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PHYSICIANS' EDITION

NOVA SCOTIA

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Nova Scotia Formulary Updates

New Exception Status Benefits

The following products have been listed with the following criteria, effective February 1, 2018.

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Copaxone (glatiramer acetate)	20mg/mL Syr Inj	02245619	DNP	E (SF)	TMP

Criteria

Prescribed by a neurologist with experience in the treatment of multiple sclerosis for patients who meet the following criteria:

Treatment initiation:

Diagnosis of Multiple Sclerosis with a relapsing course*.

- Includes relapsing-remitting MS and secondary progressive MS with clear superimposed relapses.
- Does not include primary progressive MS, progressive- relapsing or secondary progressive MS without relapses.

and

- Disability judged to be equivalent to Expanded Disability Status Score (EDSS) of 5.5 or less (exceptions are permitted in special cases).

Renewal:

- EDSS not greater than 6.0 for at least 12 months in the absence of relapses.
- Patients must be assessed for compliance and for any therapy related side effects that are intolerable.

Exclusions:

- Concurrent illness likely to alter compliance or substantially reduce life expectancy

* Relapsing course is defined as evidence of one relapse in the past 18 months or two relapses in the past 3 years.

New Exception Status Benefits Continued…

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Avonex PS	30mcg/0.5mL Inj	02269201	DNP	E (SF)	BIG
Rebif	22mcg Multidose Cartridges	02318253	DNP	E (SF)	EMD
Rebif	22mcg/0.5mL Inj	02237319	DNP	E (SF)	EMD
Rebif	44mcg Mulitdose Cartridges	02318261	DNP	E (SF)	EMD
Rebif (interferon beta-1a)	44mcg/0.5mL Inj	02237320	DNP	E (SF)	EMD
Betaseron	0.3mg/vial Inj	02169649	DNP	E (SF)	BAY
Extavia (interferon beta-1b)	0.3mg/vial Inj	02337819	DNP	E (SF)	NVR
Criteria	Prescribed by a neurologist with experience in the treatment of multiple sclerosis for patients who meet the following criteria: Treatment initiation: Diagnosis of Multiple Sclerosis with a relapsing course*. • Includes relapsing-remitting MS and secondary progressive MS with clear superimposed relapses. • Does not include primary progressive MS, progressive- relapsing or secondary progressive MS without relapses. and • Disability judged to be equivalent to Expanded Disability Status Score (EDSS) of 5.5 or less Renewal: • EDSS not greater than 6.0 for at least 12 months in the absence of relapses. • Patients must be assessed for compliance and for any therapy related side effects that are intolerable. Exclusions: • Concurrent illness likely to alter compliance or substantially reduce life expectancy • Planned pregnancy, pregnancy or breast-feeding. • Active and severe depression. * Relapsing course is defined as evidence of one relapse in the past 18 months or two relapses in the past 3 years.				

New Ostomy Products

Effective February 1, 2018, a number of Coloplast and Braun ostomy products 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 in the next update of the Nova Scotia Formulary, which will be available on the Nova Scotia Pharmacare website.

New Products

Effective February 1, 2018, the following new products have been added to the Nova Scotia Formulary. The benefit status within the Nova Scotia Pharmacare Programs is indicated and any existing criteria will apply.

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Cimzia	200mg/mL auto-injector pre-filled pen	02465574	DNP	E (SF)	UCB
Revlimid	2.5mg Cap	02459418	DNP	E (SFC)	CEL
Sandoz Amlodipine	2.5mg Tab	02330474	DNP	SF	SDZ

Non Insured Products

The following product will not be insured in the Pharmacare Programs, however, it will be funded through the Exception Drug Fund as per other HIV medications.

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Genvoya	150mg/150mg/200mg/10mg Tab	02449498	N/A	Not Insured	GIL

Prescriber Identification

Please ensure the prescriber information section is complete when submitting exception status drug requests. The following must be included: prescriber name, license number, and signature. An omission of this information could delay or prevent a response.

New Form

A new request form for oral diabetes treatments can be found at the following link:
https://novascotia.ca/dhw/pharmacare/exception-status-drugs.asp

The new form helps to clarify what can be considered as a reason for insulin not being an option.

Legend

PRESCRIBER CODES	BENEFIT STATUS	MANUFACTURER CODES
D - Physician / Dentist	S - Seniors' Pharmacare	BAY - Bayer Inc.
N - Nurse Practitioner	F - Community Services Pharmacare - Family Pharmacare	BIG - Biogen Idec Canada Inc.
P - Pharmacist	C - Drug Assistance for Cancer Patients	CEL - Celgene
M - Midwife	D - Diabetes Assistance Program	EMD - EMD Serono Canada Inc.
O - Optometrist	E - Exception status applies	GIL - Gilead Sciences Inc.
		SDZ - Sandoz Canada Incorporated
		TMP - Teva Neuroscience Canada
		UCB - UCB Pharma Canada Inc.

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Nova Scotia Formulary Updates

New Exception Status Benefits

The following product will be listed with the following criteria, effective **May 1, 2018.**

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Lenvima (lenvatinib)	10mg Compliance Pack	02450321	DNP	E (SFC)	EIS
	14mg Compliance Pack	02450313	DNP	E (SFC)	EIS
	20mg Compliance Pack	02450305	DNP	E (SFC)	EIS
	24mg Compliance Pack	02450291	DNP	E (SFC)	EIS
Criteria	• For the treatment of patients with locally recurrent or metastatic, progressive, radioactive-iodine-refractory differentiated thyroid cancer (DTC). Treatment should be for patients with good performance status and who otherwise meet the eligibility criteria of the SELECT trial and should continue until treatment progression or unacceptable toxicity.				

Criteria Updates

As of **May 1, 2018,** requests for coverage for the hepatitis C drugs listed below will now be considered for patients regardless of fibrosis stage. Please see below for the full criteria.

