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Department of Health
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Behind the Scenes

Newfoundland and Labrador Prescription Drug Program (NLPDP)

TRIPTAN COVERAGE FOR MIGRAINE HEADACHE

The Atlantic Expert Advisory Committee has recently completed a review of triptan medications. This review has resulted in changes to coverage criteria for these medications. Oral sumatriptan will be considered for the treatment of migraine¹ headache when migraines are moderate² in severity and other therapies (e.g. NSAIDs, acetaminophen, DHE spray) are not effective, or migraine attacks are severe² or ultra severe². Other triptans covered under special authorization as well as nasal sumatriptan will only be considered after failure of oral sumatriptan. Sumatriptan sc injection can be considered where oral and nasal sumatriptan are not appropriate.

Coverage is limited to 6 doses / 30 days³. For patients with more than 3 migraines/month on average despite prophylactic therapy consideration can be given for up to a maximum of 12 doses/30 days.

1 As diagnosed based on current Canadian guidelines.

2 Definitions: Moderate - pain is distracting causing need to slow down and limit activities, Severe - pain affects ability to concentrate and very difficult to continue with daily activities; Ultra severe - unable to speak or think clearly; not able to function; likely lying down or sleeping

3 Reimbursement will be available for a maximum quantity of 6 triptan doses per 30 days regardless of the agent(s) used within the 30 day period.

CHANGES TO THE NLPDP BENEFIT LISTING

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

Clindoxyl gel	02243158
Stalevo 12.5mg-50mg-200mg	02305933
Stalevo 25mg-100mg-200mg	02305941
Stalevo 37.5mg-150mg-200mg	02305968
Gen-metoprolol 25mg	02302055
Gen-atenolol 25mg	02303647

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:

Zeldox 20mg, 40mg, 60mg and 80mg	02298597, 02298600, 02298619, 02298627
Zyprexa Zydys 20mg	02243089
Androgel 2.5g/packet and 5g/packet	02245345, 02245346
Testim 1% gel	02280248
Androderm 2.5 mg/24hr and 5mg/24hr patch	02239653, 02245972

The following special authorization medications have new coverage criteria:

Sumatriptan tablets 50mg, 100mg, Novo-sumatriptan DF tablets 50mg, 100mg	02268388, 02257890, 02268914, 02286823, 02256436, 02271583, 02263025, 02212153, 02268396, 02257904, 02268922, 02286831, 02239367, 02256444, 02271591, 02263033, 02212161
Imitrex injection 6mg/0.5ml	02212188
Zolmitriptan tablets & Rapidmelt 2.5mg, Zolmitriptan nasal 2.5 & 5mg, Rizatriptan tablets & RPD 5 & 10mg, Naratriptan 1 & 2.5mg tablets, Almotriptan tablets 6.25 & 12.5mg; Sumatriptan nasal 5mg, 20mg	02238660, 02243045, 02248992, 02248993, 02240518, 02240519, 02240520, 02240521, 02237820, 02237821, 02248128, 02248129, 02230420
Humira 40mg/0.8 ml kit (psoriasis)	02258595
Andriol 40mg capsule	00782327

The **Common Drug Review (CDR)** reviews new drugs and provides an evidence-based formulary listing recommendation, made by the [Canadian Expert Drug Advisory Committee \(CEDAC\)](#), 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
Cymbalta 30mg and 60mg DIN 02301482 and 02301490 for the treatment of depression
Omnaris 50 mcg Nasal Spray DIN 2303671

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.

Exelon 5 (4.6mg/24hr) Patch DIN 02302845
Exelon 10 (9.5mg/24 hr) Patch DIN 02302853

Levaquin 750mg Tablet DIN 02246804
Androgel Pump 1% Gel DIN 02249499