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Department of Health
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Behind the Scenes

Newfoundland and Labrador Prescription Drug Program (NLPDP)

THANK YOU FOR YOUR COOPERATION

We have been receiving more special authorization requests with the MCP number included and forms completed. Thank you for your cooperation in this process. This allows for proper patient identification as well as accurate processing and assessing of special authorization requests.

SPECIAL AUTHORIZATION REQUEST FORMS



Special Authorization request forms are available on the NLPDP website <http://www.health.gov.nl.ca/health/nlpdp/> in the Special Authorization Drugs section. There is a standard form as well as specialized forms for Cholinesterase Inhibitors, Clopidogrel, Sevelamer, Methadone, Crohn's Disease medications (anti-TNF agents), Psoriasis and Rheumatoid Arthritis medications. These forms are a good guide as to what information is needed for assessment for coverage and are being regularly updated to reflect NLPDP changes. Older forms should not be used.

THE NEWFOUNDLAND AND LABRADOR INTERCHANGEABLE FORMULARY

New Categories Effective February 12, 2009:

Oxycodone Hydrochloride 5mg	Butalbital/Codeine Phosphate/Acetylsalicylic Acid/Caffeine C 1/2
Oxycodone Hydrochloride 10mg	Cyclosporine 100mg/ml Oral Solution
Oxycodone Hydrochloride 20mg	Granisetron Hydrochloride 1mg
Quetiapine 25mg	Loperamide Hydrochloride 2mg
Quetiapine 100mg	Nifedipine Extended Release 60mg
Quetiapine 150mg	Gliclazide 30mg*
Quetiapine 200mg	Oxaprozin 600mg*
Quetiapine 300mg	Mefloquine 250mg*
Trifluridine 1% Ophthalmic Solution	Ranitidine HCL 75mg*
Butalbital/Acetylsalicylic Acid/Caffeine	Alfuzosin Hydrochloride 10mg*
Butalbital/Codeine Phosphate/Acetylsalicylic Acid/Caffeine C ¼	Brimonidine Tartrate 0.15% Ophthalmic Solution*

*Not covered by NLPDP

New Categories Effective April 28, 2009:

Cyclosporine 100mg/ml Oral Solution	Loperamide Hydrochloride 2mg
Granisetron Hydrochloride 1mg	Nifedipine Extended Release 60mg

CHANGES TO THE NLPDP BENEFIT LISTING

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

Magic Bullet 10mg Suppository DIN 02241091
Diovan HCT 320mg/12.5mg DIN 02308908
Diovan HCT 320mg/25mg DIN 02308916
Tapazole 10mg DIN 02296039
Travatan Z 0.004% ophthalmic drops DIN 02308008

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:

Xarelto 10mg DIN 02316986	For Venous Thromboembolism Prevention
Volibris 5mg and 10mg DIN 02307065, 02307073	For Pulmonary Arterial Hypertension
Celsentri 150mg and 300mg DIN 02299844, 02299852	For HIV

The following special authorization medications have new coverage criteria:

Nexavar 200mg DIN 02284227	For Hepatocellular Carcinoma
Xeloda DIN 02238453, 02238454	As part of CAPOX for Colorectal Cancer
Viread 300mg DIN 02247128	For Hepatitis B

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

Thelin 100mg DIN 02295636

Xyrem 500mg/ml DIN 02268272

Relistor 20mg/ml solution DIN 02308215

Pradax 75mg DIN 02312433

Pradax 110mg DIN 02312441

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.

Paliperidone 3mg DIN 02300273

Paliperidone 6mg DIN 02300281

Paliperidone 9mg DIN 02300303

Seasonale DIN 02296659