Spec. Auth.	1.7857
		15mg	Jamp-Olanzapine ODT	2406640	JPC	W & Spec. Auth.	2.6778
		20mg	Jamp-Olanzapine ODT	2406659	JPC	W & Spec. Auth.	5.9376
Rabeprazole Sodium Rabéprazole sodique							
ECT Co.Ent.	Orl	20mg	Abbott-Rabeprazole	2422646	ABB	ABDEFGVW	0.2408
Travoprost							
Liq	Oph	0.004%	Travatan Z	2318008	ALC	ADEFGVW	11.5040
Liq			Apo-Travoprost Z	2415739	APX		4.0264
			Sandoz Travoprost	2413167	SDZ		4.0264
			Teva-Travoprost Z	2412063	TEV		4.0264
Vancomycin Hydrochloride Vancomycine (chlorhydrate de)							
Cap Caps	Orl	125mg	Jamp-Vancomycin	2407744	JPC	ADEFGVW	5.6300
		250mg	Jamp-Vancomycin	2407752	JPC	ADEFGVW	11.2500
Zoledronic Acid Acide Zolédronique							
Liq	IV	5mg/100mL	Aclasta	2269198	NVR	Spec. Auth.	6.7080
Liq			Taro-Zoledronic Acid	2415100	TAR		3.3540
			Zoledronic Acid	2422433	RCH		3.3540
			Zoledronic Acid	2408082	TEV		3.3540

Bulletin #893 October 3, 2014

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective October 3, 2014.

Included in this bulletin:

- Special Authorization Benefit Additions

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

To unsubscribe from the NB Drug Plans Formulary emailed announcements, please send a message to info@nbdrugs-medicamentsnb.ca. The Updates are available on the NBPDP webpage: http://www.gnb.ca/0212/BenefitUpdates-e.asp.

Special Authorization Benefit Additions

Product	Strength	DIN	MFG	Plans	Cost Base
Dabrafenib (Tafinlar™)	50mg capsule 75mg capsule	02409607 02409615	GSK	(SA)	MLP

- As monotherapy for the first line treatment of patients with BRAF V600 mutation-positive unresectable or metastatic melanoma with ECOG performance status of 0 or 1. If brain metastases are present, patients should be asymptomatic or stable.
- As monotherapy for the second line treatment of patients with BRAF V600 mutation-positive unresectable or metastatic melanoma for patients who have progressed after receiving chemotherapy treatment in the first line setting with ECOG performance status of 0 or 1. If brain metastases are present, patients should be asymptomatic or stable.

Clinical Notes:
- Recommended Dose: 150 mg twice daily until disease progression or development of unacceptable toxicity requiring discontinuation of dabrafenib.
- Dabrafenib will not be reimbursed in patients who have progressed on a prior BRAF therapy.

Claim Notes:
- Initial approval duration: 6 months
- Renewal approval duration: 6 months

Product	Strength	DIN	MFG	Plans	Cost Base
Dimethyl fumarate (Tecfidera™)	120mg DR capsule 240mg DR capsule	02404508 02420201	BIG	(SA)	MLP

For the treatment of relapsing-remitting multiple sclerosis (RRMS) in patients who meet the following criteria:
- Two disabling attacks of MS in the previous two years, and
- Ambulatory with or without aid (EDSS of less than or equal to 6.5)

Clinical Notes:
- An attack is defined as the appearance of new symptoms or worsening of old symptoms, lasting at least 24 hours in the absence of fever, and preceded by stability for at least one month.

Claim Notes:
- Prescriptions written by New Brunswick neurologists do not require special authorization.

Product	Strength	DIN	MFG	Plans	Cost Base
Pirfenidone (Esbriet®)	267mg capsule	02393751	ITM	(SA)	MLP

Initial approval criteria:
Adult patients who have a diagnosis of mild to moderate idiopathic pulmonary fibrosis (IPF)* confirmed by a respirologist and a high-resolution CT scan within the previous 24 months.

*Mild-moderate IPF is defined as: a FVC between 50-80% predicted, and a Percent Carbon Monoxide Diffusing Capacity (%DLCO) between 30-90% predicted.

Initial renewal criteria:
Patients must NOT demonstrate progression of disease defined as an absolute decline in percent predicted FVC of ≥10% from initiation of therapy until renewal (initial 6 month treatment period).If a patient has experienced progression as defined above, then the results should be validated with a confirmatory pulmonary function test conducted 4 weeks later.

