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PHARMACISTS' EDITION

NOVA SCOTIA

PharmacareNEWS

inside

Nova Scotia Formulary Updates

Changes in Benefit Status

Effective **September 1, 2016**, the following products will move to full benefit status and will no longer require special authorization.

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Apidra (insulin glulisine)	3mL Cartridge	02279479	DNP	SFD	SAV
Apidra (insulin glulisine)	SoloSTAR 3mL Prefilled Pen	02294346	DNP	SFD	SAV
Apidra (insulin glulisine)	10mL Vial	02279460	DNP	SFD	SAV

*An Exception Status Request Form for the other rapid acting insulins can be found at the back of this bulletin and will be available on the Pharmacare website at www.nspharmacare.ca.

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Nabilone (Cesamet and generic brands)	0.25mg Cap	Various	DN	SFC	VAR
Nabilone (Cesamet and generic brands)	0.5mg Cap	Various	DN	SFC	VAR
Nabilone (Cesamet and generic brands)	1mg Cap	Various	DN	SFC	VAR

New Exception Status Benefits

The following products have been reviewed by the pCODR Expert Review Committee (pERC) and will be listed with the following criteria, effective September 1, 2016.

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Tafinlar (dabrafenib)	50mg Cap	02409607	DNP	E (SFC)	NVR
	75mg Cap	02409615	DNP	E (SFC)	NVR
Mekinist (trametinib)	0.5mg Tab	02409623	DNP	E (SFC)	NVR
	2mg Tab	02409658	DNP	E (SFC)	NVR
Criteria	• Dabrafenib-trametinib combination therapy as a first-line BRAF-mutation targeted treatment for patients with BRAF V600 mutation positive, unresectable or metastatic melanoma and who have an ECOG performance status of 0 or 1. Treatment should continue until disease progression. If brain metastases are present, patients should be asymptomatic or have stable symptoms. • In the event that a patient is initiated on dabrafenib-trametinib combination therapy and has to discontinue one agent due to toxicity, dabrafenib or trametinib monotherapy as a BRAF-mutation targeted treatment for patients with BRAF V600 mutation positive, unresectable or metastatic melanoma and who have an ECOG performance status of 0 or 1, will be funded, should that be the chosen treatment option. Treatment should continue until disease progression. If brain metastases are present, patients should be asymptomatic or have stable symptoms. For clarity, initiation of treatment with dabrafenib or trametinib monotherapy will not be funded.				

Criteria Update

The following product was reviewed for the management of asthma by the Canadian Drug Expert Committee (CDEC) and will be listed with the following additional criteria effective September 1, 2016.

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Breo Ellipta (fluticasone furoate/vilanterol)	100mcg/25mcg Pdr for Inh	02408872	DNP	E (SF)	GSK
	200/25 mcg Pdr for Inh	02444186	DNP	E (SF)	GSK
Criteria	For the treatment of moderate to severe asthma in patients who: • are compliant with inhaled corticosteroids at optimal doses; and • require additional symptom control, (e.g., cough, awakening at night, missing activities such as school, work or social activities because of asthma symptoms); and • require increasing amounts of short-acting beta2-agonists, indicative of poor control				

New Product

The following product is a new strength to be added to the Nova Scotia Formulary, effective September 1, 2016. The benefit status within the Nova Scotia Pharmacare Programs is indicated and existing criteria will apply.

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Revlimid (lenalidomide)	20mg Cap	02440601	DNP	E (SFC)	CEL

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
Prezcobix (darunavir/cobicistat)	800mg/150mg Tab	02426501	N/A	Non Insured	JAN

The following products were reviewed and the recommendation was not to list as benefits in the Pharmacare Programs for the following indications.