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Daklinza	30mg Tablets	02444747	DNP	E	BRI
(daclatasvir)	60mg Tablets	02444755	DNP	E	BRI

Criteria

For treatment-naïve or treatment-experienced adult patients with chronic hepatitis C virus (HCV) who meet the following criteria:

	Approval Period and Regimen
Genotype 3 • Without cirrhosis	12 weeks in combination with sofosbuvir
Genotype 3 • With compensated or decompensated cirrhosis • Post-liver transplant with no cirrhosis or with compensated cirrhosis	12 weeks in combination with sofosbuvir and ribavirin

Patients must also meet all of the following criteria:

- Must be prescribed by a hepatologist, gastroenterologist, or infectious disease specialist (or other physician experienced in treating a patient with hepatitis C infection)
- Lab-confirmed hepatitis C genotype 3
- Quantitative HCV RNA value within the last 6 months
- Fibrosis stage must be provided

Clinical Notes:

1. Treatment-experienced is defined as a patient who has been previously treated with a peginterferon/ribavirin regimen and has not experienced an adequate response.
2. Acceptable methods for the measurement of fibrosis score include Fibrotest, liver biopsy, transient elastography (FibroScan®), serum biomarker panels (such as AST-to-Platelet Ratio Index or Fibrosis-4 score) either alone or in combination
3. Compensated cirrhosis is defined as a Child-Turcotte-Pugh (CTP) score of 5 to 6 (Class A) and decompensated cirrhosis as a CTP score of 7 or above (Class B or C).
4. Re-treatment for direct-acting antiviral failures will be considered on a case-by-case basis.

Claim Notes:

- Claims that exceed the maximum claim amount of $9,999.99 must be divided and submitted as separate transactions using the following PINs:
  - 00904231 (30mg Tab)
  - 00904232 (60mg Tab)
- Claims will be limited to a 28-day supply.

Criteria Updates Continued…

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Epclusa (sofosbuvir/velpatasvir)	400mg/100mg tablet	02456370	DNP	E	GIL

Criteria

For treatment-naïve or treatment-experienced adult patients with chronic hepatitis C virus (HCV) who meet the following criteria:

	Approval Period and Regimen
Genotypes 1, 2, 3, 4, 5, 6 or mixed genotypes	
• Patients with compensated cirrhosis	12 weeks
• Patients without cirrhosis	
Genotypes 1, 2, 3, 4, 5, 6 or mixed genotypes	
• Patients with decompensated cirrhosis	12 weeks in combination with ribavirin

Patients must also meet all of the following criteria:

- Must be prescribed by a hepatologist, gastroenterologist, or infectious disease specialist (or other physician experienced in treating a patient with hepatitis C infection)
- Lab-confirmed hepatitis C genotype 1, 2, 3, 4, 5, 6 or mixed genotypes
- Quantitative HCV RNA value within the last 6 months
- Fibrosis stage must be provided

Clinical Notes:

1. Treatment-experienced is defined as a patient who has been previously treated with a peginterferon/ribavirin regimen, including regimens containing HCV protease inhibitors and who has not experienced an adequate response.
2. Acceptable methods for the measurement of fibrosis score include Fibrotest, liver biopsy, transient elastography (FibroScan®), serum biomarker panels (such as AST-to-Platelet Ratio Index or Fibrosis-4 score) either alone or in combination.
3. Compensated cirrhosis is defined as a CTP score of 5 to 6 (Class A) and decompensated cirrhosis as a CTP score of 7 or above (Class B or C).
4. Re-treatment for direct-acting antiviral failures will be considered on a case-by-case basis.

Claim Notes:

- Claims that exceed the maximum claim amount of $9,999.99 must be divided and submitted as separate transactions using the following PINs:
  - 00904233
  - 00904234
- Claims will be limited to a 28-day supply.

Criteria Updates Continued…

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Harvoni **(sofosbuvir / ledipasvir)**	400mg / 90mg Tablet	02432226	DNP	E	GIL

Criteria	For treatment-naïve or treatment-experienced adult patients with chronic hepatitis C virus (HCV) who meet the following criteria:	**Approval Period and Regimen**
	Genotype 1 • Treatment-naïve without cirrhosis, who have pre-treatment HCV RNA level < 6 million IU/mL and mono-HCV infected only	8 weeks
	Genotype 1 • Treatment-naïve without cirrhosis, who have pre-treatment HCV RNA level ≥ 6 million IU/mL • Treatment-naïve with compensated cirrhosis • Treatment-naïve with advanced liver fibrosis (Fibrosis stage F3-F4) • Treatment-experienced without cirrhosis • HCV/HIV co-infected without cirrhosis or with compensated cirrhosis	12 weeks
	Genotype 1 • Treatment-experienced with compensated cirrhosis	24 weeks
	Genotype 1 • Decompensated cirrhosis • Liver transplant recipients without cirrhosis or with compensated cirrhosis	12 weeks in combination with ribavirin
	Patients must also meet all of the following criteria: • Must be prescribed by a hepatologist, gastroenterologist, or infectious disease specialist (or other physician experienced in treating a patient with hepatitis C infection) • Lab-confirmed hepatitis C genotype 1 • Quantitative HCV RNA value within the last 6 months • Fibrosis stage must be provided **Clinical Notes:** 1. Treatment-experienced is defined as a patient who has been previously treated with a peginterferon/ribavirin regimen, including regimens containing HCV protease inhibitors and who has not experienced an adequate response.	

Criteria Updates Continued…

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Harvoni (sofosbuvir / ledipasvir)	400mg / 90mg Tablet	02432226	DNP	E	GIL
Criteria	2. Acceptable methods for the measurement of fibrosis score include Fibrotest, liver biopsy, transient elastography (FibroScan®), serum biomarker panels (such as AST-to-Platelet Ratio Index or Fibrosis-4 score) either alone or in combination. 3. Compensated cirrhosis is defined as a CTP score of 5 to 6 (Class A) and decompensated cirrhosis as a CTP score of 7 or above (Class B or C). 4. Re-treatment for direct-acting antiviral failures will be considered on a case-by-case basis. **Claim Notes:** • Claims that exceed the maximum claim amount of $9,999.99 must be divided and submitted as separate transactions using the following PINs: o 00904032 o 00904033 • Claims will be limited to a 28-day supply.				

