

PharmacareNEWS

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Nova Scotia Formulary Updates

Reminder: Palliative Care Drug Program

Please be reminded that claims for the Palliative Care Drug Program are to be submitted **online only**, as per other programs, using the patient identification number and a carrier ID of NS. Further information is available in the [Pharmacists' Guide](#).

New Exception Status Benefits

The following product will be listed with the following criteria, effective February 1, 2017.

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Valcyte (valganciclovir)	50mg/mL pws	02306085	DNP	E (SF)	HLR
Criteria	<ul style="list-style-type: none"> • For the treatment of cytomegalovirus (CMV) retinitis in HIV-positive patients, upon the request of an infectious disease specialist or prescriber with a specialty in infectious disease • for the prevention of CMV disease post solid organ transplantation in patients at high-risk (D+ / R-) (i.e., donor positive/recipient negative). Coverage will be for a maximum of 90 days • for the treatment of patients with CMV infection who have received a solid organ transplant. <p>Note:</p> <ul style="list-style-type: none"> • Requests for oral suspension will be considered for patients when oral tablets are not an option. 				

Criteria Updates

The following criteria updates will be effective **February 1, 2017**.

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Methylphenidate ER (Biphentin, Concerta and generics)	Various	Various	DN	E (SF)	VAR
Criteria	<ul style="list-style-type: none"> • for patients diagnosed with attention deficit hyperactivity disorder (ADHD) who require 12-hour continuous coverage due to academic and/or psychosocial needs, and who meet the following: <ul style="list-style-type: none"> ○ patients who demonstrate significant and problematic disruptive behaviour or who have problems with inattention that interfere with learning AND ○ have been tried on immediate release or slow release methylphenidate with unsatisfactory results <p>Note:</p> <ul style="list-style-type: none"> • Requests will be considered from prescribers with expertise in ADHD 				

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Vyvanse (lisdexamfetamine)	10mg Cap	02439603	DNP	E (SF)	SHI
	20mg Cap	02347156	DNP	E (SF)	SHI
	30mg Cap	02322951	DNP	E (SF)	SHI
	40mg Cap	02347164	DNP	E (SF)	SHI
	50mg Cap	02322978	DNP	E (SF)	SHI
	60mg Cap	02347172	DNP	E (SF)	SHI
Criteria	<ul style="list-style-type: none"> • for the treatment of Attention Deficit Hyperactivity Disorder (ADHD) in patients who: <ul style="list-style-type: none"> ○ demonstrate significant and problematic disruptive behaviour or who have problems with inattention that interfere with learning; and ○ have been tried on methylphenidate (immediate release or long-acting formulation) or dexamphetamine with unsatisfactory results. <p>Notes:</p> <ul style="list-style-type: none"> • Requests will be considered from prescribers with expertise in ADHD • The maximum dose reimbursed is 60mg daily. 				

Criteria Updates Continued...

The following product was reviewed by the Canadian Drug Expert Committee (CDEC) and will be listed with the following additional criteria effective **February 1, 2017**.

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Simponi (golimumab)	50mg/0.5mL Prefilled Syr	02324776	DNP	E (SF)	JAN
	50mg/0.5mL Autoinjector	02324784	DNP	E (SF)	JAN
	100mg/1.0mL Prefilled Syr	02413175	DNP	E (SF)	JAN
	100mg/1.0mL Autoinjector	02413183	DNP	E (SF)	JAN
Criteria	<p>Ulcerative Colitis</p> <p>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:</p> <ul style="list-style-type: none"> 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.) <p>Renewal requests must include information demonstrating the beneficial effects of the treatment, specifically:</p> <ul style="list-style-type: none"> a decrease in the partial Mayo score ≥ 2 from baseline, and a decrease in the rectal bleeding subscore ≥ 1. <p>Clinical Notes:</p> <ul style="list-style-type: none"> 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 <p>Claim Notes:</p> <ul style="list-style-type: none"> 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. 				

Criteria Updates Continued...

