

Bulletin # 491

June 2, 2000

BENEFIT CHANGES TO NBPDP

Please find attached lists of additions/deletions to the New Brunswick Prescription Drug Program Formulary, effective June 2, 2000.

INCLUDED IN THIS UPDATE:

1. SPECIAL AUTHORIZATION – Additions and changes

2. CHANGES IN BENEFIT STATUS – Drug products previously listed under special authorization that are now regular benefits.

3. BENEFIT ADDITIONS WITH QUANTITY LIMITS

4. REGULAR BENEFIT ADDITIONS

Claims for products that are reimbursed at Actual Acquisition Cost (AAC) up to July 13, 2000 will be subject to a Maximum Allowable Price (MAP) effective, July 14, 2000.

5. PRODUCTS DISCONTINUED BY THE MANUFACTURER

The New Brunswick Prescription Drug Program will continue to reimburse claims for products that are discontinued by the manufacturer for a period of two years from the discontinued date of the product.

6. CISAPRIDE (Prepulsid) WITHDRAWN

http://www.hc-sc.gc.ca/english/archives/warnings/2000/2000_56e.htm

Health Canada has advised that the prokinetic drug, Prepulsid (cisapride) will no longer be available from pharmacies effective August 7, 2000. Prepulsid, marketed by Janssen-Ortho Inc., is indicated for the treatment of gastroparesis, intestinal pseudo-obstruction and gastroesophageal reflux disease which is refractory to lifestyle modifications, antacids and gastric acid reducing agents. The decision to withdraw Prepulsid from the market is founded on the association of the drug with serious cardiac arrhythmias (e.g. ventricular tachycardia, *torsades de pointes* and ventricular fibrillation) and sudden cardiac deaths.

Cisapride (Prepulsid) will be delisted as a NBPDP benefit effective June 15, 2000.

Domperidone and metoclopramide are upper gastrointestinal motility modifiers currently listed as benefits.

1. SPECIAL AUTHORIZATION (PART B) - ADDITIONS:

CELECOXIB (CELEBREX)

Tablets 100mg and 200mg

For the treatment of osteoarthritis and rheumatoid arthritis in patients who have at least one of the following factors:

- Past history of ulcers
- Concurrent warfarin therapy
- Concurrent prednisone therapy
- Failure or intolerance to at least two other NSAIDs (e.g. ibuprofen, diclofenac, naproxen)

Recommended maximum daily doses: 200mg for osteoarthritis
400mg for rheumatoid arthritis

Note: Celecoxib is a regular benefit for beneficiaries age 65 and over (Plans A,V).

CLOPIDOGEL (PLAVIX)

Tablets 75mg

1. Secondary prevention of vascular ischemic events (myocardial infarction, stroke) in patients with a history of symptomatic atherosclerotic disease who have had treatment failure or are intolerant or allergic to ASA.
2. For the prevention of thrombosis post intracoronary stent implantation for a period of 28 days. Prescriptions written by invasive (interventional) cardiologists for this procedure do not require special authorization. The claims adjudication system will automatically recognize the NBPDP physician ID number of the invasive cardiologists at the Atlantic Health Sciences Centre.

LEUPROLIDE (LUPRON DEPOT)

Injection 11.25mg (3-month Slow Release)

For the hormonal management of endometriosis, including pain relief and reduction of endometriotic lesions. Requests will be considered for women age 18 and older. Approval limits payment to a maximum of 6 months of therapy.

TAMSULOSIN HYDROCHLORIDE (FLOMAX)

Sustained-Release Capsules 0.4mg

For patients who have experienced treatment failure or intolerance to alternative agents (e.g. terazosin, doxazosin).

ROFECOXIB (VIOXX)

Tablets 12.5mg & 25mg

For the treatment of osteoarthritis in patients who have at least one of the following factors:

- Past history of ulcers
- Concurrent warfarin therapy
- Concurrent prednisone therapy
- Failure or intolerance to at least two other NSAIDs (e.g. ibuprofen, diclofenac, naproxen)

Recommended maximum daily dose: 25mg for osteoarthritis

Note: Rofecoxib is a regular benefit for beneficiaries age 65 and over (Plans A,V).

SPECIAL AUTHORIZATION (PART B) - CHANGES:

BOTULINUM TOXIN TYPE A (BOTOX) – *new indication added*

Lyophilized concentrate for injection

Only requests for an approved indication for the product will be considered. Approved indications are:

- (i) treatment of strabismus and blepharospasm associated with dystonia, including benign essential blepharospasm or VII nerve disorders in patients 12 years of age and above.
- (ii) cervical dystonia (spasmodic torticollis).
- (iii) *treatment of dynamic equinus foot deformity due to spasticity in pediatric cerebral palsy patients.*

(See Formulary for complete criteria.)

LAMOTRIGINE (LAMICTAL) – *new indication and strength added*

Tablets 25mg, 100mg and 150mg and Chewable Tablets 5mg

1. For the treatment of refractory epilepsy not well controlled with conventional therapy.
2. *As adjunctive therapy for the management of the seizures associated with Lennox-Gastaut syndrome.*

RISPERIDONE (RISPERDAL) – *new indication and strengths added*

Tablets 0.25mg, 0.5mg, 1mg, 2mg, 3mg and 4mg

1. For the management of manifestations of schizophrenia and related psychotic disorders. Advice from a psychiatrist is suggested prior to starting therapy.
2. *For use in severe dementia for the short-term symptomatic management of inappropriate behavior due to aggression and/or psychosis.*
(Risperidone 0.25mg, 0.5mg, 1mg tablets are regular benefits of Plans A and V).

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

2. CHANGES IN BENEFIT STATUS:

Drug products previously listed under special authorization that are now regular benefits.

- **DOXAZOSIN** (Cardura, Gen-Doxazosin, Apo-Doxazosin) 1mg, 2mg, 4mg Tablets
- **LAMIVUDINE** (3TC) 10mg/mL Oral solution and 150mg Tablets
- **VENLAFAXINE** (Effexor XR) 37.5mg, 75mg, and 150mg Capsules

3. BENEFIT ADDITIONS WITH QUANTITY LIMITS:

LOW MOLECULAR WEIGHT HEPARIN products have been added to the NBPDP Formulary as benefits for Plans AEF+18VW **for the initial treatment of deep vein thrombosis (DVT)**. One prescription claim annually will be automatically reimbursed, up to the average amount required for one DVT treatment (approximately 10 days of therapy). If additional medication is required subsequent to the initial prescription, a request should be made through special authorization.

PRODUCT NAME Dosage Form	PACKAGE FORMAT	10 DAY TREATMENT QUANTITY**
Dalteparin (Fragmin) 25,000 IU/mL multidose vial	3.8mL	3.8mL x 2 vials @8mL
Dalteparin (Fragmin) 25,000 IU/mL prefilled syringes	0.4mL	0.4mL x 10 syringes = 4mL
	0.5mL	0.5mL x 10 syringes = 5mL
	0.6mL	0.6mL x 10 syringes = 6mL
	0.72mL	0.72mL x 10 syringes @8mL
Enoxaparin (Lovenox) 10mg (1,000 IU)/0.1mL multidose vial	3mL	3mL x 5 vials = 15mL
Nadroparin (Fraxiparin Forte) 19,000 IU/mL prefilled syringes	0.6 mL	0.6mL x 10 syringes = 6mL
	0.8 mL	0.8mL x 10 syringes = 8mL
	1.0 mL	1.0mL x 10 syringes = 10mL
Tinzaparin (Innohep) 10,000 IU/mL multidose vial	2mL	2mL x 8 vials = 16mL
Tinzaparin (Innohep) 20,000 IU/mL multidose vial	2mL	2mL x 4 vials = 8mL
Tinzaparin (Innohep) 20,000 IU/mL prefilled syringes	0.5 mL	0.5mL x 10 syringes = 5mL
	0.7 mL	0.7mL x 10 syringes = 7mL
	0.9 mL	0.9mL x 10 syringes = 9mL

**** Please note: When submitting a claim for a product listed in the table above please ensure it is billed as milliliters (mL) dispensed.**

VALACYCLOVIR (VALTREX)

Caplets 500mg

For the treatment of acute herpes zoster (shingles): 1g (2 caplets) TID x 7 days.

- For persons 50 years of age and over. Persons in this age group have a higher incidence of post-zoster pain.
- A one-time prescription of 21, 000mg (21 doses of 1g) will be reimbursed without requiring SA.
- Therapy should be initiated within 72 hours of onset of rash. The drug has little benefit if started after 72 hours.

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

Yours truly,

A handwritten signature in black ink that reads "Shirley Simkins". The signature is written in a cursive, flowing style.

Shirley Simkins
New Brunswick Prescription Drug Program

NBPDPPHAR/PHYS

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

08:12:12 Antibiotics (Macrolides)
Antibiotiques (macrolides)

Azithromycin / Azithromycine to July 13 MAP July 14

Cap / Caps. Orl 250mg
ZITHROMAX (DISC/NON DISP.) 02091291 PFI AEFVW AAC

Pws / Pds. Orl 20mg
ZITHROMAX 02223716 PFI AEFVW AAC

Pws / Pds. Orl 40mg
ZITHROMAX 02223724 PFI AEFVW AAC

Tab / Co. Orl 250mg
ZITHROMAX 02212021 PFI AEFVW AAC

08:18:00 Antivirals
Antiviraux

Lamivudine

Liq / Liq Orl 10mg
3TC 02192691 GLA U AAC

Tab / Co. Orl 150mg
3TC 02192683 GLA U AAC

Valacyclovir

Tab / Co. Orl 500mg
VALTREX 02219492 GLA AEFVW** AAC

** For beneficiaries 50 years of age and older for the treatment of herpes zoster (shingles). Pour les bénéficiaires de 50 ans et plus pour le traitement du zona aigu (zona).

10:00:00 Antineoplastic Agents
Antinéoplasiques

Buserelin Acetate / Busérelina (acétate de)

Imp / Imp Sc 9.45mg
SUPREFACT DEPOT 02240749 MRR AEF+18VW AAC

Interferon Alfa 2b / Interféron alfa-2b

Liq / Liq Sc 15000000unit
INTRON A 02240693 SCH AEFVW AAC

**10:00:00 Antineoplastic Agents
Antinéoplasiques**

Interferon Alfa 2b / Interféron alfa-2b

to July 13

MAP July 14

**Liq / Liq Sc 25000000unit
INTRON A 02240694 SCH AEEGVW AAC**

**Liq / Liq Sc 50000000unit
INTRON A 02240695 SCH AEEGVW AAC**

Leuprolide Acetate / Leuprolide (acétate de)

**Pws / Pds. Im 30mg
LUPRON DEPOT 02239833 ABB AEF+18VW AAC**

**20:12:04 Anticoagulants
Anticoagulants**

Dalteparin Sodium / Daltéparine sodique

**Liq / Liq Sc 25,000IU
FRAGMIN (prefilled syringes) 02132648 PUP AEF+18VW AAC
FRAGMIN 02231171 PUP AEF+18VW AAC**

Enoxaparin Sodium / Énoxaparine Sodique

**Liq / Liq Sc 100mg
LOVENOX 02236564 RPR AEF+18VW AAC**

Nadroparin Calcium / Nadroparine calcique

**Liq / Liq Sc 19000IU
FRAXIPARIN FORTE (prefilled syringes) 02240114 SNS AEF+18VW AAC**

Tinzaparin Sodium / Tinzaparine Sodique

**Liq / Liq Sc 10000IU
INNOHEP 02167840 LEO AEF+18VW AAC**

**Liq / Liq Sc 20000IU
INNOHEP 02229515 LEO AEF+18VW AAC
INNOHEP (prefilled syringes) 02231478 LEO AEF+18VW AAC**

**24:06:00 Antilipemic Agents
Hypolipémiants**

Cerivastatin Sodium / Cerivastatin sodique

**Tab / Co. Orl 0.4mg
BAYCOL 02241466 BAY AEFV AAC**

**24:08:00 Hypotensive Agents
Antihypertenseurs**

Doxazosin Mesvlate / Doxazosin (mésvlate de) to July 13 MAP July 14

Tab / Co.	Orl	1mg					
			CARDURA-1	01958100	AZE	AEF+18V	MAP 0.3850
			GEN-DOXAZOSIN	02240498	GPM	AEF+18V	MAP 0.3850
			APO-DOXAZOSIN	02240588	APX	AEF+18V	MAP 0.3850
Tab / Co.	Orl	2mg					
			CARDURA-2	01958097	AZE	AEF+18V	MAP 0.4620
			GEN-DOXAZOSIN	02240499	GPM	AEF+18V	MAP 0.4620
			APO-DOXAZOSIN	02240589	APX	AEF+18V	MAP 0.4620
Tab / Co.	Orl	4mg					
			CARDURA-4	01958119	AZE	AEF+18V	MAP 0.6005
			GEN DOXAZOSIN	02240500	GPM	AEF+18V	MAP 0.6005
			APO-DOXAZOSIN	02240590	APX	AEF+18V	MAP 0.6005

**28:08:04 Nonsteroidal Anti-Inflammatory Agents
Anti-inflammatoires non-stéroïdiens**

Celecoxib

Cap / Caps	Orl	100mg	CELEBREX	02239941	SEA	AV	AAC
Cap / Caps	Orl	200mg	CELEBREX	02239942	SEA	AV	AAC

Ketoprofen / Kétoprofène

Sup / Supp.	Rt	100mg	pms-KETOPROFEN	02015951	PMS	AEFGVW	AAC
-------------	----	-------	----------------	----------	-----	--------	-----

Rofecoxib

Tab / Co.	Orl	12.5mg	VIOXX	02241107	FRS	AV	AAC
Tab / Co.	Orl	25mg	VIOXX	02241108	FRS	AV	AAC

**28:16:04 Psychotherapeutic Agents (Antidepressants)
Psychotropes (antidépresseurs)**

Venlafaxine Hydrochloride / Venlafaxine (chlorhydrate de)

to July 13

MAP July 14

Cap / Caps	Orl	37.5mg					
			EFFEXOR XR	02237279	AYE	AEFGVW	AAC
Cap / Caps	Orl	75mg					
			EFFEXOR XR	02237280	AYE	AEFGVW	AAC
Cap / Caps	Orl	150mg					
			EFFEXOR XR	02237282	AYE	AEFGVW	AAC

**28:16:12 Psychotherapeutic Agents (Miscellaneous)
Psychotropes (divers)**

Risperidone / Risperidone

Tab / Co.	Orl	0.25mg					
			RISPERDAL	02240551	JAN	AV	AAC
Tab / Co.	Orl	0.5mg					
			RISPERDAL	02240552	JAN	AV	AAC
Tab / Co.	Orl	1mg					
			RISPERDAL	02025280	JAN	AV	AAC

**52:10:00 Carbonic Anhydrase Inhibitors
Inhibiteurs de l'anhydrase carbonique**

Dorzolamide Hcl/Timolol Maleate / Dorzolamide (Clh)/timolol (maléate de)

Liq / Liq	Oph	20mg/5mg					
			COSOPT	02240113	FRS	AEF+18V	AAC

**68:40:00 Human Growth Hormones
Hormones de croissance humaine**

Somatropin / Somatropine

Pws / Pds.	Im	0.5mg/ml					
			SAIZEN	02237971	SRO	T	AAC

**86:12:00 Genitourinary Smooth Muscle Relaxants
Génito-urinaires**

Oxybutynin Hydrochloride / Oxybutynine (chlorhydrate d')

Tab / Co.	Orl	2.5mg					
			pms-OXYBUTYNIN	02240549	PMS	AEFGVW	AAC

DISCONTINUED PRODUCTS BY THE MANUFACTURER / PRODUITS SUPPRIMÉS PAR LE FABRICANT

**04:00:00 Antihistamine Drugs
Antihistaminiques**

Astemizole / Astémizole

**Tab / Co. Orl 10mg
 HISMANAL (DISC/NON DISP.) 02182912 MCL G**

**08:12:04 Antibiotics (Antifungals)
Antibiotiques (antifongiques)**

Griseofulvin / Griséofulvine

**Tab / Co. Orl 250mg
 GRISOVIN FP (DISC/NON DISP.) 02100274 RBT AEFGVW**

**08:12:12 Antibiotics (Macrolides)
Antibiotiques (macrolides)**

Erythromycin Base / Erythromycine base

**Tab / Co. Orl 250mg
 ALTI-ERYTHROMYCIN (DISC/NON DISP.) 00640263 KNR ABEFGVW**

Erythromycin Estolate / Erythromycine (estolate d')

**Liq / Liq Orl 50mg
 ILOSONE (DISC/NON DISP.) 00210641 LIL ABEFGVW**

Erythromycin Gluceptate / Erythromycine gluceptate

**Pws / Pds. Iv 1gm
 ILOTYCIN GLUCEPTATE IV (DISC/NON DISP.) 00015415 LIL BEFGW**

**08:12:16 Antibiotics (Penicillins)
Antibiotiques (pénicillines)**

Cloxacillin Sodium / Cloxacilline sodique

**Pws / Pds. Im 2gm
 TEGOPEN (DISC/NON DISP.) 00407615 BRI BEFGW**

**Pws / Pds. Im 500mg
 TEGOPEN (DISC/NON DISP.) 00407607 BRI BEFGW**

Penicillin V Potassium / Pénicilline v potassique

**Tab / Co. Orl 250mg
 V-CILLIN K (DISC/NON DISP.) 00015849 LIL AEFGVW**

08:20:00 Antimalarial Agents
Antipaludéens

Quinine Sulphate / Ouinine (sulfate de)

Cap / Caps Orl 200mg
QUININE SULFATE (DISC/NON DISP.) 00022837 PDA AEFGVW

Cap / Caps Orl 300mg
QUININE SULFATE (DISC/NON DISP.) 00022845 PDA AEFGVW

10:00:00 Antineoplastic Agents
Antinéoplasiques

Epoetine alfa / Époétine alfa

Liq / Liq Sc 3000units
EPREX (DISC/NON DISP.) 02231585 ORT W

Liq / Liq Sc 4000units
EPREX (DISC/NON DISP.) 02231586 ORT W

Liq / Liq Sc 10000units
EPREX (DISC/NON DISP.) 02231587 ORT W

12:16:00 Sympatholytic (Adrenergic Blocking) Agents
Sympatholytiques (bloqueurs adrénergiques)

Ergotamine Tartarate/Caffeine/Pentobarbital Sodium/Belladonna / Ergotamine (ta

Tab / Co. Orl 1mg/100mg/30mg/0.125mg
CAFERGOT PB (DISC/NON DISP.) 00176222 NVR AEFGVW

20:04:04 Iron Preparations
Préparations de fer

Ferrous Gluconate / Gluconate ferreux

Tab / Co. Orl 300mg
FERTINIC (DISC/NON DISP.) 00292621 TCH AEFGVW

20:12:04 Anticoagulants
Anticoagulants

Warfarin Sodium / Warfarine sodique

Tab / Co. Orl 5mg
WARFILONE (DISC/NON DISP.) 00010308 FRS AEFGVW

**24:04:00 Cardiac Drugs
Cardiotropes**

Enalapril Maleate / Enalapril (maléate de)

Tab / Co.	Orl 2.5mg NU-ENALAPRIL (DISC/NON DISP.)	02239498	NXP	AEFGVW
Tab / Co.	Orl 5mg NU-ENALAPRIL (DISC/NON DISP.)	02239499	NXP	AEFGVW
Tab / Co.	Orl 10mg NU-ENALAPRIL (DISC/NON DISP.)	02239500	NXP	AEFGVW
Tab / Co.	Orl 20mg NU-ENALAPRIL (DISC/NON DISP.)	02239501	NXP	AEFGVW

Nifedipine / Nifédipine

Cap / Caps	Orl 5mg ADALAT (DISC/NON DISP.)	02155869	BAY	AEFGVW
Cap / Caps	Orl 10mg GEN-NIFEDIPINE (DISC/NON DISP.)	01946307	GPM	AEFGVW
	ADALAT (DISC/NON DISP.)	02155877	YNP	AEFGVW

Sotalol Hydrochloride / Sotalol (chlorhydrate de)

Tab / Co.	Orl 160mg RYLOSOL (DISC/NON DISP.)	02230650	ICN	AEFGVW
------------------	--	-----------------	------------	---------------

Timolol Maleate / Timolol (maléate de)

Tab / Co.	Orl 20mg NU-TIMOLOL (DISC/NON DISP.)	02044625	NXP	AEFGVW
------------------	--	-----------------	------------	---------------

**24:06:00 Antilipemic Agents
Hypolipémiantes**

Cholestyramine Resin / Cholestyramine (résine de)

Pws / Pds.	Orl 4gm Packets/sachets SYN-CHOLESTYRAMINE light (DISC/NON DISP.)	02054825	KNR	AEFGVW
-------------------	---	-----------------	------------	---------------

**24:08:00 Hypotensive Agents
Antihypertenseurs**

Reserpine / Réserpine

Tab / Co.	Orl 0.25mg			
	SERPASIL (DISC/NON DISP.)	00005665	NVR	AEFGVW
	RESERPINE (DISC/NON DISP.)	00093238	DCL	AEFGVW

**28:08:08 Opiate Agonists (Narcotic Analgesics)
Agonistes des opiacés (analgésiques narcotiques)**

Morphine Sulfate / Morphine (sulfate de)

Liq / Liq	Im 25mg			
	MORPHINE SULFATE (DISC/NON DISP.)	02022672	DBU	AEFGVW

Propoxyphene Napsylate/Acetylsalicylic Acid/Caffeine / Propoxyphène (napsylate d

Cap / Caps	Orl 100mg/375mg/30mg			
	DARVON N COMPOUND (DISC/NON DISP.)	00261459	LIL	W

**28:16:04 Psychotherapeutic Agents (Antidepressants)
Psychotropes (antidépresseurs)**

Protriptyline Hydrochloride / Protriptyline (chlorhydrate de)

Tab / Co.	Orl 10mg			
	TRIPTIL (DISC/NON DISP.)	00322741	MSD	AEFGVW

**28:16:08 Psychotherapeutic Agents (Tranquilizers)
Psychotropes (tranquillisants)**

Haloperidol Decanoate / Halopéridol (décanoate d')

Liq / Liq	Im 100mg			
	HALDOL LA (DISC/NON DISP.)	00599093	MCN	AEFGVW

**28:24:92 Miscellaneous Anxiolytics.Sedatives.Hypnotics
Divers anxiolytiques, sédatifs et hypnotiques**

Buspirone Hydrochloride / Buspirone (chlorhydrate de)

Tab / Co.	Orl 10mg			
	BUSTAB (DISC/NON DISP.)	02231035	ICN	AEFGVW

Chloral Hydrate / Chloral (hydrate de)

Cap / Caps	Orl 500mg			
	pms-CHLORAL HYDRATE (DISC/NON DISP.)	00811882	PMS	AEFGVW

**40:28:00 Diuretics
Diurétiques**

Chlorthalidone / Chlorthalidone

Tab / Co.	Orl 50mg			
	HYGROTON (DISC/NON DISP.)	00010413	NVR	AEFGVW

**40:40:00 Uricosuric Agents
Uricosuriques**

Probenecid / Probenécide

Tab / Co.	Orl 500mg			
	BENEMID (DISC/NON DISP.)	00016616	MSD	AEFGVW

Sulfinpyrazone / Sulfinpyrazone

Tab / Co.	Orl 200mg			
	ANTURAN (DISC/NON DISP.)	00010529	NVR	AEFGVW

**48:08:03 Antitussives. Antihistamines. Decongestants
Antitussifs/antihistaminiques/décongestionnants**

Pseudoephedrine Hydrochloride/Dextromethorphan Hydrobromide/Tripolidine H

Syr / Sir.	Orl 6mg/3mg/0.25mg			
	ACTIFED DM (DISC/NON DISP.)	00506389	WLA	G

**52:04:04 Anti-Infectives (Antibiotics)
Anti-infectieux (antibiotiques)**

Chloramphenicol / Chloramphénicol

Dps / Gttes	Oph 0.5%			
	CHLOROPTIC (DISC/NON DISP.)	00001082	ALL	AEFGVW
	OPHTHO-CHLORAM (DISC/NON DISP.)	00707457	KNR	AEFGVW

**52:08:00 Anti-Inflammatory Agents
Anti-inflammatoires**

Prednisolone Phosphate Sodium / Prednisolone (phosphate sodique de)

Liq / Liq	Oph 1%			
	PREDNISOLONE SOD PHOS FORT (DISC/NON DISP.)	01954237	PMS	AEFGVW

**52:24:00 Mydriatics (E.E.N.T.)
Mydriatiques**

Pilocarpine Hydrochloride/Epinephrine Bitartrate / Pilocarpine (chlorhydrate de)

Dps / Gttes	Oph 2%/1%	E-PILO-2 (DISC/NON DISP.)	02133199	CBV	AEFGVW
Dps / Gttes	Oph 4%/1%	E-PILO-4 (DISC/NON DISP.)	02133202	CBV	AEFGVW
Dps / Gttes	Oph 6%/1%	E-PILO-6 (DISC/NON DISP.)	02133210	CBV	AEFGVW

**52:36:00 Miscellaneous (Ent) Drugs
Autres o.r.l.o.**

Betaxolol Hydrochloride / Bétaxolol (chlorhydrate de)

Liq / Liq	Oph 0.5%	BETOPTIC (DISC/NON DISP.)	00695688	ALC	AEFGVW
------------------	-----------------	----------------------------------	-----------------	------------	---------------

**56:40:00 Miscellaneous G.I. Drugs
Divers gastro-intestinaux**

5-Aminosalicylic Acid / 5-aminosalicylique (acide)

Ect / Co.Ent. Orl	250mg	SALOFALK (DISC/NON DISP.)	02112779	AXC	AEFGVW
--------------------------	--------------	----------------------------------	-----------------	------------	---------------

Metoclopramide Hydrochloride / Métoclopramide (chlorhydrate de)

Syr / Sir.	Orl 1mg	MAXERAN (DISC/NON DISP.)	02099160	MRR	AEFGVW
Tab / Co.	Orl 10mg	MAXERAN (DISC/NON DISP.)	02099209	MRR	AEFGVW

Sulfasalazine / Sulfasalazine

Tab / Co.	Orl 500mg	S.A.S. (DISC/NON DISP.)	00263869	ICN	AEFGVW
------------------	------------------	--------------------------------	-----------------	------------	---------------

**68:04:00 Adrenals
Corticostéroédes**

Dexamethasone / Dexaméthasone

Tab / Co.	Orl 0.5mg	DECADRON (DISC/NON DISP.)	00016462	MSD	AEFGVW
------------------	------------------	----------------------------------	-----------------	------------	---------------

68:04:00 Adrenals

Corticostéroïdes

Dexamethasone / Dexaméthasone

Tab / Co.	Orl 4mg			
	DECADRON (DISC/NON DISP.)	00354309	MSD	AEFGVW

68:08:00 Androgens
Androgènes

Methyltestosterone / Méthyltestostérone

Tab / Co.	Orl 25mg			
	METANDREN (DISC/NON DISP.)	00005630	NVR	AEFGVW

Nandrolone Decanoate / Décanoate (nandrolone de)

Liq / Liq	Im 50mg			
	DECA-DURABOLIN (DISC/NON DISP.)	00022462	ORG	W

68:12:00 Contraceptives
Anovulants

Ethinyl Estradiol/Ethinodiol Diacetate / Ethinylestradiol/ethynodiol (diacétate d')

Tab / Co.	Orl 0.05mg/1mg			
	DEMULEN 50 (21) (DISC/NON DISP.)	00028630	SEA	EFGV
	DEMULEN 50 (28) (DISC/NON DISP.)	00343536	SEA	EFGV

68:16:00 Estrogens
Oestrogènes

Conjugated Estrogens / Estrogènes (conjugués)

Tab / Co.	Orl 2.5mg			
	PREMARIN (DISC/NON DISP.)	02043432	WAY	AEFGVW

68:20:20 Sulfonvlureas
Sulfonylurées

Chlorpropamide / Chlorpropamide

Tab / Co.	Orl 250mg			
	DIABINESE (DISC/NON DISP.)	00024716	PFI	AEFGVW

84:04:04 Anti-Infectives (Antibiotics)
Anti-infectieux (antibiotiques)

Framycetin Sulfate/Gramicidin / Framycétine (sulfate de)/gramicidine

Ont / Ont	Top 15mg/0.05mg			
	SOFRAMYCIN (DISC/NON DISP.)	01987674	MRR	AEFGVW

**84:04:08 Anti-Infectives (Antifungals)
Anti-infectieux (fongicides)**

Clotrimazole / Clotrimazole

Crm / Cr. **Vag 1%**
MYCLO-GYNE (DISC/NON DISP.) **02131641** **BOE** **AEFGVW**

Liq / Liq **Top 1%**
MYCLO-DERM (DISC/NON DISP.) **02131668** **BOE** **AEFGVW**

Iodochlorhydroxyquin/Hydrocortisone Acetate / Iodochlorhydroxyquine/hydrocort

Ont / Ont **Top 3%/1%**
VIOFORM HC (DISC/NON DISP.) **00074527** **NVR** **AEFGVW**

**84:06:00 Anti-Inflammatory Agents (Local)
Anti-inflammatoires (peau)**

Beclomethasone Dipropionate / Béclo méthasone (dipropionate de)

Lot / Lot **Top 0.025%**
PROPADERM (DISC/NON DISP.) **02089610** **RBT** **AEFGVW**

Betamethasone 17-Valerate / Bétaméthasone (valérate de)

Lot / Lot **Top 0.05%**
BETNOVATE-1/2 (DISC/NON DISP.) **02100185** **RBT** **AEFGVW**

Ont / Ont **Top 0.05%**
BETNOVATE-1/2 (DISC/NON DISP.) **02106264** **RBT** **AEFGVW**

Betamethasone Disodium Phosphate / Bétaméthasone (phosphate disodique de)

Tab / Co. **Orl 0.1mg**
BETNESOL PELLETS (DISC/NON DISP.) **02060876** **RBT** **AEFGVW**

Fluocinolone Acetonide / Fluocinolone (acétonide de)

Liq / Liq **Top 0.01%**
SYNALAR (DISC/NON DISP.) **02162504** **MDS** **AEFGVW**

Salicylic Acid/Flumethasone Pivalate / Acide salicylique/fluméthasone (pivalate de)

Ont / Ont **Top 3%/0.02%**
LOCASALEN (DISC/NON DISP.) **00260568** **NVR** **AEFGVW**

**86:16:00 Respiratory Smooth Muscle Relaxants
Respiratoires**

Oxtriphvlline / Oxtriphvlline

**Syr / Sir. Orl 10mg
 CHOLEDYL PED (DISC/NON DISP.) 00476390 PDA AEFGVW**

Theophylline / Théophylline

**Srt / Co.L.C. Orl 300mg
 THEO-SR 300 (DISC/NON DISP.) 01926640 RPR AEFGVW**

**92:00:00 Unclassified Therapeutic Agents
Autres médicaments**

Sodium Cromoglycate / Cromoglycate sodique

**Liq / Liq Inh 10mg
 NOVO-CROMOLYN (DISC/NON DISP.) 02049082 NOP ABEFGVW**

Bulletin # 492

July 7, 2000

BENEFIT CHANGES TO NBPDP

Please find attached a list of additions to the New Brunswick Prescription Drug Program Formulary, effective June 13, 2000.

BENEFIT ADDITIONS: effective June 13, 2000

Claims for products that are reimbursed at Actual Acquisition Cost up to August 18, 2000 will be subject to a Maximum Allowable Price (MAP) effective August 19, 2000.

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

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

Yours truly,



Shirley Simkins
New Brunswick Prescription Drug Program

08:12:28 Antibiotics (Miscellaneous)
Antibiotiques (autres antibiotiques)

Clindamycin / Clindamycine **to Aug. 17** **MAP Aug. 18**

Liq / Liq.	Inj	150mg/mL					
		CLINDAMYCIN (2mL, 4mL, 6mL vials)	02230540	SIL	W	AAC	2.6250
Liq / Liq.	Inj	150mg/mL					
		CLINDAMYCIN (Bulk vials)	02230535	SIL	W	AAC	2.9580

Clindamycin Hydrochloride / Clindamycine (chlorhydrate de)

Cap / Caps	Orl	150mg					
		ALTI-CLINDAMYCIN	02130033	KNR	AEFGVW	AAC	0.5433
		NOVO-CLINDAMYCIN	02241709	NOP	AEFGVW	AAC	0.5433

24:06:00 Antilipemic Agents
Hypolipémifiants

Gemfibrozil

Cap / Caps	Orl	300mg					
		NOVO-GEMFIBROZIL	02241704	NOP	AEFGVW	MAP	

28:12:92 Anticonvulsants (Miscellaneous)
Anticonvulsivants (divers)

Carbamazepine / Carbamazépine

Srt / Co.L.C.	Orl	200mg					
		GEN-CARBAMAZEPINE CR	02241882	GPM	AEFGVW	MAP	
Srt / Co.L.C.	Orl	400mg					
		GEN-CARBAMAZEPINE CR	02241883	GPM	AEFGVW	MAP	

28:16:04 Psychotherapeutic Agents (Antidepressants)
Psychotropes (antidépresseurs)

Fluoxetine Hydrochloride /Fluoxétine (chlorhydrate de)

Cap / Caps	Orl	20mg					
		ALTI-FLUOXETINE	02241374	KNR	AEFGVW	MAP	
		SCHEINPHARM FLUOXETINE	02242178	SCN	AEFGVW	MAP	

Fluvoxamine Maleate / Fluvoxamine (maléate de)

Tab / Co.	Orl	100mg					
		pms-FLUVOXAMINE	02240683	PMS	AEFGVW	MAP	

**52:08:00 Anti-Inflammatory Agents
Anti-inflammatoires**

Flunisolide **to Aug. 17** **MAP Aug. 18**
Spr / Spr. Nas 0.025%
APO-FLUNISOLIDE 02239288 NXP AEEFGVW AAC 0.5940

**52:36:00 Miscellaneous (Eent) Drugs
Autres o.r.l.o.**

Levobunolol Hydrochloride / Lévocabunolol (chlorhydrate de)

Liq / Liq Oph 0.25%
APO-LEVOBUNOLOL 02241575 APX AEEFGVW MAP

Liq / Liq Oph 0.5%
APO-LEVOBUNOLOL 02241574 APX AEEFGVW MAP

**68:04:00 Adrenals
Corticostéroïdes**

Dexamethasone / Dexaméthasone

Tab / Co. Orl 0.5mg
ALTI-DEXAMETHASONE 02240684 KNR AEEFGVW MAP

Tab / Co. Orl 4mg
ALTI-DEXAMETHASONE 02240687 KNR AEEFGVW MAP

Bulletin # 501

November 28, 2000

BENEFIT CHANGES TO NBPDP

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

BENEFIT ADDITIONS: effective November 15, 2000

Claims for products that are reimbursed at Actual Acquisition Cost up to January 8, 2001 will be subject to a Maximum Allowable Price (MAP) effective January 9, 2001.