Second renewal (12 months after initiation of therapy):
Patients must NOT demonstrate progression of disease defined as an absolute decline in percent predicted FVC of ≥10% since initiation of therapy (baseline). If a patient has experienced progression as defined above, then the results should be validated with a confirmatory pulmonary function test conducted 4 weeks later.

Claim Notes:
- Initial approval period: 7 months (allow 4 weeks for repeat pulmonary function tests)
- Renewal Approval period: 6 months
- Second renewal approval period: 12 months

Trametinib (Mekinist®)	0.5mg tablet 2mg tablet	02409623 02409658	GSK	(SA)	MLP

- As monotherapy for the first line treatment of patients with BRAF V600 mutation-positive unresectable or metastatic melanoma with ECOG performance status of 0 or 1. If brain metastases are present, patients should be stable.
- As monotherapy for the second line treatment of patients with BRAF V600 mutation-positive unresectable or metastatic melanoma for patients who have progressed after receiving chemotherapy treatment in the first line setting with ECOG performance status of 0 or 1. If brain metastases are present, patients should be stable.

Clinical Notes:
- Recommended Dose: 2 mg once daily until disease progression or development of unacceptable toxicity requiring discontinuation of trametinib.
- Trametinib will not be reimbursed in patients who have progressed on a prior BRAF therapy.

Claim Notes:
- Initial approval duration: 6 months
- Renewal approval duration: 6 months

Bulletin #894

October 22, 2014

NB Drug Plans Update

Co-payment requirements

The purpose of this bulletin to pharmacies is to clarify that there have been no changes to rules regarding the collection of co-payments by pharmacies under New Brunswick's public drug plans. No changes have been made to regulations related to prescription co-payments for persons covered by the New Brunswick Prescription Drug Program and the New Brunswick Drug Plan. Additionally, there have been no changes to the policies of the Medavie Blue Cross Seniors Prescription Drug Program.

It is the Department of Health's position that while current regulations require the charging of co-payments under the government-sponsored drug plans, these regulations do not prohibit the long-standing practice of pharmacies of refunding or rebating part or all of these co-payments to the patient. The provincial government intends to make the necessary regulatory amendments to further clarify its position on the issue.

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

Bulletin # 895 October 31, 2014

NB Drug Plans Formulary Update

Please find attached a list of **generic drug product additions** to the New Brunswick Drug Plans Formulary.

Existing generic drug prodcuct categories

- New products will be reimbursed at the current category MAP.

New generic drug prodcut categories

- New products, other than the original brand product, will be reimbursed at the new category MAP effective October 31, 2014.
- The original brand product will be reimbursed at the new category MAP effective November 21, 2014. Prior to November 21, 2014 the original brand product will be reimbursed at a higher MAP as indicated on the attached list.

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NB Drug Plans Generic Drug Product Additions
Ajouts de médicaments génériques aux Régimes de médicaments du N.-B.

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFG FAB	Plans Régimes	MAP PAM
Adefovir Dipivoxil Adéfovir dipivoxil							
Tab Co.	Orl	10mg	Hepsera Apo-Adefovir	2247823 2420333	GIL APX	Spec. Auth.	24.3357 20.4400
Ciprofloxacin Hydrochloride Ciprofloxacine (chlorhydrate de)							
Tab Co.	Orl	500mg	Mint-Ciproflox	2423561	MNT	BW & Spec. Auth.	0.6979
Clarithromycin Clarithromycine							
ERT Co.L.P.	Orl	500mg	Biaxin XL Apo-Clarithromycin XL	2244756 2413345	ABB APX	ABDEFGVW	2.5143 1.8858
Dutasteride Dutastéride							
Cap Caps	Orl	0.5mg	Mint-Dutasteride Sandoz Dutasteride	2428873 2424444	MNT SDZ	Spec .Auth.	0.4205
Entecavir Entécavir							
Tab Co.	Orl	0.5mg	pms-Entecavir	2430576	PMS	Spec. Auth.	11.0000
Linezolid Linézolide							
Tab Co.	Orl	600mg	Zyvoxam Apo-Linezolid Sandoz Linezolid	2243684 2426552 2422689	PFI APX SDZ	Spec. Auth.	74.2180 38.6083
Losartan Potassium/Hydrochlorothiazide Losartan Potassique/Hydrochlorothiazide							
Tab Co.	Orl	50mg/12.5mg	Losartan/HCTZ	2427648	SAS	ADEFGVW	0.3148
		100mg/12.5mg	Losartan/HCTZ	2427656	SAS	ADEFGVW	0.3082
		100mg/25mg	Losartan/HCTZ	2427664	SAS	ADEFGVW	0.3148
Olanzapine							
Tab Co.	Orl	2.5mg	Mar-Olanzapine	2421232	MAR	W & Spec. Auth.	0.4493
		5mg	Mar-Olanzapine	2421240	MAR	W & Spec. Auth.	0.8986
		7.5mg	Mar-Olanzapine	2421259	MAR	W & Spec. Auth.	1.3479
		10mg	Mar-Olanzapine	2421267	MAR	W & Spec. Auth.	1.7972
		15mg	Mar-Olanzapine	2421275	MAR	W & Spec. Auth.	2.6958

