



Health and Community Services

Winter 2014

Behind the Scenes

Newfoundland and Labrador Prescription Drug Program (NLPDP)

Updated Proton Pump Inhibitor Policy

Due to pricing differences among the Proton Pump Inhibitors (PPI) the benefit status will be updated. Patients currently receiving Tecta 40mg daily will be continue to be covered without special authorization until March 31, 2014. After this date special authorization will be required. Requests should be made before this date to ensure uninterrupted coverage for those who have failed adequate trials with omeprazole 20mg daily and rabeprazole 20mg daily. Those patients currently receiving doses above Tecta 40mg daily will be required to apply for special authorization.

Drug	Benefit Status	NLPDP Price per unit (Nov 4/13)
Omeprazole 10mg	Special Authorization	\$0.9392
Omeprazole 20mg	Open	\$0.4735
Rabeprazole 10mg	Open	\$0.1385
Rabeprazole 20mg	Open	\$0.2769
Pantoprazole magnesium 40mg	Special authorization	\$0.8138
Pantoprazole sodium 20mg	Special authorization	\$1.4663
Pantoprazole sodium 40mg	Special authorization	\$0.5981
Lansoprazole 15mg	Special authorization	\$0.5750
Lansoprazole 30mg	Special authorization	\$0.5750

NEWFOUNDLAND AND LABRADOR INTERCHANGEABLE DRUG PRODUCTS FORMULARY

New Category Effective October 1, 2013

Latanoprost/Timolol Maleate 50ug/ml / 5mg/ml

New Categories Effective October 21, 2013

Drospirenone/Ethinyl Estradiol
 3mg/0.03mg 21 day

Drospirenone/Ethinyl Estradiol
 3mg/0.03mg 28 day

Desogestrel/Ethinyl Estradiol
 0.15mg/0.03mg 21 day

Desogestrel/Ethinyl Estradiol
 0.15mg/0.03mg 28 day

Efavirenz 600mg

Imatinib Mesylate 100mg

Imatinib Mesylate 400mg

Quinapril 5mg

Quinapril 10mg

Quinapril 20mg

Quinapril 40mg

Valganciclovir Hydrochloride 450mg

CHANGES TO THE NLPDP BENEFIT LISTING

OPEN BENEFIT

GOLYTELY SOLUTION*
PEGLYTE POWDER*
PEGLYTE SOLUTION*
ANAGRELIDE 0.5 MG CAPSULE
CEFPROZIL 125 MG/5 ML
CEFPROZIL 250 MG TABLET
CEFPROZIL 250 MG/5 ML
CEFPROZIL 500 MG TABLET
MELOXICAM 15 MG TABLET

MELOXICAM 7.5 MG TABLET
NABUMETONE 500MG TABLET
NABUMETONE 750 MG TAB
LACTULOSE 667 MG/ML SOLN
OESCLIM 25MCG/24H PATCH
OESCLIM 50MCG/24H PATCH
PEG 3350 - POLYETHYENE
BENZYDAMINE 0.15% SOLN
CITALOPRAM 20 MG TABLET

* Limit one fill per year without Special Authorization

**The following products will be removed from the benefit list effective March 31, 2014 .
After this date coverage will no longer be considered.**

TEVETEN 400 MG 02240432	OLMETEC 40 MG	02318679
TEVETEN 600 MG 02243942	OLMETEC PLUS 20-12.5 MG	02319616
TEVETEN PLUS 02253631	OLMETEC PLUS 40-12.5 M	02319624
OLMETEC 20 MG 02318660	OLMETEC PLUS 40-25 MG	02319632

Please consult the NLPDP Drug Product Database for alternative benefit angiotensin II receptor antagonists. <http://www.health.gov.nl.ca/health/prescription/newformulary.asp>

SPECIAL AUTHORIZATION

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

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

INDACATEROL (ONBREZ BREEZHALER 75ug CAPSULE) DIN 02376938	Chronic Obstructive Pulmonary Disease (COPD)
TELAPREVIR (INCIVEK 375 MG TABLET) DIN 02371553	Chronic Hepatitis C genotype 1 infection
PREGABALIN (generic 25mg, 50mg, 75mg, 150mg, 225mg, 300mg capsule)	Neuropathic Pain
PANTOPRAZOLE MAGNESIUM (TECTA 40MG) DIN 02267233	GERD, Peptic Ulcer Disease

The pan-Canadian Oncology Drug Review (pCODR) Expert Review Committee (pERC) assesses the clinical evidence and cost-effectiveness of cancer drugs, in order to make recommendations to the provinces and territories to guide their drug funding decisions. Recommendations for drug products that may be considered for funding are provided to the provincial or territorial Ministries of Health and provincial cancer agencies, along with the reasons why the recommendation has been made. The recommendations and the reasoning behind them are also available to the public. Review for the following product was completed by the pCODR and coverage was not recommended. As such, this product, for the indication noted, will not be considered for coverage under the NLPDP. pERC recommendations can be viewed at www.pcodr.ca

Tykerb DIN 02326442 (in combination with Letrozole) for Metastatic Breast Cancer