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

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

Yours truly,



Debbie LeBlanc
New Brunswick Prescription Drug Program

**24:04:00 Cardiac Drugs
Cardiotropes**

Diltiazem Hydrochloride / Diltiazem (chlorhydrate de) to Jan. 8 MAP Jan. 9

Src / Capsl. Orl 240mg
NOVO-DILTAZEM CD 02242540 NOP AEEFGW MAP

Src / Capsl. Orl 300mg
NOVO-DILTAZEM CD 02242541 NOP AEEFGW MAP

**24:06:00 Antilipemic Agents
Hypolipémiants**

Pravastatin Sodium / Pravastatine sodique

Tab / Co. Orl 10mg
LIN-PRAVASTATIN 02237373 LON AEEFGVW AAC 1.0593

Tab / Co. Orl 20mg
LIN-PRAVASTATIN 02237374 LON AEEFGVW AAC 1.2497

Tab / Co. Orl 40mg
LIN-PRAVASTATIN 02237375 LON AEEFGVW AAC 1.5050

**24:08:00 Hypnotensive Agents
Antihypertenseurs**

Doxazosyn Mesylate / Doxazosyn (mésylate de)

Tab / Co. Orl 1mg
NOVO-DOXAZOSYN 02242728 NOP AEF+18V MAP

Tab / Co. Orl 2mg
NOVO-DOXAZOSYN 02242729 NOP AEF+18V MAP

Tab / Co. Orl 4mg
NOVO-DOXAZOSYN 02242730 NOP AEF+18V MAP

**28:08:04 Nonsteroidal Anti-Inflammatory Agents
Anti-inflammatoires non-stéroïdiens**

Diclofenac Sodium / Diclofénac sodique

Sup / Supp. Rt 50mg
SAB-DICLOFENAC 02241224 SIL AEEFGVW MAP

Sup / Supp. Rt 100mg
SAB-DICLOFENAC 02241225 SIL AEEFGVW MAP

28:12:92 Anticonvulsants (Miscellaneous)
Anticonvulsivants (divers)

Valbroic Acid / Valbroaoue (acide) to Jan. 8 MAP Jan. 9

Cap / Caps Orl 250mg
RHOXAL-VALPROIC 02239714 ROP AEEFGVW MAP

Ecc / Ecc Orl 500mg
RHOXAL-VALPROIC 02239713 ROP AEEFGVW MAP

28:16:04 Psychotherapeutic Agents (Antidepressants)
Psychotropes (antidépresseurs)

Fluvoxamine Maleate / Fluvoxamine (maléate de)

Tab / Co. Orl 50mg
NU-FLUVOXAMINE 02231192 NXP AEEFGVW MAP

Tab / Co. Orl 100mg
NU-FLUVOXAMINE 02231193 NXP AEEFGVW MAP

Sertraline Hydrochloride / Sertraline (chlorhydrate de)

Cap / Caps Orl 25mg
GEN-SERTRALINE 02242519 GPM AEEFGVW AAC 0.5040

Cap / Caps Orl 50mg
GEN-SERTRALINE 02242520 GPM AEEFGVW AAC 1.0080

Cap / Caps Orl 100mg
GEN-SERTRALINE 02242521 GPM AEEFGVW AAC 1.1025

52:04:04 Anti-Infectives (Antibiotics)
Anti-infectieux (antibiotiques)

Polymyxin B Sulfate / Polymyxine b (sulfate de)

Liq / Liq Ot 10000Units
CORTIMYXIN 02230386 SIL AEEFGVW AAC 0.9220

52:08:00 Anti-Inflammatory Agents
Anti-inflammatoires

Flunisolide

Asp / Asp Nas 0.025%
RHINARIS-F 01927167 PMS AEEFGVW AAC 0.5544

52:24:00 Mydriatics (E.E.N.T.)
Mydriatiques

Dinivefrin Hydrochloride / Dinivéfrine (chlorhydrate de)

to Jan. 8

MAP Jan. 9

Liq / Liq Oph 0.1%

APO-DIPIVEFRIN 02242232 APX AEEGVV MAP

68:20:92 Antidiabetic Agents (Miscellaneous)
Divers anti-diabétiques

Metformin Hydrochloride / Metformine (chlorhydrate de)

Tab / Co. Orl 850mg

pms-METFORMIN 02242589 PMS AEFVV MAP

68:28:00 Pituitary
Hormones hypophysaires

Desmopressin Acetate / Desmopressine (acétate de)

Aem/ Aém Nas 10mcg

APO-DESMOPRESSIN 02242465 APX AEEGVV AAC 1.3216

84:06:00 Anti-Inflammatory Agents (Local)
Anti-inflammatoires (peau)

Desoximetasone / Désoximétasone

Gel / Gel Top 0.05%

TARO-DESOXIMETASONE 02241887 TAR AEEGVV AAC 0.3087

Fluocinonide

Ont / Ont Top 0.05%

LYDERM 02236996 TAR AEEGVV AAC 0.3370

92:00:00 Unclassified Therapeutic Agents
Autres médicaments

Tryptophan / Tryptophane

Cap / Caps Orl 500mg

ALTI-TRYPTOPHAN 02240334 KNR Spec. Auth. MAP

PRODUCTS SUBJECT TO MAP'S / PRODUITS ASSUJETTIS AUX PAM

04:00:00 Antihistamine Drugs
Antihistaminiques

Cetirizine Hydrochloride / Cétirizine (chlorhydrate de) to Jan. 8 MAP Dec. 9

Tab / Co.	Orl 5mg				
		REACTINE	02223546	CHC	
				AAC	0.5733
		APO-CETIRIZINE	02240910	APX	
				AAC	0.5733

12:16:00 Sympatholytic (Adrenergic Blocking) Agents
Sympatholytiques (bloqueurs adrénergiques)

Butorphanol Tartrate / Butorphanol (tartrate de)

Spr / Spr.	Nas 10mg/mL				
		STADOL	02113031	BRI	
				AAC	2.9750
		APO-BUTORPHANOL	02242504	APX	
				AAC	2.9750

56:40:00 Miscellaneous G.I. Drugs
Divers gastro-intestinaux

Famotidine

Tab / Co.	Orl 20mg				
		ALTI-FAMOTIDINE	02242327	KNR	
				MAP	
Tab / Co.	Orl 40mg				
		ALTI-FAMOTIDINE	02242328	KNR	
				MAP	

92:00:00 Unclassified Therapeutic Agents
Autres médicaments

Leucovorin Calcium / Leucovorin calcique

Liq / Liq	Im 10mg/mL				
		LEUCOVORIN	02087316	NOP	
				AAC	1.8100
		LEDERLE LEUCOVORIN	02170485	WAY	
				AAC	1.8100

Bulletin # 502

December 8, 2000

BENEFIT CHANGES TO NBPDP

Please find attached lists of additions to the New Brunswick Prescription Drug Program Formulary, effective December 8, 2000.

Included in this bulletin:

- **Benefit Status Summary**
Drugs for the Treatment of Osteoporosis and Paget's Disease
- **Special Authorization** – Additions and Revised Criteria
- **Drugs Reviewed And Not Listed**
- **Regular Benefit Additions**
Claims for products that are reimbursed at Actual Acquisition Cost (AAC) up to January 18, 2000 will be subject to a Maximum Allowable Price (MAP) effective, January 19, 2000.
- **Products Discontinued By The Manufacturer**
The New Brunswick Prescription Drug Program will continue to reimburse claims for products that are discontinued by the manufacturer for a period of two years from the discontinued date of the product.

Formulary Publication Change

The NBPDP Formulary will now be published once annually in April. An electronic version of the Formulary will be maintained on the NBPDP webpage: <http://www.gov.nb.ca/0212/en/index.htm>
Updates will be issued as required.

New Fax Numbers - Special Authorization Unit

Requests for special authorization should now be sent to:
Local Fax # 506-867-4872
Toll Free Fax # 1-888-455-8322

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



BENEFIT STATUS SUMMARY

Drugs for the Treatment Of Osteoporosis and Paget's Disease

A review of agents used to treat osteoporosis, as well as those used for the treatment of Paget's Disease, has been conducted.

Treatment of Osteoporosis:

Osteoporosis is characterized by low bone mass and architectural changes within the bone, resulting in an increase in bone fragility and a greater susceptibility to fracture. While bone mineral density (BMD) is an important risk factor for fracture, at least 16 other independent risk factors have been attributed to hip fracture in women. Therefore, the treatment of osteoporosis is a multi-faceted approach. Drug therapy to increase bone mineral density must also be accompanied

with adequate intake of calcium and vitamin D, fall avoidance techniques, weight bearing exercise programs and smoking cessation.

BMD is a surrogate marker used to measure the efficacy of drugs that treat osteoporosis. A more relevant measure of efficacy is a drug's ability to reduce the incidence of fractures. Therefore, the NBPDP reviewed fracture data for hormone replacement therapy, etidronate, alendronate, risedronate, raloxifene and intranasal calcitonin. While there is evidence to show that all of these drugs increase BMD, **the increase in BMD does not necessarily correlate with a reduction in fracture rates.** The findings are summarized in the following table:

Drug and Dosage in the Treatment of Osteoporosis	Approximate Monthly Cost to the NBPDP	Is there evidence the drug reduces the incidence of vertebral fractures?	Is there evidence the drug reduces the incidence of hip fractures?
Oral Hormone Replacement Therapy Various regimens including a progestin	\$4.75 - \$8.80	Yes (Retrospective studies only)	Yes (Retrospective studies only)
Transdermal Hormone Replacement Therapy Various regimens including a progestin	\$14.30 - \$20.30		
Etidronate (Didronel) 400 mg daily for 14 days, stop 76 days and repeat	\$13.25	No	Observational data suggests a reduction
Etidronate (Didrocal) 400 mg daily for 14 days then 1,250 mg calcium carbonate daily for 76 days and repeat	\$14.25		
Alendronate (Fosamax) 10 mg daily	\$53.40	Yes	Yes
Risedronate (Actonel) 5 mg daily	\$54.00	Yes	Yes
Raloxifene (Evista) 60 mg daily	\$50.70	Yes	No
Intranasal calcitonin (Miacalcin) 200 IU daily	\$57.00	The evidence is equivocal	No

Hormone replacement therapy (HRT) is considered first line therapy for the treatment of osteoporosis in post-menopausal women. (The Canadian Consensus Conference on Menopause and Osteoporosis, Journal SOGC, 1998).

Benefit Status:

Most hormone replacement therapies are full benefits in the NBPDP. Etidronate (Didronel and Didrocal) is also a full benefit in the NBPDP. Balancing cost with fracture rate evidence, the following special authorization criteria will be used for alendronate, risedronate, raloxifene and intranasal calcitonin:

Alendronate

(*Fosamax*)

- Tablets 10 mg
- Tablets 40 mg

Revised
Criteria

- For the treatment of Paget’s disease.
- For the treatment of osteoporosis* when hormone replacement therapy (HRT) is declined, not tolerated or contraindicated.

Risedronate

(*Actonel*)

- Tablets 5 mg
- Tablets 30 mg

New
Addition

- For the treatment of Paget’s disease.
- For the treatment of osteoporosis* when hormone replacement therapy (HRT) is declined, not tolerated or contraindicated.

Raloxifene

(*Evista*)

- Tablets 60 mg

New
Addition

- For the treatment of post-menopausal osteoporosis* when hormone replacement therapy (HRT) is declined, not tolerated or contraindicated.

Calcitonin Salmon

(*Miacalcin*)

- 200 IU Nasal Spray

New
Addition

- For the treatment of osteoporosis* when hormone replacement therapy (HRT) is declined, not tolerated or contraindicated, and alendronate, risedronate and raloxifene have failed, are not tolerated or are contraindicated.
- For pain associated with osteoporotic fragility fractures, bone metastases, pathological fractures (short-term coverage of up to 12 weeks).

* Osteoporosis is defined as a bone mineral density (BMD) at least 2.5 standard deviations below the young adult mean (T score ≤ -2.5) and/or the presence of osteoporotic fractures. (World Health Organization definition).

SPECIAL AUTHORIZATION (PART B) - ADDITIONS

Lamivudine

(*Heptovir*)

- Tablets 100 mg
- Solution 5 mg/mL

- For the treatment of patients with chronic hepatitis B with evidence of hepatitis B replication, defined as:
 1. HBsAg positive for at least 6 months
 2. Evidence of active viral replication (HBeAg positive)
 3. ALT level elevated on at least 3 consecutive occasions over a 3 month period.
 - Prescriptions written by New Brunswick internal medicine specialists do not require special authorization.
-

Repaglinide

(*Gluconorm*)

- Tablets 0.5mg, 1mg, 2mg

- For patients with type 2 diabetes who are not adequately controlled by diet and exercise and glyburide and/or metformin or who have frequent or severe hypoglycemic episodes despite dosage adjustment of glyburide.
-

Rosiglitazone

(*Avandia*)

- Tablets 2mg, 4mg, 8mg

- For patients with type 2 diabetes who are not adequately controlled by diet, exercise and drug therapy. Drug therapy should include a trial of sulfonylurea and metformin, alone and in combination, unless one of these agents is not tolerated or is contraindicated.
-

Calcitonin Salmon (*Miacalcin*)

Raloxifene (*Evista*)

Risedronate (*Actonel*)

- See benefit status summary of drugs for the treatment of osteoporosis and Paget's disease for SA criteria.

SPECIAL AUTHORIZATION (PART B) - REVISED CRITERIA

Filgrastim

(*Neupogen*)

- Injection 300 mcg/1mL
- Injection 480 mcg/1.6mL

- **General**
Filgrastim must be prescribed or requested by a certified hematologist or medical oncologist.
- **Use For Chemotherapy Support**
 - a) *Primary prophylaxis:*
For use in previously untreated patients receiving a moderate to severely myelosuppressive chemotherapy regimen (i.e. $\geq 40\%$ incidence of febrile neutropenia). Febrile neutropenia is defined as a temperature $\geq 38.5^{\circ}\text{C}$ or $> 38^{\circ}\text{C}$ three times in a 24 hour period and neutropenia with an absolute neutrophil count (ANC) $< 0.5 \times 10^9/\text{L}$.
 - b) *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

Filgrastim
(*Neupogen*)

- Injection 300 mcg/1mL
- Injection 480 mcg/1.6mL

(continued)

For use in patients who have experienced a dose reduction or treatment delay longer than one week, due to neutropenia.

c) Dosing for Chemotherapy support:

The manufacturer recommends an initial dose of 5mcg/kg/day. When dose scavenging techniques are not available, the following recommendations are suggested:

- Patients ≤70 kg use 1mL vial (300mcg) DIN 01968017
- Patients > 70 kg use 1.6mL vial (480mcg) PIN 0099900

- **Use For Non-Malignant Indications**

- Treatment of congenital neutropenia, idiopathic neutropenia or cyclic neutropenia in patients with recurrent clinical infections.
- Drug-induced neutropenia (e.g. antiviral therapy in patients with HIV).
- Refer to product monograph for dosing recommendations.

- **Use In Stem-Cell Transplantation**

a) Mobilization:

As an adjunct to progenitor cell transplantation, for mobilization of peripheral blood stem cells (PBSC).

- The recommended dosage is 10mcg/kg/day.

b) Reconstitution/Engraftment:

Post bone marrow transplantation (BMT) or PBSC transplantation to speed hematopoietic reconstitution.

- The recommended dosage is 5mcg/kg/day.

- **Unacceptable Use**

Treatment of febrile neutropenia or in the prevention of febrile neutropenia in the palliative setting.

DRUGS REVIEWED AND NOT LISTED IN THE NBPDP FORMULARY

Becaplermin
(*Regranex*) 0.01% Gel

- There is modest clinical evidence of benefit and the cost of the product is very high.

NPH, Toronto, 30/70 Insulin
(*Novolin Set*)
Disposable syringes

- Offers no therapeutic advantage and is significantly more expensive compared to the Novolin Penfill cartridges.

Oseltamivir
(*Tamiflu*) 75 mg capsules

- The clinical benefit is limited and there is insufficient efficacy evidence in high-risk patients.

Zanamivir
(*Relenza*) 5 mg Inhalation

- The clinical benefit is limited and there is insufficient efficacy evidence in high-risk patients.

28:08:04 Nonsteroidal Anti-Inflammatory Agents
Anti-inflammatoires non-stéroïdiens

Diclofenac Sodium / Diclofénac sodique to Dec. 18 MAP Dec. 19

Srt / Co.L.C. Orl 75mg

VOLTAREN SR	00782459	NVR	AEFGVW	AAC	0.5706
NOVO-DIFENAC SR	02158582	NOP	AEFGVW	AAC	0.5706
APO-DICLO SR	02162814	APX	AEFGVW	AAC	0.5706
NU-DICLO SR	02228203	NXP	AEFGVW	AAC	0.5706
pms-DICLOFENAC	02231504	PMS	AEFGVW	AAC	0.5706

Srt / Co.L.C. Orl 100mg

VOLTAREN SR	00590827	NVR	AEFGVW	AAC	0.7874
NOVO-DIFENAC SR	02048698	NOP	AEFGVW	AAC	0.7874
APO-DICLO SR	02091194	APX	AEFGVW	AAC	0.7874
NU-DICLO SR	02228211	NXP	AEFGVW	AAC	0.7874
pms-DICLOFENAC	02231503	PMS	AEFGVW	AAC	0.7874

Ketoprofen / Kétoprofène

Srt / Co.L.C. Orl 200mg

ORUDIS SR	01926373	RPR	AEFGVW	AAC	0.6156
RHODIS SR	02031175	RHO	AEFGVW	AAC	0.6156
APO-KETO SR	02172577	APX	AEFGVW	AAC	0.6156

28:08:08 Opiate Agonists (Narcotic Analgesics)
Agonistes des opiacés (analgésiques narcotiques)

Hydromorphone Hydrochloride / Hydromorphone(chlorhydrate d')

Tab / Co. Orl 1mg

pms-HYDROMORPHONE	00885444	PMS	AEFGVW	AAC
-------------------	----------	-----	--------	-----

Tab / Co. Orl 8mg

pms-HYDROMORPHONE	00885428	PMS	AEFGVW	AAC
-------------------	----------	-----	--------	-----

28:24:08 Anxiolytics.Sedatives.Hypnotics (Benzodiazepines)
Benzodiazépines

Diazepam / Diazépan

Liq / Liq. Im 5mg/mL

DIAZEPAM	00399728	SIL	VW	AAC
----------	----------	-----	----	-----

**28:24:92 Miscellaneous Anxiolytics,Sedatives,Hypnotics
Divers anxiolytiques, sédatifs et hypnotiques**

Zopiclone to Dec. 18 MAP Dec. 19

Tab / Co. Orl 5mg
IMOVANE 02216167 AVE AEFVW AAC

**52:10:00 Carbonic Anhydrase Inhibitors
Inhibiteurs de l'anhydrase carbonique**

Brinzolamide

Liq / Liq. Oph 1%
AZOPT 02238873 ALC AEF+18V AAC

**68:04:00 Adrenals
Corticostéroédes**

Beclomethasone Dipropionate / Béclo méthasone (dipropionate de)

Aem/ Aém Inh 50mcg
QVAR 02242029 RIK ABIEFGVW AAC

Aem/ Aém Inh 100mcg
QVAR 02242030 RIK ABIEFGVW AAC

**68:16:12 Estrogen Agonist-Antagonists
Agoniste - antagoniste de l'oestrogène**

Raloxifene Hydrochloride / Raloxifène (chlorhydrate de)

Tab / Co. Orl 60mg
EVISTA 02239028 LIL Spec. Auth. AAC

**68:20:92 Antidiabetic Agents (Miscellaneous)
Divers anti-diabétiques**

Repaglinide

Tab / Co. Orl 0.5mg
GLUCONORM 02239924 NNO Spec. Auth. AAC

Tab / Co. Orl 1mg
GLUCONORM 02239925 NNO Spec. Auth. AAC

Tab / Co. Orl 2mg
GLUCONORM 02239926 NNO Spec. Auth. AAC

68:20:92 Antidiabetic Agents (Miscellaneous)
Divers anti-diabétiques

Rosiglitazone Maleate / Rosiglitazone (maléate de)

to Dec. 18

MAP Dec. 19

Tab / Co. Orl 2mg

AVANDIA 02241112 SKR Spec. Auth. AAC

Tab / Co. Orl 4mg

AVANDIA 02241113 SKR Spec. Auth. AAC

Tab / Co. Orl 8mg

AVANDIA 02241114 SKR Spec. Auth. AAC

68:24:00 Parathyroid
Parathyroéidiens

Calcitonin Salmon / Calcitonine de saumon

Spr / Spr. Nas 200units

MIACALCIN 02240775 NVR Spec. Auth. AAC

92:00:00 Unclassified Therapeutic Agents
Autres médicaments

Risedronate Sodium / Risedronate Sodique

Tab / Co. Orl 5mg

ACTONEL 02242518 PGA Spec. Auth. AAC

Tab / Co. Orl 30mg

ACTONEL 02239146 PGA Spec. Auth. AAC

DISCONTINUED PRODUCTS BY THE MANUFACTURER / PRODUITS SUPPRIMÉS PAR LE FABRICANT

**08:12:04 Antibiotics (Antifungals)
Antibiotiques (antifongiques)**

Nvstatin / Nvstatine

Sus / Susp.	Orl 10000unit				
	NADOSTINE ORAL (DISC/NON DISP.)	00282219	TCH	ABEFGVW	
Tab / Co.	Orl 50000unit				
	MYCOSTATIN ORAL (DISC/NON DISP.)	00029416	SQU	ABEFGVW	
	NADOSTINE (DISC/NON DISP.)	00270113	TCH	ABEFGVW	

**08:12:06 Antibiotics (Cephalosporins)
Antibiotiques (céphalosporines)**

Cefaclor / Céfaclor

Cap / Caps	Orl 250mg				
	CECLOR (DISC/NON DISP.)	00465186	LIL	ABEFGVW	
Cap / Caps	Orl 500mg				
	CECLOR (DISC/NON DISP.)	00465194	LIL	ABEFGVW	

Cefamandole Nafate / Céfamandole (nafate de)

Pws / Pds.	Im 1gm				
	MANDOL (DISC/NON DISP.)	00439320	LIL	V	

Cefazolin Sodium / Céfazoline sodique

Pws / Pds.	Im 500mg				
	ANCEF (DISC/NON DISP.)	01919636	SKR	BEFGVW	

**08:12:12 Antibiotics (Macrolides)
Antibiotiques (macrolides)**

Azithromycin / Azithromycine

Cap / Caps.	Orl 250mg				
	ZITHROMAX (DISC/NON DISP.)	02091291	PFI	AEFGVW	

Erythromycin Estolate / Erythromycine (estolate d')

Liq / Liq	Orl 25mg				
	ILOSONE (DISC/NON DISP.)	00015474	LIL	ABEFGVW	

**08:12:16 Antibiotics (Penicillins)
Antibiotiques (pénicillines)**

Bacampicillin Hydrochloride / Bacampicilline (chlorhydrate de)

Tab / Co.	Orl 800mg				
	PENGLOBE (DISC/NON DISP.)	00627135	AZE	AEFGVW	

**08:12:16 Antibiotics (Penicillins)
Antibiotiques (pénicillines)**

Penicillin V Potassium / Pénicilline v potassique

Pws / Pds. Orl 50mg
NADOPEN V 400 (DISC/NON DISP.) 00251631 TCH AEFGVW

Tab / Co. Orl 300mg
NADOPEN V (DISC/NON DISP.) 00018740 TCH AEFGVW

**08:20:00 Antimalarial Agents
Antipaludéens**

Chloroquine Diphosphate / Chloroquine (phosphate de)

Tab / Co. Orl 250mg
NOVO-CHLOROQUINE (DISC/NON DISP.) 00021261 NOP AEFGVW

**08:22:00 Quinolones
Quinolones**

Ciprofloxacin Lactate / Ciprofloxacin (lactate de)

Liq / Liq Iv 10mg
CIPRO (DISC/NON DISP.) 02155982 BAY W

**08:36:00 Urinary Anti-Infectives
Anti-infectieux des voies urinaires**

Nitrofurantoin / Nitrofurantoïne

Cap / Caps Orl 25mg
MACRODANTIN (DISC/NON DISP.) 01997599 ALZ AEFGVW

**08:40:00 Miscellaneous Anti-Infectives
Autres anti-infectieux**

Trimethoprim/Sulfamethoxazole / Triméthoprime/sulfaméthoxazole

Tab / Co. Orl 80mg/400mg
BACTRIM (DISC/NON DISP.) 00272469 HLR ABEFGVW

**10:00:00 Antineoplastic Agents
Antinéoplasiques**

Aminoglutethimide / Aminoglutéthimide

Tab / Co. Orl 250mg
CYTADREN (DISC/NON DISP.) 00587729 NVR AEFGVW

Fluorouracil / Fluorouracile

Liq / Liq Iv 5%
FLUOROURACIL (DISC/NON DISP.) 00012882 ICN W

**10:00:00 Antineoplastic Agents
Antinéoplasiques**

Interferon Alfa 2b / Interféron alfa-2b

Liq / Liq Sc 3000000unit
INTRONA (DISC/NON DISP.) 02223384 SCH AEFGVW

Liq / Liq Sc 5000000unit
INTRONA (DISC/NON DISP.) 02223392 SCH AEFGVW

**12:04:00 Parasympathomimetic (Cholinergic) Agents
Parasympathomimétiques (cholinergiques)**

Bethanechol Chloride / Béthanéchol (chlorure de)

Tab / Co. Orl 10mg
URECHOLINE (DISC/NON DISP.) 00349720 FRS AEFGVW

**12:08:04 Antiparkinsonian Agents
Antiparkinsoniens**

Procyclidine Hydrochloride / Procyclidine (chlorhydrate de)

Elx / Elixir Orl 0.5mg
PROCYCLID (DISC/NON DISP.) 00485012 ICN AEFGVW

**12:08:08 Antimuscarinics/Antispasmodics
Antimuscariniques/antispasmodiques**

Hyoscine Butylbromide / Hyoscine (butylbromure d')

Sup / Supp. Rt 10mg
BUSCOPAN (DISC/NON DISP.) 00363820 BOE AEFGVW

**12:16:00 Sympatholytic (Adrenergic Blocking) Agents
Sympatholytiques (bloqueurs adrénergiques)**

Ergotamine Tartarate/Caffeine/Belladonna / Ergotamine (tartrate d')/caféine/belladonna

Tab / Co. Orl 1mg/100mg/0.1mg
WIGRAINE (DISC/NON DISP.) 00489220 ORG AEFGVW

**12:20:00 Skeletal Muscle Relaxants
Relaxants musculaires**

Baclofen / Baclofène

Tab / Co. Orl 10mg
BACLOFEN (DISC/NON DISP.) 02230033 PRE AEFGVW

Tab / Co. Orl 20mg
BACLOFEN (DISC/NON DISP.) 02230034 PRE AEFGVW

20:04:04 Iron Preparations
Préparations de fer

Ferrous Fumarate / Fumarate ferreux

Tab / Co. Orl 200mg
 NOVO-FUMAR (DISC/NON DISP.) 00021431 NOP AEFGVW

Ferrous Gluconate / Gluconate ferreux

Tab / Co. Orl 300mg
 FERROUS GLUCONATE (DISC/NON DISP.) 00332305 LDL AEFGVW

Ferrous Sulfate / Sulfate ferreux

Ect / Co.Ent. Orl 300mg
 NOVO-FERROSULFATE (DISC/NON DISP.) 02091836 NOP AEFGVW

Tab / Co. Orl 300mg
 NOVO-FERROSULFATE (DISC/NON DISP.) 02091844 NOP AEFGVW

20:12:04 Anticoagulants
Anticoagulants

Tinzaparin Sodium / Tinzaparine Sodique

Liq / Liq Sc 3500IU
 INNOHEP (DISC/NON DISP.) 02167859 LEO W

24:04:00 Cardiac Drugs
Cardiotropes

Atenolol / Aténolol

Tab / Co. Orl 50mg
 ATENOLOL (DISC/NON DISP.) 02230076 PRE AEFGVW

Tab / Co. Orl 100mg
 ATENOLOL (DISC/NON DISP.) 02230077 PRE AEFGVW

Diltiazem Hydrochloride / Diltiazem (chlorhydrate de)

Tab / Co. Orl 30mg
 DILTAZEM (DISC/NON DISP.) 02230031 PRE AEFGVW

Tab / Co. Orl 60mg
 DILTAZEM (DISC/NON DISP.) 02230032 PRE AEFGVW

Enalapril Maleate / Enalapril (maléate de)

Tab / Co. Orl 5mg
 NOVO-ENAPRIL (DISC/NON DISP.) 02233005 NOP AEFGVW

Tab / Co. Orl 10mg
 NOVO-ENAPRIL (DISC/NON DISP.) 02233006 NOP AEFGVW

**24:04:00 Cardiac Drugs
Cardiotropes**

Propranolol Hydrochloride / Propranolol (chlorhydrate de)

Tab / Co.	Orl 80mg			
	INDERAL (DISC/NON DISP.)	02042215	WAY	AEFGVW

Quinidine Polygalacturonate / Quinidine (polygalacturonate de)

Tab / Co.	Orl 275mg			
	CARDIOQUIN (DISC/NON DISP.)	00026131	PFR	AEFGVW

Quinidine Sulfate / Quinidine (sulfate de)

Tab / Co.	Orl 200mg			
	QUINIDINE (DISC/NON DISP.)	00004782	GLA	AEFGVW
	QUINIDINE (DISC/NON DISP.)	00026883	TCH	AEFGVW

Timolol Maleate / Timolol (maléate de)

Tab / Co.	Orl 5mg			
	NOVO-TIMOL (DISC/NON DISP.)	01947796	NOP	AEFGVW

Tab / Co.	Orl 10mg			
	BLOCADREN (DISC/NON DISP.)	00353922	FRS	AEFGVW
	NOVO-TIMOL (DISC/NON DISP.)	01947818	NOP	AEFGVW

Tab / Co.	Orl 20mg			
	NOVO-TIMOL (DISC/NON DISP.)	01947826	NOP	AEFGVW

**24:08:00 Hypnotensive Agents
Antihypertenseurs**

Methyldopa / Méthyldopa

Tab / Co.	Orl 125mg			
	NU-MEDOPA (DISC/NON DISP.)	00717517	NXP	AEFGVW

Methyldopa/Chlorothiazide / Méthyldopa/chlorothiazide

Tab / Co.	Orl 250mg/150mg			
	SUPRES 150 (DISC/NON DISP.)	00231169	FRS	AEFGVW

Tab / Co.	Orl 250mg/250mg			
	SUPRES 250 (DISC/NON DISP.)	00231177	FRS	AEFGVW

Methyldopa/Hydrochlorothiazide / Méthyldopa/hydrochlorothiazide

Tab / Co.	Orl 250mg/25mg			
	NOVO-DOPARIL-25 (DISC/NON DISP.)	00363634	NOP	AEFGVW

**24:08:00 Hypotensive Agents
Antihypertenseurs**

Oxprenolol Hydrochloride / Oxprénolol (chlorhydrate d')

Tab / Co. Orl 20mg
 TRASICOR (DISC/NON DISP.) 00402567 NVR AEFGVW

Reserpine/Hydrochlorothiazide/Hydralazine Hcl / Réserpine/hydrochlorothiazide/hydralazine (clh)

Tab / Co. Orl 0.1mg/15mg/25mg
 SER-AP-ES (DISC/NON DISP.) 00074608 NVR AEFGVW

**24:12:00 Vasodilating Agents
Vasodilatateurs**

Dipyridamole

Tab / Co. Orl 75mg
 APO-DIPYRIDAMOLE SC (DISC/NON DISP.) 00601845 APX AEFGVW

Nitroglycerin / Nitroglycérine

Srd / Srd Trd 0.8mg
 TRANSDERM NITRO (DISC/NON DISP.) 02046164 PMS AEFVW

**28:08:04 Nonsteroidal Anti-Inflammatory Agents
Anti-inflammatoires non-stéroïdiens**

Diclofenac Sodium / Diclofénac sodique

Ect / Co.Ent. Orl 50mg
 VOLTAREN (DISC/NON DISP.) 00514012 NVR AEFGVW

Diflunisal

Tab / Co. Orl 250mg
 DOLOBID (DISC/NON DISP.) 00587699 LIH AEFGVW

Ibuprofen / Ibuprofène

Tab / Co. Orl 400mg
 NOVO-PROFEN (DISC/NON DISP.) 00629340 NOP AEFGVW

Indomethacin / Indométhacine

Cap / Caps Orl 50mg
 RHODACINE (DISC/NON DISP.) 02204568 RHO AEFGVW

Phenylbutazone / Phénylbutazone

Tab / Co. Orl 100mg
 NOVO-BUTAZONE (DISC/NON DISP.) 00021660 NOP AEFGVW

28:08:04 Nonsteroidal Anti-Inflammatory Agents
Anti-inflammatoires non-stéroïdiens

Piroxicam

Cap / Caps Orl 10mg
 PIROXICAM (DISC/NON DISP.) 02230066 PRE AEFGVW

Cap / Caps Orl 20mg
 PIROXICAM (DISC/NON DISP.) 02230067 PRE AEFGVW

Tiaprofenic Acid / Tiaprofénique (acide)

Tab / Co. Orl 200mg
 NU-TIAPROFENIC (DISC/NON DISP.) 02146878 NXP AEFGVW
 SURGAM (DISC/NON DISP.) 02221942 MRR AEFGVW

Tolmetin Sodium / Tolmétine sodique

Cap / Caps Orl 400mg
 TOLECTIN DS (DISC/NON DISP.) 00484938 JAN AEFGVW

28:08:08 Opiate Agonists (Narcotic Analgesics)
Agonistes des opiacés (analgésiques narcotiques)

Codeine Phosphate / Codéine (phosphate de)

Tab / Co. Orl 30mg
 CODEINE (DISC/NON DISP.) 00779466 TCH AEFGVW

Hydromorphone Hydrochloride / Hydromorphone(chlorhydrate d')

Tab / Co. Orl 2mg
 HYDROMORPHONE HCL (DISC/NON DISP.) 01916289 BOE AEFGVW

Tab / Co. Orl 4mg
 HYDROMORPHONE HCL (DISC/NON DISP.) 01916270 BOE AEFGVW

Propoxyphene Hcl/Acetylsalicylic Acid/Caffeine / Propoxyphène (clh)/acide acétylsalicylique/caféine

Tab / Co. Orl 65mg/375mg/30mg
 692 (DISC/NON DISP.) 00108146 LIH W

28:16:04 Psychotherapeutic Agents (Antidepressants)
Psychotropes (antidépresseurs)

Amitriptyline Hydrochloride / Amitriptyline (chlorhydrate d')

Tab / Co. Orl 25mg
 NOVO-TRIPTYN (DISC/NON DISP.) 00037419 NOP AEFGVW

Amoxapine

Tab / Co. Orl 25mg
 ASENDIN (DISC/NON DISP.) 02169886 WAY AEFGVW

**28:16:04 Psychotherapeutic Agents (Antidepressants)
Psychotropes (antidépresseurs)**

Moclobemide / Moclobémide

Tab / Co. Orl 100mg
 MANERIX (DISC/NON DISP.) 00899348 HLR AEFGVW

**28:16:08 Psychotherapeutic Agents (Tranquilizers)
Psychotropes (tranquillisants)**

Haloperidol / Halopéridol

Liq / Liq Im 5mg
 HALDOL (DISC/NON DISP.) 00017574 JAN VW

Haloperidol decanoate / Halopéridol (décanoate d')

Liq / Liq Im 50mg
 HALDOL LA (DISC/NON DISP.) 00599085 JAN AEFGVW

Mesoridazine Besylate / Mésoridazine (bésylate de)

Tab / Co. Orl 10mg
 SERENTIL (DISC/NON DISP.) 00027448 NVR AEFGVW

Thioridazine Hydrochloride / Thioridazine (chlorhydrate de)

Liq / Liq Orl 30mg
 MELLARIL (DISC/NON DISP.) 00027359 NVR AEFGVW

**28:24:08 Anxiolytics.Sedatives.Hypnotics (Benzodiazepines)
Benzodiazépines**

Alprazolam

Tab / Co. Orl 0.25mg
 ALPRAZOLAM (DISC/NON DISP.) 02230074 PRE AEFGVW

Tab / Co. Orl 0.5mg
 ALPRAZOLAM (DISC/NON DISP.) 02230075 PRE AEFGVW

Clorazepate Dipotassium / Clorazépate dipotassique

Cap / Caps Orl 15mg
 NOVO-CLOPATE (DISC/NON DISP.) 00628212 NOP AEFGVW

**28:24:92 Miscellaneous Anxiolytics.Sedatives.Hypnotics
Divers anxiolytiques, sédatifs et hypnotiques**

Hydroxyzine Hydrochloride / Hydroxyzine (chlorhydrate d')

Cap / Caps Orl 10mg
 ATARAX (DISC/NON DISP.) 00024376 PFI AEFGVW

40:12:00 Replacement Preparations
Agents de suppléance

Potassium Chloride / Potassium (chlorure de)

Liq / Liq Orl 50mg
KCL (DISC/NON DISP.) 00026808 TCH AEEFGVW

40:40:00 Uricosuric Agents
Uricosuriques

Sulfinpyrazone

Tab / Co. Orl 100mg
ANTURAN (DISC/NON DISP.) 00010510 NVR AEEFGVW

52:04:04 Anti-Infectives (Antibiotics)
Anti-infectieux (antibiotiques)

Erythromycin Base / Erythromycine base

Ont / Ont Oph 0.5%
ILOTYCIN (DISC/NON DISP.) 00015970 ALL AEEFGVW

52:04:06 Anti-Infectives (Antivirals)
Anti-infectieux (antiviraux)

Idoxuridine

Dps / Gttes Oph 0.1%
HERPLEX (DISC/NON DISP.) 00001120 ALL AEEFGVW

52:08:00 Anti-Inflammatory Agents
Anti-inflammatoires

Beclomethasone Dipropionate / Béclo méthasone (dipropionate de)

Aem / Aém Nas 50mcg
BECONASE AQ (DISC/NON DISP.) 02213702 GLA ABEFGVW
THASONE DIPROPIONATE AQ (DISC/NON DISP.) 02229998 PRE ABEFGVW

56:04:00 Antacids And Adsorbents
Antiacides et adsorbants

Aluminum Hydroxide/Magnesium Hydroxide / Aluminium (hydroxyde d')/magnésium (hydroxide de)

Liq / Liq Orl 130mg/70mg
GELUSIL Extra strg/puissant (DISC/NON DISP.) 01945858 WLA G

56:22:00 Antiemetics
Anti-emétiques

Meclizine Hydrochloride/Niacin / Méclizine (chlorhydrate de)/niacine

Tab / Co. Orl 12.5mg/50mg
ANTIVERT (DISC/NON DISP.) 00158127 PFI AEEFGVW

**56:40:00 Miscellaneous G.I. Drugs
Divers gastro-intestinaux**

Cimetidine / Cimétidine

Tab / Co.	Orl 200mg			
	PEPTOL (DISC/NON DISP.)	00546232	CPL	ABEFGVW

**68:04:00 Adrenals
Corticostéroédes**

Beclomethasone Dipropionate / Béclométhasone (dipropionate de)

Aem/ Aém	Inh 0.025%			
	BECLOFORTE (DISC/NON DISP.)	02215055	GLA	ABEFGVW

Aem/ Aém	Inh 50mcg			
	BECLOVENT (DISC/NON DISP.)	02216531	GLA	ABEFGVW

Cap / Caps	Inh 100mcg			
	BECLOVENT ROTACAPS (DISC/NON DISP.)	02215039	GLA	AEFGVW

