SEPTEMBER 2014 • VOLUME 14-05
PHARMACISTS' EDITION

NOVA SCOTIA

PharmacareNEWS

inside

Nova Scotia Formulary Updates

New Exception Status Benefits

The following product has been reviewed by the Canadian Drug Expert Committee (CDEC) and will be listed as an exception status benefit, with the following criteria effective October 1, 2014.

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Kalydeco® (ivacaftor)	150mg Tab	02397412	DNP	E	VTX

Criteria

For the treatment of cystic fibrosis in patients who meet the following criteria:

- Age 6 years and older; AND
- Patient has documented G551D mutation in the Cystic Fibrosis Transmembrane Conductance Regulator (CFTR) gene.

Initial renewal criteria[1]:
Renewals will be considered in patients with documented response to treatment (after at least 6 months of therapy), as evidenced by the following:

In cases where the patient's sweat chloride levels prior to commencing therapy were above 60 mmol/litre:

- the patient's sweat chloride level fell below 60 mmol/litre; OR
- the patient's sweat chloride level is 30% lower than the level reported in a previous test;

[1] It should be noted that, while baseline sweat chloride levels and FEV1 are not required to meet initial approval criteria for ivacaftor, these parameters may be used to evaluate the effect of ivacaftor upon renewal of the request. It is important that the physician measures baseline sweat chloride levels and FEV1 and provides this information upon renewal to avoid delays in the assessment of the renewal funding decision as these measurements may be required to evaluate renewal requests.

New Exception Status Benefits Continued…

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Kalydeco® (ivacaftor)	150mg Tab	02397412	DNP	E	VTX
Criteria	In cases where the patient's sweat chloride levels prior to commencing therapy were **below** 60 mmol/litre: • the patient's sweat chloride level is 30% lower than the level reported in a previous test; **OR** • the patient demonstrates a sustained absolute improvement in FEV1 of at least 5% when compared to the FEV1 test conducted prior to the commencement of therapy. **Subsequent renewal criteria after the patient has met the initial renewal criteria:** • The patient is continuing to benefit from therapy with Kalydeco.				
Decision Highlights	• Approval of funding of ivacaftor is for patients with the G551D genetic mutation only who meet the listed criteria.				

A manufacturer's list price of $420.0000 per tablet has been assigned. Also please note, if the claim exceeds a value of $9,999.99, the claim must be divided and processed as separate transactions:

- The first transaction should be submitted using the DIN 02397412 and the quantity should be adjusted so the total claim (including the ingredient cost, professional fee, and markup) does not exceed $9,999.99.
- The second transaction should be submitted with the quantity so the second claim does not exceed $9,999.99 using the PIN 00903963. This PIN will only pay ingredient cost and markup only.
- The third transaction should be submitted with the remaining quantity using the PIN 00903964. This PIN will only pay ingredient cost and markup only.
- The copay and deductible will be applied to all claims for beneficiaries enrolled in the Seniors' and Family Pharmacare Programs.

New Exception Status Benefits Continued…

The following products were reviewed by the pCODR Expert Advisory Committee (pERC) and will be listed with the following criteria effective October 1, 2014.

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Jakavi® (ruxolitinib)	5mg Tab	02388006	DNP	E	NVR
	15mg Tab	02388014	DNP	E	NVR
	20mg Tab	02388022	DNP	E	NVR
Criteria	• As a single agent in patients with intermediate or high risk symptomatic myelofibrosis (using the Dynamic International Prognostic Scoring System (DIPSS) Plus or symptomatic splenomegaly) with an ECOG performance status (PS) ≤ 3 as first line therapy or refractory to other treatments. Ongoing monitoring and follow up of therapy will be required.				
Decision Highlights	• The pCODR Expert Review Committee concluded ruxolitinib was an effective treatment for myelofibrosis based on improvements in myelofibrosis symptoms and quality of life.				

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Inlyta® (axitinib)	1mg Tab	02389630	DNP	E	PFI
	5mg Tab	02389649	DNP	E	PFI
Criteria	• As a single second line agent for the treatment of patients (ECOG PS 0 or 1) with advanced or metastatic clear cell renal cell carcinoma (RCC) who are unable to tolerate ongoing use of an effective dose of everolimus or who have a contraindication to everolimus. • Sequential use of axitinib and everolimus is not permitted except in the case of intolerability or contraindication				
Decision Highlights	• Axitinib provides an alternative second line therapy for metastatic renal cell carcinoma for patients who are unable to use everolimus.				

Criteria Update: Afinitor®

The following product was reviewed by the pCODR Expert Advisory Committee (pERC) and will be listed with the following new criteria effective October 1, 2014.