NB Drug Plans Generic Drug Product Additions
Ajouts de médicaments génériques aux Régimes de médicaments du N.-B.

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFG FAB	Plans Régimes	MAP PAM
Omeprazole Magnesium Oméprazole magnésien							
SRT Co.L.L.	Orl	20mg	Omeprazole	2416549	AHI	ABDEFGVW	0.4117
Ramipril							
Cap Caps	Orl	1.25mg	Mar-Ramipril	2420457	MAR	ADEFGVW	0.1274
		2.5mg	Mar-Ramipril	2420465	MAR	ADEFGVW	0.1470
			Mint-Ramipril	2421305	MNT		
		5mg	Mar-Ramipril	2420473	MAR	ADEFGVW	0.1470
			Mint-Ramipril	2421313	MNT		
		10mg	Mar-Ramipril	2420481	MAR	ADEFGVW	0.1862
			Mint-Ramipril	2421321	MNT		
Testosterone Undecanoate Testostérone (undécanoate de)							
Cap Caps	Orl	40mg	Taro-Testosterone	2421186	TAR	Spec. Auth.	0.4700
Zolmitriptan							
Tab Co.	Orl	2.5mg	Jamp-Zolmitriptan	2421623	JPC	Spec. Auth.	4.6667
			Mar-Zolmitriptan	2399458	MAR		

Bulletin #896 November 21, 2014

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective November 21, 2014

Included in this bulletin:

- Regular Benefit Additions
- Special Authorization Benefit Additions
- Changes to Existing Special Authorization Benefits
- Drugs Reviewed and Not Listed

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

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Regular Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Colchicine (Jamp-Colchicine)	0.6mg tablet	02373823	JPC	ADEFGVW	MLP
Dicyclomine (Jamp-Dicyclomine)	10mg tablet 20mg tablet	02391619 02366088	JPC	ADEFGVW	MLP
Triptorelin pamoate (Trelstar®)	22.5mg /vial	02412322	PAL	ADEFVW	MLP

Special Authorization Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Abatacept (Orencia®) (new formulation)	125mg SC injection	02402475	BRI	(SA)	MLP

Rheumatoid Arthritis

- 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 therapy of at least two traditional DMARDs (disease modifying antirheumatic drugs). 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.

Clinical Notes:

- Intravenous infusion: initial IV infusion dose is administered at 0, 2, and 4 weeks then every 4 weeks thereafter.
- Subcutaneous injection: a single IV loading dose of up to 1000 mg/dose followed by 125 mg subcutaneous injection within a day, then once-weekly subcutaneous injections.
- Abatacept will not be reimbursed in combination with anti-TNF agents.

Claim Note:

- Must be prescribed by a rheumatologist.

Apixaban (Eliquis™)	2.5mg tablet 5mg tablet	02377233 02397714	BRI	(SA)	MLP

Atrial fibrillation

For the prevention of stroke and systemic embolism in at-risk patients with non-valvular atrial fibrillation for whom:

- Anticoagulation is inadequate following at least a two month trial on warfarin; or

- Warfarin is contraindicated or not possible due to inability to regularly monitor through International Normalized Ratio (INR) testing (i.e. no access to INR testing services at a laboratory, clinic, pharmacy, and at home).