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Sovaldi (sofosbuvir)	400mg Tablet	02418355	DNP	E	GIL

Criteria

For treatment-naïve or treatment-experienced adult patients with chronic hepatitis C virus (HCV) who meet the following criteria:

	Approval Period and Regimen
Genotype 2 • Without cirrhosis • With compensated cirrhosis	12 weeks in combination with ribavirin (RBV)
Genotype 3 • Without cirrhosis • With compensated cirrhosis	24 weeks in combination with RBV
Genotype 3 • Without cirrhosis	12 weeks in combination with daclatasvir

Criteria Updates Continued…

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Sovaldi (sofosbuvir)	400mg Tablet	02418355	DNP	E	GIL
Criteria	**Genotype 3** • With compensated or decompensated cirrhosis • Post-liver transplant without cirrhosis or with compensated cirrhosis		12 weeks in combination with daclatasvir and RBV		

	Patients must also meet all of the following criteria:
	• Must be prescribed by a hepatologist, gastroenterologist, or infectious disease specialist (or other physician experienced in treating a patient with hepatitis C infection)
	• Lab-confirmed hepatitis C genotype 2 and 3
	• Quantitative HCV RNA value within the last 6 months
	• Fibrosis stage must be provided
	Clinical Notes:
	1. Treatment-experienced is defined as a patient who has been previously treated with a peginterferon/ribavirin regimen and has not experienced an adequate response.
	2. Acceptable methods for the measurement of fibrosis score include Fibrotest, liver biopsy, transient elastography (FibroScan®), serum biomarker panels (such as AST-to-Platelet Ratio Index or Fibrosis-4 score) either alone or in combination.
	3. Compensated cirrhosis is defined as a CTP score of 5 to 6 (Class A) and decompensated cirrhosis as a CTP score of 7 or above (Class B or C).
	4. Re-treatment for direct-acting antiviral failures will be considered on a case-by-case basis.
	Claim Notes:
	• Claims that exceed the maximum claim amount of $9,999.99 must be divided and submitted as separate transactions using the following PINs:
	  ○ 00904041
	  ○ 00904042
	• Claims will be limited to a 28-day supply.				

Criteria Updates Continued…

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Zepatier (elbasvir/grazoprevir)	50mg/100mg tablet	02451131	DNP	E	FRS

Criteria

For treatment-naïve or treatment-experienced adult patients with chronic hepatitis C virus (HCV) without cirrhosis or with compensated cirrhosis who meet the following criteria:

	Approval Period
Genotype 1	
• Treatment-naïve	12 weeks
• Treatment-experienced prior relapsers	*(8 weeks may be considered in treatment-naïve genotype 1b patients without significant fibrosis or cirrhosis)*
Genotype 1b	
• Treatment-experienced on-treatment virologic failures	12 weeks
Genotype 4	
• Treatment-naïve	12 weeks
• Treatment-experienced prior relapsers	
Genotype 1a	
• Treatment-experienced on-treatment virologic failures	16 weeks in combination with ribavirin
Genotype 4	
• Treatment-experienced on-treatment virologic failures	16 weeks in combination with ribavirin

Patients must also meet all of the following criteria:

- Must be prescribed by a hepatologist, gastroenterologist, or infectious disease specialist (or other physician experienced in treating a patient with hepatitis C infection)
- Lab-confirmed hepatitis C genotype 1 or 4
- Quantitative HCV RNA value within the last 6 months
- Fibrosis stage must be provided

Clinical Notes:

1. Treatment-experienced is defined as a patient who has been previously treated with a peginterferon/ribavirin (PegIFN/RBV) based regimen, including regimens containing HCV protease inhibitors (for genotype 1) and who has not experienced an adequate response.

Criteria Updates Continued…

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Zepatier (elbasvir/grazoprevir)	50mg/100mg tablet	02451131	DNP	E	FRS
	2. Treatment-experienced prior relapser is defined as a patient who has undetectable HCV RNA at the end of previous PegIFN/RBV therapy, including regimens containing NS3/4A protease inhibitors (for genotype 1), but with a subsequent detectable HCV RNA during follow-up. 3. Treatment-experienced on-treatment virologic failure is defined as a patient who has been previously treated with PegIFN/RBV regimen, including regimens containing HCV protease inhibitors (for genotype 1), and who has not experienced adequate response, including a null response, partial response, virologic breakthrough or rebound. 4. Acceptable methods for the measurement of fibrosis score include Fibrotest, liver biopsy, transient elastography (FibroScan®), serum biomarker panels (such as AST-to-Platelet Ratio Index or Fibrosis-4 score) either alone or in combination 5. Re-treatment for direct-acting antiviral failures will be considered on a case-by-case basis. **Claim Notes:** • Claims that exceed the maximum claim amount of $9,999.99 must be divided and submitted as separate transactions using the following PINs: o 00904237 o 00904238 • Claims will be limited to a 28-day supply.				

New Diabetic Product

The following product is a new listing to the Nova Scotia Formulary, effective **May 1, 2018**. The benefit status within the Nova Scotia Pharmacare Programs is indicated.

PRODUCT	DIN/PIN	PRESCRIBER	BENEFIT STATUS	MFR
Single-Let Lancets	97799163	DNP	SFD	ADI

New Ostomy Products

Effective **May 1, 2018**, a number of Coloplast and Convatec ostomy products will be 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 in the next update of the Nova Scotia Formulary, which will be available on the Nova Scotia Pharmacare website.

Legend

PRESCRIBER CODES	BENEFIT STATUS	MANUFACTURER CODES
D - Physician / Dentist	S - Seniors' Pharmacare	ADI - Ascensia Diab Care Can Inc.
N - Nurse Practitioner	F - Community Services Pharmacare	BRI - Bristol-Myers Squibb Canada Inc.
P - Pharmacist	- Family Pharmacare	
M - Midwife	C - Drug Assistance for Cancer Patients	EIS - Eisai Limited
O - Optometrist	D - Diabetes Assistance Program	FRS - Merck Canada Ltd.
	E - Exception status applies	GIL - Gilead Sciences Inc.

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Nova Scotia Formulary Updates

New Exception Status Benefit

The following product will be listed with the following criteria, effective **July 23, 2018.**

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Emtricitabine /tenofovir disoproxil fumarate (Truvada and generics)	200mg/ 300mg Tabs	Various	DNP	E (SF)	VAR
Criteria	**Men Who Have Sex With Men (MSM) and Transgender Women (TGW)** For pre-exposure prophylaxis (PrEP), in combination with safer sex practices, to reduce the risk of sexually acquired HIV-1 infection in adults at high risk who report condomless anal sex within the last six months and any of the following: • Infectious syphilis or rectal bacterial sexually transmitted infection (STI), particularly if diagnosed in the preceding 12 months; • Recurrent use of nonoccupational postexposure prophylaxis (nPEP) (more than once); • Ongoing sexual relationship with an HIV-positive partner who is not receiving stable ART and/or does not have an HIV viral load <200 copies/ mL. (i.e. not on ART or >200 copies/mL); or • High-incidence risk index (HIRI)-MSM risk score ≥ 11. Please refer to the BC-CfE PrEP guidelines or the Canadian PrEP Guidelines which include details about how to calculate the HIRI-MSM risk score				

New Exception Status Benefit Continued…

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Emtricitabine/tenofovir disoproxil fumarate (Truvada and generics)	200mg/300mg Tabs	Various	DNP	E (SF)	VAR

Criteria

Heterosexual exposure

For pre-exposure prophylaxis (PrEP), in combination with safer sex practices, to reduce the risk of sexually acquired HIV-1 infection in heterosexual men and women at high risk of acquiring HIV infection who meet both of the following:

- Condomless vaginal or anal sex; and
- Ongoing sexual relationship with an HIV-positive partner who is not receiving stable ART and/or does not have an HIV viral load <200 copies/ mL. (i.e. not on ART or >200 copies/mL).

