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GOVERNMENT OF
NEWFOUNDLAND AND LABRADOR

Department of Health
and Community Services

December 2005

Behind the Scenes

Newfoundland and Labrador Prescription Drug Program (NLPDP)

RESPIRATORY MEDICATION UTILIZATION
WET NEBULIZATION CONVERSION PROJECT

Proposed Changes to Wet Nebulization Coverage

The Newfoundland and Labrador Prescription Drug Program (NLPDP) has launched an initiative to support the conversion of wet nebulized therapy (WN) to metered-dose inhalers (MDI), with or without a spacer device, or dry powder inhalers (DPI). This initiative involves moving nebulized solutions to Special Authorization status with the establishment of special authorization criteria. Appropriate educational initiatives with key stakeholders will also be undertaken. The conversion project is consistent with best practice guidelines for the delivery of inhaled medications in asthmatics and patients with COPD. Both New Brunswick and Nova Scotia have successfully implemented similar program changes in recent years.

Why switch from Nebulization to MDIs or DPIs?

MDIs and DPIs are more efficient delivery systems for inhalation medications.
The efficiency of nebulization is reported between 1-10% but in practice is likely to be 5% at best. To compensate for this inefficiency, a larger dose of medication is used.

MDIs obtain approximately 10% deposition in the lungs. The addition of a spacer device increases the efficiency to 15-20%. Spacer devices can be used by all age groups. Spacers with face mask are available for infants, pediatric patients and adults. The adult face mask may be appropriate for patients who cannot use mouthpieces. A face mask may also make conversion smoother for those who have been on WN for long periods of time, such as those in long term care facilities.

DPIs such as Diskhalers or Diskus provide 6-15% deposition while the Turbuhalers can attain up to 30% delivery to the lungs. These devices, however, require the patient to generate a forceful inhalation for adequate delivery.

The clinical efficacy of MDIs or DPIs is equal or greater than WN.
MDIs and DPIs offer quick administration and faster reversal of bronchospasm as compared to WN. When switching to a new device, health care professionals must be aware of the differences in the deposition and therefore doses may need to be adjusted until the lowest effective dose is determined.

Canadian Asthma Consensus Guidelines (1999), and the Canadian Guidelines for the treatment of COPD, support the use of MDIs and DPIs and state that WN are rarely indicated at any age. Nebulized solutions are only required for patients who are unable to coordinate an MDI, with or without a spacer, or a DPI.

MDIs and DPIs are more convenient and more cost effective.
Nebulization equipment is not transportable, and is time consuming to use and maintain. Higher drug costs and the additional costs of supplies such as masks and tubing make WN more costly as compared to MDIs or DPIs.

Conversion Issues

Involvement of the patient care team including physicians, pharmacists, nurses and respiratory therapists will help ensure the conversion is successful.

Draft Wet Nebulization Coverage Criteria (Target Implementation: Sept 1, 2006)

To accommodate the few patients for whom a dry delivery method (with or without a spacer device) is inappropriate, wet nebulization solutions will be approved upon the written request of a physician for those patients who meet the following criteria:

- Adult patients with a vital capacity of 900 ml or less;
- Adult patients with a respiratory rate greater than 25 breaths per minute;
- Patients who have demonstrated they cannot follow instructions, cannot hold the spacer device or cannot hold the device long enough to actuate it; **OR**
- Other situations, as deemed appropriate, based on case by case assessment.

NEW DAYS SUPPLY POLICY

Effective October 17, 2005, NLPDP has implemented a new days supply policy. Quantities dispensed should be in accordance with the physician's prescription, to a maximum of 90 days supply, with the exception of the first fill (i.e. medication that is new to the patient) and controlled substances, each of which shall be dispensed as written, to a maximum of 30 days supply.

Physicians should note that prescriptions written as "Dispense 3/12" will be interpreted by pharmacists that a 90 day supply is to be dispensed at one time for NLPDP clients, in accordance with the above policy.

CHANGES TO THE NLPDP BENEFIT LISTING

New open benefits:

1. Tiazac XC 120mg, 180mg, 240mg, 300mg & 360mg Tablets
2. Apo-Methazolamide 50mg Tablets
3. Yasmin
4. Apo-Quinine 100mg & 300mg Capsules
5. Climara 25mcg & 75mcg Patches
6. Cesamet 0.5mg Capsules
7. Kwellada-P Crème Rinse & Lotion
8. Doloral-1 Syrup

Revised Special Authorization Criteria:

The following products considered under special authorization have revised criteria which can be viewed at www.health.gov.nl.ca/health/nlpdp

1. Sevelamer (Renagel)
2. Bisphosphonates (Fosamax & Actonel) for Osteoporosis

Drug Reviews Completed and Not Considered for Coverage:

The Common Drug Review (CDR) reviews new drugs and provides an evidence-based formulary listing recommendation, made by the Canadian Expert Drug Advisory Committee (CEDAC), on behalf of publicly-funded drug plans. The reviews for the following products were completed by the Common Drug Review and coverage was not recommended. As such, these products will not be considered for coverage under the NLPDP. CEDAC recommendations can be viewed at www.ccohta.ca

1. Aldurazyme
2. Amevive
3. Ciprodex
4. Fabrazyme
5. Lantus
6. Norprolac
7. Senispar
8. Strattera