PRODUCT	STRENGTH	INDICATION	DIN	MFR
Afinitor (everolimus)	Various	Subependymal giant cell astrocytoma associated with tuberous sclerosis complex	Various	NVR
Constella (linaclotide)	145mcg Cap 290mcg Cap	Irritable bowel syndrome with constipation	02417162 02417170	ATV ATV
Daklinza (daclatasvir)	30mg Tab 60mg Tab	Hepatitis C, chronic	02444747 02444755	BMS BMS
Dymista (azelastine HCl and fluticasone propionate)	137mcg/50mg Nasal Spray	Seasonal allergic rhinitis	02432889	MVL
Elelyso (taliglucerase alfa)	200U/Vial Pdr for Inj	Gaucher disease	02425637	PFI
Juxtapid (lomitapide)	5mg Cap 10mg Cap 20mg Cap	Homozygous familial hypercholesterolemia	02420341 02420376 02420384	AEG AEG AEG
Opsumit (macitentan)	10mg Tab	Pulmonary Arterial Hypertension	02415690	ACT
Revolade (eltrombopag)	25mg Tab 50mg Tab	Thrombocytopenia associated with chronic hepatitis C infection	02361825 02361833	GSK GSK
Signifor (pasireotide diaspartate)	0.3mg/mL Inj 0.6mg/mL Inj 0.9mg/mL Inj	Cushing Disease	02413299 02413302 02413310	NVR NVR NVR

New Ostomy Products

Effective September 1, 2016, a number of Coloplast 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.

Administration of Publicly-Funded Influenza Vaccine by Pharmacists for the 2016-2017 Influenza Season

Who is eligible to have publicly-funded influenza vaccine administered by a pharmacist?

All individuals 5 years of age and over can have publicly-funded influenza vaccine administered by a pharmacist. As publicly-funded influenza vaccine is available free of charge, no individual is to be charged for the vaccine.

Who is eligible to have the influenza vaccine administration fee publicly-funded?

Only residents with a valid Nova Scotia Health Card Number are eligible to have the influenza vaccine administration fee billed to Pharmacare. There are no copayments or deductibles associated with the administration of the influenza vaccine to residents with a valid Nova Scotia Health Card Number. All other individuals are responsible for paying the applicable administration fee.

Which pharmacies are eligible to bill for the administration of publicly-funded influenza vaccine?

Pharmacies set up as providers to bill publicly-funded influenza vaccine administration fees last year are already set up for the 2016-2017 influenza season. However, all pharmacies are still required to contact their local Nova Scotia Health Authority public health office to confirm their email, dispensary telephone number, and their preferred method for being contacted by public health.

Pharmacies that have not yet been set up as a provider to bill publicly-funded influenza vaccine administration must:

1. Comply with the required training and application expectations set out by the *Pharmacist Extended Practice Regulations* and the NSCP's *Standards of Practice: Drug Administration*.
2. Sign the *Confirmation of Agreement Form for Pharmacist Administered Publicly Funded Seasonal Influenza Vaccine* (available in the Pharmacists' Guide) and submit it to Medavie Blue Cross. Medavie Blue Cross will confirm by email or facsimile that the pharmacy has been set up as a provider to bill influenza vaccine administration fees.
3. Provide their local public health office with their provider confirmation and any other information the public health office requires to issue influenza vaccine to the pharmacy.

Where do pharmacies get publicly-funded influenza vaccine?

All publicly-funded influenza vaccine must be obtained from the local public health office. All providers are responsible for any transportation costs to obtain publicly-funded vaccine. Pharmacies should contact their local public health office to place their order for vaccine and to arrange pick-up. Review the packing protocol for transporting biologicals in the Nova Scotia Immunization Manual (located at: http://novascotia.ca/dhw/cdpc/documents/Immunization-Manual.pdf) to ensure you have all the required equipment when you pick up your vaccine. Public health can only release vaccine in accordance with this protocol.

When can pharmacists begin administering publicly-funded influenza vaccine?

Pharmacists may begin administering publicly-funded influenza vaccine as soon as they receive it.

Administration of Publicly-Funded Influenza Vaccine by Pharmacists for the 2016-2017 Influenza Season Continued…

How do pharmacies bill Pharmacare for influenza vaccine administration fees?

Fees for the administration of publicly-funded influenza vaccine to Nova Scotia residents with a valid Nova Scotia Health Card must be billed to Pharmacare online. The electronic claim must contain the following in the patient's insurance field:

- Patient ID – *the patient's Nova Scotia Health Card Number*
- Carrier ID – *NS*

If a patient is already set up in the pharmacy system with Pharmacare coverage (e.g., Seniors' Pharmacare, Family Pharmacare), a separate patient file does not need to be created. Claims must be submitted using the DIN of the vaccine administered to the patient, unless the patient is pregnant or is a child receiving a second vaccine dose. The following Table provides direction related to submitting claims using a PIN for pregnant women or children receiving a second dose.