Clinical Notes:

- The following patient groups are excluded from coverage for apixaban for atrial fibrillation:
  - Patients with impaired renal function (creatinine clearance or estimated glomerular filtration rate <25 mL/min)
  - Patients 75 years of age or older without documented stable renal function
  - Patients with hemodynamically significant rheumatic valvular heart disease, especially mitral stenosis
  - Patients with prosthetic heart valves.
- At-risk patients with atrial fibrillation are defined as those with a $CHADS_2$ score of ≥ 1. Prescribers may consider an antiplatelet regimen or oral anticoagulation for patients with a $CHADS_2$ score of 1.
- Inadequate anticoagulation is defined as INR testing results that are outside the desired INR range for at least 35% of the tests during the monitoring period (i.e. adequate anticoagulation is defined as INR test results that are within the desired INR range for at least 65% of the tests during the monitoring period).
- Documented stable renal function is defined as creatinine clearance or estimated glomerular filtration rate that is maintained for at least 3 months.
- The usual recommended dose is 5mg twice daily; a reduced dose of apixaban 2.5mg twice daily is recommended for patients with at least two of the following: age > 80 years, body weight < 60kg, or serum creatinine > 133 micromole/litre.
- Since renal impairment can increase bleeding risk, renal function should be regularly monitored. Other factors that increase bleeding risk should also be assessed and monitored (see apixaban product monograph).
- Patients starting apixaban should have ready access to appropriate medical services to manage a major bleeding event.
- There is currently no data to support that apixaban provides adequate anticoagulation in patients with rheumatic valvular disease or those with prosthetic heart valves. As a result, apixaban is not recommended in these populations.

Apixaban (Eliquis™)	2.5mg tablet	02377233	BRI	(SA)	MLP

VTE prophylaxis

- For the prevention of venous thromboembolic events (VTE) in patients who have undergone elective total knee replacement (TKR) surgery.
- For the prevention of VTE in patients who have undergone elective total hip replacement (THR) surgery.

Clinical Notes:

1. The total duration of therapy includes the period during which doses are administered post-operatively in an acute care (hospital) setting, and the approval period is for the balance of the total duration after discharge.
2. The first dose is typically administered 12 to 24 hours after surgery, assuming adequate hemostasis has been achieved.
3. The ADVANCE clinical trial program did not evaluate the efficacy or safety of sequential use of molecular weight heparin followed by apixaban for the prophylaxis of VTE. Due to the current lack of evidence for sequential use,

coverage is not intended for this practice.

4. Clinical judgment is warranted to assess the increased risk for VTE and/or adverse effects in patients with a history of previous VTE, myocardial infarction, transient ischemic attack or ischemic stroke; a history of intraocular or intracerebral bleeding; a history of gastrointestinal disease with gastrointestinal bleeding; moderate or severe renal insufficiency (estimated creatinine clearance <30 mL/min); severe liver disease; concurrent use of other anticoagulants; or age greater than 75 years.
5. Apixaban has not been studied in clinical trials in patients undergoing hip fracture surgery, and is not recommended in these patients.

Claim Notes:

- Maximum reimbursement without Special Authorization will be limited to 14 days of therapy (28 tablets) for TKR or 30 days of therapy (60 tablets) for THR, within a 6 month period.
- Subsequent reimbursement for prophylaxis within a 6 month period (i.e. second joint replacement procedure within the 6 month period) will require Special Authorization.

Ivacaftor (Kalydeco®)	150mg tablet	02397412	VTX	(SA)	MLP

For the treatment of cystic fibrosis in patients who meet the following criteria:

- age 6 years and older; and
- have documented G551D mutation in the Cystic Fibrosis Transmembrane conductance Regulator (CFTR) gene.

Initial renewal criteria:

Renewal requests will be considered in patients with documented response to treatment (after at least 6 months of therapy) as evidenced by the following:

In cases where the patient's sweat chloride levels prior to commencing therapy were above 60mmol/litre:

- the patient's sweat chloride level fell below 60mmol/litre; or
- the patient's sweat chloride level is 30% lower than the level reported in a previous test;

In cases where the baseline sweat chloride levels prior to commencing therapy were below 60mmol/litre:

- the patient's sweat chloride level is 30% lower than the level reported in a previous test; or
- the patient demonstrates a sustained absolute improvement in FEV1 of at least 5% when compared to the FEV1 test conducted prior to the commencement of therapy.

Subsequent renewal criteria:

- The patient is continuing to benefit from therapy.

Clinical Notes:

- The patient's sweat chloride level and FEV1 must be provided with each request.
- A sweat chloride test must be performed within a few months of starting ivacaftor therapy to determine if sweat chloride levels are reducing.

- If the expected reduction occurs, a sweat chloride test must be performed again 6 months after starting therapy to determine if the full reduction has been achieved. Thereafter, sweat chloride levels must be checked annually.
- If the expected reduction does not occur, a sweat chloride test should be performed again one week later. If the criteria are not met, funding will be discontinued.

