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Department of Health  
and Community Services

Fall 2008

## Behind the Scenes

### Newfoundland and Labrador Prescription Drug Program (NLPDP)

Consistent with the recommendations of Atlantic and National Expert Review Committees a number of benefit list changes were made on August 1, 2008. Lamotrigine has moved from Special Authorization to open benefit status. Angiotensin II Receptor Blockers and the Proton Pump Inhibitors (rabeprazole and omeprazole 20mg) were also moved from Special Authorization to open benefit and will now be managed on the basis of a maximum daily quantity that can be claimed. Special Authorization will continue to be required for rabeprazole and omeprazole doses exceeding 20mg daily. A review of new evidence that has been published since NLPDP's last review of medications to treat osteoporosis has prompted a change in Special Authorization criteria for these agents. These changes can be viewed on our website <http://www.health.gov.nl.ca/health/nlpdp/>

#### **CHANGES TO THE NLPDP BENEFIT LISTING**

##### **New open benefits for Foundation, 65Plus, Access and Assurance Plans**

Pariet DINs 02243796, 02243797	Atacand Plus DIN 02244021
Novo-Rabeprazole DINs 2296632, 2296640	Avapro DINs 02237923, 02237924, 02237925
Ran-Rabeprazole DINs 2298074, 2298082	Avalide DINs 02241818, 02241819, 02280213
Losec DIN 02190915	Cozaar DINs 02182815, 02182874, 02182882
Apo-Omeprazole DIN 2245058	Hyzaar DINs 02230047, 02297841, 02241007
ratio-Omeprazole DIN 2260867	Diovan DINs 02244781, 02244782
Sandoz Omeprazole DINs 2296446	Diovan HCT DINs 02241900, 02241901, 02246955
Lamictal DINs 02243803, 02240115, 02142104, 02142112	Micardis DINs 02240769, 02240770
Apo-Lamotrigine DINs 2245208, 2245209, 2245210	Micardis Plus DIN 02244344
Gen-Lamotrigine DINs 2265494, 2265508, 2265516	Teveten DINs 02240432, 02243942
Novo-Lamotrigine DINs 2248232, 2248233, 2248234	Teveten Plus DIN 02253631
pms-Lamotrigine DINs 2246897, 2246898, 2246899	pms-hydrochlorthiazide 12.5mg DIN 02274086
ratio-Lamotrigine DINs 2243352, 2243353, 2246963	pms-amiodarone 100mg DIN 02292173
Atacand DINs 2239090, 02239091, 02239092	Citalopram 30mg (CTP 30) DIN 02296152
	Mezavant 1.2gm DIN 02297558
	Resultz DIN 02279592

## **Special Authorization**

Coverage criteria can be viewed at <http://www.health.gov.nl.ca/health/nlpdp/>

The following medications are now being considered under Special Authorization for Foundation, Access, 65Plus and Assurance Plans:

Pegasys (DINs 02248077 and 02248078), Baraclude (DINs 02282224) and Hepsera (DIN 02247823) for Hepatitis B  
Emend (DINs 02298791, 02298805 and 02298813) for nausea and vomiting due to chemotherapy  
Eprex 20,000 units/0.5ml (DIN 02206072) Anemia in chronic renal failure, anemia in hematologic malignancy

### **The following special authorization medications have new coverage criteria:**

Alendronate 10mg and 70mg for the treatment of osteoporosis  
Actonel 5mg and 35mg for the treatment of osteoporosis  
Evista 60mg for the treatment of osteoporosis  
Calcitonin 200IU Nasal Spray for the treatment of osteoporosis  
Remicade, Enbrel and Raptiva to treat moderate to severe forms of plaque psoriasis  
Sprycel 20mg, 50mg and 70mg for the treatment of Acute Lymphoblastic Leukemia  
Rabeprazole and Omeprazole doses over 20mg daily for GERD and other conditions where reduction of gastric acid is required.

The **Common Drug Review (CDR)** reviews new drugs and provides an evidence-based formulary listing recommendation, made by the [Canadian Expert Drug Advisory Committee \(CEDAC\)](http://www.cadth.ca), on behalf of participating publicly-funded drug plans. 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.cadth.ca](http://www.cadth.ca)

Thelin 100mg for PPH	Aclasta 5mg/100ml Osteoporosis
Adderall XR 5mg, 10mg, 20mg, 25mg, 30mg ADHD	Rasilez 150mg, 300mg Hypertension
Januvia 100mg Type II Diabetes	Sativex 5.5ml vial Advanced Cancer Pain
Ralivia 100mg, 200mg, 300mg Moderate to Severe Pain	
Tridural 100mg, 200mg, 300mg Moderate to Severe Pain	
Spriafil 40mg/ml Prophylaxis/treatment of aspergillosis and candida	
Fosrenal 250mg, 500mg, 750mg, 1000mg Phosphate binder for use in renal disease	

The **Atlantic Common Drug Review (ACDR)** is a regional review process that provides evidence-based recommendations for coverage of new indications and line extensions for existing medications. Drug evaluation summaries are prepared by independent reviewers based on the manufacturer's drug submission and a systematic literature search. The drug evaluation summary is presented to the Atlantic Expert Advisory Committee who recommends the place in therapy. It is then up to each individual province to make a decision as to the coverage status. A review for the following product was completed by the ACDR and coverage was not recommended. As such, this product will not be considered for coverage under the NLPDP.

Remicade 100mg for Psoriatic Arthritis  
Humatrope for Idiopathic Short-Stature



### **PATIENT MCP NUMBER NEEDED FOR SPECIAL AUTHORIZATION REQUESTS**

Please be advised that the MCP number is mandatory when requesting Special Authorization or when making an enquiry on behalf of a patient. For requests that do not have MCP number identification the sender will be contacted and the request will be delayed until MCP number is provided.