Cap / Caps	Inh 200mcg			
	BECLOVENT ROTACAPS (DISC/NON DISP.)	02215047	GLA	AEFGVW

Pwr / Pd.	Inh 200mcg			
	BECLODISK (DISC/NON DISP.)	02213729	GLA	AEFGVW

Flunisolide

Aem/ Aém	Inh 0.025%			
	BRONALIDE (DISC/NON DISP.)	00790486	BOE	AEFGVW

Prednisone

Tab / Co.	Orl 5mg			
	DELTASONE (DISC/NON DISP.)	00210188	PUP	ABEFGVW

Tab / Co.	Orl 50mg			
	DELTASONE (DISC/NON DISP.)	00252417	PUP	AEFGVW

**68:08:00 Androgens
Androgènes**

Methyltestosterone / Méthyltestostérone

Tab / Co.	Orl 25mg			
	METANDREN (DISC/NON DISP.)	00005630	NVR	AEFGVW

Oxymetholone / Oxymétholone

Tab / Co.	Orl 50mg			
	ANAPOLON-50 (DISC/NON DISP.)	02162679	HLR	AEFGVW

**68:12:00 Contraceptives
Anovulants**

Norethindrone/Mestranol / Noréthindrone/mestranol

Tab / Co.	Orl 1mg/0.05mg			
	NORINYL 1/50 (21) (DISC/NON DISP.)	02188724	SEA	EFGV
	NORINYL 1/50 (28) (DISC/NON DISP.)	02188732	SEA	EFGV

**68:16:00 Estrogens
Oestrogènes**

Estrone

Crn/ Cr.	Vag 1mg			
	OESTRILIN (DISC/NON DISP.)	00006149	TCH	AEFGVW

Ethinyl Estradiol / Ethinylestradiol

Tab / Co.	Orl 0.05mg			
	ESTINYL (DISC/NON DISP.)	00028223	SCH	AEFGVW
Tab / Co.	Orl 0.5mg			
	ESTINYL (DISC/NON DISP.)	00028231	SCH	AEFGVW

**68:20:20 Sulfonvlureas
Sulfonylurées**

Glyburide

Tab / Co.	Orl 2.5mg			
	GLYBURIDE (DISC/NON DISP.)	02230036	PRE	AEFGVW
Tab / Co.	Orl 5mg			
	GLYBURIDE (DISC/NON DISP.)	02230037	PRE	AEFGVW

**68:20:92 Antidiabetic Agents (Miscellaneous)
Divers anti-diabétiques**

Metformin Hydrochloride / Metformine (chlorhydrate de)

Tab / Co.	Orl 500mg			
	METFORMIN (DISC/NON DISP.)	02230026	PRE	AEFGVW

**84:04:08 Anti-Infectives (Antifungals)
Anti-infectieux (fongicides)**

Clotrimazole

Liq / Liq	Top 1%			
	CANESTEN (DISC/NON DISP.)	02150875	YNO	AEFGVW

Nystatin / Nystatine

Crn/ Cr.	Vag 25000unit			
	NADOSTINE (DISC/NON DISP.)	00288209	TCH	AEFGVW

**84:04:08 Anti-Infectives (Antifungals)
Anti-infectieux (fongicides)**

Nvstatin / Nvstatine

Tab / Co. Vag 100000unit
NADOSTINE (DISC/NON DISP.) 00270091 TCH AEFGVW

**84:06:00 Anti-Inflammatory Agents (Local)
Anti-inflammatoires (peau)**

Diflorasone Diacetate / Diflorasone (diacétate de)

Ont / Ont Top 0.05%
FLORONE (DISC/NON DISP.) 00481793 PUP AEFGVW

Hydrocortisone Acetate / Hydrocortisone (acétate d')

Crm/ Cr. Top 0.1%
CORTICREME (DISC/NON DISP.) 00477680 TCH AEFGVW

Ont / Ont Rt 0.75%
RECTOCORT (DISC/NON DISP.) 00436275 TCH AEFGVW

Sup / Supp. Rt 10mg
RECTOCORT (DISC/NON DISP.) 00332151 TCH AEFGVW

Methylprednisolone Acetate / Méthylprednisolone (acétate de)

Ont / Ont Top 0.25%
MEDROL (DISC/NON DISP.) 00031062 PUP AEFGVW

Urea/Hydrocortisone Acetate / Urée/hydrocortisone (acétate d')

Crm/ Cr. Top 10%/1%
CALMURID HC (DISC/NON DISP.) 02010720 GAC AEFGVW

**84:50:06 Pigmenting Agents
Agents mélanisants**

Trioxsalen / Trioxsalène

Tab / Co. Orl 5mg
TRISORALEN (DISC/NON DISP.) 01966383 ICN AEFGVW

**86:16:00 Respiratory Smooth Muscle Relaxants
Respiratoires**

Oxtriphylline

Tab / Co. Orl 200mg
NOVO-TRIPHYL (DISC/NON DISP.) 00458716 NOP AEFGVW

88:08:00 Vitamin B Complex
Vitamines du complexe b

Cyanocobalamin / Cyanocobalamine

Liq / Liq Im 1000mcg
RUBRAMIN (DISC/NON DISP.) 00029165 SQU AEEFGVW

88:20:00 Vitamin E
Vitamine e

Vitamin E / Vitamine e

Cap / Caps Orl 200unit
VITAMIN E (DISC/NON DISP.) 00259071 SDR BEF-18G

Vitamin E (D-Alpha Tocopheryl Acetate) / Vitamine e (d-alpha tocophéryl, acétate de)

Cap / Caps Orl 100unit
VITAMIN E NATURAL (DISC/NON DISP.) 00094684 DCL BEF-18G
VITAMIN E (DISC/NON DISP.) 00414964 SDG BEF-18G

Cap / Caps Orl 200unit
VITAMIN E NATURAL (DISC/NON DISP.) 00094692 DCL BEF-18G

92:00:00 Unclassified Therapeutic Agents
Autres médicaments

Allopurinol

Tab / Co. Orl 100mg
PURINOL (DISC/NON DISP.) 00415731 HOR AEEFGVW

Tab / Co. Orl 200mg
PURINOL (DISC/NON DISP.) 00415758 HOR AEEFGVW

Tab / Co. Orl 300mg
PURINOL (DISC/NON DISP.) 00415766 HOR AEEFGVW

Colchicine

Tab / Co. Orl 0.6mg
COLCHICINE (DISC/NON DISP.) 00000396 ABB AEEFGVW

Sodium Cromoglycate / Cromoglycate sodique

Aem/ Aém Inh 1mg
INTAL SYNCRONER (DISC/NON DISP.) 00638641 RPR AEEFGVW

Bulletin # 511

April 13, 2001

BENEFIT CHANGES TO NBPDP

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

BENEFIT ADDITIONS: effective March 2001

Claims for products that are reimbursed at Actual Acquisition Cost up to May 18, 2001 will be subject to a Maximum Allowable Price (MAP) effective May 19, 2001.

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

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

Yours truly,



Debbie LeBlanc
New Brunswick Prescription Drug Program

NBPD BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

08:12:04 Antibiotics (Aminoglycosides)
Antibiotiques (aminosides)

Terbinafine Hydrochloride / Terbinafine (chlorhydrate de) **to May 18** **MAP May 19**

Tab/ Co.	Orl 250mg					
		APO-TERBINAFINE	02239893	APX	Spec. Auth.	MAP
		NOVO-TERBINAFINE	02240346	NOP	Spec. Auth.	MAP
		GEN-TERBINAFINE	02242503	GPM	Spec. Auth.	MAP

08:12:24 Antibiotics (Tetracyclines)
Antibiotiques (tétracyclines)

Minocycline Hydrochloride / Minocycline (chlorhydrate de)

Cap/ Caps.	Orl 50mg					
		RHOXAL-MINOCYCLINE	02237313	RHO	AEFGVW	MAP
Cap/ Caps.	Orl 100mg					
		RHOXAL-MINOCYCLINE	02237314	RHO	AEFGVW	MAP

08:12:28 Antibiotics (Miscellaneous)
Antibiotiques (autres antibiotiques)

Vancomycin Hydrochloride / Vancomycine (chlorhydrate de)

Pws/ Pds.	Iv 1gm					
		VANCOGIN CP	00722146	LIL	W	AAC 44.5800
		pms-VANCOMYCIN	02241821	PMS	W	AAC 44.5800
Pws/ Pds.	Iv 500mg					
		pms-VANCOMYCIN	02241820	PMS	ABEFGW	AAC 22.3000

10:00:00 Antineoplastic Agents
Antinéoplasiques

Hydroxyurea / Hydroxyurée

Cap/ Caps.	Orl 500mg					
		GEN-HYDROXYUREA	02242920	GEN	AEFGVW	AAC 1.2146

24:04:00 Cardiac Drugs
Cardiotropes

Lisinopril

Tab/ Co.	Orl 10mg					
		APO-LISINOPRIL	02217503	APX	AEFGVW	AAC 0.7600

**24:06:00 Antilipemic Agents
Hypolipémiants**

Lovastatin / Lovastatine to May 18 MAP May 19

Tab/ Co. Orl 20mg
 GEN-LOVASTATIN 02243127 GPM AEEFGVW MAP

Tab/ Co. Orl 40mg
 GEN-LOVASTATIN 02243129 GPM AEEFGVW MAP

Pravastatin Sodium / Pravastatine sodique

Tab/ Co. Orl 10mg
 APO-PRAVASTATIN 02243506 APX AEEFGVW MAP

Tab/ Co. Orl 20mg
 APO-PRAVASTATIN 02243507 APX AEEFGVW MAP

Tab/ Co. Orl 40mg
 APO-PRAVASTATIN 02243508 APX AEEFGVW MAP

**28:08:08 Opiate Agonists (Narcotic Analgesics)
Agonistes des opiacés (analgésiques narcotiques)**

Hydromorphone Hydrochloride / Hydromorphone(chlorhydrate d')

Tab/ Co. Orl 1mg
 pms-HYDROMORPHONE 00885444 PMS AEEFGVW AAC 0.1511

Tab/ Co. Orl 8mg
 pms-HYDROMORPHONE 00885428 PMS AEEFGVW AAC 0.4156

**28:12:92 Anticonvulsants (Miscellaneous)
Anticonvulsivants (divers)**

Gabapentin

Cap/ Caps. Orl 100mg
 pms-GABAPENTIN 02243446 PMS Spec. Auth. AAC 0.2800

Cap/ Caps. Orl 300mg
 pms-GABAPENTIN 02243447 PMS Spec. Auth. AAC 0.6811

Cap/ Caps. Orl 400mg
 pms-GABAPENTIN 02243448 PMS Spec. Auth. AAC 0.8117

28:16:04 Psychotherapeutic Agents (Antidepressants)
Psychotropes (antidépresseurs)

Moclobemide / Moclobémide to May 18 MAP May 19

Tab/ Co. Orl 150mg
 pms-MOCLOBEMIDE 02243218 PMS AEEFGVW MAP

Tab/ Co. Orl 300mg
 pms-MOCLOBEMIDE 02243219 PMS AEEFGVW MAP

Nefazodone Hydrochloride / Nefazodone (chlorhydrate de)

Tab/ Co. Orl 100mg
 LIN-NEFAZODONE 02237398 LON AEEFGVW AAC 0.5600
 APO-NEFAZODONE 02242823 APX AEEFGVW AAC 0.5600

Tab/ Co. Orl 150mg
 LIN-NEFAZODONE 02237399 LON AEEFGVW AAC 0.5600
 APO-NEFAZODONE 02242824 APX AEEFGVW AAC 0.5600

Tab/ Co. Orl 200mg
 LIN-NEFAZODONE 02237400 LON AEEFGVW AAC 0.6533
 APO-NEFAZODONE 02242825 APX AEEFGVW AAC 0.6533

Trazodone Hydrochloride / Trazodone (chlorhydrate de)

Tab/ Co. Orl 50mg
 SCHEINPHARM TRAZODONE 02242392 SCN AEEFGVW MAP

Tab/ Co. Orl 100mg
 SCHEINPHARM TRAZODONE 02242391 SCN AEEFGVW MAP

28:16:08 Psychotherapeutic Agents (Tranquilizers)
Psychotropes (tranquillisants)

Fluphenazine decanoate / Fluphénazine (décanoate de)

Liq / Liq. Im 100mg
 pms-FLUPHENAZINE 02241928 PMS AEEFGVW AAC 29.7800

Haloperidol decanoate / Halopéridol (décanoate d')

Liq / Liq. Im 50mg
 APO-HALOPERIDOL LA 02242361 APX AEEFGVW MAP

Liq / Liq. Im 100mg
 APO-HALOPERIDOL LA 02242362 APX AEEFGVW MAP

28:28:00 Antimanic Agents
Antimaniaques

Lithium Carbonate / Lithium (carbonate de) to May 18 MAP May 19

Cap/ Caps. Orl 150mg						
APO-LITHIUM CARBONATE	02242837	APX	AEFGVW	AAC		0.0532
Cap/ Caps. Orl 300mg						
APO-LITHIUM CARBONATE	02242838	APX	AEFGVW	AAC		0.0558

52:36:00 Miscellaneous (Eent) Drugs
Autres o.r.l.o.

Levobunolol Hydrochloride/ Lévocabunolol (chlorhydrate de)

Liq / Liq. Oph 0.25%						
SAB-LEVOBUNOLOL	02241715	SIL	AEFGVW	MAP		
Liq / Liq. Oph 0.5%						
SAB-LEVOBUNOLOL	02241716	SIL	AEFGVW	MAP		

Timolol Maleate / Timolol (maléate de)

Dps / Gttes. Oph 0.25%						
RHOXAL-TIMOLOL	02241731	RHO	AEFGVW	MAP		
Dps / Gttes. Oph 5%						
RHOXAL-TIMOLOL	02241732	RHO	AEFGVW	MAP		

56:40:00 Miscellaneous G.I. Drugs
Divers gastro-intestinaux

Cimetidine Hydrochloride / Cimétidine (chlorhydrate de)

Liq / Liq. Orl 60mg						
TAGAMET (Disc/Non disp 01/30/2001)	01916750	SKR	AEFGVW	AAC		0.1124
APO-CIMETIDINE	02243085	APX	AEFGVW	AAC		0.1124

64:00:00 Heavy Metal Antagonists
Antidotes des métaux lourds

Deferoxamine Mesylate / Déféroxamine (mésylate de)

Pws/ Pds. Im 500mg						
pms-DEFEROXAMINE	02242055	PMS	W	AAC		8.1800

68:20:92 Antidiabetic Agents (Miscellaneous)
Divers anti-diabétiques

Metformin Hydrochloride / Metformine (chlorhydrate de) **to May 18** **MAP May 19**

Tab/ Co. Orl 500mg
 METFORMIN 02242794 ZYM AEFGVW MAP

Tab/ Co. Orl 850mg
 METFORMIN 02242793 ZYM AEFGVW MAP

84:06:00 Anti-Inflammatory Agents (Local)
Anti-inflammatoires (peau)

Hydrocortisone Valerate / Hydrocortisone (valérate d')

Crn/ Cr. Top 0.2%
 HYDROVAL 02242984 OPM AEFGVW AAC **0.1667**

Ont/ Ont. Top 0.2%
 HYDROVAL 02242985 OPM AEFGVW AAC **0.1667**

ADDITIONAL PRODUCTS SUBJECT TO MAP'S / PRODUITS SUPPLÉMENTAIRES ASSUJETIS AUX PAM

**28:08:04 Nonsteroidal Anti-Inflammatory Agents
Anti-inflammatoires non-stéroïdiens**

Etodolac / Étodolac **to May 18** **MAP May 19**

Cap/ Caps. Orl 200mg
TARO-ETODOLAC 02242914 TAR MAP

Cap/ Caps. Orl 300mg
TARO-ETODOLAC 02242915 TAR MAP

**28:16:04 Psychotherapeutic Agents (Antidepressants)
Psychotropes (antidépresseurs)**

Nefazodone Hydrochloride / Nefazodone (chlorhydrate de)

Tab/ Co. Orl 50mg
SERZONE-5HT2 02087294 BRI AAC 0.5133
LIN-NEFAZODONE 02237397 LON AAC 0.5133
APO-NEFAZODONE 02242822 APX AAC 0.5133

**56:40:00 Miscellaneous G.I. Drugs
Divers gastro-intestinaux**

Ranitidine Hydrochloride / Ranitidine (chlorhydrate de)

Tab/ Co. Orl 150mg
pms-RANTIDINE 02242453 PMS MAP

Tab/ Co. Orl 300mg
pms-RANTIDINE 02242454 PMS MAP

Bulletin # 514

June 14, 2001

BENEFIT CHANGES TO NBPDP

Please find attached lists of additions to the New Brunswick Prescription Drug Program Formulary, effective June 14, 2001.

Included in this bulletin:

- **Special Authorization** – Additions
- **Regular Benefit Additions**
Claims for these products will be reimbursed at Actual Acquisition Cost (AAC).
- **Products Discontinued By The Manufacturer**
The New Brunswick Prescription Drug Program will continue to reimburse claims for products that are discontinued by the manufacturer for a period of two years from the discontinued date of the product.

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

Yours truly,



Debbie LeBlanc
New Brunswick Prescription Drug Program

NBPDP PHAR/PHYS

SPECIAL AUTHORIZATION (PART B) - ADDITIONS

Amlodipine Besylate

(Norvasc)

- Tablets 5mg and 10mg

1. For the management of angina
2. For the treatment of mild to moderate hypertension patients in whom the use of formulary alternatives is ineffective, not tolerated or contraindicated.

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

Dipyridamole Extended Release / ASA Immediate Release

(Aggrenox)

- Capsules 200mg/25mg

- For the secondary prevention of ischemic stroke/TIA in patients who have experienced a recurrent thrombotic event (stroke, symptoms of TIA) while taking ASA.

Epoetin Alfa

(Eprex) - *New formats added to current listing*

- 6000 and 8000 IU pre-filled syringes

1. Treatment of anemia associated with chronic renal failure. Note: patients on dialysis (end-stage renal disease) receive epoetin through the dialysis units.
2. Treatment of transfusion dependent anemia related to therapy with zidovudine in HIV-infected patients

Telmisartan

(Micardis)

- Tablets 40mg and 80mg

- For the treatment of hypertension in patients who require an ACE inhibitor but cannot tolerate it due to side effects.

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

**24:04:00 Cardiac Drugs
Cardiotropes**

Amlodipine Besylate / Bésylate d'amlodipine

Tab Co. Orl 5mg
** NORVASC 00878928 PFI AEFV

Tab Co. Orl 10mg
** NORVASC 00878936 PFI AEFV

** Requests for coverage of Norvasc (amlodipine besylate) will be considered under special authorization. Prescriptions written by internists do not require special authorization.
** Les demandes de protection pour le Norvasc (bésylate d'amlodipine) seront examinées sur autorisation spéciale. Les ordonnances des internistes ne nécessitent pas une autorisation spéciale.

**24:06:00 Antilipemic Agents
Hypolipémiants**

Cerivastatin Sodium / Cerivastatin sodique

Tab Co. Orl 0.8mg
BAYCOL 02243223 BAY AEFV

**24:12:00 Vasodilating Agents
Vasodilatateurs**

Nitroglycerin / Nitroglycérine

Pth Trd 0.2mg
TRINIPATCH 02230732 SNS AEFV

Pth Trd 0.4mg
TRINIPATCH 02230733 SNS AEFV

Pth Trd 0.6mg
TRINIPATCH 02230734 SNS AEFV

**28:08:04 Nonsteroidal Anti-Inflammatory Agents
Anti-inflammatoires non-stéroïdiens**

Meloxicam

Tab Co. Orl 7.5mg
MOBICOX 02242785 BOE AEEGV

28:08:04 Nonsteroidal Anti-Inflammatory Agents
Anti-inflammatoires non-stéroïdiens

Meloxicam

Tab	Co.	Orl	15mg	MOBICOX	02242786	BOE	AEFGV
------------	------------	------------	-------------	----------------	-----------------	------------	--------------

84:04:16 Anti-Infectives (Miscellaneous Local)
Anti-infectieux (autres)

Metronidazole / Métronidazole

Crm	Cr.	Top	0.75%	METROCREAM	02226839	GAC	AEFV
------------	------------	------------	--------------	-------------------	-----------------	------------	-------------

Crm	Cr.	Top	1%	NORITATE	02156091	YYY	AEFV
------------	------------	------------	-----------	-----------------	-----------------	------------	-------------

Gel		Top	0.75%	METROGEL	02092832	GAC	AEFV
------------	--	------------	--------------	-----------------	-----------------	------------	-------------

DISCONTINUED PRODUCTS BY THE MANUFACTURER / PRODUITS SUPPRIMÉS PAR LE FABRICANT

**08:08:00 Anthelmintics
Anthelmintiques**

Piperazine Adipate

Sus / Susp. Orl 120mg

ENTACYL 02100223 SHI EF-18G

**08:12:02 Antibiotics (Aminoglycosides)
Antibiotiques (aminosides)**

Neomycin Sulphate

Tab / Co. Orl 500mg

MYCIFRADIN 00030996 PUP AEEFGVW

**08:12:06 Antibiotics (Cephalosporins)
Antibiotiques (céphalosporines)**

Cefazolin Sodium

Pws / Pds. Im 1gm

ANCEF 01919601 SKR BEFGW

Cephalexin Monohydrate

Pws / Pds. Orl 25mg

KEFLEX 00015547 LIL ABEFGVW

Tab / Co. Orl 250mg

KEFLEX 00403628 LIL ABEFGVW

**08:12:12 Antibiotics (Macrolides)
Antibiotiques (macrolides)**

Erythromycin Base

Src / Capsl. Orl 250mg

NOVO-RYTHRO ENCAP 00878669 NOP ABEFGVW

Erythromycin Stearate

Liq / Liq Orl 25mg

ERYTHROCIN 00000302 ABB ABEFGVW

Liq / Liq Orl 50mg

ERYTHROCIN 00273023 ABB ABEFGVW

08:12:16 Antibiotics (Penicillins)
Antibiotiques (pénicillines)

Ampicillin

Pws / Pds. Im 500mg
AMPICIN 00004057 BRI VW

Penicillin V Potassium

Tab / Co. Orl 250mg
LEDERCILLIN VK 02169975 WAY AEEFGVW

Tab / Co. Orl 800000unit
LEDERCILLIN VK 02169983 WAY AEEFGVW

08:12:28 Antibiotics (Miscellaneous)
Antibiotiques (autres antibiotiques)

Fusidic Acid

Sus / Susp. Orl 49.2mg
FUCIDIN 00506036 LEO AEEFGVW

08:18:00 Antivirals
Antiviraux

Acyclovir Sodium

Pws / Pds. Iv 1gm
ACYCLOVIR SODIUM 02231191 NOP W

Pws / Pds. Iv 50mg
ACYCLOVIR SODIUM 02231190 NOP W

08:20:00 Antimalarial Agents
Antipaludéens

Sulfadoxine/Pyrimethamine

Tab / Co. Orl 500mg/25mg
FANSIDAR 00692719 HLR AEEFGVW

08:40:00 Miscellaneous Anti-Infectives
Autres anti-infectieux

Trimethoprim/Sulfamethoxazole

Tab / Co. Orl 160mg/800mg
BACTRIM DS 00371823 HLR ABEFGVW

**12:08:08 Antimuscarinics/Antispasmodics
Antimuscariniques/antispasmodiques**

Glycopyrrolate

Liq / Liq Im 0.2mg

ROBINUL 02043610 WAY V

**12:12:00 Sympathomimetic (Adrenergic) Agents
Sympathomimétiques (agents adrénergiques)**

Pseudoephedrine Hydrochloride

Syr / Sir. Orl 6mg

SUDAFED 02221411 WLA G

Ritodrine Hydrochloride

Tab / Co. Orl 10mg

YUTOPAR 00550159 BRI AEEFGVW

Salbutamol Sulfate

Tab / Co. Orl 2mg

NU-SALBUTAMOL 02165368 NXP AEEFGVW

Terbutaline Sulfate

Tab / Co. Orl 2.5mg

BRICANYL 00335355 AZE AEEFGVW

Tab / Co. Orl 5mg

BRICANYL 00335363 AZE AEEFGVW

**20:04:04 Iron Preparations
Préparations de fer**

Ferrous Fumarate

Cap / Caps Orl 300mg

NEO-FER C-F 02190370 NEO AEEFGVW

**24:04:00 Cardiac Drugs
Cardiotropes**

Atenolol

Tab / Co. Orl 50mg

TARO-ATENOL 02028514 TAR AEEFGVW

Tab / Co. Orl 100mg

TARO-ATENOL 02028522 TAR AEEFGVW

24:04:00 Cardiac Drugs
Cardiotropes

Captopril

Tab / Co. Orl 100mg
 CAPTRIL 02237864 TCH AEFGVW

Digoxin

Liq / Liq Orl 0.05mg
 LANOXIN 00242713 GLA AEFGVW

Tab / Co. Orl 0.0625mg
 LANOXIN 00731269 GLA AEFGVW

Tab / Co. Orl 0.125mg
 LANOXIN 00035319 GLA AEFGVW

Tab / Co. Orl 0.25mg
 LANOXIN 00004685 GLA AEFGVW

Nicardipine Hydrochloride

Cap / Caps Orl 20mg
 CARDENE 02162741 HLR AEFGVW

Cap / Caps Orl 30mg
 CARDENE 02162733 HLR AEFGVW

Tocainide Hydrochloride

Tab / Co. Orl 400mg
 TONOCARD 00598941 AZE AEFGVW

24:12:00 Vasodilating Agents
Vasodilatateurs

Dipyridamole

Tab / Co. Orl 25mg
 APO-DIPYRIDAMOLE SC 00571237 APX AEFGVW

28:08:04 Nonsteroidal Anti-Inflammatory Agents
Anti-inflammatoires non-stéroïdiens

Acetylsalicylic Acid

Ect / Co.Ent. Orl 650mg
 ASA ENTERIC COATED 00361038 SDR AEFGVW

Ect / Co.Ent. Orl 975mg
 ENTROPHEN-15 00419508 MCL AEFGVW

28:08:04 Nonsteroidal Anti-Inflammatory Agents
Anti-inflammatoires non-stéroïdiens

Nabroxen

Sup / Supp. Rt 500mg
 RHODIAPROX 02229690 RHO AEFGVW

Piroxicam

Sup / Supp. Rt 10mg
 FELDENE 00632708 PFI AEFGVW

Tolmetin Sodium

Cap / Caps Orl 400mg
 NOVO-TOLMETIN 02076233 NOP AEFGVW

Tab / Co. Orl 200mg
 TOLECTIN 00364126 JAN AEFGVW

28:08:08 Opiate Agonists (Narcotic Analgesics)
Agonistes des opiacés (analgésiques narcotiques)

Meperidine Hydrochloride

Liq / Liq Im 50mg
 DEMEROL 02137992 SNS VW
 DEMEROL 02139022 SNS VW

28:16:04 Psychotherapeutic Agents (Antidepressants)
Psychotropes (antidépresseurs)

Imipramine Hydrochloride

Tab / Co. Orl 10mg
 TOFRANIL 00010464 NVR AEFGVW

Tab / Co. Orl 25mg
 NOVO-PRAMINE 00021512 NOP AEFGVW

28:16:08 Psychotherapeutic Agents (Tranquilizers)
Psychotropes (tranquillisants)

Mesoridazine Besylate

Tab / Co. Orl 50mg
 SERENTIL 00027464 NVR AEFGVW

Trifluoperazine Hydrochloride

Tab / Co. Orl 1mg
 STELAZINE 01918206 SKR AEFGVW

**28:16:08 Psychotherapeutic Agents (Tranquilizers)
Psychotropes (tranquillisants)**

Trifluoperazine Hydrochloride

Tab / Co.	Orl	2mg	STELAZINE	01918214	SKR	AEFGVW
Tab / Co.	Orl	5mg	STELAZINE	01918222	SKR	AEFGVW
Tab / Co.	Orl	10mg	STELAZINE	01918230	SKR	AEFGVW

**28:24:08 Anxiolytics,Sedatives,Hypnotics (Benzodiazepines)
Benzodiazépines**

Diazepam

Liq / Liq	Im	5mg	VALIUM	00012874	HLR	W
Tab / Co.	Orl	2mg	VIVOL	00013757	HOR	AEFGVW
Tab / Co.	Orl	10mg	VALIUM	00013293	HLR	AEFGVW

Triazolam

Tab / Co.	Orl	0.25mg	ALTI-TRIAZOLAM	00614378	KNR	AEFGVW
-----------	-----	--------	----------------	----------	-----	--------

**28:24:92 Miscellaneous Anxiolytics,Sedatives,Hypnotics
Divers anxiolytiques, sédatifs et hypnotiques**

Meprobamate

Tab / Co.	Orl	400mg	EQUANIL	02041812	WAY	AEFGVW
-----------	-----	-------	---------	----------	-----	--------

**52:04:04 Anti-Infectives (Antibiotics)
Anti-infectieux (antibiotiques)**

Gentamicin Sulphate

Dps / Gttes	Oph	0.3%	GENTACIDIN	02133245	CBV	AEFGVW
-------------	-----	------	------------	----------	-----	--------

Hydrocortisone Acetate/Neomycin Sulphate

Sus / Susp.	Oph	1.5%/0.5%	NEO-CORTEF	00194948	PUP	AEFGVW
-------------	-----	-----------	------------	----------	-----	--------

**52:04:08 Anti-Infectives (Sulfonamides)
Anti-infectieux (sulfamidés)**

Sulfacetamide Sodium

Ont / Ont Oph 10%

SODIUM SULAMYD 00028347 PMS AEEFGVW

**52:24:00 Mydriatics (E.E.N.T.)
Mydriatiques**

Dipivefrin Hydrochloride

Liq / Liq Oph 0.1%

DPE 02152525 ALC AEEFGVW

**56:04:00 Antacids And Adsorbents
Antiacides et adsorbants**

Aluminum Hydroxide/Magnesium Hydroxide

Sus / Susp. Orl 45.6mg/40mg

NEUTRALCA-S 00261173 TLC G

**56:40:00 Miscellaneous G.I. Drugs
Divers gastro-intestinaux**

Metoclopramide Hydrochloride

Syr / Sir. Orl 1mg

REGLAN 02043548 WAY AEEFGVW

**68:04:00 Adrenals
Corticostéroédes**

Beclomethasone Dipropionate

Pwr / Pd. Inh 100mcg

BECLODISK 02213710 GLA AEEFGVW

**68:08:00 Androgens
Androgènes**

Methyltestosterone

Tab / Co. Orl 10mg

METANDREN 00005622 NVR AEEFGVW

**68:12:00 Contraceptives
Anovulants**

Norethindrone/Mestranol

Tab / Co. Orl 1mg/0.05mg

ORTHO-NOVUM 1/50 (28) 00340758 JAN EFGV

**68:12:00 Contraceptives
Anovulants**

Norethindrone/Norethindrone/Ethinyl Estradiol/Ethinyl Estradiol

Tab / Co.	Orl	1mg/0.5mg/0.035mg/0.035mg			
			ORTHO 10/11 (28)	00538582	JAN EFGV
			ORTHO 10/11 (21)	00538590	JAN EFGV

**68:20:08 Antidiabetic Agents (Insulins)
Insulines anti-diabétiques**

Insulin Isophane Nph (Beef/Pork)

Sus / Susp.	Sc	100unit			
			ILETIN NPH	00446572	LIL AEEFGVW

Insulin Zinc Crystalline (Beef/Pork)

Liq / Liq	Sc	100unit			
			ILETIN REGULAR	00446564	LIL AEEFGVW

Insulin Zinc Lente (Beef/Pork)

Lla / Susp.	Sc	100unit			
			ILETIN LENTE	00446580	LIL AEEFGVW

**68:32:00 Progestins
Progestatifs**

Medroxyprogesterone Acetate

Tab / Co.	Orl	2.5mg			
			PROCLIM	02239825	FOU AEEFGVW

Tab / Co.	Orl	5mg			
			PROCLIM	02239826	FOU AEEFGVW

Tab / Co.	Orl	10mg			
			PROCLIM	02239827	FOU AEEFGVW

**84:06:00 Anti-Inflammatory Agents (Local)
Anti-inflammatoires (peau)**

Clobetasol Propionate

Crn/ Cr.	Top	0.05%			
			ALTI-CLOBETASOL PROPIONATE	00878723	KNR AEEFGVW

Lot / Lot	Top	0.05%			
			ALTI-CLOBETASOL PROPIONATE	00878707	KNR AEEFGVW

**84:06:00 Anti-Inflammatory Agents (Local)
Anti-inflammatoires (peau)**

Clobetasol Propionate

Ont / Ont Top 0.05%

ALTI-CLOBETASOL PROPIONATE 00881678 KNR AEEFGVW

**84:32:00 Keratoplastic Agents
Keratoplastiques**

Coal Tar

Liq / Liq Top 20%

ODANS LCD 00358494 ODN AEEFGV

**86:16:00 Respiratory Smooth Muscle Relaxants
Respiratoires**

Theophylline

Srt / Co.L.C. Orl 250mg

THEOLAIR SR 01966251 RIK AEEFGVW

Srt / Co.L.C. Orl 450mg

THEO-DUR 00722065 AZE ABEEFGVW

Tab / Co. Orl 250mg

THEOLAIR 01966227 RIK AEEFGVW

**88:08:00 Vitamin B Complex
Vitamines du complexe b**

Cyanocobalamin

Liq / Liq Im 1000mcg

VITAMIN B12 00214299 GCC AEEFGVW

Thiamine Hydrochloride

Liq / Liq Im 100mg

BETAXIN 02017547 SNS W

**92:00:00 Unclassified Therapeutic Agents
Autres médicaments**

Levamisole Hydrochloride

Tab / Co. Orl 50mg

NOVO-LEVAMISOLE 02234217 NOP AEEFGVW

Bulletin # 516

June 15, 2001

BENEFIT CHANGES TO NBPDP

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

BENEFIT ADDITIONS: effective June 2001

Claims for products that are reimbursed at Actual Acquisition Cost up to July 27, 2001 will be subject to a Maximum Allowable Price (MAP) effective July 28, 2001.