Claim Notes:
- Requests will be considered for individuals enrolled in Plans ADEFGV
- Approved dose: 150mg every 12 hours
- Initial and renewal approval duration: 1 year

Regorafenib (Stivarga®)	40mg tablet	02403390	BAY	(SA)	MLP

For the treatment of patients with metastatic and/or unresectable gastrointestinal stromal tumors (GIST) who have had disease progression on, or intolerance to, imatinib and sunitinib, and who have an ECOG performance status of 0 or 1.

Renewal Criteria:
- Written confirmation that the patient continues to benefit from therapy.

Clinical Note:
- Recommended dose: 160mg once daily (3 weeks on, 1 week off).

Claim Notes:
- Initial approval duration: 6 months
- Renewal approval duration: 6 months

Changes to Existing Special Authorization Benefits

Product	Strength	DIN	MFR	Plans	Cost Base
Peginterferon alfa-2a (Pegasys®) ProClick Autoinjector (new format)	180mcg/0.5mL	02248077	HLR	(SA)	MLP
Peginterferon alfa-2a - Ribavirin (Pegasys RBV®) ProClick Autoinjector (new format)	180mcg/0.5mL 200mg tablet	02253429			

Refer to the NB Drug Plans Formulary for the special authorization criteria.

Drugs Reviewed and Not Listed

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

Product	Strength	Indication	DIN	MFR
Azilsartan medoxomil (Edarbi®)	40mg, 80mg tablets	Essential Hypertension	2381389 2381397	TAK
Azilsartan medoxomil / chlorthalidone (Edarbyclor™)	40/12.5mg, 80/12.5mg, 40/25mg tablets	Essential Hypertension	2397749 2397757 2397765	TAK
Buprenorphine (BuTrans®)	5mcg/h, 10mcg/h, 20mcg/h transdermal system	Persistent pain (moderate intensity)	2341174 2341212 2341220	PFR
Everolimus (Afinitor®)	2.5mg, 5mg, 10mg tablets	Renal angiomyolipoma associated with tuberous sclerosis complex	2369257 2339501 2339528	NVR
Regorafenib (Stivarga®)	40mg film coated tablet	Metastatic Colorectal Cancer	2403390	BAY
Zolpidem tartrate (Sublinox™)	5mg, 10mg orally disintegrating tablets	Short-term Insomnia	2391678 2370433	MVL

Bulletin # 897 November 28, 2014

NB Drug Plans Formulary Update

Please find attached a list of **generic drug product additions** to the New Brunswick Drug Plans Formulary.

Existing generic drug product categories

- New products will be reimbursed at the current category MAP.

To unsubscribe from the NB Drug Plans emailed announcements, please send a message to info@nbdrugs-medicamentsnb.ca. The Updates are available on the NBPDP webpage: http://www.gnb.ca/0212/BenefitUpdates-e.asp

NB Drug Plans Generic Drug Product Additions
Ajouts de médicaments génériques aux Régimes de médicaments du N.-B.

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFG FAB	Plans Régimes	MAP PAM
Alendronate Sodium/Cholecalciferol Alendronate sodique/Cholécalciférol							
Tab Co.	Orl	70mg/5600IU	Sandoz Alendronate/ Cholecalciferol	2429160	SDZ	W & Spec. Auth.	2.3312
Cyanocobalamin Cyanocobalamine							
Liq Liq	Inj	1000mcg/mL	Jamp-Cyanocobalamin	2420147	JPC	ADEFGVW	0.4500
Latanoprost							
Liq Liq	Oph	0.005%	pms-Latanoprost	2317125	PMS	ADEFGVW	3.8542
Pregabalin							
Cap Caps	Orl	25mg	Mar-Pregabalin	2417529	MAR	W & Spec. Auth.	0.2058
		50mg	Mar-Pregabalin	2417537	MAR	W & Spec. Auth.	0.3228
		75mg	Mar-Pregabalin	2417545	MAR	W & Spec. Auth.	0.4176
		150mg	Mar-Pregabalin	2417561	MAR	W & Spec. Auth.	0.5757
Rabeprazole Sodium Rabéprazole sodique							
ECT Co. Ent.	Orl	10mg	Abbott-Rabeprazole	2422638	ABB	ABDEFGVW	0.1204
Tamsulosin Hydrochloride							
ERT Co.L.P.	Orl	0.4mg	Tamsulosin CR	2427117	SAS	ADEFVW	0.1500

Bulletin #898 December 12, 2014

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective December 12, 2014

Included in this bulletin:

