



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 at the Newfoundland and Labrador Prescription Drug Program (NLPDP)**  
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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
Levaquin* & Avelox	<ul style="list-style-type: none"> <li>- for the treatment of infections due to susceptible organisms in patients where first line agents have failed, and, where indicated, ciprofloxacin has also failed.</li> <li>- for patients who have had a course of IV levofloxacin or moxifloxacin in hospital and require continuation of their therapy when discharged.</li> <li>- for first-line treatment of community acquired pneumonia (CAP) for patients with COPD who have had a course of oral steroid or antibiotics in the last 3 months and;</li> <li>- for patients who are residents of long-term care facilities, similar to criteria in other Atlantic provinces.</li> </ul>
Zithromax	<ul style="list-style-type: none"> <li>- for the treatment of infections due to susceptible organisms in patients where other macrolide antibiotics have failed.</li> </ul>
Plavix**	<ul style="list-style-type: none"> <li>- for the secondary prevention of ischemic stroke or transient ischemic attack when it has been demonstrated that there has been failed therapy with ASA.</li> <li>- as secondary prevention in cardiac indications such as angina, peripheral artery disease or MI for patients with documented severe ASA allergy (manifested by anaphylactic reaction, asthma, or nasal polyps).</li> <li>- 30 day coverage for patients post-angioplasty with stent insertion.</li> <li>- on a case-by-case basis (broader application of Atlantic criteria held pending identification of funding) exceptional coverage is also considered as: 1) add-on therapy to ASA for 3 months post non-ST elevation MI. 2) add-on therapy for a period of 3 months post-discharge from hospital for patients admitted with an episode of unstable angina.</li> <li>- Please note that GI intolerance to ASA is not considered a criterion for coverage of Clopidogrel, although severe cases (e.g. gastric ulceration or bleeds) may be considered.</li> </ul>

\* NLPDP's Respiratory Committee is currently in the process of developing specific recommendations for the use of quinolones in respiratory infections.

\*\* The approval criteria, including the duration of approval were determined by a review of the current evidence available by the Atlantic Expert Advisory Committee.

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**

NLPDP provides preferential coverage for either Pariet or Apo-Omeprazole (due to pricing differences) for patients who meet our ppi coverage criteria. Physicians are therefore encouraged to initiate use of ppi's, for their NLPDP patients, where appropriate **and** consistent with ppi coverage criteria, with either Pariet or Apo-Omeprazole to avoid delays in the processing of ppi special authorization requests.

To further encourage the cost-effective use of ppi's, physicians are asked to consider switching patients with current long term coverage for other ppi's 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.

### **New Committees/Working Groups**

#### **Working Group on Inhalation Therapy:**

The Department of Health and Community Services, Pharmaceutical Services Division, is establishing an Ad Hoc working group to serve as a vehicle for discussing issues and planning related to the implementation of a Respiratory Medication Utilization Project in Newfoundland and Labrador.

The Canadian Consensus Guidelines for Asthma/COPD support the use of metered dose inhalers (MDIs) and dry powder inhalers (DPIs) and state that wet nebulizers for home use are rarely indicated at any age. In fact, the literature suggests that MDIs and DPIs give better delivery than wet nebulizers.

The Working Group intends to provide written information on current best practices, as well as develop information sessions for pharmacists and physicians. Coverage changes to NLPDP will be established in accordance with current evidence in the coming year.

#### **Pharmaceutical Advisory Committee (PAC):**

This Committee is comprised of representatives from the Department of Health and Community Services (Pharmaceutical Services Division), the Newfoundland and Labrador Medical Association, the Newfoundland Medical Board, the Newfoundland and Labrador Pharmacy Board, and the Pharmacists Association of Newfoundland and Labrador.

The Committee provides a forum for the discussion of pharmaceutical-related items and the development of advisory recommendations. In addition, areas are identified where efforts could be made to positively influence pharmaceutical prescribing and utilization and to consider those areas where action would be most useful as well as areas where development, publication and implementation of guidelines would be appropriate. Suggestions for future agenda items would be appreciated.

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

#### **New Categories:**

1. Amiloride Hydrochloride 5mg Tablets
2. Atenolol/Chlorthalidone 50/25mg & 100/25mg Tabs
3. Clonidine 0.025mg Tablets
4. Ofloxacin Ophthalmic Solution 0.3%

#### **Category Removal:**

1. Nitroglycerin Sublingual Spray 0.4mg/metered dose

### **Additions to the NLPDP Benefit listing:**

1. Apo-Dipyridamole FC 50mg Tablets
2. Atrovent HFA Inhalation Aerosol
3. Estradot 25mcg/day Patch
4. Apo-Fluphenazine 25mg/ml Injection
5. Premplus 5mg Tablets

### **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. Adderall XR
2. Axert
3. Fabrazyme
4. Forteo
5. Remodulin
6. Replagal
7. Teveten Plus
8. Zavesca

Based on CDR recommendations Axert and Teveten Plus are now being considered for coverage under special authorization. Others were awaiting decision with respect to NLPDP coverage at the time this brochure was sent for printing.