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

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

Yours truly,



Debbie LeBlanc
New Brunswick Prescription Drug Program

**24:04:00 Cardiac Drugs
Cardiotropes**

Lisinopril							<u>to July 27</u>	<u>MAP July 28</u>	
Tab	Co.	Orl	20mg	APO-LISINOPRIL	02217511	APX	AEFGVW	MAP	0.9140

Verapamil Hydrochloride / Vérapamil (chlorhydrate de)

Srt	Co.L.C	Orl	180mg	GEN-VERAPAMIL SR	02210355	GPM	AEFGVW	AAC	0.7800
------------	---------------	------------	--------------	-------------------------	-----------------	------------	---------------	------------	---------------

**24:06:00 Antilipemic Agents
Hypolipémiants**

Fenofibrate / Fénofibrate

Cap	Caps	Orl	200mg	NOVO-FENOFIBRATE	02243552	NOP	AEFGVW	MAP	
------------	-------------	------------	--------------	-------------------------	-----------------	------------	---------------	------------	--

**24:08:00 Hypotensive Agents
Antihypertenseurs**

Doxazosyn Mesylate / Doxazosyn (mésylate de)

Tab	Co.	Orl	1mg	ALTI-DOZAXOSIN	02243215	ALT	AEF+18V	MAP	0.3465
------------	------------	------------	------------	-----------------------	-----------------	------------	----------------	------------	---------------

Tab	Co.	Orl	2mg	ALTI-DOZAXOSIN	02243216	ALT	AEF+18V	MAP	0.4158
------------	------------	------------	------------	-----------------------	-----------------	------------	----------------	------------	---------------

Tab	Co.	Orl	4mg	ALTI-DOZAXOSIN	02243217	ALT	AEF+18V	MAP	0.5405
------------	------------	------------	------------	-----------------------	-----------------	------------	----------------	------------	---------------

Labetalol Hydrochloride / Labétalol (chlorhydrate de)

Tab	Co.	Orl	100mg	APO-LABETALOL	02243538	APX	AEFGVW	AAC	0.1647
------------	------------	------------	--------------	----------------------	-----------------	------------	---------------	------------	---------------

Tab	Co.	Orl	200mg	APO-LABETALOL	02243539	APX	AEFGVW	AAC	0.2913
------------	------------	------------	--------------	----------------------	-----------------	------------	---------------	------------	---------------

**24:08:00 Hypotensive Agents
Antihypertenseurs**

Terazosin Hydrochloride / Térazosine (chlorhydrate de)

to July 27

MAP July 28

Tab	Co.	Orl	1mg					
				pms-TERAZOSIN	02243518	PMS	AEF+18VW	MAP
Tab	Co.	Orl	2mg					
				pms-TERAZOSIN	02243519	PMS	AEF+18VW	MAP
Tab	Co.	Orl	5mg					
				pms-TERAZOSIN	02243520	PMS	AEF+18VW	MAP
Tab	Co.	Orl	10mg					
				pms-TERAZOSIN	02243521	PMS	AEF+18VW	MAP

**28:16:04 Psychotherapeutic Agents (Antidepressants)
Psychotropes (antidépresseurs)**

Fluoxetine Hydrochloride / Fluoxétine (chlorhydrate de)

Cap	Caps	Orl	20mg					
				RHOXAL-FLUOXETINE	02243487	RHO	AEFGVW	MAP

**28:24:92 Miscellaneous Anxiolytics,Sedatives,Hypnotics
Divers anxiolytiques, sédatifs et hypnotiques**

Zopiclone

Tab	Co.	Orl	5mg						
				pms-ZOPICLONE	02243426	PMS	AEFVW	AAC	0.2231

**52:08:00 Anti-Inflammatory Agents
Anti-inflammatoires**

Dexamethasone Phosphate Disodium / Dexaméthasone (phosphate disodique)

Dps	Gttes	Oph	0.1%						
				pms-DEXAMETHASONE	00785261	PMS	AEFGVW	AAC	0.6760

ADDITIONAL PRODUCTS SUBJECT TO MAP'S / PRODUITS SUPPLÉMENTAIRES ASSUJETIS AUX PAM

**24:04:00 Cardiac Drugs
Cardiotropes**

Verapamil Hydrochloride / Vérapamil (chlorhydrate de)

to July 27

MAP July 28

Srt Co.L.C Orl 120mg

ISOPTIN SR	01907123	KNO	AAC	0.6900
GEN-VERAPAMIL SR	02210347	GPM	AAC	0.6900

**24:06:00 Antilipemic Agents
Hypolipémiantes**

Fenofibrate / Fénofibrate

Cap Caps Orl 67mg

LIPIDIL MICRO	02230283	FOU	AAC	0.4325
APO-FENOFIBRATE	02243180	APX	AAC	0.4325
NOVO-FENOFIBRATE	02243551	NOP	AAC	0.4325

**28:08:04 Nonsteroidal Anti-Inflammatory Agents
Anti-inflammatoires non-stéroïdiens**

Diclofenac Potassium / Diclofénac (potassium de)

Tab Co. Orl 50mg

APO-DICLO RAPIDE	02243433	APX	MAP	
------------------	----------	-----	-----	--

Naproxen / Naproxèn

Ect Co.Ent. Orl 250mg

NAPROSYN E	02162792	HLR	AAC	0.2835
NOVO-NAPROX EC	02243312	NOP	AAC	0.2835
GEN-NAPROXEN EC	02243431	GPM	AAC	0.2835

Ect Co.Ent. Orl 375mg

NAPROSYN E	02162415	HLR	AAC	0.3686
NOVO-NAPROX EC	02243313	NOP	AAC	0.3686
GEN-NAPROXEN EC	02243432	GPM	AAC	0.3686

Ect Co.Ent. Orl 500mg

NOVO-NAPROX EC	02243314	NOP	MAP	
----------------	----------	-----	-----	--

**28:16:04 Psychotherapeutic Agents (Antidepressants)
Psychotropes (antidépresseurs)**

Fluoxetine Hydrochloride / Fluoxétine (chlorhydrate de)

to July 27

MAP July 28

Cap Caps Orl 10mg

RHOXAL-FLUOXETINE 02243486 RHO

MAP

**40:10:00 Ammonia Detoxicants
Laxatifs**

Lactulose

Liq Orl 667mg

LAXILOSE 00690686 TCH

AAC

0.0145

ACILAC 00854409 TCH

AAC

0.0145

APO-LACTULOSE 02242814 APX

AAC

0.0145

Bulletin # 525

September 14, 2001

BENEFIT CHANGES TO NBPDP

Attached are lists of changes to the New Brunswick Prescription Drug Program (NBPDP) Formulary, effective September 14, 2001.

Included in this bulletin:

- **Special Authorization Additions**
- **Regular Benefit Additions**
Claims for these products will be reimbursed at actual acquisition cost (AAC). Claims for interchangeable products will be subject to a maximum allowable price (MAP) effective October 26, 2001.
- **Clinical and Benefit Status Summary**
NSAIDs and COX-2 Inhibitors in the treatment of arthritis.

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

Yours truly,

Debbie LeBlanc
New Brunswick Prescription Drug Program

NBPDPPHAR/PHYS

SPECIAL AUTHORIZATION (PART B) - ADDITIONS

Olanzapine Line-extension (*Zyprexa-Zydis*)

- Tablets 5mg and 10mg

- For the acute and maintenance treatment of schizophrenia and related psychotic disorders. Advice from a psychiatrist is suggested prior to starting therapy.

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

Oxycodone

(*Oxy IR*)

- Tablets (immediate release)
5mg, 10mg and 20mg

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

Oxycodone

(*OxyContin CR*)

- Tablets (controlled release)
10mg, 20mg, 40mg and 80mg

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

Quetiapine Line-extension (*Seroquel*)

- Tablets 150mg

- For the management of the manifestations of schizophrenia. Advice from a psychiatrist is suggested prior to starting therapy.

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

Salmeterol/Fluticasone

(*Advair Diskus*)

- Diskus 50/100mcg,
50/250mcg, 50/500mcg

- For patients with reversible obstructive airways disease who are
 - stabilized on an inhaled corticosteroid and a long-acting B₂ agonist, or
 - using optimal doses of inhaled corticosteroids but are still poorly controlled.

Tobramycin

(*Tobi*)

- Solution for inhalation
300mg/5mL

- For the treatment of cystic fibrosis patients who do not tolerate injectable tobramycin when used for inhalation.

SPECIAL AUTHORIZATION (PART B) – ADDITIONS

Zolmitriptan Line-extension (*Zomig Rapimelt*)

- Tablets 2.5mg

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

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

NBPD BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

20:12:04 Anticoagulants
Anticoagulants

Warfarin Sodium / Warfarine sodique							<u>to Oct 25</u>	<u>MAP Oct 26</u>	
Tab	Co.	Orl	1mg	TARO-WARFARIN	02242680	TAR	AEFGV	AAC	0.1980
Tab	Co.	Orl	2mg	TARO-WARFARIN	02242681	TAR	AEFGV	AAC	0.2094
Tab	Co.	Orl	2.5mg	TARO-WARFARIN	02242682	TAR	AEFGV	AAC	0.1677
Tab	Co.	Orl	3mg	TARO-WARFARIN	02242683	TAR	AEFGV	AAC	0.2596
Tab	Co.	Orl	4mg	TARO-WARFARIN	02242684	TAR	AEFGV	AAC	0.2596
Tab	Co.	Orl	5mg	TARO-WARFARIN	02242685	TAR	AEFGV	AAC	0.1680
Tab	Co.	Orl	6mg	COUMADIN	02240206	DUP	AEFGV	AAC	0.2805
				TARO-WARFARIN	02242686	TAR	AEFGV	AAC	0.2805

24:06:00 Antilipemic Agent
Hypolipémiants

Atorvastatin Calcium / Atorvastatine

Tab	Co.	Orl	80mg	LIPITOR	02243097	PFI	AEFV	AAC	
-----	-----	-----	------	---------	----------	-----	------	-----	--

Fenofibrate / Fénofibrate

Tab	Co.	Orl	160mg	LIPIDIL SUPRA	02241602	FOU	AEFGV	AAC	
-----	-----	-----	-------	---------------	----------	-----	-------	-----	--

**68:12:00 Contraceptives
 Anovulants**

Levonorgestrel / Lévonogestrel

to Oct 25

MAP Oct 26

Tab Co. Orl 0.75mg

PLAN B 02241674 PAL EFG AAC

**84:04:12 Anti-Infectives (scabicides & Pediculicides)
 Anti-infectieux (parasitocides et pediculicides)**

Permethrin / Permétrine

Crn Cr. Top 10mg

KWELLADA-P CREME RINSE 1% 02231480 GSK AEEGV AAC

**92:00:00 Unclassified Therapeutic Agents
 Autres médicaments**

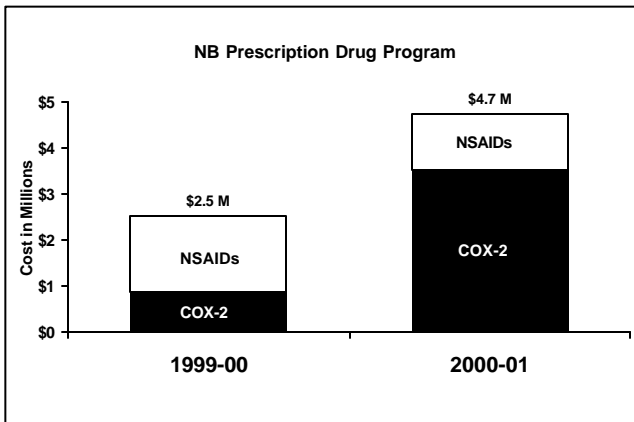
Tacrolimus

Cap Cap Orl 0.5mg

PROGRAF 02243144 FJI R AAC

NSAIDs and COX-2 Inhibitors in the treatment of arthritis

The cost of the combined usage of NSAIDs and COX-2 inhibitors under the NB Prescription Drug Program (NBPDP) has increased 88% in the past year.



COX-2 Inhibitors have been adopted as a first line therapy by many physicians. The efficacy and safety of COX-2 inhibitors compared to conventional NSAIDs may not justify the additional cost.

COX-2 inhibitors offer a theoretical advantage over NSAIDs in terms of adverse effects. But, the clinical experience has shown that COX-2 inhibitors are associated with adverse effects including gastrointestinal effects.

Place in Therapy

Acetaminophen (up to 1g QID) should be used as first line therapy for most patients with osteoarthritis, if the response is not adequate an NSAID is second line. COX-2 inhibitors are appropriate second line agents when the patient has specific risk factors that preclude NSAID use.

For most patients with rheumatoid arthritis, NSAIDs are first line therapy. In the presence of risk factors that preclude NSAID use, COX-2 inhibitors may be appropriate first line choices. COX-2 inhibitors are not DMARDs.

- **There are no appreciable differences in efficacy between NSAIDs and COX-2 Inhibitors.** There have been numerous studies that have found comparable efficacy between various NSAIDs and between NSAIDs and COX-2 agents.

- **The choice of an appropriate NSAID or COX-2 inhibitor should be based on patient risk factors, adverse effects and cost.**

Risk of Peptic Ulcer Complications

The baseline risk of hospitalization due to peptic ulcer complications in non-users of NSAIDs is about 0.2% annually. Risk increases with age (patients over 75 have a markedly higher incidence) and is higher in males than females. The use of conventional NSAIDs increases the risk of peptic ulcer complications by about 4 fold (the range is 2 to 8.5 fold depending on the drug and dosage).

- Of the conventional NSAIDs, Ibuprofen is associated with the lowest risk of ulcer complications (Ibuprofen < Diclofenac < Naproxen < Indomethacin).
- The CLASS study compared celecoxib 400mg BID to maximum doses of ibuprofen or diclofenac (with and without low dose ASA). The mean duration of treatment was 4.2 months. The incidence of GI ulcer complications (perforation, bleed, or stenosis) in non-ASA users was lower with celecoxib (0.44%) than with the NSAIDs (1.27%). In ASA users, celecoxib was still better but the difference was not statistically significant.
- The VIGOR study compared rofecoxib 50mg daily to naproxen 500mg BID for a median treatment period of 9 months. The risk of GI bleeding with rofecoxib was 62% lower than with naproxen. The rate of symptomatic ulcers was 1% with rofecoxib and 2.1% with naproxen.
- A meta-analysis of 8 trials found that rofecoxib was associated with an annual incidence of major GI complications (perforation, peptic ulcer or bleed) of 1.3% versus 1.8% with other NSAIDs (n=5,435).
- Two large trials (MELISSA and SELECT) showed meloxicam to have similar (but lower) efficacy compared to diclofenac and piroxicam. Meloxicam had slightly fewer adverse effects but may have been underdosed (7.5mg dose). Studies using meloxicam 15mg daily were associated with an incidence of GI adverse effects of 18.3–23% (similar to conventional NSAIDs).

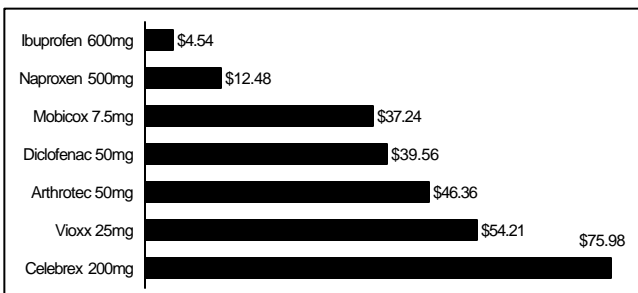
- All of the COX-2 inhibitors have studies assessing the development of endoscopic lesions compared to NSAIDs and placebo. Rofecoxib and celecoxib have shown favourable outcomes. Meloxicam 15mg was associated with endoscopic damage. These studies must be cautiously interpreted because no link between lesions and clinical disorders has been demonstrated.

Additional Adverse Effects

- COX-2 Inhibitors were initially thought to have fewer negative renal effects than NSAIDs. There has not been sufficient research in this area to draw firm conclusions. Recent literature concludes that COX-2 Inhibitors and NSAIDs pose similar risks for renal adverse effects.
- COX-2 Inhibitors do not inhibit platelet activity like NSAIDs. In the VIGOR trial, the incidence of myocardial infarction was higher (0.4%) with rofecoxib than with naproxen (0.1%). There has been considerable debate about this finding. Some argue that naproxen was cardioprotective due to platelet effects. Further research is needed.
- Celecoxib is a benzenesulfonamide derivative and should not be used in patients with sulfonamide allergies.
- Both celecoxib and rofecoxib have been associated with increased INR values when administered concurrently with warfarin. Monitoring is recommended when meloxicam and warfarin are used concurrently.
- COX-2 selectivity alone is not a good predictor of adverse effects.

Costs

The following chart shows the average cost of a prescription for the COX-2 Inhibitors and the more common NSAIDs (Based on NBPDP usage data March to June 2001: professional fees excluded).



- COX-2 Inhibitors need not be used as first line therapy in young healthy individuals.
- The cost of celecoxib increases with dose while rofecoxib 12.5mg and 25mg are the same price.

NBPDP Benefit Status

REGULAR BENEFITS:

- Arthrotec
- Diclofenac (IR & SR)
- Diflunisal
- Fenoprofen
- Floctafenine
- Flurbiprofen
- Ibuprofen
- Indomethacin
- Ketoprofen (IR & SR)
- Mefenamic acid
- Meloxicam
- Naproxen
- Piroxicam
- Sulindac
- Tiaprofenic acid
- Tolmetin

RESTRICTED BENEFITS:

- Celecoxib
- Rofecoxib

Beneficiaries < 65 years old	65 years & older
<p>Special authorization required</p> <p>For the treatment of arthritis in patients who have at least one of the following factors:</p> <ul style="list-style-type: none"> • Past history of ulcers • Concurrent warfarin therapy • Concurrent prednisone therapy • Failure with or intolerance to at least two other NSAIDs 	<p>Regular benefits</p>

SA criteria are based on the established patient risk factors for the development of serious complications with NSAIDs. Age over 65 is an additional risk factor for GI adverse effects.

References

Anonymous. COX-2 Roundup. Bandolier. 2000; 75-2.

Anonymous. Rofecoxib: A disappointing NSAID analgesic. Prescrire International. 2000;9(50):166-9.

Bombardier C, Laine L, Reicin A, et al. Comparison of upper gastrointestinal toxicity of rofecoxib and naproxen in patients with rheumatoid arthritis. VIGOR Study Group. N Engl J Med. 2000;343(21):1520-8.

Brooks P, Emery P, Evans J, et al. Interpreting the clinical significance of the differential inhibition of cyclooxygenase-1 and cyclooxygenase-2. Rheumatology (Oxford). 1999;38(8):779-88.

Dequeker J, Hawkey C, Kahan A, et al. Improvement in gastrointestinal tolerability of the selective cyclooxygenase (COX)-2 inhibitor, meloxicam, compared with piroxicam: results of the Safety and Efficacy Large-scale Evaluation of COX-inhibiting Therapies (SELECT) trial in Osteoarthritis. Br J Rheumatol. 1998;37(9):946-51.

Goldstein J, et al. Celecoxib is associated with a significantly lower incidence of clinically significant upper gastrointestinal (UGI) events in osteoarthritis (OA) and rheumatoid arthritis (RA) patients as compared to NSAIDs. Gastroenterology. 1999; 116:4:G0758.

Hawkey C, Kahan A, Steinbruck K, et al. Gastrointestinal tolerability of meloxicam compared to diclofenac in osteoarthritis patients. International MELISSA Study Group. Meloxicam Large-scale International Study Safety Assessment. Br J Rheumatol. 1998;37(9):937-45.

Kawai S. Cyclooxygenase selectivity and the risk of gastro-intestinal complications of various non-steroidal anti-inflammatory drugs: a clinical consideration. Inflamm Res. 1998;47 Suppl 2:S102-6.

Kimney M. Role of endoscopy in nonsteroidal anti-inflammatory drug clinical trials. Am J Med. 1998; 105(5A): 28S-31S.

Langman N, et al. Adverse upper gastrointestinal effects of rofecoxib compared with NSAIDs. JAMA. 1999;282(20): 1929-1933.

Silverstein FE, et al. Gastrointestinal toxicity with celecoxib vs. nonsteroidal anti-inflammatory drugs for osteoarthritis and rheumatoid arthritis: the CLASS study: A randomized controlled trial. Celecoxib Long-term Arthritis Safety Study. JAMA. 2000;284(10):1247-55.

Simon L, et al. Anti-inflammatory and upper gastrointestinal effects of celecoxib in rheumatoid arthritis: a randomized controlled trial. JAMA. 1999; 282(20):1921-1928.

The clinical effectiveness and cost-effectiveness of celecoxib, rofecoxib, meloxicam and etodolac (Cox-II Inhibitors) for rheumatoid arthritis and osteoarthritis. National Institute for Clinical Excellence. 2001. Available: <http://www.nice.org.uk/pdf/coxihtareport.pdf>.

Therapeutics Letter. BC Therapeutics Initiative. 2001:39.

Bulletin # 528

November 9, 2001

BENEFIT CHANGES TO NBPDP

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

BENEFIT ADDITIONS:

Claims for products that are reimbursed at Actual Acquisition Cost up to December 20, 2001 will be subject to a Maximum Allowable Price (MAP) effective December 21, 2001.

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

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

Yours truly,



Debbie LeBlanc
New Brunswick Prescription Drug Program

NBPD BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

**04:00:00 Antihistamine Drugs
Antihistaminiques**

Loratadine **to Dec 20** **MAP Dec 21**

Tab	Co.	Orl	10mg	Apo-Loratadine	02243880	APX	G	AAC	0.6400
-----	-----	-----	------	----------------	----------	-----	---	-----	--------

**08:12:06 Antibiotics (Cephalosporins)
Antibiotiques (céphalosporines)**

Cefuroxime Axetil / Céfuroxime axetil

Tab	Co.	Orl	250mg	Alti-Cefuroxime	02242656	ALT	AEFGVW	AAC	1.0132
Tab	Co.	Orl	500mg	Alti-Cefuroxime	02242657	ALT	AEFGVW	AAC	2.0072

**20:12:04 Anticoagulants
Anticoagulants**

Warfarin Sodium / Warfarine sodique

Tab	Co.	Orl	1mg	Apo-Warfarin	02242924	APX	AEFGVW	MAP	
Tab	Co.	Orl	2mg	Apo-Warfarin	02242925	APX	AEFGVW	MAP	
Tab	Co.	Orl	2.5mg	Apo-Warfarin	02242926	APX	AEFGVW	MAP	
Tab	Co.	Orl	4mg	Apo-Warfarin	02242927	APX	AEFGVW	MAP	
Tab	Co.	Orl	5mg	Apo-Warfarin	02242928	APX	AEFGVW	MAP	

**28:24:92 Miscellaneous Anxiolytics, Sedatives, Hypnotics
Divers anxiolytiques, sédatifs et hypnotiques**

Zopiclone

Tab	Co.	Orl	7.5mg	Alti-Zopiclone	02242481	ALT	AEFVW	MAP	
-----	-----	-----	-------	----------------	----------	-----	-------	-----	--

40:36:00 Irrigating Solutions
Solutions d'irrigation

Dimethylsulfoxide / Diméthylsulfoxyde

to Dec 20

MAP Dec 21

Liq Liq Itv 500mg

Dimethyl Sulfoxide Irr. 02243231 SIL AEFVW AAC 0.9990

52:04:04 Anti-Infectives (Antibiotics)
Anti-infectieux (antibiotiques)

Tobramycin / Tobramycine

Liq Liq Oph 0.3%

Sab-Tobramycin 02241755 SIL AEFVW MAP

92:00:00 Unclassified Therapeutic Agents
Autres médicaments

Ticlopidine Hydrochloride / Ticlopidine (chlorhydrate de)

Tab Co. Orl 250MG

pms-Ticlopidine 02243327 PMS AEFVW MAP

Rhoxal Ticlopidine 02243587 RHO AEFVW MAP

Bulletin # 535

January 25, 2002

BENEFIT CHANGES TO NBPDP

Changes to the New Brunswick Prescription Drug Program (NBPDP) Formulary effective January 25, 2002 are attached.

Regular Benefit Additions

See attached list. Claims for these products will be reimbursed at actual acquisition cost (AAC). Claims for interchangeable products will be subject to the applicable maximum allowable price (MAP).

Products Added Under Special Authorization

See attached list.

Benefit Status Changes

Ranitidine 150mg and 300mg tablets

Cimetidine is currently the only H₂ antagonist listed as a regular benefit. A review of cimetidine use in older adults has been completed. Published evidence indicates all H₂ antagonists have similar efficacy and side effect profiles. However, there is little data related to the very elderly – in whom chronic illness is more common – because they are generally not included in such studies.

Therefore, ranitidine has been added as a regular benefit for beneficiaries 65 years and older. Requests for coverage of this drug for other beneficiaries may still be made through special authorization.

Nifedipine extended release (Adalat XL®)

To offset the problem caused by supply shortages of Nifedipine PA, Adalat XL has been added as a regular benefit. As noted below, Adalat XL is more costly than Nifedipine PA.

Daily Cost		
Adalat XL	20mg daily	\$0.78
	30mg daily	\$0.96
	60mg daily	\$1.51
Nifedipine PA	10mg BID	\$0.45
	20mg BID	\$0.78

Ciprofloxacin (Cipro[®])

Benefit status changed from regular benefit to requiring special authorization effective February 1st 2002. Special authorization criteria are detailed on the following page.

The enclosed clinical and benefit status summary on fluoroquinolone antibiotics outlines the need for a reduction in ciprofloxacin consumption.

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

Debbie LeBlanc
New Brunswick Prescription Drug Program

SPECIAL AUTHORIZATION (PART B) - ADDITIONS

Betahistine

(Serc)

- Tablets 8mg and 16mg

- For the symptomatic treatment of the recurrent episodes of vertigo associated with Ménière's disease.

Ciprofloxacin

(Cipro)

- Tablets 250mg, 500mg and 750mg
- Oral suspension 500mg/5mL

For the treatment of:

- Complicated urinary tract infections caused by resistant bacteria.
- Skin, soft tissue, bone and joint infections caused by Gram negative bacteria.
- Severe ("malignant") otitis externa.
- Infections with *Pseudomonas aeruginosa* (susceptible strains – resistance is now common).
- Selected patients with acute exacerbation of chronic bronchitis with risk factors

Risk factors include:

- Poor pulmonary lung function (FEV₁ below 50% predicted)
- age over 65
- comorbid medical illness (CHF, DM, CRF, chronic liver disease)
- chronic steroid use
- antibiotic use in previous three months
- malnutrition
- prolonged duration of disease
- 4 or more exacerbations per year

Prescriptions written by New Brunswick urologists or infectious disease specialists will not require special authorization.

Fosfomycin tromethamine

(Monurol)

- Sachets (single dose) 1gram

- For the treatment of acute uncomplicated urinary tract infections:
 1. In which micro-organisms are resistant to first line agents, or
 2. In patients who have an allergy or contraindication to first line agents

Pioglitazone
(Actos)

- Tablets 15mg, 30mg, 45mg

- For patients with type 2 diabetes who are not adequately controlled by diet, exercise and drug therapy. Drug therapy should include a trial of a sulfonylurea and metformin, alone and in combination, unless one of these agents is not tolerated or is contraindicated.

Note: The actual acquisition cost of once daily rosiglitazone (Avandia) is less than the cost of once daily pioglitazone (Actos). Twice daily dosing of Avandia is significantly more costly than once daily dosing of either drug.

Average cost per tablet paid by NBPDP:

Rosiglitazone (Avandia)		Pioglitazone (Actos)	
2mg	\$2.43	15mg	\$2.55
4mg	\$2.63	30mg	\$3.11
8mg	\$2.91	45mg	\$4.01

Quetiapine Line-extension
(Seroquel)

- Tablets 300mg

- For the management of the manifestations of schizophrenia. Advice from a psychiatrist is suggested prior to starting therapy.

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

Ribavirin
(Rebetron)

- Capsules 200mg/interferon alfa-2b injection

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

- Initial coverage of 24 weeks will be approved for all patients. Coverage for an additional 24 weeks will be approved for patients with HCV genotype 1.
- A positive HCV RNA assay after 24 weeks of therapy is an indication to stop treatment.
- Interferon monotherapy should be reserved for patients who cannot tolerate ribavirin.

Sirolimus
(Rapamune)

- Oral solution 1mg/mL

- Rescue therapy in solid organ transplant for patients with refractory rejection on Neoral/MMF/prednisone (NMP) or tacrolimus/MMF/prednisone (TMP).
- Prophylaxis for acute rejection in solid organ transplant when a patient is unable to tolerate NMP or TMP combinations as a result of, or in anticipation of, adverse effects.

Note: These criteria are used at the Queen Elizabeth II Health Sciences Centre. Criteria used by other referring transplant centres will be considered.

NBPDP Benefit Additions / Ajouts aux services assurés pour le PMONB

12:12:00 Sympathomimetic (Adrenergic) Agents
Sympathomimétiques (agents adrénérgiques)

Salbutamol Sulfate
Salbutamol (sulfate de)

Aem Aém.	Inh	100mcg	Alti-Salbutamol HFA	02244914	ALT	ABEFGV
-------------	-----	--------	---------------------	----------	-----	--------

24:04:00 Cardiac Drugs
Cardiotropes

Nifedipine
Nifédipine

Srt Co.L.C.	Orl	20mg	Adalat XL	02237618	BAY	AEFGVW
----------------	-----	------	-----------	----------	-----	--------

Srt Co.L.C.	Orl	30mg	Adalat XL	02155907	BAY	AEFGVW
----------------	-----	------	-----------	----------	-----	--------

Srt Co.L.C.	Orl	60mg	Adalat XL	02155990	BAY	AEFGVW
----------------	-----	------	-----------	----------	-----	--------

28:08:04 Nonsteroidal Anti-Inflammatory Agents
Anti-inflammatoires non-stéroïdiens

Ibuprofen
Ibuprofène

Tab Co.	Orl	300mg	Apo-Ibuprofen Nu-Ibuprofen	00441651 02020696	APX NXP	AEFGVW AEFGVW
------------	-----	-------	-------------------------------	----------------------	------------	------------------

Tab Co.	Orl	400mg	Apo-Ibuprofen	00506052	APX	AEFGVW
------------	-----	-------	---------------	----------	-----	--------

28:08:08 Opiate Agonists (Narcotic Analgesics)
Agonistes des opiacés (analgésiques narcotiques)

Hydromorphone Hydrochloride
Hydromorphone (chlorhydrate d')

Src Capsl.C	Orl	18mg	Hydromorph Contin SR	02243562	PFR	AEFGV
----------------	-----	------	----------------------	----------	-----	-------

NBPDP Benefit Additions / Ajouts aux services assurés pour le PMONB

56:40:00 Miscellaneous G.I. Drugs
Divers gastro-intestinaux

Ranitidine Hydrochloride
Ranitidine (chlorydrate de)

MAP

Tab	Orl	150mg	** Zantac	02212331	GSK	AV	0.4042
Co.			** Apo-Ranitidine	00733059	APX	AV	
			** Novo-Ranitidine	00828564	NOP	AV	
			** Alti-Ranitidine	00828823	ALT	AV	
			** Nu-Ranitidine	00865737	NXP	AV	
			** Gen-Ranitidine	02207761	GPM	AV	
			** Ranitidine	02230003	PRE	AV	
			** Scheinpharm Ranitidine	02241598	PMS	AV	
			** Pms-Ranitidine	02242453	PMS	AV	
Tab	Orl	300mg	** Zantac	02212358	GSK	AV	0.7787
Co.			** Apo-Ranitidine	00733067	APX	AV	
			** Novo-Ranitidine	00828556	NOP	AV	
			** Alti-Ranitidine	00828688	ALT	AV	
			** Nu-Ranitidine	00865745	NXP	AV	
			** Gen-Ranitidine	02207788	GPM	AV	
			** Ranitidine	02230004	PRE	AV	
			** Scheinpharm Ranitidine	02241599	PMS	AV	
			** Pms-Ranitidine	02242454	PMS	AV	

** Ranitidine Hydrochloride is a regular benefit for beneficiaries age 65 and over.
Ranitidine (chlorydrate de) est le service assuré habituel pour les bénéficiaires de 65 ans et plus.

84:04:08 Anti-infectives (Antifungals)
Anti-infectieux (fongicides)

Clotrimazole
Clotrimazole

Crm	Top	1 %	Clotrimaderm 1%	00812382	TAR	AEFGVW
Cr.			Neo-Zol 1%	00874043	NEO	AEFGVW

84:36:00 Miscellaneous Skin and Mucous Membrane Agents
Divers agents (peau et muqueuses)

Calcipotriol
Calcipotriol

Crm	Top	50 mcg	Dovonex	02150956	LEO	AEFV
Cr.						

Fluoroquinolone Antibiotics

The need for reductions in ciprofloxacin consumption

Antibiotic Resistance – An Urgent Problem

Antibiotic resistance is an urgent clinical and public health problem. Grim warnings of a return to the “pre-antibiotic era” where effective therapies for common infections will not be available seem more credible with each passing year. While the factors involved in the genesis and sustenance of antibiotic resistance are many and complicated, one thing is clear – as antibiotic consumption increases antibiotic resistance increases.

New Brunwickers, like other Canadians, are liberal prescribers and consumers of antibiotics. Several evaluations have revealed poor antibiotic prescription practices in Canada with estimates that as many as 50% of antibiotics are not indicated.^{1,2} These assessments are corroborated by evaluation of consumption rates in populations. In comparison to countries envied for their measured, careful approaches to antibiotic use we prescribe and consume at least twice as many antibiotics. While strides have been made in recent years to curb non-indicated antibiotic prescription especially for respiratory tract infections, there is a long way to go before we are able to describe ourselves as “measured” and “careful” with respect to antibiotic use.

Therapeutic Value of Fluoroquinolones

Fluoroquinolone antibiotics have been in widespread use for a relatively short time and have been extremely valuable and effective therapy for many conditions. In the hospital they are now an essential part of the armamentarium against many types of infections, in particular those caused by nosocomial Gram-negative bacilli.

In New Brunswick, fluoroquinolone consumption rates have increased markedly in recent years.

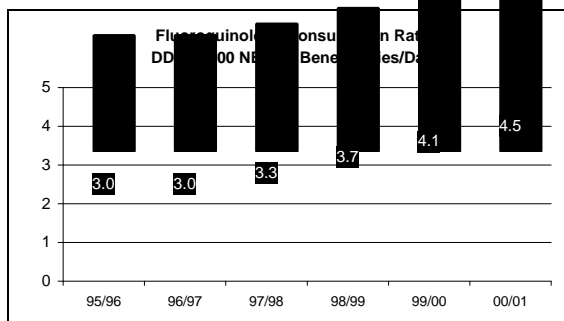


Figure 1

Figure 1 shows the consumption rate of fluoroquinolones measured in Defined Daily Dose (DDD) per 1000 NBPDP beneficiaries per day. This is the World Health Organization's system of measurement of population drug consumption. Figure 2 gives some context, demonstrating that these rates of fluoroquinolone consumption are some of the highest described in the world.

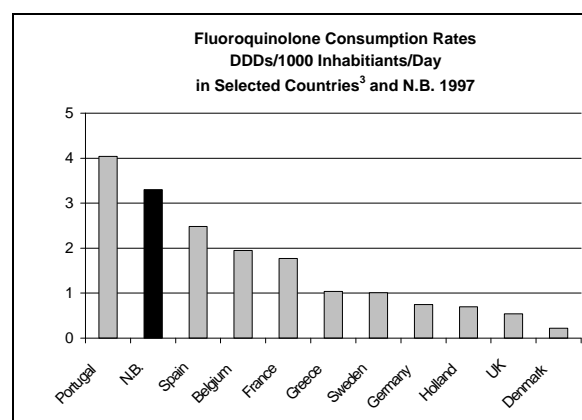


Figure 2

Ciprofloxacin has dominated the world and Canadian fluoroquinolone markets since its entry in the late 1980s. Marketed primarily for urinary tract infections but used in many other areas, it quickly became very popular with Canadian physicians. According to IMS Health there were 1,852,827 outpatient prescriptions for fluoroquinolones in 1998.

Ciprofloxacin has also been rapidly increasing as a proportion of total antibiotics consumed by NBPDP beneficiaries as can be seen in figure 3.

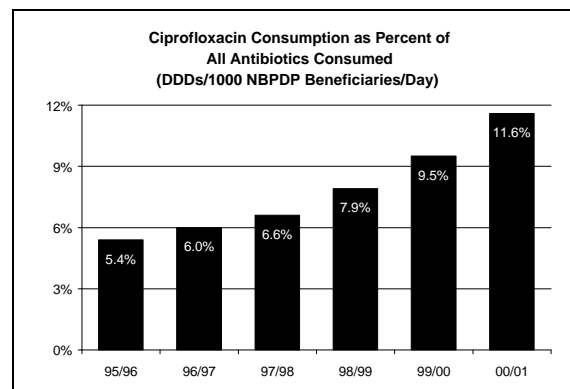


Figure 3

Consequences of Liberal Prescription - Resistance

Of course, the primary concern with high levels of fluoroquinolone consumption is the generation of fluoroquinolone resistance. Fluoroquinolone resistance levels in many pathogens have been increasing in Canada. While it is true that resistance to other classes of antibiotics is also increasing, the threat posed by fluoroquinolone resistance is arguably the most worrisome. A recent study from Ontario showing rising resistance in *S. pneumoniae* in elderly people even before the market launch of new fluoroquinolones for respiratory tract infections is cause for great concern.⁴ The value of fluoroquinolones in therapy of serious hospital acquired Gram negative infections cannot be understated and reservation of this class of agent when effective alternatives are available is a prudent course.

Potential Means of Reducing Consumption

Many initiatives aimed at reducing and improving antibiotic prescription have been undertaken in many Canadian jurisdictions in recent years. Physician and patient education, feedback, pharmacy based programs, and academic detailing have all been tried. While modest reductions in overall levels of prescription have been achieved the majority of the reduction has been in amoxicillin. This is not surprising as amoxicillin accounted for approximately one third of all antibiotics.

During this time fluoroquinolone, in particular ciprofloxacin, consumption has continued to rise. This trend of increasing consumption and the threat of resistance have lead to formulary restrictions in other jurisdictions. After a thorough review, the Ontario Drug Benefit program chose to remove ciprofloxacin from its full benefit list in February of this year. Similarly, ciprofloxacin reimbursement has been restricted in Nova Scotia. Significant decreases in consumption were seen after this policy was instituted.⁵ It appears that formulary restrictions are necessary in order to achieve meaningful reductions in prescription and consumption. Notably, there have been no reports from any Canadian jurisdictions of adverse health outcomes secondary to reduced fluoroquinolone consumption.⁶

Certainly, ciprofloxacin is an excellent and efficacious antibiotic – precisely the reason that it needs to be carefully used. The following conditions are appropriate indications:

Special Authorization Criteria for Ciprofloxacin

- Complicated urinary tract infections caused by resistant bacteria.
- Skin, soft tissue, bone and joint infections caused by **Gram negative** bacteria.
- Severe (“malignant”) otitis externa.
- Infections with *Pseudomonas aeruginosa* (susceptible strains – resistance is now common).
- Selected Patients with Acute Exacerbations of Chronic Bronchitis with Risk Factors*
 - poor pulmonary lung function (FEV1 below 50% predicted)
 - age over 65
 - comorbid medical illness (CHF, DM, CRF, chronic liver disease)
 - chronic steroid use
 - antibiotic use in previous three months
 - malnutrition
 - prolonged duration of disease
 - 4 or more exacerbations per year

Prescriptions for ciprofloxacin written by urologists or infectious disease specialists do not require special authorization.

