



PharmacareNEWS

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Nova Scotia Pharmacare Programs Updates

Therapeutic Substitution Service - Proton Pump Inhibitors (PPIs)

Under the authority of the Pharmacy Act and its Pharmacist Drug Prescribing Regulations, pharmacists are able to adapt existing prescriptions to maintain or enhance patient care. Effective **March 3, 2014**, therapeutic substitution within the ATC Code A02BC (Proton Pump Inhibitors-PPIs) will be an insured service for beneficiaries of the Nova Scotia Pharmacare Programs.

Therapeutic substitution services for PPIs are eligible for coverage provided all the following conditions are met:

- a) To allow a beneficiary of a Pharmacare Program access to an open benefit PPI in situations where the beneficiary has been prescribed a non-benefit product and/or one requiring special authorization for payment. Reimbursement is restricted to one payment per beneficiary per year.
- b) Pharmacists are responsible for determining the appropriateness of the therapeutic substitution before performing the service.
- c) The therapeutic substitution service is conducted by a pharmacist licensed with the Nova Scotia College of Pharmacists (NSCP).
- d) The patient is a beneficiary of a Nova Scotia Pharmacare Program.
- e) Pharmacists must comply with all applicable NSCP Standards of Practice: Prescribing of Drugs by Pharmacist
- f) The beneficiary provides written consent to authorize the pharmacist to make the therapeutic substitution.
- g) Documentation of consent and notification to the prescriber of the medication being substituted is to be kept on file in the pharmacy for at least three (3) years for audit purposes.

Therapeutic Substitution Service - Proton Pump Inhibitors (PPIs) continued...

Claims Submission

Pharmacists must submit electronic claims for therapeutic substitution services to the Pharmacare Programs for reimbursement provided all of the criteria for coverage are met. The following steps must be completed on the same day in the following order for the pharmacy to be reimbursed for the service:

- a) The claim for the prescription as written by the prescriber is submitted to Pharmacare and then reversed/canceled.
- b) A claim for therapeutic substitution is submitted using PIN 93899912. (This PIN is specific for therapeutic substitutions within the PPI category).
- c) All CPhA Claims Standard field content included in Table 1 (below) is required on the claim.
- d) The hard copy must reference the prescription numbers for the original claim and modified claim.
- e) The claim for the new prescription with the changes made is submitted to Pharmacare.

CPhA Claims Standard – Therapeutic Substitution

	FIELD NAME	CONTENT
D.56.03	DIN/GP#/PIN	93899912
D.57.03	Special Service Code	002 (pharmacist intervention)
D.58.03	Quantity	000001 (one)
D.61.03	Prescriber ID	Licence number
D.66.03	Drug Cost/Product Value	DDDDD (dollar value - not adjudicated)
D.67.03	Cost Upcharge	DDDDD (dollar value - not adjudicated)
D.68.03	Professional Fee	DDDDD (dollar value - not adjudicated)
D.72.03	Special Services Fee(s)	2625 (\$26.25) PRP*

*The copayment and/or deductible will not be applied to this claim.

Prescription Adaptation

Under the authority of the Pharmacy Act and Pharmacist Drug Prescribing Regulations, pharmacists are able to adapt existing prescriptions to maintain or enhance patient care. The following information is provided to clarify coverage for prescription adaptation services for beneficiaries of the Nova Scotia Pharmacare Programs. Prescription adaptation is an insured service within the Pharmacare Programs only in the following situations:

1. **Refusal to fill a prescription for a drug monitored by the NSPMP**
Note: Refusing to fill a prescription for a monitored drug because it has been requested early is **not** an insured prescription adaptation service.
2. **For a clinical reason to enhance patient outcomes related to a change in dose or duration.**
Note: A change in prescription quantity not related to a dose change or duration change is **not** an insured prescription adaptation service. For example:
 - Replacing a 5mg tablet with one-half of a 10mg tablet is not insured

Prescription Adaptation Continued...