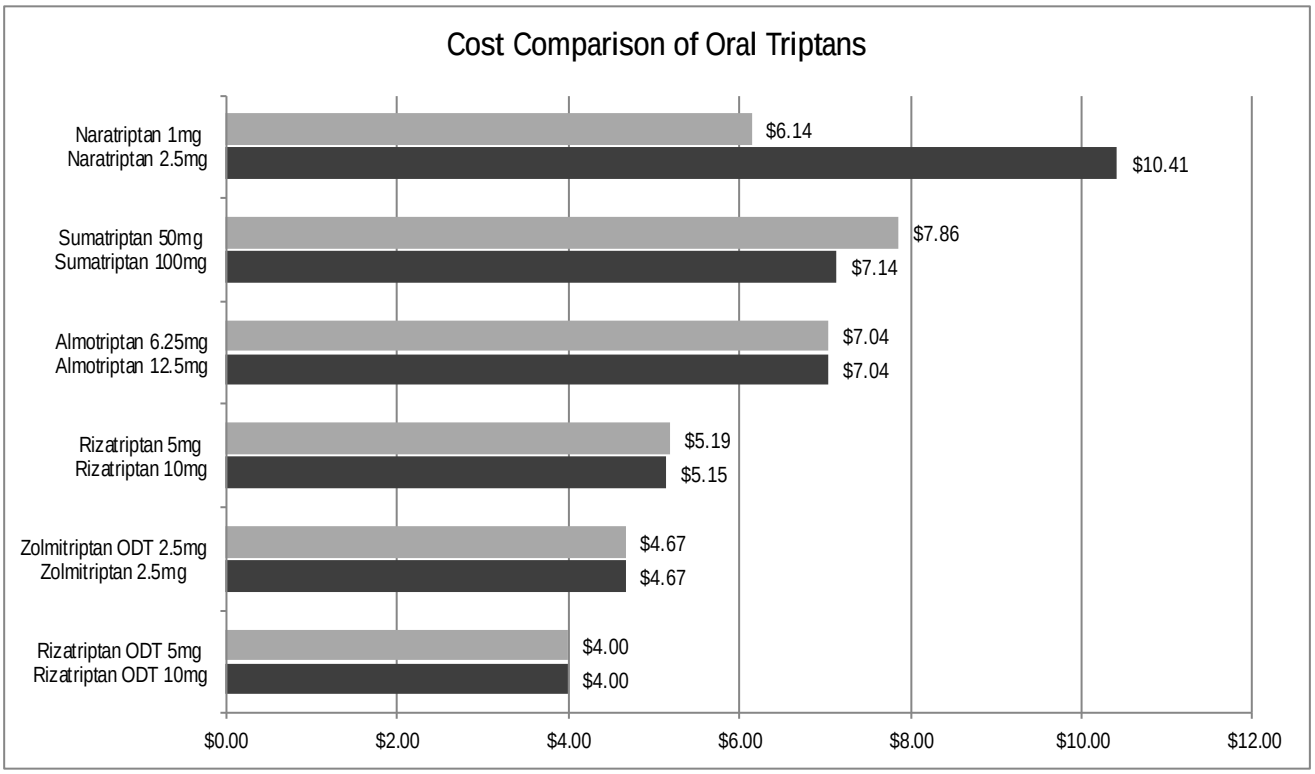
- Regular Benefit Additions
- Special Authorization Benefit Additions
- Changes to Existing Special Authorization Benefits
- Drugs Reviewed and Not Listed

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

To unsubscribe from the NB Drug Plans Formulary emailed announcements, please send a message to info@nbdrugs-medicamentsnb.ca. The Updates are available on the NBPDP webpage: http://www.gnb.ca/0212/BenefitUpdates-e.asp.