The following product was reviewed by the Atlantic Common Drug Review (ACDR) and will be listed with the following additional criteria effective **February 1, 2017**.

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Carnitor (levocarnitine)	100mg/mL O/L	02144336	DNP	E (SF)	QGT
	330mg Tab	02144328	DNP	E (SF)	QGT
Criteria	<ul style="list-style-type: none"> For the treatment of patients with primary systemic carnitine deficiency. For the treatment of patients with an inborn error of metabolism that results in secondary carnitine deficiency. 				

New Products

The following products are new listings to the Nova Scotia Formulary, effective **February 1, 2017**. The benefit status within the Nova Scotia Pharmacare Programs is indicated.

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Claforan	2g/Vial Inj	02225107	DNP	SFC	SAV
Cefotaxime Sodium	2g/Vial Inj	02434105	DNP	SFC	STR
Dermaflex HC	1% Cr	00681989	DNP	SF	PAL
Dermaflex HC	1% Lot	00681997	DNP	SF	PAL
Pediapharm Naproxen	25mg/mL Susp	02162431	DNPM	SFC	PED
Valacyclovir	1000mg Tab	Various	DNPM	SFC	VAR

Change of Benefit Status

Effective **February 1, 2017**, the following products will move to full benefit status and will no longer require special authorization.

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Apo-Cyclosporine	100mg/mL O/L	02244324	DNP	SF	APX
Climara 25	25mcg/day, 2mg/patch	02247499	DNP	SFC	BAY
Climara 50	50mcg/day, 3.9mg/patch	02231509	DNP	SFC	BAY
Climara 75	75mcg/day, 5.7mg/patch	02247500	DNP	SFC	BAY
Climara 100	100mcg/day, 7.8mg/patch	02231510	DNP	SFC	BAY
CO Etidronate	200mg Tab	02248686	DNP	SFC	ATV
CO Etidrocal Kit		02263866	DNP	SFC	ATV
Estradot Patch	25mg/day	02245676	DNP	SFC	NVR
Estradot Patch	37.5mcg/day	02243999	DNP	SFC	NVR

Change of Benefit Status Continued...

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Estradot Patch	50mcg/day	02244000	DNP	SFC	NVR
Estradot Patch	75mcg/day	02244001	DNP	SFC	NVR
Estradot Patch	100mcg/day	02244002	DNP	SFC	NVR
Estalis Transdermal Patch	140/50mcg	02241835	DNP	SFC	NVR
Estalis Transdermal Patch	250/50mcg	02241837	DNP	SFC	NVR
Levetiracetam	Various	Various	DNP	SF	VAR
Neoral	10mg Cap	02237671	DNP	SF	NVR
Neoral	25mg Cap	02150689	DNP	SF	NVR
Neoral	50mg Cap	02150662	DNP	SF	NVR
Neoral	100mg Cap	02150670	DNP	SF	NVR
Neoral	100mg/mL O/L	02150697	DNP	SF	NVR
Sandoz Cyclosporine	25mg Cap	02247073	DNP	SF	SDZ
Sandoz Cyclosporine	50mg Cap	02247074	DNP	SF	SDZ
Sandoz Cyclosporine	100mg Cap	02242821	DNP	SF	SDZ
Sandoz Estradiol Derm 50	50mcg/patch	02246967	DNP	SFC	SDZ
Sandoz Estradiol Derm 75	75mcg/patch	02246968	DNP	SFC	SDZ
Sandoz Estradiol Derm 100	100mcg/patch	02246969	DNP	SFC	SDZ

Effective **February 1, 2017**, the following products will move to non-benefit status and will no longer be covered under the Nova Scotia Pharmacare Programs.