**Several full benefit alternatives such as amoxicillin/clavulanate, cefuroxime axetil, clarithromycin and azithromycin are also appropriate therapy for acute exacerbations of chronic bronchitis with risk factors*

References

1. Wang EE, Einarson TR, Kellner JD, Conly JM. Antibiotic prescribing for Canadian preschool children: evidence of overprescribing for viral respiratory infections. *Clin Infect Dis*. 1999 Jul;29(1):155-60.
2. Hutchinson JM, Jelinski S, Hefferton D, Desaulniers G, Parfrey PS. Role of diagnostic labeling in antibiotic prescription. *Can Fam Physician*. 2001 Jun;47:1217-24.
3. Cars O, Molstad S, Melander A. Variation in antibiotic use in the European Union. *Lancet*. 2001 Jun 9; 357 (9271):1851-3.
4. Chen DK, McGeer A, de Azavedo JC, Low DE. Decreased susceptibility of *Streptococcus pneumoniae* to fluoroquinolones in Canada. *Canadian Bacterial Surveillance Network*. *N Engl J Med*. 1999 Jul 22;341(4):233-9.
5. MacCara ME, Sketris IS, Comeau DG, Weerasinghe SD. Impact of a limited fluoroquinolone reimbursement policy on antimicrobial prescription claims. *Ann Pharmacother*. 2001 Jul-Aug;35(7-8):852-8.
6. Anon. Antibiotic Resistance – Drug Quality and Therapeutics (DOTC) Bulletin. Antibiotic Review and Ontario drug Benefit Formulary Listing Changes, February 2001.

Bulletin # 537

February 22, 2002

BENEFIT CHANGES TO NBPDP

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

BENEFIT ADDITIONS:

Claims for products that are reimbursed at Actual Acquisition Cost up to March 12, 2002 will be subject to a Maximum Allowable Price (MAP) effective March 13, 2002.

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

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

Yours truly,



Debbie LeBlanc
New Brunswick Prescription Drug Program

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

08:12.06	Antibiotics (Cephalosporins) Antibiotiques (céphalosporines)						to Mar-12	MAP Mar-13
Cefuroxime Axetil Céfuroxime axetil								
Tab	Orl	250mg	Apo-Cefuroxime	2244393	APX	AEFGVW	AAC	1.0131
Co.								
Tab	Orl	500mg	Apo-Cefuroxime	2244394	APX	AEFGVW	AAC	2.0071
Co.								
10:00.00	Antineoplastic Agents Antinéoplastiques							
Methotrexate Sodium Méthotrexate sodique								
Tab	Orl	2.5mg	Alti-Methotrexate	2244798	ALT	AEFGVW	AAC	0.7037
Co.								
12:20.00	Skeletal Muscle Relaxants Relaxants musculaires							
Orphenadrine Citrate Orphénadrine (citrate d')								
Srt	Orl	100mg	Rhoxal- Orphenadrine	2243559	RHO	AEFGVW	AAC	0.4552
Co.L.C.								
24:04.00	Cardiac Drugs Cardiotropes							
Amiodarone Hydrochloride Amiodarone (chlorhydrate de)								
Tab	Orl	200mg	Rhoxal- Amiodarone	2243836	RHO	AEFGVW	MAP	
Co.								
Propafenone Hydrochloride Propafénone (chlorhydrate de)								
Tab	Orl	150mg	Apo-Propafenone	2243324	APX	AEFGVW	AAC	0.6815
Co.			pms-Propafenone	2243727	PMS	AEFGVW	AAC	0.6815
Tab	Orl	300mg	Apo-Propafenone	2243325	APX	AEFGVW	AAC	1.2015
Co.			pms-Propafenone	2243728	PMS	AEFGVW	AAC	1.2015
24:08.00	Hypotensive Agents Antihypertenseurs							
Doxazosin Mesylate Doxazosin (mésylate de)								
Tab	Orl	1mg	pms-Doxazosin	2244527	PMS	AEF+18V	MAP	
Co.								
Tab	Orl	2mg	pms-Doxazosin	2244528	PMS	AEF+18V	MAP	
Co.								
Tab	Orl	4mg	pms-Doxazosin	2244529	PMS	AEF+18V	MAP	
Co.								

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

24:12.00	Vasodilating Agents Vasodilatateurs						to	MAP	
						Mar-12	Mar-13		
Nitroglycerin Nitroglycérine									
	AEM	Sig	0.4mg	Gen-Nitro SL	2243588	GPM	AEFGVW	AAC	0.0484
	Aém			Spray					
28:08.08	Opiate Agonists (Narcotic Analgesics) Agonistes des opiacés (analgésiques narcotiques)								
Morphine Sulfate Morphine (sulfate de)									
	Srt	Orl	15mg	Alti-Morphine	2244790	ALT	AEFGVW	AAC	0.4168
	Co.L.C.			Sulfate SR					
	Srt	Orl	30mg	Alti-Morphine	2244791	ALT	AEFGVW	AAC	0.6293
	Co.L.C.			Sulfate SR					
	Srt	Orl	60mg	Alti-Morphine	2244792	ALT	AEFGVW	AAC	1.1094
	Co.L.C.			Sulfate SR					
52:04.04	Anti Infectives (Antibiotics) Anti infectieux (antibiotiques)								
Gentamycin Sulfate/Betamethasone Disodium Phosphate Gentamycin (sulfate de)/bétaméthasone (phosphate disodique de)									
	Liq	Oph	0.3%/0.1%	SAB-Pentason	2244999	SIL	AEFGVW	AAC	1.3680
	Liq								
52:04.04	Miscellaneous (EENT) Drugs Autres o.r.l.o.								
Timolol Maleate Timolol (maléate de)									
	Dps	Oph	0.25%	Alti-Timolol	2240248	ALT	AEFGVW	MAP	
	Gttes								
	Dps	Oph	0.50%	Alti-Timolol	2240249	ALT	AEFGVW	MAP	
	Gttes								
56:40.00	Miscellaneous G.I. Drugs Divers gastro-intestinaux								
Misoprostol Misoprostol									
	Tab	Orl	100mcg	Apo-Misoprostol	2244022	APX	AEFGVW	AAC	0.1904
	Co.			Novo-Misoprostol	2240754	NOP	AEFGVW	AAC	0.1904
	Tab	Orl	200mcg	Apo-Misoprostol	2244023	APX	AEFGVW	AAC	0.3170
	Co.			Novo-Misoprostol	2240755	NOP	AEFGVW	AAC	0.3170

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

56:40.00 Miscellaneous G.I. Drugs to MAP
Divers gastro-intestinaux Mar-12 Mar-13

Ranitidine Hydrochloride

Ranitidine (chlorhydrate de)

Tab Orl 150mg Rhoxal- 2243229 RHO AV+65 MAP
Co. Ranitidine

Tab Orl 300mg Rhoxal- 2243230 RHO AV+65 MAP
Co. Ranitidine

84:04.08 Anti Infectives (Antifungals)
Anti infectieux (fongicides)

Miconazole Nitrate

Miconazole (nitrate de)

Crn Vag 2.00% Monazole 7 2219476 TLC AEEGVW AAC 0.1470
Cr. Vag

92:00.00 Unclassified Therapeutic Agents
Autres médicaments

Azathioprine Sodium

Azathioprine sodique

Tab Orl 50mg Apo Azathioprine 2242907 APX AEEGVW MAP
Co.

ADDITIONAL PRODUCTS SUBJECT TO MAP / PRODUITS SUPPLÉMENTAIRES ASSUJETIS AUX PAM

12:12.00 Sympathomimetic (Adrenergic Agents) to MAP
 Sympathomimétiques (agents adrénérgiques) Mar-12 Mar-13

Salbutamol Sulfate
 Salbutamol (sulfate de)
 Liq Inh 0.5mg/mL Apo Salvent Sterules 2243828 APX MAP
 Liq

28:12.92 Anticonvulsants (miscellaneous)
 Anticonvulsants (divers)

Gabapentin
 Gabapentin
 Cap Orl 100mg Apo Gabapentin 2244304 APX MAP
 Caps
 300mg Apo Gabapentin 2244305 APX MAP
 400mg Apo Gabapentin 2244306 APX MAP

28:24.08 Anxiolytics, Sedatives, Hypnotics (Benzodiazepines)
 Benzodiazépines

Alprazolam
 Alprazolam
 Tab Orl 1mg Apo Alpraz 2243611 APX MAP
 Co.
 2mg Apo Alpraz TS 2243612 APX MAP

Bulletin # 540

May 17, 2002

BENEFIT CHANGES TO NBPDP

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

Included in this bulletin:

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

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

Yours truly,

Debbie LeBlanc
New Brunswick Prescription Drug Program

NBPDP PHAR/PHYS

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

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

SPECIAL AUTHORIZATION (PART B) - ADDITIONS

Imiquimod

(Aldara)

- 5% Cream

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

Leflunomide

(Arava)

- 5mg, 10mg and 20mg
Tablets

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

Tizanidine

(Zanaflex)

- 4mg Tablets

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

Tryptophan Line extension

(Tryptan)

- 250mg and 750mg Tablets

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

SPECIAL AUTHORIZATION (PART B) – REVISED CRITERIA

Ursodiol

(Urso)

- 250mg Tablets

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

DRUGS REVIEWED AND NOT LISTED IN THE NBPDP FORMULARY

Esomeprazole

(Nexium)

- 20mg and 40mg Tablets

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

Norethindrone Acetate / Ethinyl Estradiol

(FemHRT)

- 1mg/5mcg Tablets

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

REGULAR BENEFIT ADDITIONS TO THE NBPDP FORMULARY

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

Bulletin # 541

May 24, 2002

BENEFIT CHANGES TO NBPDP

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

BENEFIT ADDITIONS:

Claims for products that are reimbursed at Actual Acquisition Cost up to July 04, 2002 will be subject to a Maximum Allowable Price (MAP) effective July 05, 2002.

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

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

Yours truly,



Debbie LeBlanc
New Brunswick Prescription Drug Program

NBPDPPHAR/PHYS

Note: If you would prefer to receive bulletins electronically rather than in hard copy, please send a message to BC.nbpdp@atl.bluecross.ca or call 1-800-322-3691.

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

NBPD P BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

08:12.06 Antibiotics (Cephalosporins) to MAP
 Antibiotiques (céphalosporines) July 04 July 05

Cefazolin Sodium
 Céfazoline sodique

Pws	Im	1 gram	Cefazolin Sodium	2108127	NOP	BFGW	AAC	3.0000
Pds.								
Pws	Im	500mg	Cefazolin Sodium	2108119	NOP	BFGW	AAC	2.0000
Pds.								

08:12.16 Antibiotics (Penicillins)
 Antibiotiques (pénicillines)

Amoxicillin/Clavulanic Acid
 Amoxicilline/acide clavulanique

Pws	Orl	25mg/6.25mg	Apo Amoxi Clav	2243986	APX	ABEFGVW	AAC	0.0724
Pds.								
Pws	Orl	50mg/12.5mg	Apo Amoxi Clav	2243987	APX	ABEFGVW	AAC	0.1217
Pds.								

20:12.04 Anticoagulants
 Anticoagulants

Warfarin Sodium
 Warfarin Sodique

Tab	Orl	1mg	Gen-Warfarin	2244462	GPM	AEFGVW	MAP	
Co.								
Tab	Orl	2mg	Gen-Warfarin	2244463	GPM	AEFGVW	MAP	
Co.								
Tab	Orl	2.5mg	Gen-Warfarin	2244464	GPM	AEFGVW	MAP	
Co.								
Tab	Orl	4mg	Gen-Warfarin	2244465	GPM	AEFGVW	MAP	
Co.								
Tab	Orl	5mg	Gen-Warfarin	2244466	GPM	AEFGVW	MAP	
Co.								

24:06.00 Antilipemic Agents
 Hypolipémifiants

Pravastatin Sodium
 Pravastatine Sodique

Tab	Orl	10mg	Nu-Pravastatin	2244350	NXP	AEFGVW	MAP	
Co.								
Tab	Orl	20mg	Nu-Pravastatin	2244351	NXP	AEFGVW	MAP	
Co.								
Tab	Orl	40mg	Nu-Pravastatin	2244352	NXP	AEFGVW	MAP	
Co.								

24:12.00 Vasodilating Agents
 Vasodilatateurs

Nitroglycerin
 Nitroglycérine

Aem	Slg	0.4mg	Rho-Nitro	2238998	RHO	AEFGVW	MAP	
Aém								

NBPD P BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

28:08.04	Nonsteroidal Anti-Inflammatory Agents Anti-inflammatoires non-stéroïdiens						to July 04	MAP July 05
Floctafenine Floctafénine								
Tab Co.	Orl	200mg	Apo-Floctafenine	2244680	APX	AEFGVW	AAC	0.2904
		400mg	Apo-Floctafenine	2244681	APX	AEFGVW	AAC	0.5057
Ketorolac Tromethamine Ketorolac tromethamine								
Liq	Im	30mg/mL	Apo-Ketorolac	2243989	APX	W	AAC	3.5100
28:08.08	Opiate Agonists (Narcotic Analgesics) Agonistes des opiacés (analgésiques narcotiques)							
Hydromorphone Hydrochloride Hydromorphone (chlorhydrate d')								
Syr Sir.	Orl	1mg/mL	pms- Hydromorphone	1916386	PMS	AEFGVW	AAC	0.0791
28:08.08	Opiate Agonists (Narcotic Analgesics) Agonistes des opiacés (analgésiques narcotiques)							
Morphine Sulfate Morphine (sulfate de)								
Srt Co.L.C.	Orl	15mg	pms-Morphine Sulfate	2245284	PMS	AEFGVW	MAP	
Srt Co.L.C.	Orl	30mg	pms-Morphine Sulfate	2245285	PMS	AEFGVW	MAP	
Srt Co.L.C.	Orl	60mg	pms-Morphine Sulfate	2245286	PMS	AEFGVW	MAP	
28:16.04	Psychotherapeutic Agents (Antidepressants) Psychotropes (antidépresseurs)							
Nefazodone Hydrochloride Nefazodone hydrochloride								
Tab Co.	Orl	100mg	pms-Nefazodone	2245102	PMS	AEFGVW	MAP	
Tab Co.	Orl	150mg	pms-Nefazodone	2245103	PMS	AEFGVW	MAP	
Tab Co.	Orl	200mg	pms-Nefazodone	2245111	PMS	AEFGVW	MAP	
Sertraline Hydrochloride Sertraline (chlorhydrate de)								
Cap Caps	Orl	25mg	pms-Sertraline	2244838	PMS	AEFGVW	MAP	
Cap Caps	Orl	50mg	pms-Sertraline	2244839	PMS	AEFGVW	MAP	
Cap Caps	Orl	100mg	pms-Sertraline	2244840	PMS	AEFGVW	MAP	
28:16.08	Psychotherapeutic Agents (Tranquilizers) Psychotropes (tranquillisants)							
Fluphenazine Decanoate Fluphénazine (décanoate de)								
Liq	Im	25mg/mL	Apo- Fluphenazine	2244166	APX	AEFGVW	MAP	

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

28:24.08	Anxiolytics,Sedatives,Hypnotics (Benzodiazepines)						to	MAP
	Benzodiazépines						July 04	July 05
Temazepam								
Témazépam								
	Cap	Orl	15mg	Ratio-Temazepam	2243023	RAT	AEFGVW	MAP
	Caps							
	Cap	Orl	30mg	Ratio-Temazepam	2243024	RAT	AEFGVW	MAP
	Caps							
56:40.00	Miscellaneous G.I. Drugs							
	Divers gastro-intestinaux							
Misoprostol								
Misoprostol								
	Tab	Orl	200mcg	pms-Misoprostol	2244125	PMS	AEFGVW	MAP
	Co.							
64:00.00	Heavy Metal Antagonists							
	Antidotes des métaux lourds							
Deferoxamine Mesylate								
Déféroxamine (mésylate de)								
	Pws	Im	500mg	Desferrioxamine	2241600	FAU	W	MAP
	Pds.							
68:20.92	Antidiabetic Agents (Miscellaneous)							
	Divers anti-diabétiques							
Metformin Hydrochloride								
Metformine (chlorhydrate de)								
	Tab	Orl	500mg	Ratio-Metformin	2242974	RAT	AEFGVW	MAP
	Co.							
84:04.06	Anti-Infectives (Antivirals)							
	Anti-infectieux (antiviraux)							
Idoxuridine								
Idoxuridine								
	Liq	Top	0.1%	SAB-Idoxuridine	2237187	SIL	AEFGVW	AAC 2.6850
84:06.00	Anti-Inflammatory Agents (Local)							
	Anti-inflammatoires (peau)							
Clobetasol Propionate								
Clobétasol (propionate de)								
	Crm	Top	0.05%	Clobetasol	2245523	TAR	AEFGVW	AAC 0.4068
	Cr.			Propionate				
	Ont	Top	0.05%	Clobetasol	2245524	TAR	AEFGVW	AAC 0.4068
				Propionate				
	Lot	Top	0.05%	Clobetasol	2245522	TAR	AEFGVW	AAC 0.3565
				Propionate				

ADDITIONAL PRODUCTS SUBJECT TO MAP / PRODUITS SUPPLÉMENTAIRES ASSUJETIS AUX PAM

08:12.06 Antibiotics (Cephalosporins) to MAP
Antibiotiques (céphalosporines) July 04 July 05

Cefazolin Sodium
Céfazoline sodique

Pws	Im	10 grams	Ancef	1919628	SKR	AAC	28.0000
Pds.			Cefazolin Sodium	2108135	NOP		

12:08.08 Antimuscarinics / Antispasmodics
Antimuscariniques / antispasmodiques

Ipratropium Bromide
Ipratropium (bromure d')

Liq	Inh	125mcg/mL	Apo-Ipravent Sterules	2243827	APX	MAP	
-----	-----	-----------	-----------------------	---------	-----	-----	--

20:12.04 Anticoagulants
Anticoagulants

Warfarin Sodium
Warfarin Sodique

Tab	Orl	10mg	Gen-Warfarin	2244467	GPM	MAP	
Co.							

28:08.04 Nonsteroidal Anti-Inflammatory Agents
Anti-inflammatoires non-stéroïdiens

Nabumetone
Nabumetone

Tab	Orl	500mg	Rhoxal-Nabumetone	2242912	RHO	MAP	
Co.							
Tab	Orl	500mg	Gen-Nabumetone	2244563	GPM	MAP	
Co.							

Oxaprozin
Oxaprozin

Tab	Orl	600mg	Rhoxal-Oxaprozin	2243799	RHO	MAP	
Co.							

64:00.00 Heavy Metal Antagonists
Antidotes des métaux lourds

Deferoxamine Mesylate
Déféroxamine (mésylate de)

Pws	Im	2 grams	Desferal	1981250	NVR	AAC	50.0000
Pds.			Desferrioxamine	2241600	FAU		

Bulletin # 547

August 16, 2002

BENEFIT CHANGES TO NBPDP

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective August 16, 2002.

Included in this bulletin:

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

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

Yours truly,

Debbie LeBlanc
New Brunswick Prescription Drug Program

NBPDP PHAR/PHYS

Note: If you would prefer to receive bulletins electronically rather than in hard copy, please send a message to BC_nbpdp@atl.bluecross.ca or call 1-800-332-3691.

Bulletins are also available on the NBPDP web page: <http://www.gnb.ca/0051/0212/index-e.asp>

REGULAR BENEFIT ADDITIONS

Drug/Form/Route/Strength	Brandname	DIN	Manufacturer	Plans	\$	
Fluticasone Propionate Aem Inh	50mcg	Flovent HFA	2244291	GSK	ABEFGVW	AAC
	125mcg	Flovent HFA	2244292	GSK	ABEFGVW	AAC
	250mcg	Flovent HFA	2244293	GSK	ABEFGVW	AAC

SPECIAL AUTHORIZATION (PART B) ADDITIONS

Linezolid (Zyvoxam®)

- 600mg Tablets

- For treatment of proven vancomycin-resistant *enterocci* (VRE) infections.
- For the treatment of proven methicillin-resistant *Staphylococcus aureus* (MRSA) / methicillin-resistant *Staphylococcus epidermidis* (MRSE) infections in patients who are unresponsive to, or intolerant of, intravenous vancomycin or in whom intravenous vancomycin is not appropriate.

The drug must be prescribed by, or in consultation with, an infectious disease specialist or medical microbiologist.

Bosentan (Tracleer®)

- 62.5mg and 125mg Tablets

- For treatment of pulmonary arterial hypertension (PAH) in patients with
 1. World Health Organization (WHO) functional class III and IV primary pulmonary hypertension (PPH) or
 2. Pulmonary hypertension secondary to scleroderma

Who are non responsive to first line therapy (e.g. calcium channel blockers) or have failed a vasodilator test.

Eprosartan Mesylate (Tevetan®)

- 300mg, 400mg, 600mg Tablets

- For the treatment of hypertension in patients who require an ACE Inhibitor but cannot tolerate it due to side effects.

Oxybutynin XL (Ditropan XL®)

- 5mg and 10mg Tablets

- For the treatment of urinary frequency, urgency, or urge incontinence in patients who have discontinued oxybutynin immediate release due to intolerable side effects.

DRUG REVIEWED AND NOT LISTED

Progesterone

(Prometrium®)

- 100mg Capsules

- There is no convincing evidence that clearly demonstrates that micronized progesterone is a better choice than medroxyprogesterone for hormone replacement therapy.
- The cost of Prometrium® is significantly higher than medroxyprogesterone.

Drug	Cost per unit	Cost per month
Medroxyprogesterone 2.5mg	\$0.0794	\$ 2.38 (30 day cycle)
Medroxyprogesterone 5mg	\$0.1569	\$ 1.88 (12 day cycle)
Micronized progesterone 100mg	\$0.6180	\$14.83 (2 caps daily x 12 days)

Bulletin # 551

November 04, 2002

BENEFIT CHANGES TO NBPDP

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

BENEFIT ADDITIONS:

Claims for products that are reimbursed at Actual Acquisition Cost up to December 12, 2002 will be subject to a Maximum Allowable Price (MAP) effective December 13, 2002.

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

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

Yours truly,



Debbie LeBlanc
New Brunswick Prescription Drug Program

NBPDPHAR/PHYS

Note: If you would prefer to receive bulletins electronically rather than in hard copy, please send a message to BC_nbpdp@atl.bluecross.ca or call 1-800-322-3691.

Bulletins are also available on the NBPDP web page: <http://www.gnb.ca/0051/0212/index-e.asp>.

NBPD BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

08:12.04	Antibiotics (Antifungals) Antibiotiques (antifongiques)							to Dec-12	MAP Dec-13
Fluconazole									
Cap	Orl	150mg							
			Novo-Fluconazole	2243645	NOP	AEFGVW			MAP
			Gen-Fluconazole	2245697	GPM	AEFGVW			MAP
		50mg							
			Gen-Fluconazole	2245292	GPM	AEFGVW		AAC	3.2920
			Novo-Fluconazole	2236978	NOP	AEFGVW		AAC	3.2920
			pms-Fluconazole	2245643	PMS	AEFGVW		AAC	3.2920
		100mg							
			Gen-Fluconazole	2245293	GPM	AEFGVW		AAC	5.8390
			Novo-Fluconazole	2236979	NOP	AEFGVW		AAC	5.8390
			pms-Fluconazole	2245644	PMS	AEFGVW		AAC	5.8390
08:12.16	Antibiotics (Penicillins) Antibiotiques (pénicillines)								
Amoxicillin/Clavulanic Acid									
Amoxicilline/acide clavulanique									
Pws	Orl	25mg/6.25mg							
			ratio-Amoxi Clav 125F	2244646	RAT	ABEFGVW			MAP
		50mg/12.5mg							
			ratio-Amoxi Clav 250F	2244647	RAT	ABEFGVW			MAP
08:12.28	Antibiotics (Miscellaneous) Antibiotiques (autres antibiotiques)								
Clindamycin Hydrochloride									
Clindamycin (chlorhydrate de)									
Cap	Orl	150mg							
			Apo-Clindamycin	2245232	APX	AEFGVW			MAP
12:08.04	Antiparkinsonian Agents Antiparkinsoniens								
Levodopa/Carbidopa									
Lévodopa/Carbidopa									
Tab	Orl	100mg/10mg							
Co.			Novo-Levocarbidopa	2244494	NOP	AEFGVW			MAP
		100mg/25mg							
			Novo-Levocarbidopa	2244495	NOP	AEFGVW			MAP
		250mg/25mg							
			Novo-Levocarbidopa	2244496	NOP	AEFGVW			MAP
12:12.00	Sympathomimetic (Adrenergic) Agents Sympathomimétique (agents adrénérgiques)								
Salbutamol Sulfate									
Salbutamol (sulfate de)									
Aem	Inh	100mcg							
Aém			Apo-Salvent CFC Free	2245669	APX	ABEFGVW		AAC	0.0232

NBPD BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

12:16.00	Sympatholytic (Adrenergic Blocking) Agents Sympatholytiques (bloqueurs adrénérgiques)							to Dec-12	MAP Dec-13
	Flunarizine Dihydrochloride Flunarizine (chlorhydrate de)	Cap	Orl	5mg	Apo-Flunarizine	2246082	APX	EF	AAC 0.5308
20:04.04	Iron Preparations Préparations de fer								
	Ferrous Sulfate Sulfate ferreux	Dps.	Orl	75mg/mL	Ferodan Infant Drops	2237385	ODN	AEFGVW	AAC 0.1854
20:12.04	Anticoagulants Anticoagulants								
	Warfarin Sodium Warfarine sodique	Tab	Orl	3mg	Apo-Warfarin	2245618	APX	AEFGVW	AAC 0.2337
24:06.00	Antilipemic Agents Hypolipémifiants								
	Lovastatin Lovastatine	Tab	Orl	20mg	pms-Lovastatin	2246013	PMS	AEFGVW	MAP
		Co.			ratio-Lovastatin	2245822	RAT	AEFGVW	MAP
				40mg	pms-Lovastatin	2246014	PMS	AEFGVW	MAP
					ratio-Lovastatin	2245823	RAT	AEFGVW	MAP
28:12.08	Anticonvulsants (Benzodiazepines) Anticonvulsifs (benzodiazépines)								
	Clobazam	Tab	Orl	10mg	Apo-Clobazam	2244638	APX	EFG	AAC 0.2153
		Co.			pms-Clobazam	2244474	PMS	EFG	AAC 0.2153
28:12.92	Anticonvulsants (Miscellaneous) Anticonvulsifs (divers)								
	Gabapentin	Cap	Orl	100mg	Novo-Gabapentin	2244513	NOP	Spec. Auth.	MAP
				300mg	Novo-Gabapentin	2244514	NOP	Spec. Auth.	MAP
				400mg	Novo-Gabapentin	2244515	NOP	Spec. Auth.	MAP
	Lamotrigine	Tab	Orl	25mg	Apo-Lamotrigine	2245208	APX	Spec. Auth.	AAC 0.2321
		Co.			ratio-Lamotrigine	2243352	RAT	Spec. Auth.	AAC 0.2321
				100mg	Apo-Lamotrigine	2245209	APX	Spec. Auth.	AAC 0.9282
					ratio-Lamotrigine	2243353	RAT	Spec. Auth.	AAC 0.9282
				150mg	Apo-Lamotrigine	2245210	APX	Spec. Auth.	AAC 1.3923

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

28:16.04	Psychotherapeutic Agents (Antidepressants) Psychotropes (antidépresseurs)						to Dec-12	MAP Dec-13
Nefazodone Hydrochloride Nefazodone (chlorhydrate de)								
	Tab	Orl	100mg					
	Co.			Gen-Nefazodone	2245203	GPM	AEFGVW	MAP
				Novo-Nefazodone	2245435	NOP	AEFGVW	MAP
			150mg					
				Gen-Nefazodone	2245204	GPM	AEFGVW	MAP
				Novo-Nefazodone	2245436	NOP	AEFGVW	MAP
			200mg					
				Gen-Nefazodone	2245205	GPM	AEFGVW	MAP
				Novo-Nefazodone	2245437	NOP	AEFGVW	MAP
28:16.04	Psychotherapeutic Agents (Antidepressants) Psychotropes (antidépresseurs)							
Sertraline Hydrochloride Sertraline (chlorhydrate de)								
	Cap	Orl	25mg					
				Rhoxal-Sertraline	2245159	RHO	AEFGVW	MAP
		Orl	50mg					
				Rhoxal-Sertraline	2245160	RHO	AEFGVW	MAP
		Orl	100mg					
				Rhoxal-Sertraline	2245161	RHO	AEFGVW	MAP
28:24.08	Anxiolytics,Sedatives,Hypnotics (Benzodiazepines) Benzodiazépines							
Lorazepam Lorazépam								
	Tab	Orl	0.5mg					
	Co.			pms-Lorazepam	728187	PMS	AEFGVW	MAP
			1mg					
				pms-Lorazepam	728195	PMS	AEFGVW	MAP
			2mg					
				pms-Lorazepam	728209	PMS	AEFGVW	MAP
Nitrazepam Nitrazépam								
	Tab	Orl	5mg					
	Co.			Apo-Nitrazepam	2245230	APX	AEFGVW	AAC 0.0857
			10mg					
				Apo-Nitrazepam	2245231	APX	AEFGVW	AAC 0.1282
28:24.08	Anxiolytics,Sedatives,Hypnotics (Benzodiazepines) Benzodiazépines							
Temazepam Témozépam								
	Cap	Orl	15mg					
				Co-Temazepam	2244814	COB	AEFGVW	MAP
			30mg					
				Co-Temazepam	2244815	COB	AEFGVW	MAP

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

28:24.92	Miscellaneous Anxiolytics,Sedatives,Hypnotics Divers anxiolytiques,sédatifs,hypnotiques							to Dec-12	MAP Dec-13
Zopiclone									
Tab	Orl	5mg							
Co.			Apo-Zopiclone	2245077	APX	AEFVW			MAP
52:04.04	Anti-Infectives (Antibiotics) Anti-Infectieux (antibiotiques)								
Tobramycin									
Tobramycine									
Liq	Oph	0.3%							
			Apo-Tobramycin	2245698	APX	AEFGVW			AAC 1.0480
52:10.00	Carbonic Anhydrase inhibitors Inhibiteurs de l'anhydrase carbonique								
Methazolamide									
Méthazolamide									
Tab	Orl	50mg							
Co.			Apo-Methazolamide	2245882	APX	AEFGVW			AAC 0.3119
52:36.00	Miscellaneous (Eent) Drugs Autres o.r.l.o.								
Brimonidine Tartrate									
Dps	Oph	0.2%							
Gttes			ratio-Brimonidine	2243026	RAT	AEFV			AAC 3.3000
			pms-Brimonidine	2246284	PMS	AEFV			AAC 3.3000
68:04.00	Adrenals Corticostéroédes								
Prednisolone Sodium Phosphate									
Prednisolone (phosphate sodique de)									
Liq	Orl	5mg/5mL							
			pms-Prednisolone	2245532	PMS	AEFGVW			AAC 0.0766
68:32.00	Progestins Progestatifs								
Medroxyprogesterone Acetate									
Médroxyprogestérone (acetate de)									
Tab	Orl	2.5mg							
Co.			Apo-Medroxy	2244726	APX	AEFGVW			MAP
		5mg							
			Apo-Medroxy	2244727	APX	AEFGVW			MAP
84:04.08	Anti-Infectives (Antifungals) Anti-Infectieux (fongicides)								
Ketoconazole									
Kétoconazole									
Crm	Top	2%							
Cr.			Ketoderm	2245662	OPM	AEFGVW			AAC 0.3167

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

84:06.00 Anti-Inflammatory Agents (Local) to MAP
Anti-inflammatoires (peau) Dec-12 Dec-13

Salicylic Acid/Betamethasone
Acide salicylique/bétaméthasone
Lot Top 20mg/0.5mg

ratio-Topisalic 2245688 RAT AEGVW AAC 0.3523

86:12.00 Genitourinary Smooth Muscle Relaxants
Génito-urinaires

Flavoxate Hydrochloride
Flavoxate (chlorhydrate d')
Tab Ori 200mg
Co.

Apo-Flavoxate 2244842 APX AEGVW AAC 0.3458

ADDITIONAL PRODUCTS SUBJECT TO MAP / PRODUITS SUPPLÉMENTAIRES ASSUJETIS AUX PAM

08:12.28 Antibiotics (Miscellaneous) to MAP
 Antibiotiques (autres antibiotiques) Dec-12 Dec-13

Clindamycin Hydrochloride
 Clindamycin (chlorhydrate de)
 Cap Orl 300mg
 Apo-Clindamycin 2245233 APX MAP

08:20.00 Antimalarial Agents
 Antipaludéens

Mefloquine Hydrochloride
 Mefloquine (chlorhydrate de)
 Tab Orl 250mg
 Co. Lariam 2018055 HLR AAC 3.5688
 Apo-Mefloquine 2244366 APX AAC 3.5688

12:12.00 Sympathomimetic (Adrenergic) Agents
 Sympathomimétique (agents adrénérgiques)

Salbutamol Sulfate/Ipratropium Bromide
 Salbutamol (sulfate de)/Ipratropium (bromure d')
 Liq Inh 1mg/0.2mg
 Combivent UDV 2231675 BOE AAC 0.4110
 ratio-Ipra Sal UDV 2243789 RAT AAC 0.4110

28:16.04 Psychotherapeutic Agents (Antidepressants)
 Psychotropes (antidépresseurs)

Nefazodone Hydrochloride
 Nefazodone (chlorhydrate de)
 Tab Orl 50mg
 Co. Gen-Nefazodone 2245202 GPM MAP
 Novo-Nefazodone 2245434 NOP MAP

56:40.00 Miscellaneous G.I. Drugs
 Divers gastro-intestinaux

Nizatidine
 Cap Orl 150mg
 Gen-Nizatidine 2246046 GPM MAP
 300mg
 Gen-Nizatidine 2246047 GPM MAP

68:20.20 Sulfonylureas
 Sulfonylurées

Gliclazide
 Tab Orl 80mg
 Co. Apo-Gliclazide 2245247 APX MAP

Bulletin # 554

December 20, 2002

BENEFIT CHANGES TO NBPDP

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

BENEFIT ADDITIONS:

Claims for products that are reimbursed at Actual Acquisition Cost up to January 30, 2003 will be subject to a Maximum Allowable Price (MAP) effective January 31, 2003.

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

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

Yours truly,



Debbie LeBlanc
New Brunswick Prescription Drug Program

NBPDPHAR/PHYS

Note: If you would prefer to receive bulletins electronically rather than in hard copy, please send a message to BC_nbpdp@atl.bluecross.ca or call 1-800-322-3691.

Bulletins are also available on the NBPDP web page: <http://www.gnb.ca/0051/0212/index-e.asp>.

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

							to	MAP
							Jan-30	Jan-31
Amoxicillin/Clavulanic Acid Amoxicilline/acide clavulanique								
Tab	Orl	875mg/125mg						
Co.			Apo-Amoxi Clav	2245623	APX	AEFGV	AAC 1.4013	
Propafenone Hydrochloride Propafénone (chlorhydrate de)								
Tab	Orl	150mg						
Co.			Gen-Propafenone	2245372	GPM	AEFGVW	MAP	
		300mg						
			Gen-Propafenone	2245373	GPM	AEFGVW	MAP	
Sertraline Hydrochloride Sertraline (chlorhydrate de)								
Cap	Orl	25mg						
			ratio-Sertraline	2245787	RAT	AEFGVW	MAP	
		50mg						
			ratio-Sertraline	2245788	RAT	AEFGVW	MAP	
		100mg						
			ratio-Sertraline	2245789	RAT	AEFGVW	MAP	
Sodium Chloride Sodium (chlorure de)								
Dps	Oph	5%						
			Sab-Sodium Chloride	2245735	SIL	AEFGVW	AAC 0.2833	
Trimebutine Maleate Trimébutine (maléate de)								
Tab	Orl	100mg						
Co			Apo-Trimebutine	2245663	APX	AEFGVW	AAC 0.2598	
		200mg						
			Apo-Trimebutine	2245664	APX	AEFGVW	AAC 0.5056	

ADDITIONAL PRODUCTS SUBJECT TO MAP / PRODUITS SUPPLÉMENTAIRES ASSUJETIS AUX PAM

							to	MAP
							Jan-30	Jan-31
Indapamide Hemihydrate Indapamide (hémihydrate)								
Tab	Orl	1.25mg						
Co.			Apo-Indapamide	2245246	APX		MAP	

Bulletin # 555

January 16, 2003

BENEFIT CHANGES TO NBPDP

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

BENEFIT ADDITIONS:

Claims for products that are reimbursed at Actual Acquisition Cost up to February 9, 2003 will be subject to a Maximum Allowable Price (MAP) effective February 10, 2003.

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

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

Yours truly,



Debbie LeBlanc
New Brunswick Prescription Drug Program

NBPDPHAR/PHYS

Note: If you would prefer to receive bulletins electronically rather than in hard copy, please send a message to BC_nbpdp@atl.bluecross.ca or call 1-800-322-3691.

Bulletins are also available on the NBPDP web page: <http://www.gnb.ca/0051/0212/index-e.asp>.

