

Department of Health and Community Services

Behind the Scenes at the Newfoundland and Labrador Prescription <u>Drug Program (NLPDP)</u>

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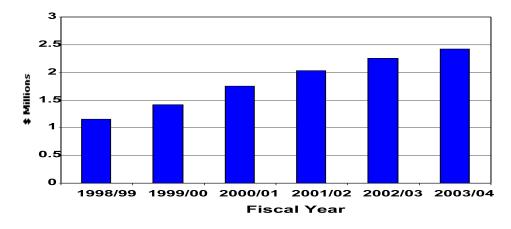
Proton Pump Inhibitors - Policy Changes

Currently NLPDP considers five PPIs for coverage under Special Authorization: Losec, Pantoloc, Prevacid, Pariet 10mg tablets and Apo-Omeprazole 20mg capsules. Current evidence suggests that the different PPIs have similar efficacy at comparable doses. All PPIs have the same mechanism of action and are indicated for the treatment of gastroesophageal reflux disease (GERD), gastric and duodenal ulcers and Zollinger-Ellison syndrome.

In general, the Atlantic Expert Advisory Committee supports a step-up approach to the treatment of GERD with H2-receptor antagonists as first-line therapy and then a step-up to once daily PPIs in those patients for whom H2-receptor antagonists are not completely effective.

With rising drug costs and a limited budget it becomes increasingly important to carefully manage our healthcare dollars. As seen in the chart below, expenditures for PPIs continued to increase through 2003/04. The initiative of July 2003 to use preferential coverage of Pariet in newly diagnosed patients has, however, slowed the rate of increase. The period between March and September 2004 saw a slight decrease in the cost of PPIs compared to the previous six months. As with other provinces, such as Nova Scotia, physicians are being asked to start their newly diagnosed patients on Pariet or Apo-Omeprazole due to manufacturer's pricing differences. If requests are received for other PPI's and the patient meets coverage criteria, the physician will be requested via a standard letter that the patient be prescribed either Pariet or Apo-Omeprazole. Patients would have to fail an eight week trial of both Pariet and Apo-Omeprazole before another PPI could be considered for coverage.

Expenditures for PPIs under NLPDP



To further encourage the cost-effective use of PPIs, physicians are asked to consider switching patients with current long term coverage to either Pariet or Apo-Omeprazole. Current long term authorizations will be extended to May 31, 2005 with the expectation that a switch to either Pariet or Apo-Omeprazole, where appropriate, be made prior to June 1, 2005.

Preferential coverage will not apply to H. Pylori eradication and all PPIs considered for coverage will continue to insured as part of an approved one week regimen under special authorization.

Table 1: Cost* comparison of Proton Pump Inhibitors for 30 day supply (once daily dosing)

<u>Drug</u>	Strength	Cost*
<u>Pariet</u>	2 X 10mg	\$44.85
	<u>20mg</u>	\$78.66
Apo-Omeprazole	<u>20mg</u>	\$37.50
<u>Losec</u>	<u>10mg</u>	<u>\$52.50</u>
	<u>20mg</u>	\$66.00
<u>Pantoloc</u>	<u>20mg</u>	\$58.65
	<u>40mg</u>	\$65.55
<u>Prevacid</u>	<u>15mg</u>	\$60.00
	<u>30mg</u>	\$60.00

^{*}This represents cost of drug only (with wholesale mark-up where applicable) but does not include professional fee or mark-up.

New categories in The Newfoundland and Labrador Interchangeable Formulary:

- 1. Amcinonide 0.1% Lotion and Ointment
- 2. Alendronate 5mg Tablets
- 3. Meloxicam 7.5mg and 15mg Tablets
- 4. Mirtazapine 30mg Tablets
- 5. Calcitonin Nasal Spray
- 6. Carbidopa/Levodopa 50mg/200mg CR Tablets
- 7. Sodium Chloride Ophthalmic Solution 5%
- 8. Citalopram 20mg and 40mg Tablet

Additions to the NLPDP Benefit listing:

- 1. Combigan Ophthalmic Solution
- 2. Genteal Eye Gel
- 3. Vitamin B-12 100mcg/ml Injection (Sabex)
- 9. Apo-Prochlorazine 5mg & 10mg Tablets
- Vasocon A/Sodium Sulamyd Ophthalmic Compound
- 11. Risperdal M-Tabs 0.5mg, 1mg and 2mg

Changes to the NLPDP Benefit listing:

Zyprexa Tablets (all strengths) and Clozaril Tablets (all strengths) have moved from open benefit status to special authorization status effective October 1, 2004.

Common Drug Review Update:

The review process has been completed for the following drugs and the results can be viewed at www.ccohta.ca

- 1. Combigan
- 2. Evra
- 3. Iressa
- 4. Neulasta

- 5. Pegasys RBV
- 6. Reyataz
- 7. Viread