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PHARMACISTS' EDITION

NOVA SCOTIA

# PharmacareNEWS

inside



## Nova Scotia Formulary Updates

### New Exception Status Benefits

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

| PRODUCT | STRENGTH | DIN | PRESCRIBER | BENEFIT STATUS | MFR |
|---|---|---|---|---|---|
| **Siliq (brodalumab)** | 210mg/ 1.5 mL Prefilled Syringe | 02473623 | DNP | E (SF) | BSL |
| Criteria | • For patients with severe, debilitating chronic plaque psoriasis who meet all of the following:<br>○ Body surface area (BSA) involvement of >10% and/or significant involvement of the face, hands, feet or genitals;<br>○ Failure to, contraindication to or intolerant of methotrexate and cyclosporine;<br>○ Failure to, intolerant of or unable to access phototherapy;<br>○ Written request of a dermatologist or prescriber with a specialty in dermatology.<br>• Continued coverage is dependent on evidence of improvement, specifically:<br>○ A >75% reduction in the Psoriasis Area and Severity Index (PASI) score; or<br>○ A >50% reduction in PASI with a >5-point improvement in DLQI (Dermatology Life Quality Index); or<br>○ Significant reduction in BSA involved, with consideration of important regions such as the face, hands, feet or genitals. | | | | |

**New Exception Status Benefits Continued…**

| PRODUCT | STRENGTH | DIN | PRESCRIBER | BENEFIT STATUS | MFR |
|---|---|---|---|---|---|
| **Siliq (brodalumab)** | 210mg/1.5 mL Prefilled Syringe | 02473623 | DNP | E (SF) | BSL |
| Criteria | **Clinical Notes:**<br>• Treatment should be discontinued if a response has not been demonstrated after 12 weeks.<br>**Claim Notes:**<br>• Concurrent use of biologics not approved.<br>• Initial approval for a maximum of 12 weeks. Renewal approval: 1 year.<br>• Approvals will be for 210mg at week 0, 1, 2, followed by 210mg every two weeks. | | | | |

| PRODUCT | STRENGTH | DIN | PRESCRIBER | BENEFIT STATUS | MFR |
|---|---|---|---|---|---|
| **Maviret (glecaprevir/ pibrentasvir)** | 100mg/40mg Tab | 02467550 | DNP | E (SF) | ABV |

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

| | Approval Period |
|---|---|
| **Genotypes 1, 2, 3, 4, 5 or 6**<br>• Treatment-naïve | 8 weeks<br>(12 weeks with cirrhosis) |
| **Genotypes 1, 2, 4, 5 or 6**<br>• Treatment-experienced with regimens containing peginterferon/ribavirin (PR) and/or sofosbuvir (SOF) | 8 weeks<br>(12 weeks with cirrhosis) |
| **Genotype 1**<br>• NS5A inhibitor treatment-naïve and treatment-experienced with regimens containing:<br>- Boceprevir/PR; or<br>- Simeprevir (SMV)/SOF; or<br>- SMV/PR; or<br>- Telaprevir/PR | 12 weeks |
| **Genotype 1**<br>• NS3/4A inhibitor treatment-naïve and treatment-experienced with regimens containing:<br>- Daclatasvir (DCV)/SOF; or<br>- DCV/PR; or<br>- Ledipasvir/SOF | 16 weeks |

**New Exception Status Benefits Continued…**

| PRODUCT | STRENGTH | DIN | PRESCRIBER | BENEFIT STATUS | MFR |
|---|---|---|---|---|---|
| **Maviret (glecaprevir/ pibrentasvir)** | 100mg/40mg Tab | 02467550 | DNP | E (SF) | ABV |
| Criteria | | | | | **Approval Period** |
| | **Genotype 3**<br>• Treatment-experienced with regimens containing PR and/or SOF | | | | 16 weeks |
| | The following information is also required:<br>• Lab-confirmed hepatitis C genotype 1, 2, 3, 4, 5 or 6<br>• Quantitative HCV RNA value within the last 6 months<br>• Fibrosis stage<br>**Clinical Note:**<br>• 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.<br>**Claim Notes:**<br>• Must be prescribed by a hepatologist, gastroenterologist, or infectious disease specialist (or other physician experienced in treating a patient with hepatitis C infection).<br>• Claims will be limited to a 28-day supply. | | | | |