- Changing quantities for compliance packaging must be authorized by the original prescriber, so it is not a prescription adaptation service and is not insured
- Changes made to match the quantity prescribed to a commercially available package size are not insured
- Substituting a strength in the case of a manufacturer shortage (e.g., Synthroid® 0.2mg changed to 2 Synthroid® 0.1mg) is not insured
- Any change in formulation (e.g., tablet to liquid) is not insured
- Any change in regimen (e.g., changing therapy from morning to bedtime dosing) is not insured

Prescription adaptation services are eligible for coverage provided all the following conditions are met:

- a) The original prescription must be a valid complete prescription. This means it includes the:
 - Date of issue
 - Name and address of the patient
 - Name of the drug or ingredients
 - Strength of the drug, where applicable
 - Quantity of the drug that may be dispensed
 - Dosage instructions for the patient
 - Refill authorization, where applicable
 - Name, address, telephone number of prescriber, and a valid and authentic signature in an acceptable print or electronic form

NOTE: The dispenser must verify and complete any incomplete or missing element, but verification and completion of a prescription element is not an insured prescription adaptation service.

- b) The prescription adaptation service is conducted by a pharmacist licensed with the NSCP.
- c) The patient is a beneficiary of a Nova Scotia Pharmacare Program.
- d) The beneficiary gives informed and voluntary consent as described in the NSCP *Standards of Practice: Prescribing of Drugs by Pharmacists*.
- e) Pharmacists must comply with all applicable NSCP *Standards of Practice: Prescribing of Drugs by Pharmacists*.
- f) Documentation of consent, assessment, monitoring plan, and notification to the prescriber of the medication being substituted is to be kept on file in the pharmacy for at least three (3) years for audit purposes.

Claims Submission

Pharmacists may submit claims for prescription adaptation services to the Pharmacare Programs for reimbursement following the process outlined in the Pharmacists' Guide. Please note that the pharmacist performing the service must now use his/her NSCP licence number in the prescriber ID field instead of the dummy prescriber number, 71111, which is no longer valid.

Minimum Days' Supply

The following is a list of ATC codes for which refill claims for drugs and products must be for a minimum of 28 days' supply. *Note: Injectables and compounded oral liquids that have been approved for an individual beneficiary within these ATC codes are exempt from the 28 day minimum supply policy.*

The Pharmacare adjudication system will reject applicable Pharmacare claims for refills if the days' supply is less than 28 days. The pharmacy will receive the message "DR" (Days' supply lower than minimum allowable).

Note: Claims not adhering to the Minimum Days' Supply policy will result in recovery of Professional Fees.

ATC CODE	DESCRIPTOR	ATC CODE	DESCRIPTOR
A02A	Antacids	M01A	Anti-Inflammatory/Anti-Rheumatic Prod., Non-steroids, except M01AB01 Indomethacin
A02B	Drugs for Peptic Ulcer and Gastroesophageal Reflex Disease (GERD)		
A06	Laxatives	M05	Drugs for Treatment of Bone Diseases
A07E	Intestinal Anti-Inflammatory Agents	N02BA01	Acetylsalicylic Acid
A09	Digestives, Including Enzymes	N02BA11	Diflunisal
A10	Drugs Used for Diabetes	N02BG04	Floctafenine
A11	Vitamins	N03AD	Succinimide Derivatives
B01AC	Platelet Aggregation Inhibitors Excl. Heparin	N03AF	Carboxamide Derivatives
B03	Anti-Anaemic Preparations	N03AG	Fatty Acid Derivatives
C01	Cardiac Therapy	N03AX09	Lamotrigine
C02	Anti-Hypertensives	N03AX11	Topiramate
C03	Diuretics	N03AX14	Levetiracetam
C04	Peripheral Vasodilators	N03AX18	Lacosamide
C07	Beta Blocking Agents	N04	Anti-Parkinson Drugs
C08	Calcium Channel Blockers	N06D	Anti-Dementia Drugs
C09	Agents Acting on the Renin-Angiotensin System	N07C	Anti-Vertigo Preparations
C10	Lipid Modifying Agents	S01X	Other Ophthalmologicals
G04BD	Urinary Anti-Spasmodics	V07AY04	Insulin Syringes
B04CA	Alpha-Adrenoreceptor Antagonists	V07AY05	Insulin Pen Needles
H03	Thyroid Therapy	V07AY06	Diabetic Lancets

Nova Scotia Formulary Updates

Pan-Canadian Generic Price Initiative – Changes to Maximum Reimbursable Price

Provinces and territories are continuing to work together to lower generic drug prices through the Pan-Canadian Competitive Value Price Initiative for Generic Drugs, which is a coordinated approach to price setting for generic drugs across Canada's provinces and territories (with the exception of Quebec).