Regular Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Methotrexate (Metoject®)	7.5mg/0.75mL 10mg/mL 15mg/1.5mL 20mg/2mL 25mg/2.5mL	02320029 02320037 02320045 02304767 02320053	MDX	ADEFGVW	MLP
Hydrocortisone acetate-zinc sulfate (Jampzinc-HC)	0.5% / 0.5% ointment	02387239	JPC	ADEFGVW	MLP
Special authorization no longer required					
Cyclosporine (Neoral®) & generic brands	10mg capsule 25mg capsule 50mg capsule 100mg capsule 100mg/mL oral solution	See NB Drug Plans Formulary for complete list.		AEFGVW	MAP
Leflunomide (Arava®) & generic brands	10mg tablet 20mg tablet	See NB Drug Plans Formulary for complete list.		ADEFGVW	MAP
Zuclopenthixol (Clopixol® Depot)	200mg/mL injection	02230406	MRR	ADEFGVW	MLP
<u>Oral Bisphosphonates</u>					
Alendronate (Fosamax®) & generic brands	10mg tablet 70mg tablet	See NB Drug Plans Formulary for complete list.		ADEFGVW	MAP
Risedronate (Actonel®) & generic brands	5mg tablet 35mg tablet				
<u>Oral 5-HT1 Receptor Agonists (Triptans)</u> Note: A maximum of 72 tablets will be reimbursed annually without special authorization.					
Rizatriptan (Maxalt®) & generic brands	5mg tablet 10mg tablet	See NB Drug Plans Formulary for complete list.		ADEFGVW	MAP
Rizatriptan (Maxalt RPD®) & generic brands	5mg OD tablet 10mg OD tablet				
Zolmitriptan (Zomig®) & generic brands	2.5mg tablet				
Zolmitriptan (Zomig Rapimelt®) & generic brands	2.5mg OD tablet				



Special Authorization Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Somatropin (Genotropin®) GoQuick®	5.3mg pre-filled pen 12mg pre-filled pen	02401703 02401711	PFI	(SA)	MLP
Somatropin (Genotropin®) MiniQuick®	0.6mg pre-filled syringe 0.8mg pre-filled syringe 1mg pre-filled syringe 1.2mg pre-filled syringe 1.4mg pre-filled syringe 1.6mg pre-filled syringe 1.8mg pre-filled syringe 2mg pre-filled syringe	02401762 02401770 02401789 02401797 02401800 02401819 02401827 02401835	PFI	(SA)	MLP

- For the treatment of growth hormone deficiency in children under the age of 18.
- For the treatment of short stature associated with Turner Syndrome in patients whose epiphyses are not closed.

Claim Notes:

- Must be prescribed by, or in consultation with, an endocrinologist.
- Somatropin is a regular benefit for Plan T.

Lenalidomide (Revlimid®)	5mg capsule 10mg capsule 15mg capsule 25mg capsule	02304899 02304902 02317699 02317710	CEL	(SA)	MLP

For the maintenance treatment of patients with newly diagnosed multiple myeloma, following autologous stem-cell transplantation (ASCT), who have stable disease or better, with no evidence of disease progression.

Renewal criteria:
- Written confirmation that there is no evidence of disease progression.

Clinical Notes:
- Recommended Dose: Initial dose of 10 mg daily. Dose adjustments (5-15 mg) may be necessary based on individual patient characteristics/responses.
- Lenalinomide may be continued until evidence of disease progression or development of unacceptable toxicity requiring discontinuation of lenalidomide.

Claim Notes:
- Initial approval duration: 1 year
- Renewal approval duration: 1 year

Simeprevir (Galexos™)	150mg capsule	02416441	JAN	(SA)	MLP

For the treatment of chronic hepatitis C genotype 1 infection in patients with compensated liver disease, in combination with peginterferon alpha and ribavirin, if the following criteria are met:
- Detectable levels of hepatitis C virus (HCV) RNA in the last six months
- Fibrosis stage of F2, F3 or F4 (Metavir score or equivalent)

Exclusion Criteria:
- Patients with the NS3 Q80K polymorphism should not be treated with simeprevir
- Patients who have received a prior full therapeutic course of boceprevir or telaprevir in combination with peginterferon alpha and ribavirin and did not receive an adequate response
- Decompensated liver disease
- Patients less than 18 years old
- Patients who have had prior organ transplant including liver transplant
- Simeprevir in combination with sofosbuvir

Clinical Notes:
1. Recommended dose is 150mg once daily in combination with peginterferon alpha and ribavirin.
2. Duration of treatment is to be determined using Response-Guided Therapy.

Patient Group	HCV RNA at Week 4	Triple Therapy Simeprevir, Peginterferon alfa and Ribavirin	Dual Therapy Peginterferon alfa and Ribavirin	Total Treatment Duration
Treatment-Naïve and Prior Relapsers	Undetectable	First 12 weeks	Additional 12 weeks	24 weeks
	<25 IU/mL detectable	First 12 weeks	Additional 36 weeks	48 weeks
Prior Non-Responders (Including Partial and Null Responder)	Undetectable or <25 IU/mL detectable	First 12 weeks	Additional 36 weeks	48 weeks

3. Discontinuation of treatment is recommended in patients with inadequate on-treatment virologic response since it is unlikely that they will achieve a sustained virologic response and may develop treatment-emergent resistance.