## Pharmacist and Audit Guide Update

To make it easier to find all Pharmacare information in one place, the Pharmacare Audit Guide is being incorporated into the *Nova Scotia Pharmacare Programs Pharmacists' Guide*. The guide will be the central source of information for pharmacies, providing comprehensive Program information and policies relevant to pharmacists and pharmacy providers, including benefits, funding, exclusions, and now auditing requirements.

The new integrated guide will be published within the next few days and can be found at: https://novascotia.ca/dhw/pharmacare/pharmacists-guide.asp

In addition to incorporating audit information, the Pharmacists' Guide has been updated and re-organized throughout to clarify information and to reflect recent changes to pharmacy practice standards and program requirements. However, there have been no changes to program coverage.

Please watch for the new Pharmacists' Guide and get familiar with this important reference source for pharmacies in Nova Scotia.

## Standardization of Package Sizes

Providers are reminded that claims to the Pharmacare Programs must be billed according to the following standardized package sizes.

| FORM | QUANTITY | FORM | QUANTITY |
|---|---|---|---|
| Aerosols | Per dose | Methadone oral compound solution** | Per mg |
| Capsules | Per capsule | Nasal sprays | Per dose |
| Creams* | Per gram | Nebules | Per ml |
| Enemas | Per ml | Ointments | Per gram |
| Foam*** | Per gram | Oral contraceptives | As 21 or 28 |
| Gels | Per gram | Ostomy supplies | Per item (e.g., 20 pouches) |
| Inhalers | Per actuation | Patches | Per patch |
| Insulins (vials, penfills, cartridges) | Per ml | Powders | Per gram |
| Kits | Per kit | Powder Injectables | Per vial |
| Lancets | Per lancet | Suppositories | Per suppository |
| Liquids Injectables **** | Per ml | Tablets | Per tablet |

**Other:**

| FORM | QUANTITY |
|---|---|
| Package/Kits of more than one drug | Per package<br>(e.g., Invega Sustenna®, HP-Pac®, Monistat 3 Dual-Pack®, Didrocal®) |
| Packages of blood glucose testing strips with built-in meter | Per test strip<br>(e.g., Sidekick® Blood Glucose Testing System) |
| Methadone Oral Compound Solution** | Per milligram methadone, regardless of the product used to prepare the oral liquid |

* imiquimod 5% cream – Effective April 15, 2019, claims should be billed per gram and not by packet or mg.

** compounded according to NSCP standards

*** claims for foam - Claims should be billed per gram and not per dose

**** Somatuline Autogel should be billed as 0.5mL syringe

**Standardization of Package Sizes Continued…**

**Common Products with Incorrect Quantities Adjudicated**

| PRODUCT | FORM | CORRECT QUANTITY | ADJUDICATION NOTE |
|---|---|---|---|
| Abilify Maintena | Powder Injectables | Per vial | • Adjudicate quantity of vials dispensed<br>• Do not adjudicate per mg |
| Humira | Liquid Injectable | Per mL | • Adjudicate 0.8mL per syringe<br>• Do not adjudicate per syringe |
| Mifegymiso | Kit | Per kit | • Adjudicate 1 kit (1 kit is 5 tablets)<br>• Do not adjudicate the number of tablets |
| Prolia | Liquid Injectable | Per mL | • Adjudicate 1mL per syringe<br>• Do not adjudicate per mg |
| Simponi | Liquid Injectable | Per mL | • Adjudicate 0.5mL or 1mL per syringe/autoinjector<br>• Do not adjudicate per syringe/autoinjector |