

PharmacareNEWS

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New Exception Status Benefits

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

| PRODUCT | STRENGTH | DIN | PRESCRIBER | BENEFIT STATUS | MFR |
|---------------------------------|---|----------|------------|----------------|-----|
| Abrilada (adalimumab) | 40mg/0.8mL Prefilled Pen | 02511045 | DNP | E (SF) | PFI |
| | 40mg/0.8mL Prefilled Syringe | 02511053 | DNP | E (SF) | PFI |
| Simlandi (adalimumab) | 40mg/0.4mL Autoinjector | 02523957 | DNP | E (SF) | JPC |
| | 40mg/0.4mL Prefilled Syringe | 02523949 | DNP | E (SF) | JPC |
| | 80mg/0.8mL Prefilled Syringe | 02523965 | DNP | E (SF) | JPC |
| Criteria | <ul style="list-style-type: none"> • Please refer to the Pharmacare Formulary (https://novascotia.ca/dhw/pharmacare/formulary.asp) for the adalimumab criteria. | | | | |

| PRODUCT | STRENGTH | DIN | PRESCRIBER | BENEFIT STATUS | MFR |
|---|---|----------|------------|----------------|-----|
| Duobrii (halobetasol propionate and tazarotene) | 0.01%/0.045% Topical Lotion | 02499967 | DNP | E (SF) | BSL |
| Criteria | <ul style="list-style-type: none"> • Patients must have a clinical diagnosis of moderate to severe plaque psoriasis and an inadequate response to a topical high-potency corticosteroid. | | | | |

Criteria Update

The following indication has been added to existing criteria **effective immediately**.

| PRODUCT | STRENGTH | DIN | PRESCRIBER | BENEFIT STATUS | MFR |
|----------------------|---|----------|------------|----------------|-----|
| Ofev (nintedanib) | 100mg Capsule | 02443066 | DNP | E (SF) | BOE |
| | 150mg Capsule | 02443074 | DNP | E (SF) | BOE |
| Criteria | <p>Chronic Fibrosing Interstitial Lung Disease</p> <p>Initiation criteria</p> <ul style="list-style-type: none"> For the treatment of chronic fibrosing interstitial lung disease with a progressive phenotype confirmed by a specialist in interstitial lung diseases, if the following criteria are met: <ul style="list-style-type: none"> the patient has a forced vital capacity greater than or equal to 45% of predicted. <p>Renewal criteria</p> <ul style="list-style-type: none"> The patient must not experience a more severe progression of disease, defined as an absolute decline in percent predicted forced vital capacity of 10% or greater over the preceding year of treatment with nintedanib. <p>Clinical Notes:</p> <ul style="list-style-type: none"> The patient's clinical status should be evaluated every 12 months. <p>Claim Notes:</p> <ul style="list-style-type: none"> The patient is under the care of a physician with experience in interstitial lung diseases. Concurrent treatment of nintedanib with pirfenidone should not be reimbursed. Approval Period: 12 months | | | | |

Public Funding of Pharmacist Assessment for COVID-19 Therapies

Through an amendment to the *Pharmacy Service Agreement*, effective May 9, 2022, pharmacies may bill DHW a special service fee of \$20 for completing assessment and, if appropriate, prescribing services for select COVID-19 therapies. There is no maximum number of services for which a resident is eligible for coverage.

At this time, only assessment for **inhaled budesonide** for patients with COVID-19 symptoms is eligible for coverage, with services performed based on the ***Inhaled Budesonide (Pulmicort Turbuhaler®) Prescribing Protocol***. The services must also be performed in compliance with the Nova Scotia College of Pharmacists' *Standards of Practice: Prescribing Drugs* (Appendix G – Prescribing for a Diagnosis Supported by a Protocol, SARS-CoV-2) to be eligible for coverage.

All residents with a valid Nova Scotia health card are eligible for coverage, except residents of nursing homes. 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.

When the service does not result in a prescription, pharmacists are expected to provide supporting documentation for why a prescription was not written by the pharmacist. All other audit requirements pertaining to existing assessment and prescribing services apply to these new services.

Public Funding of Pharmacist Assessment for COVID-19 Therapies

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

CPhA Claims Standard – Assessment for COVID-19 Therapies – Prescription Provided

| Field # | Field Name | Content |
|---------|----------------------------|--|
| D.56.03 | DIN/GP#/PIN | 93899825 |
| D.57.03 | Special Service Code | 002 (pharmacist intervention) |
| D.58.03 | Quantity | 000001 (one) |
| D.61.03 | Prescriber ID | Licence number |
| D.64.03 | Special Authorization Code | 91 (In Person), 92 (Telephone) or 93 (Video) |
| D.65.03 | Intervention Code | ED |
| 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 Services Fee(s) | 2000 (\$20.00) * |

* The copayment and/or deductible **will not** be applied to this claim.

CPhA Claims Standard – Assessment for COVID-19 Therapies – Prescription Not Appropriate

| Field # | Field Name | Content |
|---------|----------------------------|--|
| D.56.03 | DIN/GP#/PIN | 93899824 |
| D.57.03 | Special Service Code | 002 (pharmacist intervention) |
| D.58.03 | Quantity | 000001 (one) |
| D.61.03 | Prescriber ID | Licence number |
| D.64.03 | Special Authorization Code | 91 (In Person), 92 (Telephone) or 93 (Video) |
| D.65.03 | Intervention Code | ED |
| 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 Services Fee(s) | 2000 (\$20.00) * |

* The copayment and/or deductible **will not** be applied to this claim.

COVID-19 Immunizations

Effective April 1, 2022, the fee for COVID-19 immunizations was increased to \$18. The \$18 fee had originally been authorized on a temporary basis to March 31. The change in fee was implemented automatically and pertains to bottom-line adjustments for COVID-19 immunizations on each pharmacy's pay statement.