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Afinitor® (everolimus)	2.5mg Tab	02369257	DNP	E	NVR
	5mg Tab	02339501	DNP	E	NVR
	10mg Tab	02339528	DNP	E	NVR
Criteria	• In combination with exemestane for postmenopausal patients (ECOG PS ≤2) with documented hormone receptor positive, HER2 negative-advanced breast cancer after recurrence or progression following a non-steroidal aromatase inhibitor (NSAI). *Note*: It may be clinically reasonable to use the combination in patients with treated and stable brain metastasis. • For the treatment of patients with progressive, unresectable, well or moderately differentiated, locally advanced or metastatic pancreatic neuroendocrine tumors (pNET) with good performance status (ECOG 0-2), until disease progression. *Note*: Patients whose disease progresses on sunitinib are not eligible for funded treatment with everolimus for pNET				
Decision Highlights	• Treatment with everolimus plus exemestane versus exemestane plus placebo was associated with an increase in progression free survival (11 months versus 4.1 months) in this patient population.				

New Diabetic Products

The following products were new listings to the Nova Scotia Formulary, effective August 21, 2014. The benefit status and reimbursement price within the Nova Scotia Pharmacare Programs is indicated.

PRODUCT	DIN/PIN	MLP	PRESCRIBER	BENEFIT STATUS	MFR
Montmed Pen Needles,4mm, 32g	97799367	0.2750	DNP	SFD	MTD
Montmed Pen Needles,5mm, 31g	97799368	0.2799	DNP	SFD	MTD
Montmed Pen Needles,6mm, 31g	97799364	0.2799	DNP	SFD	MTD
Montmed Pen Needles,6mm, 32g	97799363	0.2799	DNP	SFD	MTD
Montmed Pen Needles,8mm, 31g	97799366	0.2799	DNP	SFD	MTD
Montmed Pen Needles,8mm, 32g	97799365	0.2999	DNP	SFD	MTD
Montmed Syringes 0.3cc, 31g	97799369	0.3090	DNP	SFD	MTD
Montmed Syringes 0.5cc, 31g	97799370	0.3090	DNP	SFD	MTD
Montmed Syringes 1cc, 31g	97799371	0.3110	DNP	SFD	MTD

New Diabetic Products Continued...

PRODUCT	DIN/PIN	PRP	PRESCRIBER	BENEFIT STATUS	MFR
Suretest Blood Glucose Test Strips	97799355	0.7290	DNP	SFD	SKM

New Line of Ostomy Products

Effective August 21, 2014 a number of SenSura Mio ostomy products distributed by Coloplast Canada were added as full benefits under the Nova Scotia Pharmacare Programs. The specific products and associated billing PINs (as per the OPINIONS website) can be found on the most recent update of the Nova Scotia Formulary, which is available on the Nova Scotia Pharmacare website.

Tariff Highlights

Pharmacare Tariff Agreement (2014 to 2019)

The newly negotiated Pharmacare Tariff Agreement comes into effect October 1, 2014. In addition to the tariff levels (mark-up and dispensing fees) contained in section 6.1 of the new agreement, Pharmacy Managers are reminded of the following changes:

Section 2.1 – Maximum Supply:

Beneficiaries of the Seniors' and Family Pharmacare programs, traveling outside the province for more than 100 days, will be allowed to obtain up to three prescriptions for the same medication before leaving Nova Scotia. None of the prescriptions shall exceed a 90 day supply (maximum 270 day supply for three prescriptions). The usual dispensing fee and copayment are to be applied to each of the prescriptions, as per the Pharmacists' Guide.

Section 2.2 – Minimum Supply:

The Pharmacists' Guide identifies the ATC categories for which all claims (new and refill prescriptions) must be for a minimum of a 28 day supply, regardless of how the drug or product is prescribed or how the pharmacist chooses to dispense the drug or product to the patient.

When patients require dose titration and new prescriptions are written for less than a 28 day supply, the adjudication system will display "DR" (days' supply lower than minimum allowable) and the claim will be paid. Although these claims will be identified during audit, they will not be result in financial recovery from the pharmacy as long as the drug is:

- Discontinued; or
- Subsequent prescriptions adhere to the minimum days' supply rule, once dose stabilization has been achieved.

Adjudication of Prescriptions for "High Cost" Drugs:

This new Agreement changes the way in which "High Cost" drugs are priced on the Nova Scotia Formulary and reimbursed to include a maximum allowable mark-up.

The table below is a list of "High Cost" drugs that are currently reimbursed at the Pharmacare Reimbursable Price (PRP) + a maximum allowable mark-up of 6% to a maximum of $250 per claim.

Pharmacare Tariff Agreement (2014 to 2019) Continued…

As of October 1, 2014, these drugs will be reimbursed at the Manufacturer List Price (MLP) + a maximum allowable mark-up based on the calculated drug cost (MLP x number of units) of the claim:

- Calculated Drug Cost ≤ $3,000.00 – maximum allowable mark-up of 10.5%
- Calculated Drug Cost > $3,000.00 – maximum allowable mark-up of 8%

Please ensure that master pricing files are updated appropriately and be reminded of the Program requirements regarding Minimum Days' Supply and Billing of Claims with Cost Exceeding $9,999.99 as outlined in the Pharmacists' Guide.