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

						to	MAP
						Feb-09	Feb-10
Simvastatin							
Simvastatine							
Tab	Orl	5mg					
Co							
		Gen-Simvastatin	2246582	GPM	AEFGVW	AAC	0.630
		Apo-Simvastatin	2247011	APX	AEFGVW	AAC	0.630
		10mg					
		Gen-Simvastatin	2246583	GPM	AEFGVW	AAC	1.246
		Apo-Simvastatin	2247012	APX	AEFGVW	AAC	1.246
		20mg					
		Gen-Simvastatin	2246737	GPM	AEFGVW	AAC	1.540
		Apo-Simvastatin	2247013	APX	AEFGVW	AAC	1.540
		40mg					
		Gen-Simvastatin	2246584	GPM	AEFGVW	AAC	1.540
		Apo-Simvastatin	2247014	APX	AEFGVW	AAC	1.540
		80mg					
		Gen-Simvastatin	2246585	GPM	AEFGW	AAC	1.540
		Apo-Simvastatin	2247015	APX	AEFGW	AAC	1.540

Bulletin # 558

February 14, 2003

BENEFIT CHANGES TO NBPDP

Attached are lists of changes to the New Brunswick Prescription Drug Program (NBPDP) Formulary, effective February 14, 2003.

Included in this bulletin:

- **Regular Benefit Additions**
Claims for these products will be reimbursed at actual acquisition cost (AAC). Claims for interchangeable products will be subject to the applicable maximum allowable price (MAP).
- **Special Authorization Revisions**
- **Special Authorization Additions**

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

Yours truly,

Debbie LeBlanc
New Brunswick Prescription Drug Program

NBPDP PHAR/PHYS

Note: If you would prefer to receive bulletins electronically rather than in hard copy, please send a message to BC_nbpdp@atl.bluecross.ca or call 1-800-332-3691.

Bulletins are also available on the NBPDP web page: <http://www.gnb.ca/0051/0212/index-e.asp>.

REGULAR BENEFIT ADDITIONS

Drug/Form/Route/Strength	Brandname	DIN	Manufacturer	Plans	\$		
Iron Dextran Liq	IM	50mg/mL	Infufer	2221780	SIL	AEFGVW	AAC
			DexIron	2205963	GPM	AEFGVW	AAC
Bisoprolol Fumarate Tab	Orl	5mg	Monacor	2241148	BVL	AEFV	AAC
		10mg		2241149	BVL	AEFV	AAC
Glatiramer Acetate Liq	SC	20mg/mL	Copaxone	2245619	TMP	H	AAC
Mirtazapine Tab	Orl	30mg	Remeron	2243910	ORG	AEFGV	AAC
Glucagon rDNA Pws	SC	1mg	Glucagon	2243297	LIL	AEFGVW	AAC
Morphine Sulfate Src	Orl	10mg	Kadian	2242163	PMS	AEFGVW	AAC

SPECIAL AUTHORIZATION (PART B) – REVISED CRITERIA

Clopidogrel (Plavix)

- 75mg tablet

The criteria has been revised to include:

- For the prevention of vascular ischemic events in patients who have been hospitalized with acute coronary syndrome (i.e. unstable angina or non-ST segment elevation myocardial infarction) in combination with ASA for a period of three months.

SPECIAL AUTHORIZATION (PART B) ADDITIONS

Estradiol-17b

(Vivelle)

(Estradot)

- 37.5mcg, 50mcg, 75mcg, 100mcg transdermal patches

- For the treatment of menopausal symptoms in women for whom oral forms of HRT are not tolerated or indicated.
-

Norethindrone acetate /

Estradiol-17b

(Estalis)

(Estalis-Sequi)

- 140/50mcg and 250/50mcg transdermal patches

- For the treatment of menopausal symptoms in women for whom oral forms of HRT are not tolerated or indicated.
-

Travoprost

(Travatan)

- 0.004% ophthalmic solution

- For the reduction of intraocular pressure in patients with open angle glaucoma or ocular hypertension who are intolerant of, or insufficiently responsive to, another IOP lowering drug.

If the beneficiary has had a claim for a first-line glaucoma agent (eg. betaxolol, levobunolol, timolol, etc.) in the previous 12 months, the claim for Travoprost will be automatically reimbursed.

Bulletin # 562

May 06, 2003

BENEFIT CHANGES TO NBPDP

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

BENEFIT ADDITIONS:

Claims for products that are reimbursed at Actual Acquisition Cost up to June 19, 2003 will be subject to a Maximum Allowable Price (MAP) effective June 20, 2003.

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

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

Yours truly,



Debbie LeBlanc
New Brunswick Prescription Drug Program

NBPDPHAR/PHYS

Note: If you would prefer to receive bulletins electronically rather than in hard copy, please send a message to BC_nbpdp@atl.bluecross.ca or call 1-800-322-3691.

Bulletins are also available on the NBPDP web page: <http://www.gnb.ca/0051/0212/index-e.asp>.

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

to MAP
June 19 June 20

Amcinonide Amcinonide Crn Top Cr.	0.1%	Amcort	2246714	OPM	AEFGVW	AAC	0.2737
Amoxicillin Amoxicilline Pws Or Pds.	25mg	pms-Amoxicillin	2230245	PMS	ABEFGVW	MAP	
	50mg	pms-Amoxicillin	2230246	PMS	ABEFGVW	MAP	
Cap Or Caps	250mg	pms-Amoxicillin	2230243	PMS	ABEFGVW	MAP	
	500mg	pms-Amoxicillin	2230244	PMS	ABEFGVW	MAP	
Ipratropium Bromide Ipratropium (bromure d') Spr Nas Spr.	0.03%	Apo-Ipravent	2246083	APX	AEFGVW	MAP	
Lovastatin Lovastatine Tab Or Co.	20mg	Novo-Lovastatin	2246542	NOP	AEFGVW	AAC	1.0907
	40mg	Novo-Lovastatin	2246543	NOP	AEFGVW	AAC	2.0118
Metformin Hydrochloride Metformine (chlorhydrate de) Tab Or Co.	850mg	Rhoxal-Metformin FC	2246821	RHO	AEFGVW	MAP	
Norfloxacin Norfloxacine Tab Or Co.	400mg	pms-Norfloxacin	2246596	PMS	AEFVW	MAP	

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

to MAP
June 19 June 20

Piperacillin Sodium							
Pipéracilline sodique							
Pws	IV	2gm					
Pds.			Piperacillin	2246640	MAY	W	AAC 4.7500
		3gm					
			Piperacillin	2246641	MAY	W	AAC 4.7500
		4gm					
			Piperacillin	2246642	MAY	W	AAC 4.7500
Pravastatin Sodium							
Pravastatine sodique							
Tab	Orl	10mg					
Co.			Novo-Pravastatin	2247008	NOP	AEFGVW	MAP
		20mg					
			Novo-Pravastatin	2247009	NOP	AEFGVW	MAP
		40mg					
			Novo-Pravastatin	2247010	NOP	AEFGVW	MAP
Tryptophan							
Tryptophan							
Cap	Orl	500mg					
Caps			pms-Tryptophan	2241023	PMS	Spec. Auth.	MAP
Zopiclone							
Zopiclone							
Tab	Orl	5mg					
Co.			ratio-Zopiclone	2246534	RPH	AEFVW	MAP

Bulletin #566

May 26, 2003

BENEFIT CHANGES TO NBPDP

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective May 26, 2003.

Included in this bulletin:

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

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

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

Yours truly,

Debbie LeBlanc
New Brunswick Prescription Drug Program

NBPDP PHAR/PHYS

SPECIAL AUTHORIZATION ADDITIONS

Alendronate

(Fosamax®)

- 70mg Tablets

- For the treatment of osteoporosis when hormone replacement therapy (HRT) is declined, not tolerated or contraindicated.

Osteoporosis is defined as a bone mineral density (BMD) at least 2.5 standard deviations below the young adult mean (T score = -2.5) and/or the presence of osteoporotic fractures. (World Health Organization definition).

Capecitabine

(Xeloda®)

- 150mg and 500mg Tablets

- For single agent treatment of patients who have metastatic colorectal cancer, with an ECOG performance status of 0-2*, when first line combination chemotherapy (5-FU/ leucovorin/irinotecan) is declined or not tolerated. Requests will be considered for patients who are chemotherapy naive or patients who have progressed 6 months after completion of adjuvant 5-FU/ leucovorin therapy.

Must be prescribed by specialists in 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.

Insulin Aspart

(NovoRapid®)

- 100 unit vial and penfill

- 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.

SPECIAL AUTHORIZATION ADDITIONS

Infliximab (Remicade®)

- 100mg injection in Crohn's Disease

- Must be prescribed by, or in consultation with, a gastroenterologist or physician with a specialty in gastroenterology.

Severe active Crohn's Disease

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

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

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

Fistulizing Crohn's Disease

Requests will be considered for patients with actively draining perianal or enterocutaneous fistula(e) that have occurred or persisted despite:

- Antibiotic therapy with metronidazole +/- ciprofloxacin for a minimum of 3 weeks AND
- Immunosuppressive therapy with azathioprine, 6-mercaptopurine or methotrexate for minimum of 6 weeks*

Initial approval will be for three doses of 5mg/kg dose at 0, 2 and 6 weeks.

* Patients who are very ill and not candidates for surgery may qualify for infliximab therapy without a trial of AZA, 6-MP or MTX as they may require a more rapid onset of response. Contraindications or serious adverse reactions limiting the use of any of the above therapies should be noted on the request for coverage.

SPECIAL AUTHORIZATION ADDITIONS

Effective April 1, 2003

Infliximab

(*Remicade*[®])

- 100mg injection in Rheumatoid Arthritis

- Must be prescribed by a rheumatologist.

For the treatment of patients with active rheumatoid arthritis who:

Etanercept

(*Enbrel*[®])

- 25mg injection in Rheumatoid Arthritis

- Have not responded to, or have had intolerable side-effects with, an adequate trial of combination traditional DMARD (disease modifying antirheumatic drug) therapy. Combination DMARD therapy must include methotrexate unless contraindicated or not tolerated, OR
- Are not candidates for combination DMARD therapy must have had adequate trial of at least three traditional DMARDs in sequence, one of which must have been methotrexate unless contraindicated
AND
- Have had an adequate trial of leflunomide unless it is contraindicated or not tolerated.

Rabeprazole

(*Pariet*[®])

- 10mg Tablets

- Same criteria as other Proton Pump Inhibitors (PPIs).
For the treatment of Gastro-esophageal Reflux Disease (GERD) Zollinger-Ellison Syndrome, Peptic Ulcer Disease (PUD) and as part of an *H. pylori* eradication regimen.

NB gastroenterologists do not require special authorization.

Details of criteria are contained in the NBPDP Formulary
www.gnb.ca/0051/0212/index-e.asp

Tacrolimus

(*Protopic*[®])

- 0.03% Ointment

- For children over 2 years of age with refractory atopic dermatitis. Approvals will be given for up to twelve months at a time.
-

DRUGS REVIEWED AND NOT LISTED

Tacrolimus

(Protopic®)

- 0.1% Ointment

- A variety of topical corticosteroids are listed as NBPDP benefits for the treatment of atopic dermatitis in adults.

Calcipotriol/Betamethasone

(Dovobet®)

- 50mcg/g / 0.5mg/g Ointment

- Both single entity products contained in Dovobet® are listed as NBPDP benefits. Dovobet® is more expensive than the combined cost of the individual components.

- Requests for coverage through special authorization will not be considered.

Cost comparison:

Product	Wholesale Cost (60g)
Calcipotriol (Dovonex®)	\$45.41
Betamethasone dipropionate (Diprosone®)	\$14.02
Total	\$59.43
 Dovobet®	 \$104.16

Bulletin # 568

June 23, 2003

BENEFIT CHANGES TO NBPDP

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

BENEFIT ADDITIONS:

Claims for products that are reimbursed at Actual Acquisition Cost up to August 03, 2003 will be subject to a Maximum Allowable Price (MAP) effective August 04, 2003.

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

If you would prefer to receive bulletins electronically rather than in hard copy, please send a message to BC_nbpdp@atl.bluecross.ca or call 1-800-322-3691. Bulletins are also available on the NBPDP web page: www.gnb.ca/0051/0212/index-e.asp.

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

Yours truly,



Debbie LeBlanc
New Brunswick Prescription Drug Program

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

							to	MAP
							Aug 03	Aug 04
Alendronate Sodium								
Alendronate sodique								
Tab	Orl	10mg	Novo-Alendronate	2247373	NOP	Spec. Auth.	AAC	1.2285
Co.								
Amoxicillin/Clavulanic Acid								
Amoxicillin/acide clavulanique								
Tab	Orl	875mg/125mg	ratio-Amoxi Clav	2247021	RPH	AEFGV	MAP	
Co.								
Clomipramine Hydrochloride								
Clomipramine (chlorhydrate de)								
Tab	Orl	25mg	Co-Clomipramine	2244817	COB	AEFGV	MAP	
Co.								
		50mg	Co-Clomipramine	2244818	COB	AEFGV	MAP	
Diflunisal								
Tab	Orl	250mg	Novo-Diflunisal	2048493	NOP	AEFGVW	MAP	
Co.								
		500mg	Novo-Diflunisal	2048507	NOP	AEFGVW	MAP	
Medroxyprogesterone Acetate								
Médroxyprogesterone (acetate de)								
Tab	Orl	2.5mg	pms-Medroxyprogesterone	2246627	PMS	AEFGVW	MAP	
Co.								
		5mg	pms-Medroxyprogesterone	2246628	PMS	AEFGVW	MAP	
Metformin Hydrochloride								
Metformine (chlorhydrate de)								
Tab	Orl	500mg	Rhoxal-Metformin FC	2246820	RHO	AEFGVW	MAP	
Co.								
Pimozide								
Tab	Orl	2mg	Apo-Pimozide	2245432	PHL	AEFGVW	AAC	0.2484
Co.								
		4mg	Apo-Pimozide	2245433	PHL	AEFGVW	AAC	0.4508

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

to MAP
Aug 03 Aug 04

Pravastatin Sodium

Pravastatine sodique

Tab	Orl	10mg	ratio-Pravastatin	2246930	RPH	AEFGVW	MAP
Co.		20mg	ratio-Pravastatin	2246931	RPH	AEFGVW	MAP
		40mg	ratio-Pravastatin	2246932	RPH	AEFGVW	MAP

Ticlopidine Hydrochloride

Ticlopidine (chlorhydrate de)

Tab	Orl	250mg	Novo-Ticlopidine	2236848	NOP	AEFVW	MAP
Co.							

ADDITIONAL PRODUCTS SUBJECT TO MAP / PRODUITS SUPPLÉMENTAIRES ASSUJETIS AUX PAM

Lithium Carbonate

Lithium (carbonate de)

Cap	Orl	150mg	Lithane	2013231	PFI	AEFGVW	AAC	0.0532
Caps		300mg	Lithane	406775	PFI	AEFGVW	AAC	0.0558

Bulletin #575

September 3, 2003

DRUGS FOR THE TREATMENT OF ALZHEIMER'S DISEASE

Effective September 1, 2003, drugs used to treat Alzheimer's disease (AD) have been added as restricted benefits for beneficiaries of the New Brunswick Prescription Drug Program (NBPDP). The three cholinesterase inhibitors (ChEIs) currently on the market, Aricept[®] (donepezil), Exelon[®] (rivastigmine) and Reminyl[®] (galantamine), have been added to the NBPDP Formulary under special authorization.

The recommendation to add the ChEIs as restricted benefits was made by the Atlantic Expert Advisory Committee. The Committee also recommended that the drugs be part of a comprehensive strategy around the management of AD and that the strategy include both an education and evaluation component.

The coverage criteria for the ChEIs are included with this Bulletin. The objective of the criteria is to provide ChEIs to patients in the mild to moderate stages of AD, when they are most likely to benefit from them; and at the same time, prevent the long-term use of these drugs when they no longer make a difference in the life of a patient with AD.

Education Component

The Office of Continuing Medical Education at Dalhousie University is currently developing an educational program on the diagnosis and management of AD. This program will specifically respond to the learning needs identified in the May 2002 "Physician Needs Assessment in Alzheimer Disease and Other Dementias"¹. The education program will be case-based and will include the following:

- Identifying patients with dementia;

- Determining the type and severity of dementia;
- Assessing mental status with the Mini-Mental State Examination (MMSE);
- Assessing function with the Functional Assessment of Stage (FAST);
- Identifying target symptoms to determine response to treatment;
- Prescribing ChEIs; and
- Completing special authorization forms to ensure patients in the mild to moderate stages receive coverage.

The educational workshops, which will be approximately three hours in length, will be available to physicians by January 2004.

Criteria for Coverage of ChEIs

To be eligible for coverage, patients must meet specific clinical criteria. The criteria include:

- A MMSE² score within a specified range;
- A FAST³ score within a specified range; and
- Identifying three symptoms that will be managed with the ChEI.

The MMSE and FAST are standard measures used to assess and stage AD. These measures, along with others, have been used in clinical trials to measure

treatment effect. Unfortunately, these measures do not adequately describe effects in terms of clinical meaningfulness and relevance to the everyday lives of patients and caregivers. A method that has been used to evaluate clinically meaningful changes following the initiation of a ChEI involves identifying the problematic symptoms (or target symptoms) associated with AD in that patient and monitoring whether these symptoms improve, deteriorate or stabilize over time. Target symptoms generally fit into one of four domains:

- Cognition
- Function
- Behaviour
- Social/leisure

When target symptoms are identified, they must be observable and measurable so they can be monitored throughout the course of therapy. An example of a target symptom in the domain of behaviour is: “*Patient has become insensitive towards others and is disinhibited.*” An example of a target symptom in the domain of social/leisure is: “*Patient has lost interest in playing cards with her friends.*”

Request Forms

Specific forms have been developed to apply for coverage of ChEIs. Two request forms are attached and available on the NBPDP website www.gnb.ca/0051/0212/index-e.asp

Form # 1 is used to initiate therapy for a ChEI-naive patient. It is also used to continue therapy for a patient already taking a ChEI on September 1, 2003.

Form # 2 is used to initiate therapy of a second ChEI for a patient who has previously taken no more than one other ChEI. Note that a patient must discontinue the first ChEI before a second ChEI will be approved.

Forms are to be completed by physicians and faxed to the NBPDP Special Authorization Unit as per the usual process. Initial requests that meet the coverage criteria will be approved for a 90-day period. Well before the end of the initial 90-day period, physicians will be sent a form to complete to continue coverage for a second 90-day period. This form will provide physicians with the target symptoms initially established and will ask physicians to determine whether the symptoms have improved, stabilized or deteriorated. Patients who have stabilized or improved in at least one target symptom will be approved for a second 90 day period.

Thereafter, physicians will be sent a form to complete to continue coverage for six-month periods. The criteria to continue coverage for six-month periods are provided with this Bulletin. Note that the maximum period for which coverage will be provided is six months.

Due to the number of requests expected at this time, a delay in the initial approval of these drugs should be anticipated.

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

¹ This needs assessment was conducted by the Office of Continuing Medical Education at Dalhousie University for the Action Committee on Physician Diagnosis and Management of Alzheimer Disease of the Alzheimer Society of Nova Scotia.

² The MMSE refers to the MMSE with standard instruction from the Canadian Study on Health and Aging which is described in: K. Rockwood, C. MacKnight. *Understanding Dementia: A Primer of Diagnosis and Management*. Halifax: Pottersfield Press. 2001 ISBN: 1-895900-38-8.

³ The FAST refers to the FAST © 1984 by Barry Reisburg, M.D. which can be accessed at <http://www.geriatric-resources.com/html/fast.html>

SPECIAL AUTHORIZATION ADDITIONS

Drugs for the Treatment of Alzheimer's Disease

Donepezil
(*Aricept*[®])
5mg and 10mg Tablets

Galantamine
(*Reminyl*[®])
4mg, 8mg, 12mg Tablets

Rivastigmine
(*Exelon*[®])
1.5mg, 3mg, 4.5mg, 6mg
Capsules
2mg/mL Oral Liquid

1. To initiate therapy for a cholinesterase inhibitor (ChEI)-naive patient or to continue therapy for a patient already taking a ChEI on September 1, 2003:

Requests must be submitted on the appropriate NBPDP special authorization form. Patients who meet all of the following reimbursement criteria will be approved for an initial 90 days of therapy:

- a diagnosis of probable Alzheimer's disease or possible Alzheimer's disease with vascular component or Lewy bodies;
- a MMSE score of 10 to 30;
- a FAST score of 4 to 5; and
- target symptoms established in each of three domains (chosen from the four domains of cognition, function, behaviour and social/leisure).

To continue therapy for a second 90-day period:

Requests must be submitted on the appropriate NBPDP special authorization form. Patients who meet the following monitoring criteria will be approved for a second 90 days of therapy:

- stabilization or improvement in at least one target symptom.

To continue therapy for 6-month periods:

Requests must be submitted on the appropriate NBPDP special authorization form. Patients who meet the following monitoring criteria will be approved for 6 month periods of therapy:

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

SPECIAL AUTHORIZATION ADDITIONS

Drugs for the Treatment of Alzheimer's Disease - Continued

Donepezil

(*Aricept*[®])

5mg and 10mg Tablets

Galantamine

(*Reminyl*[®])

4mg, 8mg, 12mg Tablets

Rivastigmine

(*Exelon*[®])

1.5mg, 3mg, 4.5mg, 6mg

Capsules

2mg/mL Oral Liquid

2. To initiate therapy for a patient who has previously taken no more than one other ChEI:

Requests must be submitted on the appropriate NBPDP special authorization form.

Patients will be approved for an initial 90 days of therapy with a second ChEI when the following information is provided:

- the reason for discontinuing the first ChEI; and
- any changes in target symptoms.

To continue therapy for a second 90-day period:

Requests must be submitted on the appropriate NBPDP special authorization form. Patients who meet the following monitoring criteria will be approved for a second 90 days of therapy:

3. stabilization or improvement in at least one target symptom.

To continue therapy for 6-month periods:

Requests must be submitted on the appropriate NBPDP special authorization form. Patients who meet the following monitoring criteria will be approved for 6 month periods of therapy:

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

New Brunswick Prescription Drug Program

1

Special Authorization Request for a Cholinesterase Inhibitor
Request for Initial 90 Days of First Cholinesterase Inhibitor



Please provide the following to support your request for insured coverage of the first cholinesterase inhibitor for an initial period of 90 days.

PATIENT INFORMATION			
PATIENT SURNAME	PATIENT GIVEN NAME	MEDICARE NUMBER	DATE OF BIRTH
PATIENT ADDRESS			
DIAGNOSTIC INFORMATION			
The patient has a confirmed memory problem and : MMSE score: _____ FAST score: _____			
The cause of the patient's dementia is (check as appropriate):			
<input type="checkbox"/> probable Alzheimer's Disease <input type="checkbox"/> possible Alzheimer's Disease with vascular component <input type="checkbox"/> possible Alzheimer's Disease with Lewy bodies <input type="checkbox"/> possible Alzheimer's Disease with other – specify: _____			
TARGET SYMPTOMS ESTABLISHED			
List the 3 target symptoms established:			
1. _____			
2. _____			
3. _____			
CHOLINESTERASE INHIBITOR			
Has this patient been on a cholinesterase inhibitor before? <input type="checkbox"/> YES since _____ <input type="checkbox"/> NO			
Cholinesterase inhibitor requested and starting dosage:			
<input type="checkbox"/> Donepezil (Aricept [®]) Dosage: _____ mg _____ times daily <input type="checkbox"/> Galantamine (Reminyl [®]) Dosage: _____ mg _____ times daily <input type="checkbox"/> Rivastigmine (Exelon [®]) Dosage: _____ mg _____ times daily			
Check for tolerance within <u>2 weeks</u> of starting the above cholinesterase inhibitor.			
PHYSICIAN NAME & ADDRESS:		_____ PHYSICIAN SIGNATURE	
		_____ DATE	

PLEASE RETURN FORM TO:

SPECIAL AUTHORIZATION UNIT
 NEW BRUNSWICK PRESCRIPTION DRUG PROGRAM
 P.O. BOX 690
 644 MAIN STREET, MONCTON, NEW BRUNSWICK E1C 8M7
 TOLL FREE INQUIRY LINE: 1-800-332-3691
 LOCAL FAX: 506-867-4872 TOLL FREE FAX: 1-888-455-8322

New Brunswick Prescription Drug Program

2

Special Authorization Request for a Cholinesterase Inhibitor
Request for Initial 90 Days of Second Cholinesterase Inhibitor



Please provide the following to support your request for insured coverage of the second cholinesterase inhibitor for an initial period of 90 days.

PATIENT INFORMATION			
PATIENT SURNAME	PATIENT GIVEN NAME	MEDICARE NUMBER	DATE OF BIRTH
PATIENT ADDRESS			
REASON FOR DISCONTINUING FIRST CHOLINESTERASE INHIBITOR			
Cholinesterase inhibitor discontinued: _____			
Reason for discontinuing:			
<input type="checkbox"/> important deterioration in target symptoms	<input type="checkbox"/> drug interactions		
<input type="checkbox"/> gastrointestinal side effects	<input type="checkbox"/> drug-disease interactions		
<input type="checkbox"/> syncope	<input type="checkbox"/> sleep disturbances		
<input type="checkbox"/> delirium			
<input type="checkbox"/> other – specify: _____			
CHOLINESTERASE INHIBITOR			
Second cholinesterase inhibitor requested and starting dosage:			
<input type="checkbox"/> Donepezil (Aricept®)	Dosage: _____ mg	_____ times daily	
<input type="checkbox"/> Galantamine (Reminyl®)	Dosage: _____ mg	_____ times daily	
<input type="checkbox"/> Rivastigmine (Exelon®)	Dosage: _____ mg	_____ times daily	
Check for tolerance within <u>2 weeks</u> of starting the above cholinesterase inhibitor.			
TARGET SYMPTOMS ESTABLISHED			
If new target symptoms are established, please specify:			
1. _____			
2. _____			
3. _____			

PHYSICIAN NAME & ADDRESS:		PHYSICIAN SIGNATURE _____	
_____		DATE _____	

PLEASE RETURN FORM TO:

SPECIAL AUTHORIZATION UNIT
NEW BRUNSWICK PRESCRIPTION DRUG PROGRAM
P.O. BOX 690
644 MAIN STREET, MONCTON, NEW BRUNSWICK E1C 8M7
TOLL FREE INQUIRY LINE: 1-800-332-3691
LOCAL FAX: 506-867-4872 TOLL FREE FAX: 1-888-455-8322

Bulletin #578

October 21, 2003

BENEFIT CHANGES TO NBPDP

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective October 21, 2003.

Included in this bulletin:

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

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

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

Yours truly,

Debbie LeBlanc
New Brunswick Prescription Drug Program

REGULAR BENEFIT ADDITIONS

Drug/Form/Route/Strength	Brandname	DIN	Manufacturer	Plans	\$		
Clarithromycin Tab	Orl	500mg	Biaxin XL	2244756	ABB	ABEFGVW	AAC
Pramipexole Tab	Orl	0.5mg	Mirapex	2241594	BOE	AEFVW	AAC
Ropinirole Tab	Orl	0.25mg	ReQuip	2232565	GSK	AEFV	AAC
		1mg	ReQuip	2232567	GSK	AEFV	AAC
		2mg	ReQuip	2232568	GSK	AEFV	AAC
		5mg	ReQuip	2232569	GSK	AEFV	AAC

SPECIAL AUTHORIZATION ADDITIONS

Capecitabine

(*Xeloda*[®])

150mg and 500mg tablets

In addition to the current criteria, requests from specialists in hematology/oncology will be considered for:

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

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

Darbepoetin

(*Aranesp*[®])

10, 20, 30, 40, 50, 60, 80, 100, 150mcg prefilled syringes

- Treatment of anemia associated with chronic renal failure. Note: patients on dialysis (end-stage renal disease) receive darbepoetin through the dialysis units.

Entacapone

(*Comtan*[®])

200mg tablets

- Treatment of Parkinson's disease as adjunctive therapy in patients not well controlled and are experiencing significant "wearing off" symptoms despite optimal therapy with levodopa/decarboxylase or levodopa/benserazide.

SPECIAL AUTHORIZATION ADDITIONS

Imatinib
(*Gleevec*[®])
100mg capsules

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

1. Patients who have documented evidence of Philadelphia chromosome positive (Ph+) chronic myelogenous leukemia (CML), with an ECOG performance status of 0-2 who are:
 - in blast crisis, or
 - in accelerated phase, or
 - in chronic phase after failure of interferon-alpha therapy

Reassessment is required every 6 months.

2. Patients with c-Kit positive (CD117), metastatic or locally advanced, inoperable gastrointestinal stromal tumours (GIST), who have an ECOG performance status of 0-2*.

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

LINE EXTENSIONS

Olanzapine
(*Zyprexa*[®])
15mg tablets

- For the acute and maintenance treatment of schizophrenia and related psychotic disorders. Advice from a psychiatrist is suggested prior to starting therapy.

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

Salmeterol/Fluticasone
(*Advair*[®])
25/125 mcg & 25/250mcg
metered dose inhaler
(HFA)

- For patients with reversible obstructive airways disease who are:
- Stabilized on an inhaled corticosteroid and a long-acting B₂ agonist, or
 - Using optimal doses of inhaled corticosteroids but are still poorly controlled.
-

DRUGS REVIEWED AND NOT LISTED

Nateglinide

(*Starlix*[®])

60mg, 120mg and 180mg
tablets

- Offers no significant therapeutic advantage over currently available therapy
- Requests for coverage through special authorization will not be considered

Desloratidine

(*Aerius*[®])

5mg tablet

- No evidence of therapeutic advantage over currently available agents
 - Higher cost compared to other non-sedating antihistamines
 - Antihistamines are excluded as NBPDP benefits for all Plans except Plan G (children in care)
-

Bulletin # 579

October 27, 2003

BENEFIT CHANGES TO NBPDP

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

BENEFIT ADDITIONS:

Claims for products that are reimbursed at Actual Acquisition Cost up to December 07, 2003 will be subject to a Maximum Allowable Price (MAP) effective December 08, 2003.

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

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

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

Yours truly,



Debbie LeBlanc
New Brunswick Prescription Drug Program

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

							to	MAP
							Dec 07	Dec 08
Amiodarone Hydrochloride								
Amiodarone (chlorhydrate de)								
Tab	Orl	200mg	Apo-Amiodarone	2246194	APX	AEFGVW	MAP	
Co.								
Bisoprolol Fumarate								
Fumarate de bisoprolol								
Tab	Orl	5mg	Rhoxal-Bisoprolol	2247439	RHO	AEFV	AAC	0.2450
Co.								
		10mg	Rhoxal-Bisoprolol	2247440	RHO	AEFV	AAC	0.4060
Calcitonin Salmon Synthetic								
Calcitonine de saumon								
Liq	IM	200 IU	Apo-Calcitonin	2246058	APX	AEFGVW	AAC	14.5850
Carvedilol								
Tab	Orl	3.125mg	Apo-Carvedilol	2247933	APX	Special Auth.	AAC	0.8890
Co.								
			pms-Carvedilol	2245914	PMS	Special Auth.	AAC	0.8890
		6.25mg	Apo-Carvedilol	2247934	APX	Special Auth.	AAC	0.8890
			pms-Carvedilol	2245915	PMS	Special Auth.	AAC	0.8890
		12.5mg	Apo-Carvedilol	2247935	APX	Special Auth.	AAC	0.8890
			pms-Carvedilol	2245916	PMS	Special Auth.	AAC	0.8890
		25mg	Apo-Carvedilol	2247936	APX	Special Auth.	AAC	0.8890
			pms-Carvedilol	2245917	PMS	Special Auth.	AAC	0.8890
Estradiol-17B								
Srd	Trd	50mcg	Rhoxal-Estradiol Derm	2246967	RHO	Special Auth.	AAC	1.7050
		75 mcg	Rhoxal-Estradiol Derm	2246968	RHO	Special Auth.	AAC	1.8300
		100mcg	Rhoxal-Estradiol Derm	2246969	RHO	Special Auth.	AAC	1.9250
Hydroxychloroquine Sulfate								
Hydroxychloroquine (sulfate d')								
Tab	Orl	200mg	Apo-Hydroxyquine	2246691	APX	AEFGVW	AAC	0.3668
Co.								
Ketorolac Tromethamine								
Ketorolac tromethamine								
Liq	Oph	0.5%	Apo-Ketorolac	2245821	APX	AEFGVW	AAC	2.2400
			ratio-Ketorolac	2247461	RPH	AEFGVW	AAC	2.2400

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

							to	MAP
							Dec 07	Dec 08
Lamotrigine								
Tab	Orl	25mg	pms-Lamotrigine	2246897	PMS	Special Auth.	MAP	
Co.		100mg	pms-Lamotrigine	2246898	PMS	Special Auth.	MAP	
		150mg	pms-Lamotrigine	2246899	PMS	Special Auth.	MAP	
Pravastatin Sodium								
Pravastatine sodique								
Tab	Orl	10mg	pms-Pravastatin	2247655	PMS	AEFGVW	MAP	
Co.		20mg	pms-Pravastatin	2247656	PMS	AEFGVW	MAP	
		40mg	pms-Pravastatin	2247657	PMS	AEFGVW	MAP	
Salbutamol Sulfate								
Salbutamol (sulfate de)								
Liq	Orl	400mcg	pms-Salbutamol	2091186	PMS	AEFGVW	AAC	0.0544
Simvastatin								
Simvastatine								
Tab	Orl	5mg	Co-Simvastatin	2248103	COB	AEFGVW	AAC	0.5670
Co.		10mg	Co-Simvastatin	2248104	COB	AEFGVW	AAC	1.1214
		20mg	Co-Simvastatin	2248105	COB	AEFGVW	AAC	1.3860
		40mg	Co-Simvastatin	2248106	COB	AEFGVW	AAC	1.3860
		80mg	Co-Simvastatin	2248107	COB	AEFGVW	AAC	1.3860
Sulfasalazine								
Tab	Orl	500mg	Salazopyrin	2064480	PCA	AEFGVW	AAC	0.0836
Co.			ratio-Sulfasalazine	685933	RPH	AEFGVW	AAC	0.0836
Ect	Orl	500mg	Salazopyrin EN	2064472	PCA	AEFGVW	AAC	0.1084
Co.Ent			ratio-Sulfasalazine ECT	685925	RPH	AEFGVW	AAC	0.1084
Verapamil Hydrochloride								
Vérapamil (chlorhydrate de)								
Tab	Orl							
Co.		180mg	Apo-Verap SR	2246894	APX	AEFGVW	MAP	
		240mg	Apo-Verap SR	2246895	APX	AEFGVW	MAP	

ADDITIONAL PRODUCTS SUBJECT TO MAP / PRODUITS SUPPLÉMENTAIRES ASSUJETIS AUX PAM

Verapamil Hydrochloride					to	MAP
Vérapamil (chlorhydrate de)					Dec 07	Dec 08
Tab	Orl					
Co.	120mg	Apo-Verap SR	2246893	APX		MAP

Bulletin # 584

December 23, 2003

BENEFIT CHANGES TO NBPDP

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

BENEFIT ADDITIONS:

Claims for products that are reimbursed at Actual Acquisition Cost up to February 01, 2004 will be subject to a Maximum Allowable Price (MAP) effective February 02, 2004.

