



GOVERNMENT OF  
NEWFOUNDLAND AND LABRADOR

Department of Health  
and Community Services

Topic Suggestions...Contact:  
Pharmaceutical Services, Dept. of  
Health and Community Services  
P.O. Box 8700  
St. John's, NL A1B 4J6  
Tel: 729-6507; Fax 729-2851

## Behind the Scenes Newfoundland and Labrador Prescription Drug Program (NLPDP)

June 2005

We are often asked what circumstances medications are covered under and how they were decided. The following table provides information on just a few medications on which we frequently receive questions.

Drug	Coverage Criteria
Lovenox	- for treatment of acute DVT/PE or in patients with treatment failure on warfarin. For prophylaxis, our guidelines are limited to patients with concomitant anticoagulation syndromes or in patients who have failed to reach therapeutic INR while on oral anticoagulant therapy.
Norvasc	- for patients who have failed benefit calcium channel blockers or in whom current benefit agents in this class are clinically unsuitable due to co-existing complications such as congestive heart failure or left ventricular dysfunction. - for beta-blocked individuals or individuals with existing conduction problems who have failed or are intolerant to nifedipine.
Spiriva	- for patients with moderate to severe COPD (as defined by the Canadian Thoracic Society) who remain symptomatic despite an adequate trial (2 - 4 months) of ipratropium at a dose of 4 puffs QID. Ipratropium and tiotropium cannot be insured as concurrent benefits.

With all special authorization requests it is important to provide comprehensive information including: diagnosis, reason for the request (including past therapeutic failures), any testing supporting its use, where appropriate, and any other pertinent information. This will help to ensure there is sufficient information for a timely and accurate assessment. Criteria for all our special authorization medications can be found on our website at [www.gov.nf.ca/health/nlpdp](http://www.gov.nf.ca/health/nlpdp)

### **Proton Pump Inhibitors - Policy Changes - reminder**

As of June 1, 2005, NLPDP will provide preferential coverage of Pariet (due to pricing differences) for patients who meet our ppi coverage criteria. Coverage of Losec, Pantoloc and Prevacid can be considered after failure of an eight week trial of Pariet.

For patients who have had long term coverage of Losec, Pantoloc or Prevacid and for whom a switch to Pariet is not appropriate, a request for continued coverage from the prescribing physician is needed. This request should include diagnosis and reason why Pariet therapy is not appropriate.

Due to the withdrawal of the Notice of Compliance (NOC) for Apo-Omeprazole it is no longer being required for coverage. Should Apo-Omeprazole regain its NOC it will be returned to preferential coverage status for patients who meet our ppi coverage criteria.

### **The Newfoundland and Labrador Interchangeable Formulary:**

#### **New Categories:**

Effective April 1, 2005

1. Levofloxacin 250mg and 500mg Tablets
2. Tizanidine 4mg Tablet

Effective July 1, 2005

1. Anagrelide 0.5mg Capsules

**Additions to the NLPDP Benefit listing:**

- |  |  |
|--|--|
| 1. Sab–Lorazepam 4mg/ml Injection        | 12. Serc 24mg Tablet   |
| 2. CES 0.3mg Tablet                      | 13. Pms-Metoprolol-L 25mg Tablet   |
| 3. Co Etidronate 200mg Tablet            | 14. MetroLotion O.75%  |
| 4. Taro-Fluconazole 50mg & 100mg Tablets | 15. Lescol XL 80mg Tablet  |
| 5. Gen-Fosinopril 10mg & 20mg Tablets    | 16. Cipro XL 1000mg Tablet   |
| 6. Pms-Fosinopril 10mg & 20mg Tablets    | 17. Rhoxal-Mirtazipine 15mg Tablet                                       |
| 7. Novo-Mirtazapine 30mg Tablet          | 18.*Aerochamber Max w/Mouthpiece, Child Mask, Infant Mask and Adult Mask |
| 8. Glucagon Emergency Kit                | 19. Colestid Oral Powder 5mg Sachets                                     |
| 9. Eligard 7.5mg & 22.5mg Injections     | 20. One Touch Ultra Test Strips  |
| 10. Eligard 30mg Pre-Filled Syringe      |  |
| 11. Mavik 4mg Capsule                    |  |

\*Benefit Limitation applies, 1 per year per patient unless special authorization is obtained, as with all current Aerochambers

**ADDITIONS UNDER SPECIAL AUTHORIZATION:**

The following products have been approved for coverage under SPECIAL AUTHORIZATION effective April 1, 2005, only for the Plans specified below. Detailed criteria will follow on our website [www.gov.nf.ca/health/nlpdp](http://www.gov.nf.ca/health/nlpdp). As you are aware, requests for some of these agents have been assessed and approved over the last year on a compassionate case by case basis. These special case approvals in some cases required sign-off by the executive of the Department of Health and Community Services. In all cases, it was necessary for us to ensure that adequate budget was available. The 2005/2006 budget allows us to formally adopt the criteria recommended by the Atlantic or National Expert Advisory Committees, eliminates the need for executive approval of individual requests, and enables the approval of all requests for these therapies that meet the conditions recommended by our Expert Committees.

<b>DRUG</b>	<b>PLAN</b>
Plavix 75mg Tablet	E/N
Protopic 0.03% Ointment	E
Tracleer 62.5mg and 125mg Tablets	E/N
Xeloda 150mg and 500mg Tablets	E/N
Zyvoxam 600mg Tablet	E/N
Remicade 100mg Injection	E/N
Enbrel 25mg Injection	E/N
Humira 50mg/ml Injection	E/N
Spiriva 18ug Capsule	E/N
Valcyte 450mg Tablet	E/N
Rilutek 50mg Tablet	E/N
Saizen 10IU and 5mg Injections	E
Pegatron Redipen 50mcg/0.5ml	E/N
Pegasys RBV 180mcg/0.5ml	E/N
Singular 4mg Oral Granules	E
Teveten Plus 600/12.5mg Tablet	E/N
Avodart 0.5mg Capsule	E/N

**Common Drug Review Update:**

Recommendations regarding coverage have been made for the following drugs. The results can be viewed at [www.ccohta.ca](http://www.ccohta.ca)

1. Avodart 2. Ciprodex 3. Gynazole. 4. Humira 5. Relpax 6. Sensipar 7. VFEND