DIN	DRUG	CURRENT PRP	MLP (OCTOBER 1, 2014)
02339528	Afinitor 10mg Tab (PIN 00903882)	207.8643	195.2200
02369257	Afinitor 2.5mg Tab (PIN 00903881)	207.8643	195.2200
02339501	Afinitor 5mg Tab (PIN 00903822)	207.8643	195.2200
02242903	Enbrel 25mg Pdr for Inj	211.9150	195.3134
02274728	Enbrel 50mg/mL Inj	423.9554	390.7423
02231583	Eprex 1,000iu/0.5mL Syringe Inj	30.9225	28.5000
02231587	Eprex 10,000iu/mL Syringe Inj	154.6125	142.500
02231584	Eprex 2,000iu/0.5mL Syringe Inj	61.8450	57.0000
02243239	Eprex 20,000iu/0.5mL Syringe Inj	619.752	576.9000
02231585	Eprex 3,000iu/0.3mL Syringe Inj	154.6125	142.500
02288680	Eprex 30,000iu/0.75mL Syringe Inj	619.7376	576.8933
02231586	Eprex 4,000iu/0.4mL Syringe Inj	154.6125	142.500
02240722	Eprex 40,000iu/mL Syringe Inj	464.8032	432.6700
02243400	Eprex 5,000iu/0.5mL Syringe Inj	154.6125	142.500
02243401	Eprex 6,000iu/0.6mL Syringe Inj	154.6125	142.500
02243403	Eprex 8,000iu/0.8mL Syringe Inj	154.6125	142.500
02365480	Gilenya 0.5mg Cap	93.4888	85.1650
02258595	Humira 40mg/0.8mL Pen (PIN 97799757)	1004.1133	925.4500
02258595	Humira 40mg/0.8mL Syringe Inj (PIN 97799756)	1004.1133	925.4500
00999627	Incivek 375mg Tab	75.2783	69.3810
02371553	Incivek 375mg Tab	75.2783	69.3810
02284227	Nexavar 200mg Tab	48.8928	46.4689
02244016	Remicade 100mg Pdr for Inj	1071.5026	987.5600
02320193	Sprycel 100mg Cap	164.2086	152.8567
02293137	Sprycel 50mg Cap	82.9806	76.4798
02320673	Stelara 45mg/0.5mL Syringe Inj*	9967.1138	9186.2800

Pharmacare Tariff Agreement (2014 to 2019) Continued…

DIN	DRUG	CURRENT PRP	MLP (OCTOBER 1, 2014)
02320681	Stelara 90mg/1.0mL Syringe Inj*	4983.5569	4593.1400
02280795	Sutent 12.5mg Cap	68.5207	64.4157
02280809	Sutent 25mg Cap	137.0402	128.8304
02280817	Sutent 50mg Cap	274.0807	257.6611
02368250	Tasigna 150mg Cap	31.1600	28.7161
02315874	Tasigna 200mg Cap	43.0977	39.7213
02326442	Tykerb 250mg Tab	24.7900	23.5000
02370816	Victrelis 200mg Cap	13.5625	12.5000
02371456	Victrelis Triple 100mcg Inj/200mg/200mg Cap	2878.0168	2652.5500
02371464	Victrelis Triple 120mcg Inj/200mg/200mg Cap	2957.7100	2762.0000
02371472	Victrelis Triple 150mcg Inj/200mg/200mg Cap	2957.7100	2762.0000
02371448	Victrelis Triple 80mcg Inj/200mg/200mg Cap	2878.0168	2652.5500
02352303	Votrient 200mg Tab	40.1450	34.4100
02384256	Xalkori 200mg Cap	159.4067	146.6667
02384264	Xalkori 250mg Cap	159.4067	146.6667
02380242	Zelboraf 240mg Tab	50.4980	46.5420
00903786	Zelboraf 240mg Tab	50.4980	46.5420
02371065	Zytiga 250mg Tab	30.7417	29.1833
02243684	Zyvoxam 600mg Tab	78.2560	74.2180
02287420	Exjade 125mg Tab for Susp	11.4394	10.5432
02287439	Exjade 250mg Tab for Susp	25.6238	21.0861
02287447	Exjade 500mg Tab for Susp	45.7572	42.1725
02241927	Rituxan 10mg/mL Inj	49.1614	45.3100

Auditor's Corner

Pharmacy Closing or Transferring Ownership

As indicated in the Tariff Agreement between the Pharmacy Association of Nova Scotia and the Nova Scotia Department of Health and Wellness, if your pharmacy is closing or changing ownership, it is your responsibility to notify our office within 30 days in advance of transfer/closing.

This information will be retained in confidence. A close-out prescription audit is required. You may contact our office at msiproviders@medavie.bluecross.ca or (902) 496-7560, 496-7190, or 496-7107