People who inject drugs (PWID)

For pre-exposure prophylaxis (PrEP) for PWID who are at high risk of acquiring HIV infection and meet both of the following:

- Report sharing of injection equipment; and
- Have an HIV-positive injecting partner who is not receiving stable ART and/or does not have an HIV viral load < 200 copies/mL.

Clinical notes:

- PrEP should be part of a combination prevention strategy that includes behavioural interventions such as condoms and risk reduction counseling.
- PrEP is not recommended in the context of a stable closed relationship with a single partner with no or negligible risk of having transmissible HIV.

Note regarding daily versus 'on-demand" dosing:

- As stated in the Canadian Guideline, **daily** emtricitabine/tenofovir disoproxil fumarate (TDF/FTC) is currently the PrEP regimen of choice because it has been the most widely evaluated in high quality studies, and "on-demand" dosing is currently an off-label use of TDF/FTC in Canada. The on-demand regimen requires taking the drug 24 hours before sexual activity, every 24 hours during the sexual activity, and 24 hours after the last sexual encounter. A randomized placebo-controlled trial among MSM in France and Montreal found high efficacy among men who had frequent sex and who regularly took an average of 4 pills per week. These results suggest an on-demand strategy may be less effective for MSM who have less frequent sex because consistent pill use is important to achieve high levels of drugs in the body. A subsequent sub-study found that an on-demand strategy (median 9.5 pills/month) remained highly effective for MSM having infrequent sex (median 5x/month). The implication is that on demand' PrEP compared with daily, continuous PrEP may decrease the cost of drugs

New Exception Status Benefit Continued…

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Emtricitabine/tenofovir disoproxil fumarate (Truvada and generics)	200mg/300mg Tabs	Various	DNP	E (SF)	VAR
Criteria	while preventing similar numbers of infections. However, study of how on-demand PrEP would work in "real life" settings outside of a placebo-controlled trial are required.				

Legend

PRESCRIBER CODES	BENEFIT STATUS	MANUFACTURER CODES
D - Physician / Dentist	S - Seniors' Pharmacare	VAR - *Various*
N - Nurse Practitioner	F - Community Services Pharmacare	
P - Pharmacist	- Family Pharmacare	
M - Midwife	C - Drug Assistance for Cancer Patients	
O - Optometrist	D - Diabetes Assistance Program	
	E - Exception status applies	

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Nova Scotia Formulary Updates

New Exception Status Benefits

The following product has been listed with the following criteria, effective **July 31, 2018.**

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Ibrance (palbociclib)	75mg Cap	02453150	DNP	E (SFC)	PFI
	100mg Cap	02453169	DNP	E (SFC)	PFI
	125mg Cap	02453177	DNP	E (SFC)	PFI
Criteria	• In combination with letrozole, for the treatment of post-menopausal women with estrogen receptor (ER) positive, human epidermal growth factor receptor 2 (HER2) negative advanced breast cancer who have not received any prior treatment for metastatic disease. Treatment should continue until unacceptable toxicity or disease progression. Patients should have good performance status and not be resistant to prior (neo)adjuvant aromatase inhibitor therapy, nor have active or uncontrolled metastases to the central nervous system. **Clinical Note:** • Patients will be eligible for either palbociclib plus an aromatase inhibitor in the first line setting or everolimus plus exemestane as a subsequent line of therapy, but not both therapies.				

New Exception Status Benefits Continued…

The following product has been listed with the following criteria, effective **August 1, 2018.**

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Erelzi	25mg/0.5ml Prefilled Syringe	02462877	DNP	E (SF)	SDZ
(etanercept)	50 mg/ml Prefilled Syringe	02462869	DNP	E (SF)	SDZ
	50 mg/ml Prefilled Auto-injector	02462850	DNP	E (SF)	SDZ

Criteria

Ankylosing Spondylitis

- For the treatment of patients with moderate to severe ankylosing spondylitis (Bath AS Disease Activity Index (BASDAI) score ≥4 on 10-point scale) who:
    - have axial symptoms and who have failed to respond to the sequential use of at least 2 NSAIDs at the optimum dose for a minimum period of 3 months' observation, or in whom NSAIDs are contraindicated; OR
    - have peripheral symptoms and who have failed to respond to, or have contraindications to, the sequential use of at least 2 NSAIDs at the optimum dose for a minimum period of 3 months' observation and have had an inadequate response to an optimal dose or maximal tolerated dose of a disease modifying antirheumatic drug (DMARD).

Notes:

- Must be prescribed by a rheumatologist or prescriber with a specialty in rheumatology.
- Requests for renewal must include information showing the beneficial effects of the treatment, specifically:
    - a decrease of at least 2 points on the BASDAI scale, compared with the pre-treatment score; OR
    - patient and expert opinion of an adequate clinical response as indicated by a significant functional improvement (measured by outcomes such as HAQ or "ability to return to work").
- Initial coverage period 6 months, maximum dose 50mg per week and not in combination with other anti-TNF agents.
- Patients with recurrent uveitis (2 or more episodes within 12 months) as a complication of axial disease, do not require a trial of 2 NSAIDs.

Rheumatoid Arthritis

- For the treatment of severely active rheumatoid arthritis, in combination with methotrexate (MTX) or other DMARDs, in adult patients who are refractory or intolerant to:
    - MTX (oral or parenteral) at a dose of ≥ 20 mg weekly (≥15mg if patient is ≥65 years of age), or use in combination with another DMARD, for a minimum of 12 weeks AND
    - MTX in combination with at least two other DMARDs, such as hydroxychloroquine and sulfasalazine, for a minimum of 12 weeks.