HCV RNA	Action
Treatment Week 4: ≥25 IU/mL	Discontinue simeprevir, peginterferon alfa and ribavirin
Treatment Week 12: detectable	Discontinue peginterferon alfa and ribavirin (treatment with simeprevir is complete at Week 12)
Treatment Week 24: detectable	Discontinue peginterferon alfa and ribavirin

Please refer to the product monograph for full prescribing information.

Claim Notes:

- Only one course of treatment (for up to 12 weeks duration) will be approved.
- Renewals will not be considered.

Changes to Existing Special Authorization Benefits

Product	Strength	DIN	MFR	Plans	Cost Base
Methadone HCl (Methadose™) unflavored oral concentrate Methadone HCl (Methadose™) cherry flavored oral concentrate (new formulation)	10mg/mL	02394618 02394596	MAL	(SA)	MAP[1]

For the treatment of opioid dependence.

For more information, please refer to the NB Drug Plans methadone reimbursement policies which are outlined here: Methadone for Opioid Dependence

[1]Effective December 17, 2014, the MAP for Methadose™ will increase to $0.0162 per mg.

Drugs Reviewed and Not Listed

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

Product	Strength	Indication	DIN	MFR
Somatropin (Genotropin®) GoQuick®	5.3mg pre-filled pen 12mg pre-filled pen	Growth hormone deficiency in adults	02401703 02401711	PFI
Somatropin (Genotropin®) MiniQuick®	0.6mg pre-filled syringe 0.8mg pre-filled syringe 1mg pre-filled syringe 1.2mg pre-filled syringe 1.4mg pre-filled syringe 1.6mg pre-filled syringe 1.8mg pre-filled syringe 2mg pre-filled syringe	Growth hormone deficiency in adults	02401762 02401770 02401789 02401797 02401800 02401819 02401827 02401835	PFI

Bulletin # 899

December 16, 2014

NB Drug Plans Formulary Update

Please find attached a list of **generic drug product additions** to the New Brunswick Drug Plans Formulary.

Existing generic drug product categories

- New products will be reimbursed at the current category MAP.

New generic drug product categories

- New products, other than the original brand product, will be reimbursed at the new category MAP effective December 16, 2014.
- The original brand product will be reimbursed at the new category MAP effective January 6, 2015. Prior to January 6, 2015 the original brand product will be reimbursed at a higher MAP as indicated on the attached list.

To unsubscribe from the NB Drug Plans emailed announcements, please send a message to info@nbdrugs-medicamentsnb.ca. The Updates are available on the NBPDP webpage: http://www.gnb.ca/0212/BenefitUpdates-e.asp

NB Drug Plans Generic Drug Product Additions
Ajouts de médicaments génériques aux Régimes de médicaments du N.-B.

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Acetylsalicylic Acid Acide Acétylsalicylique							
ERT Co.L.P.	Orl	81mg	ASA EC	2426811	SAS	V	0.0530
Capecitabine Capécitabine							
Tab Co.	Orl	150mg	Sandoz Capecitabine	2421917	SDZ	Spec. Auth.	0.9150
		500mg	Sandoz Capecitabine	2421925	SDZ	Spec. Auth.	3.0500
Celecoxib Célécoxib							
Cap Caps	Orl	100mg	Celebrex	2239941	PFI	W & Spec. Auth.	0.7034
			Apo-Celecoxib	2418932	APX		
			Co Celecoxib	2420155	ATV		
			GD-Celecoxib	2291975	GMD		
			Jamp-Celecoxib	2424533	JPC		
			Mar-Celecoxib	2420058	MAR		0.1759
			Mint-Celecoxib	2412497	MNT		
			Mylan-Celecoxib	2423278	MYL		
			pms-Celecoxib	2355442	PMS		
			Ran-Celecoxib	2412373	RAN		
			Sandoz Celecoxib	2321246	SDZ		
			Teva-Celecoxib	2288915	TEV		
		200mg	Celebrex	2239942	PFI	W & Spec. Auth.	1.4072
			Apo-Celecoxib	2418940	APX		
			Co Celecoxib	2420163	ATV		
			GD-Celecoxib	2291983	GMD		
			Jamp-Celecoxib	2424541	JPC		
			Mar-Celecoxib	2420066	MAR		0.3518
			Mint-Celecoxib	2412500	MNT		
			Mylan-Celecoxib	2399881	MYL		
			pms-Celecoxib	2355450	PMS		
			Ran-Celecoxib	2412381	RAN		
			Sandoz Celecoxib	2321254	SDZ		
			Teva-Celecoxib	2288923	TEV		