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

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

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

Yours truly,



Debbie LeBlanc
New Brunswick Prescription Drug Program

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

							to	MAP
							Feb 01	Feb 02
Amoxicillin/Clavulanic Acid								
Amoxicilline/acide clavulanique								
Tab	Orl	875mg/125mg	Novo-Clavamoxin	2248138	NOP	AEFGV	AAC	1.2611
Co.								
Atenolol								
Aténolol								
Tab	Orl	50mg	Rhoxal-Atenolol	2231731	RHO	AEFGVW	MAP	
Co.								
		100mg	Rhoxal-Atenolol	2231733	RHO	AEFGVW	MAP	
Calcitonin Salmon Synthetic								
Calcitonine de saumon								
Liq	Nas	200 IU	Apo-Calcitonin	2247585	APX	Special Auth.	AAC	1.4000
Carbamazepine								
Carbamazépine								
Tab	Orl	100mg	pms-Carbamazepine chewtabs	2231542	PMS	AEFGVW	AAC	0.0856
Co.								
		200mg	pms-Carbamazepine chewtabs	2231540	PMS	AEFGVW	AAC	0.1689
Carvedilol								
Tab	Orl	3.125mg	Novo-Carvedilol	2246529	NOP	Special Auth.	MAP	
		6.25mg	Novo-Carvedilol	2246530	NOP	Special Auth.	MAP	
		12.5mg	Novo-Carvedilol	2246531	NOP	Special Auth.	MAP	
		25mg	Novo-Carvedilol	2246532	NOP	Special Auth.	MAP	
Etidronate Disodium								
Etidronate disodique								
Tab	Orl	200mg	Gen-Etidronate	2245330	GPM	AEFGVW	AAC	0.9832
Co.								
Gabapentin								
Cap	Orl	100mg	Gen-Gabapentin	2248259	GPM	Special Auth.	MAP	
		300mg	Gen-Gabapentin	2248260	GPM	Special Auth.	MAP	
		400mg	Gen-Gabapentin	2248261	GPM	Special Auth.	MAP	

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

							to	MAP
							Feb 01	Feb 02
Hydroxyurea								
Hydroxyurée								
Cap	Orl	500mg	Apo-Hydroxyurea	2247937	APX	AEFGVW	MAP	
Metformin Hydrochloride								
Metformine (chlorhydrate de)								
Tab	Orl	500mg	Novo-Metformin	2045710	NOP	AEFGVW	MAP	
Co.	(new formulation)							
Metoprolol Tartrate								
Métoprolol (tartrate de)								
Tab	Orl	50mg	Rhoxal Metoprolol type "L"	2247875	RHO	AEFGVW	MAP	
Co.		100mg	Rhoxal Metoprolol type "L"	2247876	RHO	AEFGVW	MAP	
Paroxetine								
Tab	Orl	20mg	ratio-Paroxetine	2247811	RPH	AEFGVW	AAC 1.1130	
Co.			Apo-Paroxetine	2240908	APX	AEFGVW	AAC 1.1130	
			Gen-Paroxetine	2248013	GPM	AEFGVW	AAC 1.1130	
			pms-Paroxetine	2247751	PMS	AEFGVW	AAC 1.1130	
		30mg	ratio-Paroxetine	2247812	RPH	AEFGVW	AAC 1.1830	
			Apo-Paroxetine	2240909	APX	AEFGVW	AAC 1.1830	
			Gen-Paroxetine	2248014	GPM	AEFGVW	AAC 1.1830	
			pms-Paroxetine	2247752	PMS	AEFGVW	AAC 1.1830	
Pravastatin Sodium								
Pravastatine sodique								
Tab	Orl	10mg	Rhoxal-Pravastatin	2247856	RHO	AEFGVW	MAP	
Co.		20mg	Rhoxal-Pravastatin	2247857	RHO	AEFGVW	MAP	
		40mg	Rhoxal-Pravastatin	2247858	RHO	AEFGVW	MAP	
Selegiline Hydrochloride								
Sélégiline (chlorhydrate de)								
Tab	Orl	5mg	Novo-Selegiline	2068087	NOP	AEVW	MAP	
Co.	(new formulation)							

ADDITIONAL PRODUCTS SUBJECT TO MAP / PRODUITS SUPPLÉMENTAIRES ASSUJETIS AUX PAM

						to	MAP
						Feb 01	Feb 02
Fosinopril							
Tab	Orl	10mg	Monopril	1907107	BRI	AAC	0.5530
Co.			Novo-Fosinopril	2247802	NOP		
		20mg	Monopril	1907115	BRI	AAC	0.6650
			Novo-Fosinopril	2247803	NOP	AAC	0.6650
Mometasone Furoate							
Ont	Top	0.1%	Elocom 0.1%	851736	SCH	AAC	0.4434
			pms-Mometasone 0.1%	2244769	PMS	AAC	0.4434
Naproxen							
Ect	Orl	250mg	Apo-Naproxen EC	2246699	APX	MAP	
Co.Ent.							
		375mg	Apo-Naproxen EC	2246700	APX	MAP	
		500mg	Apo-Naproxen EC	2246701	APX	MAP	
Paroxetine							
Tab	Orl	10mg	Paxil	2027887	GSK	AAC	1.0430
Co.			Apo-Paroxetine	2240907	APX	AAC	1.0430
			Gen-Paroxetine	2248012	GPM	AAC	1.0430
			pms-Paroxetine	2247750	PMS	AAC	1.0430

Bulletin #585

January 30, 2004

BENEFIT CHANGES TO NBPDP

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective January 30, 2004.

Included in this bulletin:

- **Regular Benefit Additions**
Claims for these products will be reimbursed at actual acquisition cost (AAC).
- **Special Authorization Revised Criteria**
- **Special Authorization Additions**
- **Drugs Reviewed and Not Listed**
- **Special Authorization Requests for Alzheimer's Disease Drugs**
Please note that requests for cholinesterase inhibitors must be submitted using the appropriate NBPDP form. Form 1 is used the first time reimbursement is requested. Form 2 is used to change from one cholinesterase inhibitor to another. These forms are available on the NBPDP webpage or by calling our office.

Included with this bulletin is a guide to using the Functional Assessment Staging Tool (FAST) and examples that may be helpful in identifying Target Symptoms.

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

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

Yours truly,

Debbie LeBlanc
New Brunswick Prescription Drug Program

REGULAR BENEFIT ADDITIONS

Drug/Form/Route/Strength	Brandname	DIN	Manufacturer	Plans	\$
Metoprolol Tartrate Tab Orl 25mg	Apo-Metoprolol	2246010	APX	AEFGVW	AAC
Estradiol Tab Vag 25mcg	Vagifem	2241332	NNO	AEFGV	AAC
Moxifloxacin Tab Orl 400mg	Avelox	2242965	BAY	V	AAC

SPECIAL AUTHORIZATION – REVISED CRITERIA

Formoterol

(Foradil®)

12mcg inhalation capsules

The criteria have been revised to include:

(Oxeze®)

12mcg inhalation turbuhaler

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

Salmeterol

(Serevent®)

25mcg MDI

50mcg diskus

SPECIAL AUTHORIZATION ADDITIONS

Clozapine

(Gen-Clozapine®)

25mg and 100mg tablets

For the management of treatment-resistant schizophrenia. Prescriptions written by NB psychiatrists do not require special authorization. Please see current clozapine listing for complete criteria.

A maximum allowable price (MAP) will not be applied to clozapine at this time.

SPECIAL AUTHORIZATION ADDITIONS

Desmopressin

(*DDAVP*[®])

0.1mg and 0.2mg tablets

For the management of diabetes insipidus.

Moxifloxacin

(*Avelox*[®])

400mg tablets

For the treatment of:

- Community acquired pneumonia (CAP) with co-morbid illness, failure of first-line therapy or as step-down therapy after hospital discharge.
- Acute exacerbations of chronic bronchitis (AECB) with risk factors¹ or as step-down therapy after hospital discharge.
- Pneumonia acquired in a long term care facility (regular benefit for Plan V).

¹ Risk factors include FEV_i <50% of predicted; age >65; co-morbid illness such as congestive heart failure, diabetes, chronic renal failure, chronic liver disease; chronic corticosteroid use; malnutrition; prolonged duration of disease; or 4 or more exacerbations per year.

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

Sevelamer

(*Renage*[®])

400mg and 800mg tablets

- Treatment of severe renal failure, where a calcium salt is contraindicated or not tolerated or when a phosphate binder is needed in association with a calcium salt, where a calcium salt alone does not produce optimal control of the hyperphosphatemia.
 - The prescription must be initiated by a nephrologist.
-

Delta-9-Tetrahydrocannabinol

(*Marinol*[®])

2.5mg, 5mg and 10mg capsules

- Treatment of severe nausea and vomiting associated with cancer chemotherapy in patients who have not been well controlled by standard antiemetic therapy
 - Treatment of anorexia with weight loss associated with acquired immune deficiency syndrome (AIDS).
-

DRUGS REVIEWED AND NOT LISTED

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

Alfuzosin	<i>(Xatral[®])</i>	10mg tablets
Doxercalciferol	<i>(Hectorol[®])</i>	2.5mcg capsule
Fusidic Acid	<i>(Fucithalmic[®])</i>	1% viscous eye drops
Ketotifen fumarate	<i>(Zaditor[®])</i>	0.25% ophthalmic solution

Using the Functional Assessment Staging Tool (FAST)

- Only patients with a FAST score of **4 or 5** are eligible for NB Prescription Drug Program (NBPDP) coverage for cholinesterase inhibitors.
- Patients with a FAST score of **1, 2, 3, 6 or 7** are **not** eligible for NBPDP coverage for cholinesterase inhibitors.
- It is sometimes difficult to decide if a patient has a FAST score of **4, 5 or 6**.
 - The following table provides some general guidance for deciding if the FAST score is 4, 5 or 6 based on **instrumental** and **basic** activities of daily living.

Instrumental activities of daily living (IADL)

- Include
 - managing money and medications
 - shopping
 - cooking
 - driving
 - housekeeping
 - using a telephone
- Impairment of these activities requires some community or family support, but often the patient can be left alone for much of the day.

Basic activities of daily living (ADL)

- Include
 - feeding
 - toileting
 - dressing
 - washing
 - mobility
- Impairment of these activities leads to need for frequent personal nursing care.

FAST Stage	IADL	ADL
	managing money and meds, shopping, cooking, driving, housekeeping, using phone	feeding, toileting, dressing washing, mobility
4	Need assistance	Independent
5	Need assistance or dependent	Need cueing or minimal assistance
6	Cannot do	Needs complete hands on assistance

Target Symptoms for Monitoring Alzheimer's Disease Patients

- The following examples will help you define specific activities within different domains (**cognition, function, behaviour, social/leisure**).
- Ideally, target symptoms will be from three of four domains. However, it is best to choose target symptoms that are clinically important to the patient and caregiver.

Cognition: The patient may have difficulty:

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

(The above examples must be meaningful and specific to that person. i.e. following a recipe is not meaningful if they did not cook the meals in the past)

Function: The patient may have difficulty:

- Doing own banking (machine or otherwise)
- Preparing a meal
- Grooming and dressing independently
- Bathing/showering independently
- Doing light house work independently
(**OR** any Instrumental Activities of Daily Living)

Behaviour: The patient may:

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

Leisure/Social: The patient may have difficulty:

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

Bulletin # 590

March 26, 2004

BENEFIT CHANGES TO NBPDP

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

BENEFIT ADDITIONS:

Claims for products that are reimbursed at Actual Acquisition Cost up to April 27, 2004 will be subject to a Maximum Allowable Price (MAP) effective April 28, 2004.

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

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

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

Yours truly,



Debbie LeBlanc
New Brunswick Prescription Drug Program

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

							to	MAP
							Apr-27	Apr-28
Aminonide								
Crm	Top	0.1%	ratio-Aminonide	2247098	RPH	AEFGVW	MAP	
Cr.								
Ciprofloxacin Hydrochloride								
Ciprofloxacin (chlorhydrate de)								
Tab	Orl	250mg	pms-Ciprofloxacin	2248437	PMS	W & Spec. Auth.		1.5547
Co.			Apo-Ciproflo	2229521	APX	W & Spec. Auth.		1.5547
			Co-Ciprofloxacin	2247339	COB	W & Spec. Auth.		1.5547
			Gen-Ciprofloxacin	2245647	GPM	W & Spec. Auth.		1.5547
			ratio-Ciprofloxacin	2246825	RPH	W & Spec. Auth.		1.5547
			Rhoxal-Ciprofloxacin	2248756	RHO	W & Spec. Auth.		1.5547
		500mg	pms-Ciprofloxacin	2248438	PMS	W & Spec. Auth.		1.7540
			Apo-Ciproflo	2229522	APX	W & Spec. Auth.		1.7540
			Co-Ciprofloxacin	2247340	COB	W & Spec. Auth.		1.7540
			Gen-Ciprofloxacin	2245648	GPM	W & Spec. Auth.		1.7540
			ratio-Ciprofloxacin	2246826	RPH	W & Spec. Auth.		1.7540
			Rhoxal-Ciprofloxacin	2248757	RHO	W & Spec. Auth.		1.7540
		750mg	pms-Ciprofloxacin	2248439	PMS	W & Spec. Auth.		3.3082
			Apo-Ciproflo	2229523	APX	W & Spec. Auth.		3.3082
			Co-Ciprofloxacin	2247341	COB	W & Spec. Auth.		3.3082
			Gen-Ciprofloxacin	2245649	GPM	W & Spec. Auth.		3.3082
			Rhoxal-Ciprofloxacin	2248758	RHO	W & Spec. Auth.		3.3082
Citalopram Hydrobromide								
Citalopram (bromhydrate de)								
Tab	Orl	20mg	Apo-Citalopram	2246056	APX	AEFGV		.8750
Co.			Co-Citalopram	2248050	COB	AEFGV		.8750
			Gen-Citalopram	2246594	GPM	AEFGV		.8750
			pms-Citalopram	2248010	PMS	AEFGV		.8750
			Rhoxal-Citalopram	2248170	RHO	AEFGV		.8750
		40mg	Apo-Citalopram	2246057	APX	AEFGV		.8750
			Co-Citalopram	2248051	COB	AEFGV		.8750
			Gen-Citalopram	2246595	GPM	AEFGV		.8750
			pms-Citalopram	2248011	PMS	AEFGV		.8750
			Rhoxal-Citalopram	2248171	RHO	AEFGV		.8750
Fluconazole								
Liq	IV	2mg/mL	Fluconazole Injection	2247922	NOP	W		.4630

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

							to	MAP
							Apr-27	Apr-28
Framycetin Sulfate								
Framycétine (sulfate de)								
Drops	Oph	5mg	Sab-Opticort	2247920	SIL	AEFGV		1.1900
Gttes								
Glyburide								
Tab	Orl	2.5mg	Rhoxal-Glyburide	2248008	RHO	AEFGVW	MAP	
Co.								
		5mg	Rhoxal-Glyburide	2248009	RHO	AEFGVW	MAP	
Lamotrigine								
Tab	Orl	25mg	Novo-Lamotrigine	2248232	NOP	Spec. Auth.	MAP	
Co.								
		100mg	Novo-Lamotrigine	2248233	NOP	Spec. Auth.	MAP	
		150mg	Novo-Lamotrigine	2248234	NOP	Spec. Auth.		1.2531
			ratio-Lamotrigine	2246963	RPH	Spec. Auth.		1.2531
Lovastatin								
Lovastatine								
Tab	Orl	20mg	Rhoxal-Lovastatin	2247056	RHO	AEFGVW	MAP	
Co.								
		40mg	Rhoxal-Lovastatin	2247057	RHO	AEFGVW		2.0117
Meloxicam								
Tab	Orl	7.5mg	ratio-Meloxicam	2247889	RPH	AEFGV		.5460
Co.								
			Apo-Meloxicam	2248973	APX	AEFGV		.5460
		15mg	ratio-Meloxicam	2248031	RPH	AEFGV		.6300
			Apo-Meloxicam	2248974	APX	AEFGV		.6300
Mirtazapine								
Tab	Orl	30mg	pms-Mirtazapine	2248762	PMS	AEFGV		.9920
Co.								
Ofloxacin								
Ofloxacine								
Liq	Oph	.3%	Apo-Ofloxacin	2248398	APX	Spec. Auth.		.9920
Paroxetine								
Tab	Orl	20mg	Novo-Paroxetine	2248557	NOP	AEFGVW	MAP	
Co.								
		30mg	Novo-Paroxetine	2248558	NOP	AEFGVW	MAP	

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

						to	MAP
						Apr-27	Apr-28
Pravastatin Sodium							
Pravastatine sodique							
Tab	Orl	10mg	Co-Pravastatin	2248182	COB	AEFGVW	MAP
Co.		20mg	Co-Pravastatin	2248183	COB	AEFGVW	MAP
		40mg	Co-Pravastatin	2248184	COB	AEFGVW	MAP
Ranitidine Hydrochloride							
Ranitidine (chlorhydrate de)							
Tab	Orl	150mg	Co-Ranitidine	2248570	COB	(AEFV) +65	MAP
Co.		300mg	Co-Ranitidine	2248571	COB	(AEFV) +65	MAP
Simvastatin							
Simvastatine							
Tab	Orl	10mg	ratio-Simvastatin	2247068	RPH	AEFGVW	MAP
Co.		20mg	ratio-Simvastatin	2247069	RPH	AEFGVW	MAP
		40mg	ratio-Simvastatin	2247070	RPH	AEFGVW	MAP
		80mg	ratio-Simvastatin	2247071	RPH	AEFGVW	MAP
Tryptophan							
Tab	Orl	500mg	Apo-Tryptophan	2248538	APX	Spec. Auth.	MAP
Co.		1000mg	Apo-Tryptophan	2248539	APX	Spec. Auth.	MAP
Cap	Orl	500mg	Apo-Tryptophan	2248540	APX	Spec. Auth.	MAP

ADDITIONAL PRODUCTS SUBJECT TO MAP / PRODUITS SUPPLÉMENTAIRES ASSUJETIS AUX PAM

						to	MAP
						Apr-27	Apr-28
Metronidazole							
Métronidazole							
Cap	Orl	500mg	Apo-Metronidazole	2248562	APX		.7650
Paroxetine							
Tab	Orl	10mg	ratio-Paroxetine	2247810	RPH		MAP
Co.			Novo-Paroxetine	2248556	NOP		MAP

Bulletin #593

April 30, 2004

BENEFIT CHANGES TO NBPDP

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective April 30, 2004.

Included in this bulletin:

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

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

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

Yours truly,

Debbie LeBlanc
New Brunswick Prescription Drug Program

REGULAR BENEFIT ADDITIONS

Drug/Form/Route/Strength	Brandname	DIN	Manufacturer	Plans	\$
Fluoxetine Hydrochloride Cap Orl 40mg	FXT40[®]	2245283	ORX	AEVW	AAC
Atenolol Tab Orl 25mg	pms-Atenolol[®]	2246581	PMS	AEFGVW	AAC

SPECIAL AUTHORIZATION ADDITIONS

Budesonide/Formoterol (*Symbicort[®]*)

100mcg/6mcg and 200mcg/6mcg
metered dose inhaler

For patients with reversible obstructive airways disease who are

- Stabilized on an inhaled corticosteroid and a long-acting beta₂-agonist, or
- Using optimal doses of inhaled corticosteroids but are still poorly controlled

Fentanyl

(*Duragesic[®]*)

25mcg/hr, 50mcg/hr, 75mcg/hr
and 100mcg/hr
transdermal system

For the management of malignant or chronic non-malignant pain

- When oral drug administration is not possible or practical
- In patients who are unresponsive or intolerant to at least two long acting oral sustained release products such as morphine and hydromorphone, despite appropriate dose titration and adjunctive therapy including laxatives and antiemetics.

Latanoprost/Timolol

(*Xalacom[®]*)

50mcg/5mg/mL
ophthalmic solution

For the reduction of intraocular pressure in patients with open-angle glaucoma or ocular hypertension who are insufficiently responsive to monotherapy with a beta-blocker and a prostaglandin analog, and when the use of the combination drug is considered appropriate.

Valganciclovir

(*Valcyte[®]*)

450mg tablets

For the treatment of cytomegalovirus (CMV) retinitis in HIV positive patients on the advice of an infectious disease specialist.

Peginterferon alfa-2b+Ribavirin
(*Pegatron*[®])
injection + 200mg capsules

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

- Initial coverage of 24 weeks will be approved for all patients. Coverage for an additional 24 weeks will be approved for patients with HCV genotype 1.
- A positive HCV RNA assay after 24 weeks of therapy is an indication to stop treatment.
- Interferon monotherapy should be reserved for patients who cannot tolerate ribavirin.

Risedronate
(*Actonel*[®])
35mg once-a-week tablets

For the treatment of osteoporosis when hormone replacement therapy (HRT) is declined, not tolerated or contraindicated.

Osteoporosis is defined as a bone mineral density (BMD) at least 2.5 standard deviations below the young adult mean (T score = -2.5) and/or the presence of osteoporotic fractures. (World Health Organization definition)

Sirolimus
(*Rapamune*[®])
1mg tablets

- Rescue therapy in solid organ transplant for patients with refractory rejection on Neoral/MMF/prednisone (NMP) or tacrolimus/MMF/prednisone (TMP).
- Prophylaxis for acute rejection in solid organ transplant when a patient is unable to tolerate NMP or TMP combinations as a result of, or in anticipation of, adverse effects.

Note: These criteria are used at the Queen Elizabeth II Health Sciences Centre. Criteria used by other referring transplant centres will be considered.

Somatropin
(*Humatrope*[®])
1mg, 6mg, 12mg and 24mg
injection
(*Saizen*[®])
3.33mg and 5mg injection

- For the treatment of short stature associated with Turner's Syndrome in patients whose epiphyses are not closed
 - Must be prescribed by, or in consultation with, an endocrinologist
-

DRUGS REVIEWED AND NOT LISTED

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

Anakinra	<i>(Kineret[®])</i>	100mg/0.67mL injection
Clindamycin / benzoyl peroxide	<i>(Clindoxyl[®])</i>	1% / 5% topical gel
Glimepiride	<i>(Amaryl[®])</i>	1mg, 2mg, 4mg tablets
Tegaserod	<i>(Zelnorm[®])</i>	6mg tablets

Bulletin # 599

June 23, 2004

BENEFIT CHANGES TO NBPDP

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

BENEFIT ADDITIONS:

Claims for products that are reimbursed at Actual Acquisition Cost up to August 3, 2004 will be subject to a Maximum Allowable Price (MAP) effective August 4, 2004.

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

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

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

Yours truly,



Debbie LeBlanc
New Brunswick Prescription Drug Program

NBPD BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

							to	MAP
							Aug 3/04	Aug 4/04
Alendronate								
Tab	Orl	10mg	Apo-Alendronate	2248728	APX	Spec. Auth.	MAP	1.1057
Co.								
Carvedilol								
Tab	Orl	3.125mg	ratio-Carvediol	2252309	RPH	Spec. Auth.	MAP	.8001
Co.								
		6.25mg	ratio-Carvediol	2252317	RPH	Spec. Auth.	MAP	.8001
		12.5mg	ratio-Carvediol	2252325	RPH	Spec. Auth.	MAP	.8001
		25mg	ratio-Carvediol	2252333	RPH	Spec. Auth.	MAP	.8001
Ciprofloxacin Hydrochloride								
Ciprofloxacin (chlorhydrate de)								
Tab	Orl	750mg	ratio-Ciprofloxacin	2246827	RPH	W & Spec. Auth	MAP	
Co.								
Citalopram Hydrobromide								
Citalopram (bromhydrate de)								
Tab	Orl	20mg	ratio-Citalopram	2252112	RPH	AEFGV	MAP	
Co.								
		40mg	ratio-Citalopram	2252120	RPH	AEFGV	MAP	
Clozapine								
Tab	Orl	25mg	Apo-Clozapine	2248034	APX	Spec. Auth.	AAC	AAC
Co.								
		100mg	Apo-Clozapine	2248035	APX	Spec. Auth.	AAC	AAC
Cyproterone Acetate								
Cyprotérone (acétate de)								
Tab	Orl	50mg	Apo-Cyproterone	2245898	APX	AEFVW X 2yrs then Spec. Auth.	MAP	1.4086
Co.								
Dexamethasone								
Dexaméthasone								
Tab	Orl	4mg	Apo-Dexamethasone	2250055	APX	AEFGVW	MAP	
Co.								
Fluconazole								
Inj	IV	2mg/mL	Fluconazole Omega	2247749	OMG	W	MAP	.3660

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

							to	MAP
							Aug 3/04	Aug 4/04
Hydroxychloroquine Sulfate								
Hydroxychloroquine (Sulfate d')								
Tab	Orl	200mg	Gen-Hydroxychloroquine	2252600	GPM	AEFGVW	MAP	
Co.								
Levodopa/Carbidopa								
Lévodopa/Carbidopa								
Tab	Orl	200mg/50mg	Apo-Levocarb CR	2245211	APX	AEFVW	AAC	.8028
Co.								
Meloxicam								
Tab	Orl	7.5mg	pms-Meloxicam	2248267	PMS	AEFGV	MAP	
Co.								
		15mg	pms-Meloxicam	2248268	PMS	AEFGV	MAP	
Metformin Hydrochloride								
Metformin (chlorhydrate de)								
Tab	Orl	850mg	ratio-Metformin	2242931	RPH	AEFGVW	MAP	
Co.								
Mirtazapine								
Tab	Orl	30mg	Rhoxal-Mirtazapine	2250608	RHO	AEFGV	MAP	
Co.								
Ofloxacin								
Ofloxacin								
Tab	Orl	200mg	Novo-Ofloxacin	2243474	NOP	EF+18	MAP	
Co.								
		300mg	Novo-Ofloxacin	2243475	NOP	EF+18	MAP	
		400mg	Novo-Ofloxacin	2243476	NOP	EF+18	MAP	
Paroxetine								
Tab	Orl	10mg	Dom-Paroxetine	2248447	DOM	AEFGVW	MAP	.5565
Co.							this brand only	this brand only
Simvastatin								
Simvastatine								
Tab	Orl	5mg	Novo-Simvastatin	2250144	NOP	AEFGVW	MAP	
Co.								
			Rhoxal-Simvastatin	2247827	RHO	AEFGVW	MAP	
		10mg	Novo-Simvastatin	2250152	NOP	AEFGVW	MAP	
			Rhoxal-Simvastatin	2247828	RHO	AEFGVW	MAP	
		20mg	Novo-Simvastatin	2250160	NOP	AEFGVW	MAP	
			Rhoxal-Simvastatin	2247830	RHO	AEFGVW	MAP	

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

Simvastatin						to	MAP
Simvastatine						Aug 3/04	Aug 4/04
Tab	Orl						
Co.							
	40mg	Novo-Simvastatin	2250179	NOP	AEFGVW	MAP	
		Rhoxal-Simvastatin	2247831	RHO	AEFGVW	MAP	
	80mg	Novo-Simvastatin	2250187	NOP	AEFGVW	MAP	
		Rhoxal Simvastatin	2247833	RHO	AEFGVW	MAP	

ADDITIONAL PRODUCTS SUBJECT TO MAP / PRODUITS SUPPLÉMENTAIRES ASSUJETIS AUX PAM

						to	MAP
						Aug 3/04	Aug 4/04
Alendronate							
Tab	Orl	5mg	Apo-Alendronate	2248727	APX	MAP	1.037
Co.							
Mometasone Furoate							
Ont	Top	0.1%	ratio-Mometasone	2248130	RPH	MAP	
Sodium Aurothiomalate							
Sodium (aurothiomalate de)							
Liq	IM	10mg/mL	Myochrysine	1927620	AVE	current benefit for	AAC 8.1100
			Sodium Aurothiomalate	2245456	SIL	AEFGVW	AAC 8.1100
			Myochrysine	1927612	AVE	current benefit for	AAC 9.8400
			Sodium Aurothiomalate	2245457	SIL	AEFGVW	AAC 9.8400
			Myochrysine	1927604	AVE	current benefit for	AAC 15.2900
			Sodium Aurothiomalate	2245458	SIL	AEFGVW	AAC 15.2900

Bulletin # 598

June 24, 2004

BENEFIT CHANGES TO NBPDP

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective June 24, 2004.

Included in this bulletin:

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

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

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

Yours truly,

Debbie LeBlanc
New Brunswick Prescription Drug Program

REGULAR BENEFIT ADDITIONS

Drug/Form/Route/Strength	Brandname	DIN	Manufacturer	Plans	\$		
Ranitidine HCl					MAP		
Tab	Orl	150mg	Apo-Ranitidine [®]	733059	APX	AEFV	0.4042
			Novo-Ranitidine [®]	828564	NOP	AEFV	
			ratio-Ranitidine [®]	828823	RPH	AEFV	
			Nu-Ranit [®]	865737	NXP	AEFV	
			Gen-Ranitidine [®]	2207761	GPM	AEFV	
			Zantac [®]	2212331	GSK	AEFV	
			Ranitidine [®]	2230003	PRE	AEFV	
			pms-Ranitidine [®]	2242453	PMS	AEFV	
			Rhoxal-Ranitidine [®]	2243229	RHO	AEFV	
		300mg	Apo-Ranitidine [®]	733067	APX	AEFV	0.7787
			Novo-Ranitidine [®]	828556	NOP	AEFV	
			ratio-Ranitidine [®]	828688	RPH	AEFV	
			Nu-Ranit [®]	865745	NXP	AEFV	
			Gen-Ranitidine [®]	220778	GPM	AEFV	
			Zantac [®]	2212358	GSK	AEFV	
			Ranitidine [®]	2230004	PRE	AEFV	
			pms-Ranitidine [®]	2242454	PMS	AEFV	
			Rhoxal-Ranitidine [®]	2243230	RHO	AEFV	

Note: Ranitidine no longer requires special authorization

Rosuvastatin							
Tab	Orl	10mg	Crestor [®]	2247162	AZE	AEFVW	AAC
		20mg	Crestor [®]	2247163	AZE	AEFVW	AAC
		40mg	Crestor [®]	2247164	AZE	AEFVW	AAC

SPECIAL AUTHORIZATION – ADDITIONS

Omeprazole
(*Apo-Omeprazole*[®])
20mg capsules

Same criteria as other Proton Pump Inhibitors (PPIs)
(except not indicated for eradication of *H. pylori*.)

NB gastroenterologists do not require special authorization.

Criteria details are contained in the NBPDP Formulary
www.gnb.ca/0051/0212/index-e.asp

Tiotropium
(*Spiriva*[®])
18mcg capsule for inhalation

For the treatment of moderate to severe chronic obstructive pulmonary disease (COPD) in patients who continue to be symptomatic despite an adequate trial (2-4 months) with ipratropium at a dose of 4 puffs four times daily.

Canadian Thoracic Society COPD Classification:

- Moderate: Shortness of breath from COPD causing the patient to stop after walking about 100 meters (or after a few minutes) on the level or FEV₁ 40 to 59% predicted, FEV₁/FVC < 0.7
- Severe: Shortness of breath from COPD resulting in the patient being too breathless to leave the house, breathless after undressing, or the presence of chronic respiratory failure or clinical signs of right heart failure or FEV₁ < 40% predicted, FEV₁/FVC < 0.7

SPECIAL AUTHORIZATION – REVISED CRITERIA

Alendronate
(*Fosamax*[®])
10mg and 70mg tablets

The criteria have been revised to include:

Risedronate
(*Actonel*[®])
5mg and 35mg tablets

- For the prevention of corticosteroid induced osteoporosis in patients expected to receive oral corticosteroid therapy for 3 months or more.

DRUGS REVIEWED AND NOT LISTED

The following products are **not eligible** for coverage **for the prevention of primary osteoporosis** (defined as patients with a T-score above -2.5 without a pre-existing fragility fracture): Alendronate (Fosamax[®]), Calcitonin (Miacalcin[®], Apo-Calcitonin[®]), Raloxifene (Evista[®]) and Risedronate (Actonel[®]).

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

Alendronate	(Fosamax [®])	5mg tablets
Testosterone	(Androderm [®])	12.2mg & 24.3mg transdermal delivery
	(AndroGel [®])	1% gel
Trandolapril/Verapamil SR	(Tarka [®])	1/240mg, 2/180mg, 2/240mg, 4/240mg tablets

Bulletin #604

October 07, 2004

BENEFIT CHANGES TO NBPDP

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective October 07, 2004.

Included in this bulletin:

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

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

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

Yours truly,

Debbie LeBlanc
New Brunswick Prescription Drug Program

REGULAR BENEFIT ADDITIONS

Drug/Form/Route/Strength	Brandname	DIN	Manufacturer	Plans	\$		
Hydromorphone HCl							
Tab	Orl	2mg	Palladone IR[®]	2245703	PFR	AEFGVW	AAC
		4mg	Palladone IR[®]	2245704	PFR	AEFGVW	AAC
		8mg	Palladone IR[®]	2245705	PFR	AEFGVW	AAC
SRC							
	Orl	12mg	Palladone XL[®]	2243159	PFR	AEFGVW	AAC
		16mg	Palladone XL[®]	2243160	PFR	AEFGVW	AAC
		24mg	Palladone XL[®]	2243161	PFR	AEFGVW	AAC
Methylphenidate HCl							
Tab	Orl	5mg	ratio-Methylphenidate	2247364	RPH	AEFGVW	AAC
Quinine Sulphate							
Tab	Orl	300mg	Quinine Sulfate	695459	ODN	AEFGVW	AAC

SPECIAL AUTHORIZATION ADDITIONS

Anastrozole
(*Arimidex[®]*)
1mg tablets

Exemestane
(*Aromasin[®]*)
25mg tablets

Letrozole
(*Femara[®]*)
2.5mg tablets

For the treatment of advanced/metastatic breast cancer in post menopausal women.

SPECIAL AUTHORIZATION ADDITIONS

Riluzole
(*Rilutek*[®])
50mg tablets

For the treatment of amyotrophic lateral sclerosis (ALS) or Lou Gehrig's Disease, when initiated by a neurologist with expertise in the management of ALS and authorized to prescribe riluzole (is a member of the Canadian ALS Consortium), in patients who have:

- A probable or definite diagnosis of ALS as defined by the World Federation of Neurology criteria.
 - ALS symptoms for less than five years.
 - FVC > 60 % predicted.
 - No tracheostomy for invasive ventilation
-
- Requests will be approved for a maximum of six months coverage.
 - Coverage cannot be renewed once the patient has a tracheostomy for the purpose of invasive ventilation or has a FVC of < 60% predicted.

LINE EXTENSIONS

Enoxaparin Sodium
(*Lovenox HP*[®])
150mg/mL and 120mg/0.8mL
Prefilled syringes

Plans AEF+18V for the initial treatment of deep vein thrombosis (DVT). One prescription claim annually will be automatically reimbursed, up to the average amount required for one DVT treatment (approximately 10 days of therapy). If additional medication is required subsequent to the initial prescription, a request should be made through special authorization.

Ursodiol
(*Urso DS*[®])
500mg tablets

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

Valsartan
(*Diovan*[®])
80mg and 160mg tablets

For the treatment of hypertension in patients who require an ACE inhibitor but cannot tolerate it due to side effects.

DRUGS REVIEWED AND NOT LISTED

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

Conjugated estrogens/ Medroxyprogesterone acetate	<i>(Premplus[®])</i>	0.625mg/5mg tablets
Fondaparinux	<i>(Arixtra[®])</i>	2.5mg/0.5mL prefilled syringes
Rosiglitazone/Metformin	<i>(Avandamet[®])</i>	1/500mg, 2/500mg, 4/500mg tablets
Valdecoxib	<i>(Bextra[®])</i>	10mg, 20mg tablets
Zoledronic Acid	<i>(Zometa[®])</i>	4mg/vial injection

Bulletin # 605

October 8, 2004

BENEFIT CHANGES TO NBPDP

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

BENEFIT ADDITIONS:

Claims for products that are reimbursed at Actual Acquisition Cost up to November 9, 2004 will be subject to a Maximum Allowable Price (MAP) effective November 10, 2004.

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

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

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

Yours truly,

Debbie LeBlanc
New Brunswick Prescription Drug Program

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

							to	MAP
							Nov 09/04	Nov 10/04
Amiloride Hydrochloride								
Amiloride (chlorhydrate d')								
Tab	Orl	5mg	Apo-Amiloride	2249510	APX	AEFGVW	AAC	0.2002
Co.								
Atenolol								
Aténolol								
Tab	Orl	50mg	Co-Atenolol	2255545	COB	AEFGVW	MAP	
Co.								
		100mg	Co-Atenolol	2255553	COB	AEFGVW	MAP	
Bisoprolol Fumarate								
Fumarate de bisoprolol								
Tab	Orl	5mg	Apo-Bisoprolol	2256134	APX	AEFV	MAP	
Co.								
		10mg	Apo-Bisoprolol	2256177	APX	AEFV	MAP	
Chlorthalidone/Atenolol								
Chlorthalidone/aténolol								
Tab	Orl	25mg/50mg	Apo-Atenidone	2248763	APX	AEFGVW	AAC	0.4343
Co.								
		25mg/100mg	Apo-Atenidone	2248764	APX	AEFGVW	AAC	0.7118
Ciprofloxacin Hydrochloride								
Ciprofloxacine (chlorhydrate de)								
Tab	Orl	250mg	Novo-Ciprofloxacin	2161737	NOP	W & Spec. Auth	MAP	
Co.								
		500mg	Novo-Ciprofloxacin	2161745	NOP	W & Spec. Auth	MAP	
		750mg	Novo-Ciprofloxacin	2161753	NOP	W & Spec. Auth	MAP	
Citalopram Hydrobromide								
Citalopram (bromhydrate de)								
Tab	Orl	20mg	Novo-Citalopram	2251558	NOP	AEFGV	MAP	
Co.								
		40mg	Novo-Citalopram	2251566	NOP	AEFGV	MAP	
Fenofibrate								
Fénofibrate								
Cap	Orl	200mg	ratio-Fenofibrate MC	2250039	RPH	AEFGVW	MAP	
Caps								

NBPD BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

to MAP
Nov 09/04 Nov 10/04

Fluvoxamine Maleate

Fluvoxamine (maléate de)

Tab	Orl	50mg	Co-Fluvoxamine	2255529	COB	AEFGVW	MAP	
-----	-----	------	----------------	---------	-----	--------	-----	--

Co.		100mg	Co-Fluvoxamine	2255537	COB	AEFGVW	MAP	
-----	--	-------	----------------	---------	-----	--------	-----	--

Sup	Rt	10mg/10mg/5mg/5mg	Proctol	2247882	ODN	AEFGVW	AAC	0.7925
-----	----	-------------------	---------	---------	-----	--------	-----	--------

Supp.

Hydrocortisone Acetate/Zinc Sulphate

Hydrocortisone (acétate d')/zinc (sulphate de)

Sup	Rt	10mg/10mg	Anodan-HC	2236399	ODN	AEFGVW	AAC	0.6075
-----	----	-----------	-----------	---------	-----	--------	-----	--------

Supp.

Meloxicam

Tab	Orl	7.5mg	Co-Meloxicam	2250012	COB	AEFGV	MAP	
-----	-----	-------	--------------	---------	-----	-------	-----	--

Co.		15mg	Co-Meloxicam	2250012	COB	AEFGV	MAP	
-----	--	------	--------------	---------	-----	-------	-----	--

Pramoxine Hydrochloride/Hydrocortisone Acetate/Zinc Sulphate

Pramoxine (chlorhydrate de)/hydrocortisone (acétate d')/zinc (sulphate de)

Ont	Rt	1%/0.5%/0.5%	Proctodan-HC	2234466	ODN	AEFGVW	AAC	0.7317
-----	----	--------------	--------------	---------	-----	--------	-----	--------

Sup	Rt	20mg/10mg/10mg	Proctodan-HC	2240851	ODN	AEFGVW	AAC	1.0850
-----	----	----------------	--------------	---------	-----	--------	-----	--------

Supp.