New Exception Status Benefits Continued…

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Erelzi	25mg/0.5ml Prefilled Syringe	02462877	DNP	E (SF)	SDZ
(etanercept)	50 mg/ml Prefilled Syringe	02462869	DNP	E (SF)	SDZ
	50 mg/ml Prefilled Auto-injector	02462850	DNP	E (SF)	SDZ

Criteria

Clinical Notes:

- For patients who do not demonstrate a clinical response to oral MTX, or who experience gastrointestinal intolerance, a trial of parenteral MTX must be considered.
- Optimal treatment response to DMARDs may take up to 24 weeks, however coverage of a biologic therapy can be considered if no improvement is seen after 12 weeks of triple DMARD use.
- If patient factors (e.g. intolerance) prevent the use of triple DMARD therapy, these must be described and dual therapy with DMARDs must be tried.
- Refractory is defined as lack of effect at the recommended doses and for duration of treatments specified above.
- Intolerant is defined as demonstrating serious adverse effects or contraindications to treatments as defined in product monographs. The nature of intolerance(s) must be clearly documented.

Claim Notes:

- Must be prescribed by a rheumatologist
- Combined use of more than one biologic DMARD will not be reimbursed
- Initial Approval: 6 months
- Renewal Approval: 1 year. Confirmation of continued response is required
- Maximum Dosage Approved: 25mg twice a week or 50mg once a week with no dose escalation permitted

Polyarticular Juvenile Idiopathic Arthritis

- For the treatment of polyarticular juvenile idiopathic arthritis (pJIA) with the following criteria:
  - For patients aged 4-17 years with moderate or severe pJIA who have had an inadequate response to one or more disease-modifying anti-rheumatic drugs (DMARDs); and
  - Treatment must be initiated by a rheumatologist who is familiar with the use of DMARDs and/or biologic DMARDs in children.

Criteria Updates

The following criteria have been updated effective **August 1, 2018:**

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Ciprodex **(dexamethasone and ciprofloxacin)**	Otic Susp	02252716	DNP	E (SF)	NVR
Criteria	• For the treatment of patients with acute otitis media with otorrhea through tympanostomy tubes; or with known or suspected tympanic membrane perforation with otorrhea. **[Criteria Code 01]** • For the treatment of patients with acute otitis externa in the presence of a tympanostomy tube or with known or suspected perforation of the tympanic membrane. **[Criteria Code 02]**				

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Duloxetine **(Cymbalta and generic brands)**	30mg Cap 60mg Cap	Various Various	DNP DNP	E (SF) E (SF)	VAR VAR
Criteria	• For the treatment of chronic pain in patients who have had an inadequate response or intolerance to at least one first-line agent. **Clinical Note:** • First-line agents include tricyclic antidepressants for chronic neuropathic pain and non-steroidal anti-inflammatory drugs for chronic non-neuropathic pain. **Claim Note:** • The maximum dose reimbursed is 60mg daily.				

New Products

Effective **August 1, 2018,** the following new products have been added to the Nova Scotia Formulary. The benefit status within the Nova Scotia Pharmacare Programs is indicated and any existing criteria will apply.

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Citalopram	10mg Tab	02430517	DNP	SFC	JPC
Jamp-Sodium Phosphate	500mg Tab	80047562	DNP	SF	JPC

Change in Benefit Status

Effective **August 1, 2018,** the following products have moved to full benefit status and no longer require exception status approval:

- **Atomoxetine (Strattera and generics)**
- **Buprenorphine/naloxone (Suboxone and generics for opioid use disorder)**
- **Capecitabine (Xeloda and generics)**
- **Clopidogrel (Plavix and generics)**
- **Methadone Oral Compounded Solution (for opioid use disorder)**

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Atomoxetine	10mg Cap	Various	DNP	SF	VAR
Atomoxetine	18mg Cap	Various	DNP	SF	VAR
Atomoxetine	25mg Cap	Various	DNP	SF	VAR
Atomoxetine	40mg Cap	Various	DNP	SF	VAR
Atomoxetine	60mg Cap	Various	DNP	SF	VAR
Atomoxetine	80mg Cap	Various	DNP	SF	VAR
Atomoxetine	100mg Cap	Various	DNP	SF	VAR
Buprenorphine/naloxone	2mg/0.5mg Tab	Various	DN	SF	VAR
Buprenorphine/naloxone	8mg/2mg Tab	Various	DN	SF	VAR
Capecitabine	150mg Tab	Various	DNP	SFC	VAR
Capecitabine	500mg Tab	Various	DNP	SFC	VAR
Clopidogrel	75mg Tab	Various	DNP	SF	VAR
Methadone	Oral Compound Sol	00999734	DN	SFC	VAR

Delisted Products

Effective **August 1, 2018,** the following product has moved to non-benefit status and will no longer be covered under the Nova Scotia Pharmacare Programs. Other strengths of trazodone remain full benefits. Those currently using 75mg tablets will be grandfathered for coverage.

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
pms-Trazodone	75mg Tab	02237339	N/A	**Not Insured**	PMS

New Ostomy Products

Effective **August 1, 2018**, a number of Hollister ostomy products 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 in the next update of the Nova Scotia Formulary, which will be available on the Nova Scotia Pharmacare website.

Legend

PRESCRIBER CODES	BENEFIT STATUS	MANUFACTURER CODES
D - Physician / Dentist	S - Seniors' Pharmacare	JPC - Jamp Pharma Corporation
N - Nurse Practitioner	F - Community Services Pharmacare - Family Pharmacare	NVR - Novartis Pharmaceuticals Canada Inc.
P - Pharmacist	C - Drug Assistance for Cancer Patients	PFI - Pfizer Canada Inc.
M - Midwife	D - Diabetes Assistance Program	PMS - Pharmascience Inc.
O - Optometrist	E - Exception status applies	SDZ - Sandoz Canada Incorporated
		VAR - *Various*

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New Exception Status Benefits

The following products have been listed with the following criteria, effective immediately.