PRODUCT	STRENGTH	DIN	BENEFIT STATUS	MFR
Bacitracin	50.000iu Pdr/Vial	00030708	Not Insured	PFI
Chloromycetin Succinate	1g/vial Inj	00312363	Not Insured	ERF
Dinoprostone (Prostin E2)	0.5mg Tab	00400688	Not Insured	PAL
pms-Dexamethasone	0.75mg Tab	01964968	Not Insured	PMS

Notification of Quinine Delisting

Although quinine sulfate has been marketed in Canada since 1951, there have been ongoing safety concerns with its use. Despite only being approved by Health Canada for the treatment of malaria, quinine has been widely used "off label" to treat and prevent nocturnal leg cramps. The efficacy of quinine for leg cramps; however, is limited and is outweighed by the risk of serious adverse reactions that may require hospital admission or be life-threatening. These adverse reactions are unpredictable and may occur at any time, even in an individual who has been taking quinine sulfate on a chronic basis without problems.

For a summary of adverse reaction reports associated with the use of quinine, please see: http://www.hc-sc.gc.ca/dhp-mps/medeff/bulletin/carn-bcei_v21n2-eng.php

Given these concerns, quinine will no longer be listed as a benefit on the Nova Scotia Pharmacare Programs Formulary effective February 1, 2017. Please note that patients who have had a quinine prescription covered in the last 6 months prior to the delisting date will continue to have it covered. It is strongly recommended; however, that prescribers and pharmacists discuss these safety warnings with their patients and review other ways to manage nocturnal leg cramps.

Medical Assistance in Dying: Adjudication of Claims

In June of 2016 amendments to the Criminal Code of Canada enabled access to medical assistance in dying (MAiD) in Canada. The Nova Scotia Department of Health and Wellness will provide coverage for Nova Scotia residents for medications related to the provision of MAiD.

When aware of a prescription for MAiD to be administered in an outpatient setting, community pharmacies are encouraged to contact the Pharmacare office to ensure coverage is in place and the claims are submitted correctly. The Pharmacare office can be reached by phone at **496-7001** or **1-800-305-5026**, please choose **Option 4** and have the following information ready to provide:

- patient's Nova Scotia Health Card Number
- patient's date of birth
- provider number
- prescriber
- medications (DINs) and supplies to be dispensed
- dispense date

Pharmacies are eligible to receive usual dispensing fees and mark-up for each drug in each kit as per the Pharmacare Tariff Agreement as well as a dispensing fee for the supplies.

Pharmacies can be compensated for excess and unusable drug that cannot be returned to the wholesaler/ manufacturer and kits that are ultimately not dispensed. Pharmacies can contact the Pharmacare office for a Request for Credit Form which must be submitted within six months of the prescription date.

Pharmacare Programs Renewal

The annual renewal for the Pharmacare Programs is underway.

Renewal packages for Family Pharmacare will be in the mail the third week of February; packages for Seniors' Pharmacare will be in the mail the first week of March. Please note there are no changes to the fees for these programs for the 2017-2018 year.

Please contact 1-800-305-5026 with questions.

Changes to Maximum Reimbursable Prices

Provinces and territories continue to work together to lower generic drug prices through the pan-Canadian Pharmaceutical Alliance.

Effective **April 1, 2017**, the Maximum Reimbursable Prices (MRPs) of six drugs will be set at 15% of brand price: Amlodipine, Atorvastatin, Clopidogrel, Pantoprazole Sodium, Ramipril and Simvastatin.

DRUG PRODUCT	PRICE
Amlodipine Besylate 2.5mg	0.1150
Amlodipine Besylate 5mg	0.2014
Amlodipine Besylate 10mg	0.2990
Atorvastatin Calcium 10mg	0.2615
Atorvastatin Calcium 20mg	0.3268
Atorvastatin Calcium 40mg	0.3513
Atorvastatin Calcium 80mg	0.3513
Clopidogrel Bisulfate 75mg	0.3946
Pantoprazole Sodium 20mg	0.2705
Pantoprazole Sodium 40mg	0.3024
Ramipril 1.25mg	0.1062
Ramipril 2.5mg	0.1225
Ramipril 5mg	0.1225
Ramipril 10mg	0.1551
Simvastatin 5mg	0.1534
Simvastatin 10mg	0.3035
Simvastatin 20mg	0.3751
Simvastatin 40mg	0.3751
Simvastatin 80mg	0.3751