Claims are submitted with the administration fee in the professional fee field. Providers are not reimbursed for ingredient costs or markups for these claims as they are able to access publicly-funded vaccine at no charge.

Claims Submission Field Content for Pharmacist-Administered Publicly Funded Influenza Vaccines

CPhA Claim Standard Field #	CPhA Claim Standard Field Name	Content
D.56.03	DIN/GP#/PIN	DINs Fluzone Quadrivalent MDV 02432730 FluLaval Tetra 02420783 PIN for pregnant women Fluzone Quadrivalent 93899895 FluLaval Tetra 93899893 PIN for second dose for children Fluzone Quadrivalent 93899896 FluLaval Tetra 93899894
D.58.03	Quantity	000001 (one)
D.61.03	Prescriber ID	Pharmacists prescriber ID
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	$12.00

What documentation does a pharmacy need to retain for audit and other purposes?

Pharmacies must retain the signed patient Consent and Disclosure form for each claim reimbursed by Pharmacare. Pharmacies are advised to maintain a record of the quantity of influenza vaccine administered to individuals who do not have a valid Nova Scotia Health Card Number, as this information may be requested by public health.

Administration of Publicly-Funded Influenza Vaccine by Pharmacists for the 2016-2017 Influenza Season Continued...

How do I report an adverse event following immunization (AEFI)?

It is possible that reactions may occur after administration of influenza vaccine, without a causal association to the vaccine. These reactions must be reported to your local Nova Scotia Health Authority public health office for the appropriate follow-up. Providers should document an AEFI using the Public Health Agency of Canada AEFI form (located at: http://www.phac-aspc.gc.ca/im/pdf/raefi-dmcisi-eng.pdf) and forward the form to the local public health office. The local public health office reviews these reports and enters them in their local database before they are forwarded to the Public Health Agency of Canada.

What do I do if there is a break in the cold chain?

Cold chain refers to the process used to maintain optimal conditions during the transport, storage, and handling of vaccines, starting with the manufacturer and ending with the administration of the vaccine. When vaccines are exposed to temperatures of less than 2°C or more than 8°C, the result is a break in the cold chain. Vaccines affected by a break in the cold chain must be packaged separately, identified with a sticker reading "DO NOT USE," and stored in a refrigerator at between 2°C and 8°C separately from vaccines in current use. Contact your local public health office to determine whether or not they can be used.

NOVA SCOTIA PROVINCIAL PHARMACARE PROGRAMS
Request for Coverage of Rapid Acting Insulins

PATIENT INFORMATION

PATIENT SURNAME	PATIENT GIVEN NAME	HEALTH CARD NUMBER	DATE OF BIRTH

PATIENT ADDRESS

DRUG REQUESTED

FULL BENEFIT – no form required:
Apidra (insulin glulisine)

EXCEPTION STATUS BENEFITS – complete all sections of the form below:
☐ NovoRapid (insulin aspart)
☐ Humalog (insulin lispro)

CRITERIA AND DIAGNOSTIC INFORMATION

NovoRapid and Humalog Criteria:
For the management of Type I or Type II diabetes mellitus in patients who are:
- undergoing intensive therapy, i.e. administering three or more injections of insulin per day including basal insulin, and
- testing blood glucose levels 4-6 times per day.

► Please identify previous/current treatment and frequency of dosing:

_____
_____
_____
_____
_____

► Please identify how often blood glucose is monitored per day:

_____

PRESCRIBER NAME & ADDRESS:		
LICENCE #	PRESCRIBER SIGNATURE	DATE

If you need assistance, please contact the Pharmacare Office at (902) 496-7001 or 1-800-305-5026

Please Return Form To: Nova Scotia Pharmacare Programs
P.O. Box 500, Halifax, NS B3J 2S1
Fax: (902) 496-4440

08/2016

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