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Uptravi (selexipag)	200mcg Tab	02451158	DNP	E (SF)	ACT
	400mcg Tab	02451166	DNP	E (SF)	ACT
	600mcg Tab	02451174	DNP	E (SF)	ACT
	800mcg Tab	02451182	DNP	E (SF)	ACT
	1000mcg Tab	02451190	DNP	E (SF)	ACT
	1200mcg Tab	02451204	DNP	E (SF)	ACT
	1400mcg Tab	02451212	DNP	E (SF)	ACT
	1600mcg Tab	02451220	DNP	E (SF)	ACT
Criteria	For the long-term treatment of idiopathic pulmonary arterial hypertension (PAH), heritable HPAH, PAH associated with connective tissue disorders, and PAH associated with congenital heart disease, in adult patients with World Health Organization (WHO) functional class (FC) II to III to delay disease progression, if the following clinical criteria are met: • Inadequate control with a first- and second-line PAH therapy. • Must be prescribed by a clinician with experience in the diagnosis and treatment of PAH. **Claim Notes:** • Combination therapy with prostacyclin or prostacyclin analogs will not be reimbursed.				

New Exception Status Benefits Continued…

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Vosevi **(sofosbuvir/ velpatasvir/ voxilaprevir)**	400mg/100mg/100mg Tab	02467542	DNP	E (SF)	GIL

Criteria

For treatment-experienced adult patients with chronic hepatitis C virus (HCV) who meet the following criteria:

	Approval Period
Genotypes 1, 2, 3, 4, 5, 6 or mixed genotypes • With compensated cirrhosis • With no cirrhosis	12 weeks

Patients must also meet all of the following criteria:

- Must be prescribed by a hepatologist, gastroenterologist, or infectious disease specialist (or other physician experienced in treating a patient with hepatitis C infection)
- Lab-confirmed hepatitis C genotype 1, 2, 3, 4, 5, 6 or mixed genotypes
- Quantitative HCV RNA value within the last 6 months
- Fibrosis stage must be provided

Clinical Notes:

1. Treatment experienced is defined as a patient who has been previously treated with an NS5A inhibitor for genotype 1, 2, 3, 4, 5 or 6 or sofosbuvir without an NS5A inhibitor for genotype 1, 2, 3 or 4 and who has not experienced an adequate response.
2. Compensated cirrhosis is defined as a CTP score of 5 to 6 (Class A).
3. Re-treatment for sofosbuvir-velpatasvir-voxilaprevir treatment failures will be considered on a case-by-case basis.

Claim Notes:

- Claims that exceed the maximum claim amount of $9,999.99 must be divided and submitted as separate transactions using the following PINs:
  - 00904312
  - 00904313
- Claims will be limited to a 28-day supply.

Criteria Updates

The following indications have been added to existing criteria effective immediately:

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Humira (adalimumab)	40mg/0.8mL Syringe Inj	02258595	DNP	E (SF)	ABV
Criteria	**Hidradenitis Suppurativa** For the treatment of adult patients with active moderate to severe hidradenitis suppurativa (HS) who have not responded to conventional therapy and who meet all of the following criteria: • A total abscess and nodule count of 3 or greater • Lesions in at least two distinct anatomic areas, one of which must be Hurley Stage II or III • An inadequate response to a 90-day trial of oral antibiotics **Initial renewal criteria:** • Requests for renewal should provide objective evidence of a treatment response, defined as at least a 50% reduction in abscess and inflammatory nodule count with no increase in abscess or draining fistula count relative to baseline at week 12. **Subsequent renewal criteria:** • Requests for renewal should provide objective evidence of the preservation of treatment effect (i.e. the current abscess and inflammatory nodule count and draining fistula count should be compared to the count prior to initiating treatment with adalimumab). **Claim Notes:** • Must be prescribed by a dermatologist or physician with experience in the treatment of HS. • Approvals will be for a maximum of 160mg followed by 80mg two weeks later, then 40mg every week beginning four weeks after the initial dose. • Initial Approval: 12 weeks • Renewal Approval: 1 year **Ulcerative Colitis** For the treatment of adult patients with moderately to severely active ulcerative colitis who have a partial Mayo score > 4, and a rectal bleeding subscore ≥ 2 and are: • refractory or intolerant to conventional therapy (i.e. 5-ASA for a minimum of 4 weeks, and prednisone ≥ 40mg daily for two weeks or IV equivalent for one week); or • corticosteroid dependent (i.e. cannot be tapered from corticosteroids without disease recurrence; or have relapsed within three months of stopping corticosteroids; or require two or more courses of corticosteroids within one year.) Renewal requests must include information demonstrating the beneficial effects of the treatment, specifically: • a decrease in the partial Mayo score ≥ 2 from baseline, and • a decrease in the rectal bleeding subscore ≥1.				

Criteria Updates Continued…

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Humira (adalimumab)	40mg/0.8mL Syringe Inj	02258595	DNP	E (SF)	ABV
Criteria	**Clinical Notes:** • Refractory is defined as lack of effect at the recommended doses and for duration of treatments specified above. • Intolerant is defined as demonstrating serious adverse effects or contraindications to treatments as defined in product monographs. The nature of intolerance(s) must be clearly documented. • Patients with severe disease do not require a trial of 5-ASA **Claim Notes:** • Must be prescribed by a gastroenterologist or physician with a specialty in gastroenterology. • Combined use of more than one biologic DMARD will not be reimbursed. • Initial Approval: 16 weeks • Renewal Approval: 1 year				

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Imbruvica (ibrutinib)	140mg Cap	02434407	DNP	E (SFC)	JAN
Criteria	**First Line Chronic Lymphocytic Leukemia/ Small Lymphocytic Leukemia** As a single agent treatment option for patients with previously untreated chronic lymphocytic leukemia (CLL)/ small lymphocytic leukemia (SLL) for whom fludarabine – based treatment is considered inappropriate due to high risk of relapse or refractory disease based on prognostic biomarkers. Treatment should be discontinued upon disease progression or unacceptable toxicity. **Clinical Notes:** • High risk for relapse or refractory disease includes 17p deletion, TP53 mutation, 11q deletion and unmutated IGHV. • Sequential use of ibrutinib and idelalisib will not be funded, except as a bridge to transplant. Exceptions may be considered in the case of intolerance without disease progression. **Relapsed/Refractory Mantle Cell Lymphoma** • As a single agent treatment option for patients with relapsed or refractory mantle cell lymphoma who have received at least one prior therapy. Patients should have a good performance status. Treatment should be discontinued upon disease progression or unacceptable toxicity.				