Quinine Sulfate

Quinine (sulfate de)

Cap	Orl	200mg	Apo-Quinine 200mg	2254514	APX	AEFGV	AAC	0.2390
-----	-----	-------	-------------------	---------	-----	-------	-----	--------

Caps		300mg	Apo-Quinine 300mg	2254522	APX	AEFGV	AAC	0.3750
------	--	-------	-------------------	---------	-----	-------	-----	--------

Simvastatin

Simvastatine

Tab	Orl	5mg	pms-Simvastatin	2252619	PMS	AEFGVW	MAP	
-----	-----	-----	-----------------	---------	-----	--------	-----	--

Co.		10mg	pms-Simvastatin	2252635	PMS	AEFGVW	MAP	
-----	--	------	-----------------	---------	-----	--------	-----	--

		20mg	pms-Simvastatin	2252643	PMS	AEFGVW	MAP	
--	--	------	-----------------	---------	-----	--------	-----	--

		40mg	pms-Simvastatin	2252651	PMS	AEFGVW	MAP	
--	--	------	-----------------	---------	-----	--------	-----	--

		80mg	pms-Simvastatin	2252678	PMS	AEFGVW	MAP	
--	--	------	-----------------	---------	-----	--------	-----	--

Trifluridine

Liq	Oph	1%	Sab-Trifluridine	2248529	SIL	AEFGVW	AAC	3.2667
-----	-----	----	------------------	---------	-----	--------	-----	--------

ADDITIONAL PRODUCTS SUBJECT TO MAP / PRODUITS SUPPLÉMENTAIRES ASSUJETIS AUX PAM

							to	MAP
							Nov 09/04	Nov 10/04
Chlorhexidine Gluconate								
Chlorhexidine (gluconate de)								
Liq	Orl	0.12%	Apo-Chlorhexidine	2242329	APX		AAC	0.0125
Framycetin Sulfate/Esculin/Dibucaine Hydrochloride/Hydrocortisone Acetate								
Framycétine (sulfate de)/esculine/dibucaine hydrochloride/hydrocortisone (acétate d')								
Ont	Rt	10mg/10mg/5mg/5mg	Proctol	2247322	ODN	current benefit for AEFGVW	AAC	0.5960
Hydrocortisone Acetate/Zinc Sulphate								
Hydrocortisone (acétate d')/zinc (sulphate de)								
Ont	Rt	0.5%/0.5%	Anodan-HC	2128446	ODN	current benefit for AEFGVW	AAC	0.4130

Bulletin #606

October 13, 2004

BENEFIT CHANGES TO NBPDP

VIOXX[®] (rofecoxib) DELISTED

On September 30, 2004, Merck & Co. announced a voluntary worldwide withdrawal of Vioxx[®] (rofecoxib). The Company's decision is based on new, three-year data from a prospective, randomized, placebo-controlled clinical trial, the APPROVe (Adenomatous Polyp Prevention on VIOXX[®]) trial that indicates an increased risk of cardiovascular events such as heart attacks and strokes.

More information is available on the Merck Canada website: www.merckfrosst.ca or by calling 1-800-567-2594. Patients taking Vioxx[®] are being advised to consult their physicians about discontinuing use of the product and treatment alternatives.

Vioxx[®] has been delisted as a New Brunswick Prescription Drug Program (NBPDP) benefit. Other non-steroidal anti-inflammatory drugs (NSAIDs) listed as benefits include the following:

REGULAR BENEFITS

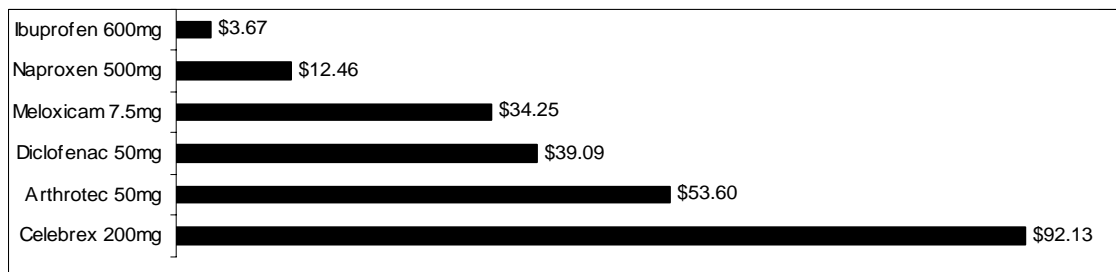
Arthrotec	Ketoprofen (IR & SR)
Diclofenac (IR & SR)	Mefenamic acid
Diflunisal	Meloxicam
Floctafenine	Naproxen
Flurbiprofen	Piroxicam
Ibuprofen	Sulindac
Indomethacin	Tiaprofenic acid

RESTRICTED BENEFIT

Celecoxib	
< 65 years old	Special authorization required
65 years & older	Regular benefit

COMPARATIVE COSTS

The following chart shows the average cost of a prescription for commonly prescribed NSAIDs (Based on NBPDP usage data April to June 2004; professional fees excluded).



Bulletin #609

November 29, 2004

BENEFIT CHANGES TO NBPDP

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective November 29, 2004.

Included in this bulletin:

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

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

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

Yours truly,

Debbie LeBlanc
New Brunswick Prescription Drug Program

REGULAR BENEFIT ADDITIONS

Drug/Form/Route/Strength	Brandname	DIN	Manufacturer	Plans	\$
Ipratropium Bromide					
Aem Inh 20 mcg	Atrovent HFA[®]	2247686	BOE	ABEFGVW	AAC
Lipase/Amylase/Protease					
Cap Or 4500U/ 20000U/ 25000U	Ultrase[®] MS4	2203324	AXC	EFG	AAC
Cap Or 20000U/ 65000U/ 65000U	Ultrase[®] MT20	2045869	AXC	EFG	AAC
Cap Or 12000U/ 39000U/ 39000U	Ultrase[®] MT12	2045834	AXC	EFG	AAC
Somatropin					
Pws Im 10mg vial	Nutropin[®]	2216191	HLR	T	AAC
Risperidone					
Tab Or 0.5mg	Risperdal M[®]	2247704	JAN	AV	AAC
Tab Or 1mg	Risperdal M[®]	2247705	JAN	AV	AAC

SPECIAL AUTHORIZATION ADDITIONS

Bimatoprost
(*Lumigan[®]*)
0.03% ophthalmic solution

For the reduction of intraocular pressure in patients with open angle glaucoma or ocular hypertension who are intolerant of, or insufficiently responsive to, another intraocular pressure (IOP) lowering drug.

If the beneficiary has had a claim for a first-line glaucoma agent (eg. betaxolol, levobunolol, timolol, etc.) in the previous 12 months, the claim for bimatoprost will be automatically reimbursed.

SPECIAL AUTHORIZATION ADDITIONS

Ezetimibe
(*Ezetrol*[®])
10mg tablets

For the treatment of hypercholesterolemia

- As adjunctive therapy with a statin, in patients who have not reached treatment goals on maximum tolerated statin therapy alone, or
- As monotherapy in patients who are intolerant to statins and fibrates.

LINE EXTENSIONS

Estradiol-17 β
(*Estradot*[®])
25mcg transdermal system

For the treatment of menopausal symptoms in women for whom oral forms of HRT are not tolerated or indicated.

Risperidone
(*Risperdal M*[®])
0.5mg, 1mg, 2mg
orally disintegrating tablets

- For the management of manifestations of schizophrenia and related psychotic disorders. Advice from a psychiatrist is suggested prior to starting therapy.
- For use in severe dementia for the short-term symptomatic management of inappropriate behavior due to aggression and/or psychosis.
(Risperidone 0.25mg, 0.5mg, 1mg tablets are regular benefits of Plans A and V).

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

DRUGS REVIEWED AND NOT LISTED

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

Ciprofloxacin	<i>(Cipro XL[®])</i>	500mg tablets
Desmopressin	<i>(Minirin[®])</i>	0.1mg tablets
Pimecrolimus	<i>(Elidel[®])</i>	1% cream
Telithromycin	<i>(Ketek[®])</i>	400mg tablets

Bulletin # 610

November 30, 2004

BENEFIT CHANGES TO NBPDP

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

BENEFIT ADDITIONS:

Claims for products that are reimbursed at Actual Acquisition Cost up to January 4, 2005 will be subject to a Maximum Allowable Price (MAP) effective January 5, 2005.

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

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

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

Yours truly,

Debbie LeBlanc
New Brunswick Prescription Drug Program

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

							to	MAP
							Jan 4/05	Jan 5/05
Amantadine Hydrochloride								
Amantadine (chlorhydrate d')								
Liq	Orl	10mg/mL	pms-Amantadine	2022826	PMS	AEFGVW	AAC	0.0810
Amcinonide								
Ont	Top	0.1%	ratio-Amcinonide	2247096	RPH	AEFGVW	AAC	0.2737
Lot	Top	0.1%	ratio-Amcinonide	2247097	RPH	AEFGVW	AAC	0.2272
Diazepam								
Diazépam								
Tab	Orl	2mg	pms-Diazepam	2247490	PMS	AEFGVW	MAP	
Co.		5mg	pms-Diazepam	2247491	PMS	AEFGVW	MAP	
		10mg	pms-Diazepam	2247492	PMS	AEFGVW	MAP	
Etidronate Disodium								
Etidronate Disodique								
Tab	Orl	200mg	Co-Etidronate	2248686	COB	AEFGVW	AAC	0.9175
Co.								
Furosemide								
Furosémide								
Tab	Orl	20mg	pms-Furosemide	2247493	PMS	AEFGVW	MAP	
Co.		40mg	pms-Furosemide	2247494	PMS	AEFGVW	MAP	
Hydrochlorothiazide								
Tab	Orl	25mg	pms-Hydrochlorothiazide	2247386	PMS	AEFGVW	MAP	
Co.		50mg	pms-Hydrochlorothiazide	2247387	PMS	AEFGVW	MAP	
Leflunomide								
Tab	Orl	10mg	Apo-Leflunomide	2256495	APX	Spec. Auth	AAC	6.7130
Co.		20mg	Apo-Leflunomide	2256509	APX	Spec. Auth	AAC	6.7130
Lovastatin								
Lovastatine								
Tab	Orl	20mg	Co-Lovastatin	2248572	COB	AEFGVW	MAP	
Co.		40mg	Co-Lovastatin	2248573	COB	AEFGVW	MAP	

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

							to	MAP
							Jan 4/05	Jan 5/05
Meloxicam								
Tab	Orl	7.5mg	Gen-Meloxicam	2255987	GPM	AEFGV	MAP	
Co.			Novo-Meloxicam	2258315	NOP	AEFGV	MAP	
		15mg	Gen-Meloxicam	2255995	GPM	AEFGV	MAP	
			Novo-Meloxicam	2258323	NOP	AEFGV	MAP	
Metformin Hydrochloride								
Metformine (chlorhydrate de)								
Tab	Orl	500mg	Co-Metformin	2257726	COB	AEFGVW	MAP	
Co.		850mg	Co-Metformin	2257734	COB	AEFGVW	MAP	
Methylphenidate Hydrochloride								
Méthylphénidate (chlorhydrate de)								
Tab	Orl	10mg	Apo-Methylphenidate	2249324	APX	AEFGVW	MAP	
Co.		20mg	Apo-Methylphenidate	2249332	APX	AEFGVW	MAP	
Mirtazapine								
Tab	Orl	30mg	Gen-Mirtazapine	2256118	GPM	AEFGV	AAC	0.7812
Co.			Novo-Mirtazapine	2259354	NOP	AEFGV	AAC	
Terconazole								
Crn	Vag	4mg/gm	Taro-Terconazole	2247651	TAR	AEFGVW	AAC	0.2727
Cr.								
Zopiclone								
Tab	Orl	5mg	Novo-Zopiclone	2251450	NOP	AEVW	MAP	
Co.		7.5mg	Novo-Zopiclone	2251469	NOP	AEVW	MAP	

ADDITIONAL PRODUCTS SUBJECT TO MAP / PRODUITS SUPPLÉMENTAIRES ASSUJETIS AUX PAM

							to	MAP
							Jan 4/05	Jan 5/05
Ranitidine Hydrochloride								
Ranitidine (chlorhydrate de)								
Liq	Orl	15mg/mL	Novo-Ranitidine Oral	2242940	NOP		AAC	0.1305
			Solution					
Anagrelide								
Cap	Orl	0.5mg	Rhoxal-Anagrelide	2260107	RHO	Spec. Auth	AAC	3.3491

Bulletin #614

January 26, 2005

BENEFIT CHANGES TO NBPDP

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

Included in this bulletin:

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

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

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

Yours truly,

Debbie LeBlanc
New Brunswick Prescription Drug Program

REGULAR BENEFIT ADDITIONS

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

SPECIAL AUTHORIZATION ADDITIONS

Fludarabine
(Fludara®)
10mg tablets

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

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

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

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

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

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

New indication added to existing criteria:

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

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

SPECIAL AUTHORIZATION ADDITIONS

Oxcarbazepine

(*Trileptal*[®])

150mg, 300mg, 600mg tablets
60mg/mL suspension

For the treatment of epilepsy in patients who have had an inadequate response or are intolerant to at least 3 other antiepileptics including carbamazepine.

Thyrotropin alpha

(*Thyrogen*[®])

0.9mg/mL injection

For on-going evaluation in patients who have documented evidence of thyroid cancer, have undergone appropriate surgical and/or medical management, and require monitoring for recurrence and metastatic disease. This includes:

The patient has failed to respond to, or relapsed during/

- Primary use in patients with inability to raise an endogenous TSH level (≥ 25 mu/L) with thyroid hormone withdrawal.
 - Primary use in patients with one of the following documented comorbidities in whom severe hypothyroidism could be life threatening:
 - unstable angina
 - recent myocardial infarction
 - class III-IV congestive heart failure
 - uncontrolled psychiatric illness
 - other medical condition in which the clinical course could lead to a potential life threatening situation
 - Secondary use in patients with previous thyroid hormone withdrawal resulting in a documented life threatening event.
-

Peginterferon alfa-2a

(*Pegasys*[®])

180mcg/0.5mL pre-filled syringe
180mcg/mL vial injection

Requests will be considered from internal medicine specialists for the treatment of chronic hepatitis C (HCV RNA positive) for patients who cannot tolerate ribavirin.

- Initial coverage of 24 weeks will be approved for all patients. Coverage for an additional 24 weeks will be approved for patients with HCV genotype 1.
 - A positive HCV RNA assay after 24 weeks of therapy is an indication to stop treatment.
-

DRUGS REVIEWED AND NOT LISTED

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

Diclofenac	<i>(Pennsaid®)</i>	1.5% topical solution
Methylphenidate	<i>(Concerta®)</i>	18mg, 36mg, 54mg extended release tablets

Bulletin #617

March 15, 2005

BENEFIT CHANGES TO NBPDP

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

Included in this bulletin:

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

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

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

Yours truly,

Debbie LeBlanc
New Brunswick Prescription Drug Program

REGULAR BENEFIT ADDITIONS

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

REGULAR BENEFIT ADDITIONS

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

REGULAR BENEFIT ADDITIONS

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

REGULAR BENEFIT ADDITIONS

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

SPECIAL AUTHORIZATION ADDITIONS

Ciprofloxacin HCL / Hydrocortisone
(Cipro HC Otic Solution®)
 2mg/mL/10mg/mL suspension

For the treatment of acute, diffuse, bacterial otitis externa when treatment with a listed agent has been ineffective or is contraindicated.

DRUGS REVIEWED AND NOT LISTED

Delavirdine Mesylate (*Rescriptor®*) 100mg tablets

Bulletin # 619

April 6, 2005

BENEFIT CHANGES TO NBPDP

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

BENEFIT ADDITIONS:

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

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

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

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

Yours truly,

Debbie LeBlanc
New Brunswick Prescription Drug Program

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

to MAP
May 3/05 May 4/05

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

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

to MAP
May 3/05 May 4/05

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

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

to MAP
May 3/05 May 4/05

Tizanidine Hydrochloride
Tizanidine (chlorhydrate de)

Tab	Orl	4mg	Apo-Tizanidine	2259893	APX	Spec. Auth	AAC	0.5106
-----	-----	-----	----------------	---------	-----	------------	-----	--------

Co.

Zopiclone

Tab	Orl	5mg	Rhoxal-Zopiclone	2257572	RHO	AEFVW	MAP
-----	-----	-----	------------------	---------	-----	-------	-----

Co.

		7.5mg	Rhoxal-Zopiclone	2257580	RHO	AEFVW	MAP
--	--	-------	------------------	---------	-----	-------	-----

ADDITIONAL PRODUCTS SUBJECT TO MAP / PRODUITS SUPPLÉMENTAIRES ASSUJETIS AUX PAM

to MAP
May 3/05 May 4/05

Clindamycin Hydrochloride
Clindamycine (chlorhydrate de)

Cap	Orl	300mg	Gen-Clindamycin	2258358	GPM	Spec. Auth	MAP
-----	-----	-------	-----------------	---------	-----	------------	-----

Caps

Gliclazide

Tab	Orl	80mg	Rhoxal-Gliclazide	2254719	RHO	Spec. Auth	MAP
-----	-----	------	-------------------	---------	-----	------------	-----

Co.

Levofloxacin

Levofloxacin

Tab	Orl	250mg	Novo-Levofloxacin	2248262	NOP	Spec. Auth	AAC	3.1080
-----	-----	-------	-------------------	---------	-----	------------	-----	--------

Co.

		500mg	Novo-Levofloxacin	2248263	NOP	Spec. Auth	AAC	3.5070
--	--	-------	-------------------	---------	-----	------------	-----	--------

Bulletin #624

May 31, 2005

BENEFIT CHANGES TO NBPDP

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

Included in this bulletin:

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

Special Authorization Unit Fax Number

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

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

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

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

Yours truly,

Debbie LeBlanc
New Brunswick Prescription Drug Program

REGULAR BENEFIT ADDITIONS

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

SPECIAL AUTHORIZATION ADDITIONS

Almotriptan malate
(*Axert*[®])
6.25mg and 12.5mg tablets

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

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

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

SPECIAL AUTHORIZATION ADDITIONS

Methadone HCl

(*Metadol*[®])

1mg, 5mg, 10mg, 25mg tablets

- Requests will be considered from New Brunswick physicians authorized to prescribe methadone for the treatment of severe cancer-related or chronic non-malignant pain.
- Requests will not be considered for the treatment of opiate dependence.

Methadone

Compounded Oral Solution

Requests from New Brunswick physicians authorized to prescribe methadone will be considered:

1. For the treatment of severe cancer-related or chronic non-malignant pain as an alternative to other opiates.
2. For the treatment of opiate dependence as an adjunct to psychosocial interventions.

All requests must meet requirements set out in the NBPDP methadone reimbursement policies.

Tolterodine

(*Detrol*[®] LA - formerly *Unidet*[®])

2mg, 4mg capsules

- For the treatment of overactive bladder with symptoms of urinary frequency, urgency and/or urge incontinence in patients who have not tolerated a reasonable trial of oxybutynin immediate release.
- Requests for the treatment of stress incontinence will not be considered.

SPECIAL AUTHORIZATION – REVISED CRITERIA

Oxybutynin

(*Ditropan XL*[®])

5mg and 10mg tablets

- For the treatment of overactive bladder with symptoms of urinary frequency, urgency and/or urge incontinence in patients who have not tolerated a reasonable trial of oxybutynin immediate release.
- Requests for the treatment of stress incontinence will not be considered.

Tolterodine

(*Detrol*[®])

1mg and 2mg tablets

SPECIAL AUTHORIZATION – REVISED CRITERIA

Formoterol

(*Foradil*[®])

12 mcg inhalation capsules

(*Oxeze*[®])

6mcg,12mcg inhalation turbuhaler

Salmeterol

(*Serevent*[®])

25mcg metered dose inhaler

50mcg diskus

The criteria have been revised to include:

- For the treatment of moderate to severe chronic obstructive pulmonary disease (COPD) as defined by the Canadian Thoracic Society*, if a patient continues to be symptomatic after an adequate trial of ipratropium (4 puffs QID for 2-4 months) and appropriate use of short-acting beta₂-agonists, indicative of poor control.

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

Formoterol/Budesonide

(*Symbicort*[®])

6mcg/100mcg,6mcg/200mcg

metered dose inhaler

Salmeterol/Fluticasone

(*Advair*[®])

25/125mcg,25/250mcg

metered dose inhaler

50/100mcg,50/250mcg,50/500mcg

diskus dry powder inhalation

The criteria have been revised to include:

- For the treatment of moderate to severe chronic obstructive pulmonary disease (COPD) as defined by the Canadian Thoracic Society*, if a patient continues to be symptomatic after an adequate trial of ipratropium (4 puffs QID for 2-4 months) and appropriate use of short-acting beta₂-agonists, indicative of poor control.

Requests will be considered for patients with more advanced disease who experience frequent exacerbations (e.g. 3 or more per year especially requiring oral corticosteroid) and are already using a long-acting beta₂-agonist and inhaled corticosteroid separately.

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

* Canadian Thoracic Society COPD classification:

- Moderate: Shortness of breath from COPD causing the patient to stop walking about 100 meters (or after a few minutes) on the level or FEV₁ 40 to 59% predicted, FEV₁/FVC<0.7.
- Severe: Shortness of breath from COPD resulting in the patient being too breathless to leave the house, breathless after undressing, or the presence of chronic respiratory failure or clinical signs of right heart failure or FEV₁ <40% predicted, FEV₁/FEC<0.7.

SPECIAL AUTHORIZATION – REVISED CRITERIA

Imatinib
(*Gleevec*[®])
100mg capsules

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

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

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

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

DRUGS REVIEWED AND NOT LISTED

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

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

Bulletin # 626

June 17, 2005

BENEFIT CHANGES TO NBPDP

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

BENEFIT ADDITIONS:

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

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

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

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

Yours truly,

Debbie LeBlanc
New Brunswick Prescription Drug Program

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

to MAP
July 12/05 July 13/05

Acetaminophen / Oxycodone Hydrochloride

Acétaminophène / Oxycodone (chlorhydrate d')

Tab	Orl	325/5mg	ratio-Oxycocet	608165	RPH	current benefit	AAC	0.1248
-----	-----	---------	----------------	--------	-----	-----------------	-----	--------

Co.

Bupropion Hydrochloride

Bupropion (chlorhydrate d')

Tab	Orl	150mg	Novo-Bupropion SR	2260239	NOP	Spec. Auth.	AAC	0.5600
-----	-----	-------	-------------------	---------	-----	-------------	-----	--------

Co.

Cilazapril

Tab	Orl	1mg	Novo-Cilazapril	2266350	NOP	AEFGVW	AAC	0.4130
-----	-----	-----	-----------------	---------	-----	--------	-----	--------

Co.

		2.5mg	Novo-Cilazapril	2266369	NOP	AEFGVW	AAC	0.4760
--	--	-------	-----------------	---------	-----	--------	-----	--------

		5mg	Novo-Cilazapril	2266377	NOP	AEFGVW	AAC	0.5530
--	--	-----	-----------------	---------	-----	--------	-----	--------

Fosinopril Sodium

Fosinopril Sodique

Tab	Orl	10mg	Apo-Fosinopril	2266008	APX	AEFGVW	MAP	
-----	-----	------	----------------	---------	-----	--------	-----	--

Co.

		20mg	Apo-Fosinopril	2266016	APX	AEFGVW	MAP	
--	--	------	----------------	---------	-----	--------	-----	--

			pms-Fosinopril	2255952	PMS	AEFGVW	MAP	
--	--	--	----------------	---------	-----	--------	-----	--

Gabapentin

Cap	Orl	100mg	ratio-Gabapentin	2260883	RPH	Spec. Auth	MAP	
-----	-----	-------	------------------	---------	-----	------------	-----	--

Caps.

		300mg	ratio-Gabapentin	2260891	RPH	Spec. Auth	MAP	
--	--	-------	------------------	---------	-----	------------	-----	--

		400mg	ratio-Gabapentin	2260905	RPH	Spec. Auth	MAP	
--	--	-------	------------------	---------	-----	------------	-----	--

Lamotrigine

Tab	Orl	25mg	Gen-Lamotrigine	2265494	GPM	Spec. Auth	MAP	
-----	-----	------	-----------------	---------	-----	------------	-----	--

Co.

		100mg	Gen-Lamotrigine	2265508	GPM	Spec. Auth	MAP	
--	--	-------	-----------------	---------	-----	------------	-----	--

		150mg	Gen-Lamotrigine	2265516	GPM	Spec. Auth	MAP	
--	--	-------	-----------------	---------	-----	------------	-----	--

Loperamide Hydrochloride

Lopéramide (chlorhydrate d')

Tab	Orl	2mg	Rhoxal-Loperamide	2257564	RHO	AEFGVW	MAP	
-----	-----	-----	-------------------	---------	-----	--------	-----	--

Co.

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

to MAP
July 12/05 July 13/05

Paroxetine							
Tab	Orl	10mg	Co-Paroxetine	2262746	COB	AEFGVW	MAP
Co.		20mg	Co-Paroxetine	2262754	COB	AEFGVW	MAP
		30mg	Co-Paroxetine	2262762	COB	AEFGVW	MAP

ADDITIONAL PRODUCTS SUBJECT TO MAP / PRODUITS SUPPLÉMENTAIRES ASSUJETIS AUX PAM

to MAP
July 12/05 July 13/05

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

Bulletin #635

September 23, 2005

BENEFIT CHANGES TO NBPDP

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

Included in this bulletin:

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

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

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

Yours truly,

Debbie LeBlanc
New Brunswick Prescription Drug Program

REGULAR BENEFIT ADDITIONS

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

SPECIAL AUTHORIZATION ADDITIONS

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

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

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

DRUGS REVIEWED AND NOT LISTED

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

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

Bulletin # 638

October 24, 2005

BENEFIT CHANGES TO NBPDP

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

BENEFIT ADDITIONS:

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

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

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

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

Yours truly,

Debbie LeBlanc
New Brunswick Prescription Drug Program

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

to MAP
Nov 22/05 Nov 23/05

Acetaminophen / Oxycodone HCL

Acétaminophène / Oxycodone (chlorhydrate d')

Tab	Orl	325/5mg					
Co.			pms-Oxycodone-Acetaminophen	2245758	PMS	AEFGVW	MAP

Alendronate

Tab	Orl	40mg	Co-Alendronate	2258102	COB	Spec. Auth	AAC	2.6097
Co.		70mg	Apo-Alendronate	2248730	APX	Spec. Auth	AAC	5.575
			Co-Alendronate	2258110	COB			
			Novo-Alendronate	2261715	NOP			

Atenolol

Aténolol

Tab	Orl	50mg	Ran-Atenolol	2267985	RAN	AEFGVW	MAP
Co.		100mg	Ran-Atenolol	2267993	RAN	AEFGVW	MAP

Brimonidine tartrate

Brimonidine (tartrate de)

Liq	Oph	0.2%	Apo-Brimonidine	2260077	APX	AEFV	MAP
-----	-----	------	-----------------	---------	-----	------	-----

Carvedilol

Carvédilol

Tab	Orl	3.125mg	Ran-Carvedilol	2268027	RAN	Spec. Auth	MAP
Co.		6.25mg	Ran-Carvedilol	2268035	RAN	Spec. Auth	MAP
		12.5mg	Ran-Carvedilol	2268043	RAN	Spec. Auth	MAP
		25mg	Ran-Carvedilol	2268051	RAN	Spec. Auth	MAP

Ciprofloxacin Hydrochloride

Ciprofloxacine (chlorhydrate de)

Tab	Orl	250mg	Ran-Ciprofloxacin	2267934	RAN	Spec. Auth	MAP
Co.		500mg	Ran-Ciprofloxacin	2267942	RAN	Spec. Auth	MAP
		750mg	Ran-Ciprofloxacin	2267950	RAN	Spec. Auth	MAP
Liq	Oph	0.3%	Apo-Ciproflox	2263130	APX	Spec. Auth	MAP

Citalopram Hydrobromide

Citalopram (bromhydrate de)

Tab	Orl	20mg	Ran-Citalopram	2268000	RAN	AEFGV	MAP
Co.		40mg	Ran-Citalopram	2268019	RAN	AEFGV	MAP

NBPD BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

to MAP
Nov 22/05 Nov 23/05

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

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

to MAP
Nov 22/05 Nov 23/05

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

ADDITIONAL PRODUCTS SUBJECT TO MAP / PRODUITS SUPPLÉMENTAIRES ASSUJETIS AUX PAM

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

Bulletin #640

November 18, 2005

BENEFIT CHANGES TO NBPDP

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

Included in this bulletin:

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

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

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

Yours truly,

Debbie LeBlanc
New Brunswick Prescription Drug Program

REGULAR BENEFIT ADDITIONS

Drug/Form/Route/Strength			Brandname	DIN	Manufacturer	Plans	\$
Fluvastatin Sodium							
Srt	Orl	80mg	Lescol XL [®]	2250527	NVR	AEFGVW	AAC
Leuprolide Acetate							
Sus	Sc	7.5mg	Eligard [®]	2248239	SNS	AEFVW	AAC
		22.5mg	Eligard [®]	2248240	SNS	AEFVW	AAC
		30mg	Eligard [®]	2248999	SNS	AEFVW	AAC
Metoprolol Tartrate							
Tab	Orl	25mg	pms-Metoprolol-L [®]	2248855	PMS	AEFGVW	AAC
Metronidazole							
Lot	Top	0.75%	MetroLotion [®]	2248206	GAC	AEFGVW	AAC
Mirtazapine							
Tab	Orl	15mg	Rhoxal-Mirtazapine [®]	2250594	RHO	AEFGVW	AAC
<u>Angiotensin Converting Enzyme (ACE) Inhibitors and Diuretic Combination Products</u>							
Cilazapril / hydrochlorothiazide							
Tab	Orl	5/12.5mg	Inhibace [®] Plus	2181479	HLR	AEFGVW	AAC
Enalapril / hydrochlorothiazide							
Tab	Orl	5/12.5mg	Vaseretic [®]	2242826	FRS	AEFGVW	AAC
Lisinopril / hydrochlorothiazide							
Tab	Orl	10/12.5mg	Prinzide [®]	2108194	FRS	AEFGVW	AAC
			Zestoretic [®]	2103729	AZE	AEFGVW	AAC
		20/12.5mg	Prinzide [®]	884413	FRS	AEFGVW	AAC
			Zestoretic [®]	2045737	AZE	AEFGVW	AAC
		20/25mg	Prinzide [®]	884421	FRS	AEFGVW	AAC
			Zestoretic [®]	2045729	AZE	AEFGVW	AAC

REGULAR BENEFIT ADDITIONS

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

REGULAR BENEFIT ADDITIONS

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

SPECIAL AUTHORIZATION ADDITIONS

Betahistine
(*Serc*[®])
24mg tablets

For the symptomatic treatment of the recurrent episodes of vertigo associated with Ménière's disease.

Ciprofloxacin
(*Cipro XL*[®])
1000mg tablets

For the treatment of complicated urinary tract infection and acute uncomplicated pyelonephritis when alternative agents are ineffective, not tolerated or contraindicated.

Oseltamivir
(*Tamiflu*[®])
75mg capsules

For beneficiaries residing in long-term care facilities* during an influenza outbreak situation and further to the recommendation of a Medical Officer of Health:

- For treatment of long-term care residents with clinically suspected or lab confirmed influenza A or B. A clinically suspected case is one in which the patient meets the criteria of influenza-like illness and there is confirmation of influenza A or B circulating within the facility or surrounding community.
- For prophylaxis of long-term care residents where the facility has an influenza A or B outbreak. Prophylaxis should be continued until the outbreak is over. An outbreak is declared over 7 days after the onset of the last case in the facility.

* In these criteria, *long-term care facility* refers to a licensed nursing home and does not include special care homes.

DRUGS REVIEWED AND NOT LISTED

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

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

Bulletin #643

December 9, 2005

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

Information for Pharmacies Providing Services to Licensed Nursing Homes

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

- When an attending physician or the LTC facility's Medical Advisor/House Physician determines influenza to be the cause of an outbreak, the Medical Officer of Health (MOH) will be contacted.
- If the MOH recommends antiviral use in a facility, the process for coverage depends on the drug recommended.
 - Amantadine:
 - Option for treatment or prophylaxis of influenza A unless resistance is noted or its use is contraindicated.
 - Regular NBPDP benefit
 - Oseltamivir:
 - Option for treatment or prophylaxis of influenza A or influenza B.
 - Special authorization NBPDP benefit
- When antiviral medication is being considered for treatment of a resident who is symptomatic, it is important to confirm that the influenza symptoms have been present for less than 48 hours. Antiviral medication is unlikely to benefit residents who have been ill for more than 48 hours.

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

Process for Coverage and Ordering Oseltamivir

NBPDP Special Authorization Approval:

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

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

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

Obtaining Oseltamivir from the Manufacturer:

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

LTC Facility:

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

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

Pharmacy:

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

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

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

On-Line Payment of Special Authorization Claims for Oseltamivir:

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

SPECIAL AUTHORIZATION CRITERIA

Oseltamivir
(*Tamiflu*®)
75mg capsules

For beneficiaries residing in long-term care facilities* during an influenza outbreak situation and further to the recommendation of a Medical Officer of Health:

- For treatment of long-term care residents with clinically suspected or lab confirmed influenza A or B. A clinically suspected case is one in which the patient meets the criteria of influenza-like illness and there is confirmation of influenza A or B circulating within the facility or surrounding community.
- For prophylaxis of long-term care residents where the facility has an influenza A or B outbreak. Prophylaxis should be continued until the outbreak is over. An outbreak is declared over 7 days after the onset of the last case in the facility.

* In these criteria, *long-term care facility* refers to a licensed nursing home and does not include special care homes.

OSELTAMIVIR (TAMIFLU®) FAX FORM

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

FACILITY IDENTIFICATION

Name: _____

Address: _____ (Street address)

_____ (City / Province)

_____ (Postal code)

MEDICAL ADVISOR/HOUSE PHYSICIAN or DESIGNATED STAFF

Name: _____ (Please print)

Title: _____ (Please print)

Tel: (____) _____

Fax: (____) _____

Signature: _____ Date: _____

PHARMACY THAT WILL DISPENSE OSELTAMIVIR (TAMIFLU®)

Name: _____

Tel: (____) _____

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

Bulletin # 645

December 22, 2005

BENEFIT CHANGES TO NBPDP

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

BENEFIT ADDITIONS:

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

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

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

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

Yours truly,

Debbie LeBlanc
New Brunswick Prescription Drug Program

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

to MAP
Jan 29/06 Jan 30/06

Atenolol
Aténolol
Tab Orl 25mg Novo-Atenolol 2266660 NOP AEEGVW AAC 0.1758
Co.

Azithromycin (all polymorphic forms)
Azithromycine (toutes les formes polymorphiques)
Tab Orl 250mg Apo-Azithromycin 2247423 APX AEEGVW AAC 3.4533
Co. Co-Azithromycin 2255340 COB
Novo-Azithromycin 2267845 NOP
Sandoz-Azithromycin 2265826 SDZ

600mg Co-Azithromycin 2256088 COB W & Spec. Auth. AAC 7.6250

Bisoprolol Fumarate
Fumarate de bisoprolol
Tab Orl 5mg Novo-Bisoprolol 2267470 NOP AEFV MAP
Co.

10mg Novo-Bisoprolol 2267489 NOP AEFV MAP

Bupirone Hydrochloride
Bupirone (chlorhydrate de)
Tab Orl 10mg Co-Bupirone 2262916 COB AEEGVW MAP
Co.

Clindamycin Phosphate
Clindamycine (phosphate de)
Liq Top 1% Taro-Clindamycin 2266938 TAR AEEGV AAC 0.2260

Lithium Carbonate
Lithium (carbonate de)
Srt Orl 300mg Apo-Lithium Carbonate SR 2266695 APX AEEGVW AAC 0.1334
Co.L.C.

Metformin Hydrochloride
Metformine (chlorhydrate de)
Tab Orl 500mg Ran-Metformin 2269031 RAN AEEGVW MAP
Co.

Pravastatin Sodium
Pravastatine sodique
Tab Orl 10mg Gen-Pravastatin 2257092 GPM AEEGVW MAP
Co.

20mg Gen-Pravastatin 2257106 GPM AEEGVW MAP

40mg Gen-Pravastatin 2257114 GPM AEEGVW MAP

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

to MAP
Jan 29/06 Jan 30/06

Sertraline Hydrochloride
Sertraline (chlorhydrate de)

Cap	Orl	25mg	Novo-Sertraline	2240485	NOP	AEFGVW	MAP
Caps		50mg	Novo-Sertraline	2240484	NOP	AEFGVW	MAP
		100mg	Novo-Sertraline	2240481	NOP	AEFGVW	MAP

ADDITIONAL PRODUCTS SUBJECT TO MAP / PRODUITS SUPPLÉMENTAIRES ASSUJETIS AUX PAM

Estradiol-17B

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