In 2013, the Initiative resulted in lowering the prices of 6 high expenditure molecules to 18% of the brand price. This year, another 4 generic molecules have been selected to be reduced to 18% of the brand price, to add to the existing 6 Pan-Canadian molecules. The 4 new Pan-Canadian generic drug molecules, and the April 1, 2014, maximum reimbursable prices (MRPs) are listed in the following table:

New Pricing List

DRUG PRODUCT	NEW MRP (APRIL 1, 2014)
Citalopram 10mg	\$0.1432
Citalopram 20mg	\$0.2397
Citalopram 40mg	\$0.2397
Pantoprazole 20mg	\$0.3246
Pantoprazole 40mg	\$0.3628
Rosuvastatin 5mg	\$0.2311
Rosuvastatin 10mg	\$0.2437
Rosuvastatin 20mg	\$0.3046
Rosuvastatin 40mg	\$0.3582
Simvastatin 5mg	\$0.1841
Simvastatin 10mg	\$0.3642
Simvastatin 20mg	\$0.4501
Simvastatin 40mg	\$0.4501
Simvastatin 80mg	\$0.4501

New Product Added to the Reimbursement List PRP

The following product will now have a PRP, effective **March 1, 2014**. The PRP within the Nova Scotia Pharmacare Program is indicated.

PRODUCT	DIN/PIN	PRP	PRESCRIBER	BENEFIT STATUS	MFR
DDAVP MELT 240mcg Tab	02285010	3.8716	DNP	F*	FEI

*Full benefit for children 16 years and under

New Benefit Status

With upcoming changes to the pricing within the proton pump inhibitor (PPI) category, the following products will become full benefits effective **April 1, 2014** at regular dosing levels (up to 425 tablets per year). Beneficiaries who require higher doses will continue to need to go through the Exception Status Process. The MRP is also provided below.

PRODUCT	DIN/PIN	MRP	PRESCRIBER	BENEFIT STATUS	MFR
Apo-Pantoprazole 20mg DR Tab	02292912	\$0.3246	DNP	SFC*	APX
RAN-Pantoprazole 20mg Tab	02305038	\$0.3246	DNP	SFC*	RAN
Sandoz Pantoprazole 20mg DR Tab	02301075	\$0.3246	DNP	SFC*	SDZ
Teva-Pantoprazole 20mg DR Tab	02285479	\$0.3246	DNP	SFC*	TEV
Pantoloc 20mg Tab	02241804	\$0.3246	DNP	SFC*	TAK
Apo-Pantoprazole 40mg DR Tab	02292920	\$0.3246	DNP	SFC*	APX
CO Pantoprazole 40mg DR Tab	02300486	\$0.3628	DNP	SFC*	COB
MYLAN-Pantoprazole 40mg DR Tab	02299585	\$0.3628	DNP	SFC*	MYL
Pantoprazole 40mg Tab	02370808	\$0.3628	DNP	SFC*	SAS
pms-Pantoprazole 40mg DR Tab	02307871	\$0.3628	DNP	SFC*	PMS
RAN-Pantoprazole 40mg Tab	02305046	\$0.3628	DNP	SFC*	RAN
Sandoz Pantoprazole 40mg DR Tab	02301083	\$0.3628	DNP	SFC*	SDZ
Teva-Pantoprazole 40mg DR Tab	02285487	\$0.3628	DNP	SFC*	TEV
Pantoloc 40mg Tab	02229453	\$0.3628	DNP	SFC*	TAK

*Full benefit at standard dosing (maximum 425 tablets per year)

New Benefit Status continued...

Effective **April 1, 2014**, the following products will become full benefits. The MRP within the Nova Scotia Pharmacare Program is indicated.