Criteria Updates Continued…

The following criteria has been updated effective immediately:

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Ibrance (palbociclib)	75mg Cap	02453150	DNP	E (SFC)	PFI
	100mg Cap	02453169	DNP	E (SFC)	PFI
	125mg Cap	02453177	DNP	E (SFC)	PFI
Criteria	• In combination with an aromatase inhibitor (AI) (i.e. letrozole, anastrozole or exemestane) for the treatment of post-menopausal women with estrogen receptor (ER) positive, human epidermal growth factor receptor 2 (HER 2) negative advanced breast cancer who have not received any prior treatment for metastatic disease. Treatment should continue until unacceptable toxicity or disease progression. Patients should have a good performance status and not be resistant to prior (neo) adjuvant aromatase inhibitor therapy (i.e: have the potential to benefit from first-line endocrine based therapy), without active or uncontrolled metastases to the central nervous system. **Clinical Notes**: • Patients will be eligible for either palbociclib plus an aromatase inhibitor in the first line setting or everolimus plus exemestane as a subsequent line of therapy, but not both therapies.				

New Temporary Benefit

Effective **September 6, 2018**, the Nova Scotia Pharmacare Programs has added AUVI-Q as a temporary benefit for beneficiaries. AUVI-Q can be billed when EpiPen is not available due to short supply.

PRODUCT	STRENGTH	PIN	PRESCRIBER	BENEFIT STATUS	MFR
AUVI-Q	0.3mg/0.3ml Prefilled Autoinjector	02480379	DNPM	SF*	KLO
AUVI-Q	0.15mg/0.15ml Prefilled Autoinjector	02480360	DNPM	SF*	KLO

*Quantity limit of two injections per fiscal year.

New Diabetic Products

The following product is a new listing to the Nova Scotia Formulary, effective **October 1, 2018.** The benefit status within the Nova Scotia Pharmacare Programs is indicated.

PRODUCT	DIN/PIN	PRESCRIBER	BENEFIT STATUS	MFR
BD Nano PRO 32g x 4mm Ultra-Fine Pen Needles	97799160	DNP	SFD	BTD

New Ostomy Products

Effective **October 1, 2018**, a number of Hollister ostomy products 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 in the next update of the Nova Scotia Formulary, which will be available on the Nova Scotia Pharmacare website.

Legend

PRESCRIBER CODES	BENEFIT STATUS	MANUFACTURER CODES
D - Physician / Dentist	S - Seniors' Pharmacare	ABV - AbbVie Corporation
N - Nurse Practitioner	F - Community Services Pharmacare - Family Pharmacare	ACT - Actelion Pharmaceuticals Canada Inc.
P - Pharmacist	C - Drug Assistance for Cancer Patients	BTD - Becton Dickinson Canada
M - Midwife	D - Diabetes Assistance Program	GIL - Gilead Sciences Inc
O - Optometrist	E - Exception status applies	JAN - Janssen-Ortho Inc.
		KLO - Kaleo Inc
		PFI - Pfizer Canada Inc

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Smoking Cessation Therapies

Effective **January 1, 2019**, the Nova Scotia Pharmacare Programs will provide coverage for the smoking cessation products bupropion and varenicline as indicated below. Beneficiaries will be eligible for one course (12 weeks-168 tablets) for either therapy each year without a special authorization approval.

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Champix and generic brands (varenicline)	Various	Various	DNP	SFC*	VAR
Zyban (bupropion)	150mg Tab	02238441	DNP	SFC*	VLN
Claim Notes	• A maximum of 12 weeks standard therapy (168 tablets*) will be reimbursed annually without a special authorization request. • Additional reimbursement (e.g. for a second course of therapy) will require a special authorization request with details regarding readiness to quit, success with previous therapy, enrolment in cessation programs and any other pertinent information.				

Please see the next page for additional information.

Smoking Cessation Therapies Continued…

Tobacco Free Nova Scotia provides free services to Nova Scotians who are interested in quitting smoking or who require additional support. These services include working with a counsellor via the Quitline, text-based motivational messages, secure chat, online forums etc. More information is available at https://tobaccofree.novascotia.ca/.

In addition, the Nova Scotia Health Authority provides stop smoking services, including structured groups to bring participants together in a supportive environment. As part of this program, nicotine replacement therapy can be provided for the duration of treatment (up to a maximum 16 weeks). More information is available at http://www.nshealth.ca/service-details/Stop%20Smoking%20Services.

New Exception Status Benefits

The following products have been listed with the following criteria, effective immediately.

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Invega Trinza	175mg/0.875mL Inj	02455943	DNP	E (SF)	JAN
(paliperidone palmitate)	263mg/1.315mL Inj	02455986	DNP	E (SF)	JAN
	350mg/1.75mL Inj	02455994	DNP	E (SF)	JAN
	525 mg/2.625mL Inj	02456001	DNP	E (SF)	JAN
Criteria	• For the maintenance treatment of schizophrenia and related psychotic disorders (not dementia related) in patients who have been stabilized on therapy with injectable paliperidone for at least four months.				

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Synjardy	5mg/500mg Tab	02456575	DNP	E (SF)	BOE
(empaglifozin/ metformin hydrochloride)	5mg/850mg Tab	02456583	DNP	E (SF)	BOE
	5mg/1000mg Tab	02456591	DNP	E (SF)	BOE
	12.5mg/500mg Tab	02456605	DNP	E (SF)	BOE
	12.5mg/850mg Tab	02456613	DNP	E (SF)	BOE
	12.5mg/1000mg Tab	02456621	DNP	E (SF)	BOE
Criteria	• For the treatment of type 2 diabetes mellitus in patients who are already stabilized on therapy with empagliflozin and metformin, to replace the individual components of empagliflozin and metformin. Patients must meet coverage criteria for empagliflozin.				

New Exception Status Benefits Continued…

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Lancora	5mg Tab	02459973	DNP	E (SF)	SEV
(ivabradine hydrochloride)	7.5mg Tab	02459981	DNP	E (SF)	SEV

Criteria

- For the treatment of adult patients with New York Heart Association (NYHA) classes II or III stable chronic heart failure to reduce the incidence of cardiovascular death and hospitalization, administered in combination with standard chronic heart failure therapies, who meet all of the following criteria:
  - reduced left ventricular ejection fraction (LVEF) (<35%)
  - sinus rhythm with a resting heart rate ≥77 beats per minute (bpm)
  - at least one hospitalization due to heart failure in the past year
  - NYHA class II to III symptoms despite at least four weeks of optimal treatment of the following:
    - a stable dose of an angiotensin converting enzyme inhibitor (ACEI) or an angiotensin II receptor blocker (ARB); and
    - a stable dose of a beta blocker; and
    - an aldosterone antagonist

Clinical Notes:

- Resting heart rate must be documented as ≥ 77 bpm on average using either an ECG on at least three separate visits or by continuous monitoring.
- For patients who have not received four weeks of therapy with an ACEI/ARB, beta blocker or aldosterone antagonist due to an intolerance or contraindication, details must be provided.

