



PharmacareNEWS

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Change in Coverage of Biologics

Effective February 4, 2022, Nova Scotia Pharmacare is implementing a policy that requires beneficiaries to transition from an originator biologic to an eligible biosimilar version of that molecule in order for coverage to continue.

Health Canada rigorously reviews biosimilars and has deemed any differences to not be clinically significant. Biosimilars are highly similar versions of the originator biologics. Due to the complexity and nature of biologics, they have natural variability and thus an exact copy cannot be created. This is also true of different batches of the originator. Any exceptions to this policy will require an Exception Status Drug (ESD) Request Form.

During this transition period, prescribers will need to discuss biosimilar products with patients, generate new prescriptions and connect with patient support programs as needed. All patients must transition to a biosimilar version of their medication by February 3, 2023. After that date, claims for the originator will not be accepted by Pharmacare unless approved through an ESD request.

All patients will be automatically provided with biosimilar coverage if they have coverage for the originator product. This is expected to be in place by March 15, 2022. In the interim, please contact the Pharmacare office if there are any issues with billing a biosimilar for a patient who is currently being covered for an originator product – patients should not have to return to their provider for a new ESD.

The products that are currently affected by this policy are listed below. However, as more biosimilar products become available, they will also be added to this policy.

Change in Coverage of Biologics continued...

Originator Biologic	Biosimilar
Remicade	Inflectra, Renflexis, Avsola
Humira	Amgevita, Hadlima, Hyrimoz, Hulio, Idacio
Enbrel	Brenzys, Erelzi
Rituxan	Truxima, Riximyo, Ruxience
Insulin Lantus	Insulin Basaglar
Insulin Humalog	Insulin Admelog
Insulin Novorapid	Insulin Trurapi

If you have any questions please visit our website at: [www. Information for Patients about the Nova Scotia Biosimilar Initiative | novascotia.ca](http://www.Information for Patients about the Nova Scotia Biosimilar Initiative | novascotia.ca) or [Information for Prescribers about the Nova Scotia Biosimilar Initiative | novascotia.ca](http://www.Information for Prescribers about the Nova Scotia Biosimilar Initiative | novascotia.ca) or contact us by email at biologictherapies@novascotia.ca

Expansion of Community Pharmacist-led Anticoagulation Management Services

Through an amendment to the *Pharmacy Services Agreement*, effective December 13, 2021, pharmacies are now eligible to bill DHW a maximum of one special fee of \$50 per calendar month per patient for those who are provided Community Pharmacy-led Anticoagulation Management Services (CPAMS), inclusive of all costs associated with providing the service.

The monthly fee may be billed for any resident of Nova Scotia and is not limited to Pharmacare beneficiaries. Pharmacies must be approved by Pharmacy Association of Nova Scotia (PANS) to be eligible for the fee and pharmacy enrollment in providing the service will be gradual over the next couple of years. **Interested pharmacies must contact PANS at info@pans.ns.ca for additional information.**

The services must be performed in compliance with the Nova Scotia College of Pharmacists' *Standards of Practice: Prescribing Drugs* and the Nova Scotia College of Pharmacists' *Standards of Practice: Testing* to be eligible for coverage. In addition, eligible residents enrolled in the service must meet the following criteria:

- Be a resident 18 year of age or over
- Have a valid Nova Scotia Health Card
- Must not reside in a nursing home or home for special care
- Must not have factors that based on the pharmacist's professional judgement would deem them inappropriate for the service

Service Overview

As part of this service, the pharmacist takes responsibility for appropriate testing, dosage adjustments, and communication with the patient's primary care provider, as per applicable Nova Scotia College of Pharmacists' (NSCP) Standards of Practice.

Expansion of Community Pharmacist-led Anticoagulation Management Services continued...

When a patient or healthcare provider requests that a pharmacy provide the CPAMS Service for a patient, the pharmacist will liaise as appropriate with the patient's primary prescriber and provide an initial assessment.

The pharmacist will prescribe dosage adjustments and recommend the next test interval as per clinical guidelines, and using their clinical judgement based on the information collected during the assessment.

Pharmacies will notify the patient's primary care provider of test results and pharmacist prescribing decisions, as per standards of practice. If the patient does not have a primary care provider, the patient is provided the record in addition to the one maintained at the pharmacy. Pharmacies may bill a maximum of one monthly service fee per calendar month per patient regardless of the number of tests and/or clinical assessments provided in that month. Tests may be provided as part of the recommended routine monitoring for warfarin. Additional testing may be clinically appropriate when new medications are added, doses are modified, the patient has signs of bleeding, when the most recent test result suggests more frequent monitoring is warranted and/or other clinical reasons.

If the patient has a current prescription, the pharmacist will maintain or adapt the dose as appropriate and as per the NSCP's *Standards of Practice: Prescribing Drugs*. If the patient requires a renewal of their warfarin prescription, they may obtain it from any prescriber. If a pharmacist chooses to do a renewal of a warfarin prescription, this is conducted as per standards of practice and additional requirements as identified in the Pharmacy Guide and can be billed to DHW as a separate service.

DHW is the "payer of last resort" for all services under the *Pharmacy Service Agreement*, meaning residents must first use their available insurance coverage before any portion of the professional fee can be billed to DHW. Further, the agreement covers only the pharmacist professional fees associated with the service. Residents will continue to access their usual drug coverage or method of payment for any prescriptions they have filled.

Claims must be submitted electronically using the following CPhA Claims Standard field content:

CPhA Claims Standard – Community Pharmacist-led Anticoagulation Management Service (CPAMS)

Field #	Name	Content
D.56.03	DIN/GP#/PIN	93899872 INR Management Fee
D.57.03	Special Service Code	003 (Pharmacist consultation)
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	DDDDD (dollar value - not adjudicated)
D.72.03	Special Service Fee	5000 (\$50.00)

Note: Claims will be subject to audit.

RN Prescribing

Beginning February 2022, a cohort of registered nurses (RNs) will have completed the requirements to begin prescribing in Nova Scotia.

Nova Scotia Health and the IWK Health Centre, with support from the Department of Health and Wellness Nursing Strategy and in collaboration with stakeholders, are working to explore how access to health care services for Nova Scotians can be improved by enabling RNs to prescribe medications, devices, and order relevant screening or diagnostic tests within their specific area of competence and practice.

The scope of practice and role for the RN prescribers is broader than an RN, but much narrower and more restricted than that of a nurse practitioner or physician. The role of the RN prescriber is not to replace the services provided by nurse practitioners or physicians, but rather to complement those roles within interdisciplinary collaborative teams in order to improve patient access to care. RN prescribers are accountable for the decisions they make related to their nursing and prescribing practice at all times. RN prescribers may not prescribe for any client or client condition not endorsed by the employer.