PRODUCT	DIN/PIN	MRP	PRESCRIBER	BENEFIT STATUS	MFR
Apo-Rosuvastatin 5mg Tab	02337975	\$0.2311	DNP	SF	APX
CO Rosuvastatin 5mg Tab	02339765	\$0.2311	DNP	SF	COB
Jamp-Rosuvastatin 5mg Tab	02391252	\$0.2311	DNP	SF	JPC
MINT-Rosuvastatin 5mg Tab	02397781	\$0.2311	DNP	SF	MNT
MYLAN-Rosuvastatin 5mg tab	02381265	\$0.2311	DNP	SF	MYL
pms-Rosuvastatin 5mg Tab	02378523	\$0.2311	DNP	SF	PMS
RAN-Rosuvastatin 5mg Tab	02382644	\$0.2311	DNP	SF	RAN
Rosuvastatin 5mg Tab	02405628	\$0.2311	DNP	SF	SAS
Rosuvastatin-5mg Tab	02411628	\$0.2311	DNP	SF	SIV
Sandoz Rosuvastatin 5mg Tab	02338726	\$0.2311	DNP	SF	SDZ
Teva-Rosuvastatin 5mg Tab	02354608	\$0.2311	DNP	SF	TEV
Crestor 5mg Tab	02265540	\$0.2311	DNP	SF	AZE

Update to Authorized Prescribers

Effective **March 1, 2014**, optometrists will become an authorized prescriber for the following:

PRODUCT	DIN/PIN	PRESCRIBER	BENEFIT STATUS	MFR
Pataday 0.2% Oph Sol	02362171	DNPO	SF	ALC
Patanol 0.1% Oph Sol	02233143	DNPO	SF	ALC
Zaditor 0.25% Oph Sol	02242324	DNPO	SF	NVO

New Diabetic Products

The following products are new listings to the Nova Scotia Formulary, effective **February 3, 2014**. The benefit status and reimbursement price within the Nova Scotia Pharmacare Programs is indicated.

PRODUCT	DIN/PIN	MRP	PRESCRIBER	BENEFIT STATUS	MFR
GE200 Glucose Test Strip (50)	97799372	0.5200	DNP	SFD	BNM
GE200 Glucose Test Strip (100)	97799373	0.5100	DNP	SFD	BNM
Novofine Plus 32g x 4mm	97799386	0.3471	DNP	SFD	NNO

Non-Insured Products

The following products were reviewed by the Canadian Drug Expert Committee (CDEC) and were not recommended to be listed as benefits under the Nova Scotia Pharmacare Programs.

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Byetta® (exenatide)	1.2mL Prefilled Pen	02361809	N/A	Not Insured	LIL
	2.4mL Prefilled Pen	02361817	N/A	Not Insured	LIL
Decision Highlights	<ul style="list-style-type: none"> Exenatide, at the recommended doses, is more expensive than currently available alternatives, such as sulfonylureas, biphasic insulin apart and insulin NPH, for glycemic control in patients with type 2 diabetes mellitus who are inadequately controlled with only metformin. 				

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Bystolic® (nebivolol)	2.5mg Tab	02398990	N/A	Not Insured	FLC
	5mg Tab	02399008	N/A	Not Insured	FLC
	10mg Tab	02399016	N/A	Not Insured	FLC
	20mg Tab	02399024	N/A	Not Insured	FLC
Decision Highlights	<ul style="list-style-type: none"> Nebivolol has not shown greater efficacy or safety than less expensive alternatives for the treatment of mild to moderate essential hypertension. 				

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Edarbi® (azilsartan medoxomil)	40mg Tab	02381389	N/A	Not Insured	TAK
	80mg Tab	02381397	N/A	Not Insured	TAK
Edarbyclor® (azilsartan medoxomil plus chlorthalidone)	40/12.5mg Tab	02397749	N/A	Not Insured	TAK
	40/25mg Tab	02397765	N/A	Not Insured	TAK
	80/12.5mg Tab	02397757	N/A	Not Insured	TAK
Decision Highlights	<ul style="list-style-type: none"> Azilsartan medoxomil single product (Edarbi®) and the combination product with chlorthalidone (Edarbyclor®) are more costly than currently funded angiotensin II receptor blockers (ARBs) single products and combination products with a diuretic. 				