Claim Note:

- Patients should be under the care of a specialist experienced in the treatment of heart failure for patient selection, titration, follow-up and monitoring.

Criteria Updates

The following criteria has been updated effectively immediately:

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Jardiance (empaglifozin)	10mg Tab 25mg Tab	02443937 02443945	DNP DNP	E (SF) E (SF)	BOE BOE
Criteria	• For the treatment of Type 2 diabetes mellitus for patients with: o inadequate glycemic control on metformin and a sulfonylurea; and o for whom insulin is not an option OR • As an adjunct to diet, exercise, and standard care therapy to reduce the incidence of cardiovascular death in patients with type 2 diabetes mellitus and established cardiovascular disease (details must be provided as per clinical note below) who have: o inadequate glycemic control despite an adequate trial of metformin **Clinical Notes:** • Established cardiovascular disease is defined as one of the following (details must be provided): o History of myocardial infarction (MI). o Multi-vessel coronary artery disease in two or more major coronary arteries (irrespective of revascularization status). o Single-vessel coronary artery disease with significant stenosis and either a positive non-invasive stress test or discharged from hospital with a documented diagnosis of unstable angina within 12 months prior to selection. o Last episode of unstable angina >2 months prior with confirmed evidence of coronary multi-vessel or single-vessel disease. o History of ischemic or hemorrhagic stroke. o Occlusive peripheral artery disease.				

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Vfend and generic brands (voriconazole)	50mg Tab 200mg Tab	Various Various	DNP DNP	E (SF) E (SF)	VAR VAR
Criteria	• For the management of invasive aspergillosis • For the treatment of culture proven invasive candidiasis with documented resistance to fluconazole **Claim Notes:** • Must be prescribed by a hematologist or specialist in infectious diseases or medical microbiology. • Initial requests will be approved for a maximum of 3 months.				

New Products

Effective immediately, the following new products have been added to the Nova Scotia Formulary. The benefit status within the Nova Scotia Pharmacare Programs is indicated and any existing criteria will apply.

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Metoject	7.5mg/0.15mL Inj	02454823	DNP	SFC	MDX
Metoject	7.5mg/0.75mL Inj	02320029	DNP	SFC	MDX
Metoject	10mg/mL Inj	02320037	DNP	SFC	MDX
Metoject	10mg/0.2mL Inj	02454831	DNP	SFC	MDX
Metoject	12.5mg/0.25mL Inj	02454750	DNP	SFC	MDX
Metoject	15mg/0.3mL Inj	02454858	DNP	SFC	MDX
Metoject	15mg/1.5mL Inj	02320045	DNP	SFC	MDX
Metoject	17.5mg/0.35mL Inj	02454769	DNP	SFC	MDX
Metoject	20mg/0.4mL Inj	02454866	DNP	SFC	MDX
Metoject	22.5mg/0.45mL Inj	02454777	DNP	SFC	MDX
Metoject	25mg/0.5mL Inj	02454874	DNP	SFC	MDX

New Ostomy Products

Effective **December 1, 2018**, a number of Coloplast ostomy products 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 in the next update of the Nova Scotia Formulary, which will be available on the Nova Scotia Pharmacare website.

Rx for Good Prescribing Practices

By Dr. Rhonda Church, Medical Consultant – MSI

Originally published in the December 2018/January 2019 edition of doctorsNS.

It's a weekday afternoon. It's flu season. You have a waiting room full of patients and your assistant and two of the other physicians in your clinic are out sick. You're running almost an hour behind and have been fielding calls from the local nursing home about a number of ill residents there. You missed your son's last few basketball games because of work issues and you promised him you'd get to the one later today.

As you are attempting to sort out a complex, confused, and slightly hard of hearing elderly man who is short of breath, there is a knock at the exam room door.

"Call from the pharmacy on line 2. Question about a prescription you wrote this morning."

Sound familiar?

In addition to managing payments to physicians, Medavie Blue Cross also administers payments to pharmacists under the provincial Pharmacare Program. Recently, I met with members of our Pharmacare team who told me that one of the most frustrating aspects of a community pharmacist's job is having to call a physician for clarification on a busy day.

RX for Good Prescribing Practices Continued…

A great pharmacist is like a living, breathing CPS, with a tremendous depth of knowledge about medications we prescribe. Like physicians, they run small businesses, often employ staff and have practice standards in place to ensure safe and effective care of the people they serve. If they fill a prescription that contains incomplete information, there is a risk that they will fill the script in a way other than the physician intended. Not only can this lead to increased risk to the patient, filling such prescriptions can have significant financial implications for these small businesses as third party payers may not honour their fees.

Here are the suggestions they had to reduce the number of calls:

- Include the patient's full name i.e. Walter White rather than Mr. White
- Include the name of the medication or product being prescribed rather than using nonspecific terms such as "ostomy supplies x 1 year"
- Include the dosage of the medication prescribed as well as the total number to dispense i.e. furosemide 20 mg once daily (90 tabs) rather than "furosemide as before" For individuals whose conditions are stable, three months' supply is generally the most cost effective option but if finances are tight, or the medication is new, a shorter duration may be appropriate.
- Include the size of the bottle or tube for liquids, ointments, etc. The pharmacist will only be able to fill this without clarifying it with you only if the product comes in just one size.
- Include specific refill instructions i.e. "3 refills" rather than "as necessary" or "release with methadone."
- Sign the prescription.

A few extra seconds when prescribing can make a difference in the flow of your and your pharmacist's day and get you out the door and onto the bleachers.

Legend

PRESCRIBER CODES	BENEFIT STATUS	MANUFACTURER CODES
D - Physician / Dentist	S - Seniors' Pharmacare	BOE - Boehringer Ingelheim (Canada) Ltd.
N - Nurse Practitioner	F - Community Services Pharmacare - Family Pharmacare	JAN - Janssen-Ortho Inc.
P - Pharmacist	C - Drug Assistance for Cancer Patients	MDX - Medexus Inc.
M - Midwife	D - Diabetes Assistance Program	SEV - Servier Canada Inc.
O - Optometrist	E - Exception status applies	VAR - *Various*
		VLN - Valeant Canada Limited