

PharmacareNEWS

inside

Nova Scotia Formulary Updates

Criteria Update

- Nubeqa (darolutamide)

Change in Benefit Status

- Alfuzosin
- Cotazym
- Cotazym ECS
- Creon
- Cyclomen
- Pancrease
- Viokace

Diabetic Supplies Benefit List Update

Mifegymiso Coverage

Auditor's Corner

Updates to Documentation Requirements for Changes Made to an Existing Prescription

Reminder: Billing for Pharmacy Services

Nova Scotia Formulary Updates

Criteria Update

The following new indication and updated criteria for an existing indication is effective **February 1, 2024**.

| PRODUCT | STRENGTH | DIN | PRESCRIBER | BENEFIT STATUS | MFR |
|----------------------------------|-----------|----------|------------|----------------|-----|
| Nubeqa (darolutamide) | 300mg Tab | 02496348 | DNP | E (SFC) | BAY |

Criteria **Non-Metastatic Castration-Resistant Prostate Cancer (nmCRPC)**

- In combination with androgen deprivation therapy (ADT) for the treatment of patients with non-metastatic castration-resistant prostate cancer (nmCRPC) who have no detectable distant metastases (M0) by either CT, MRI or technetium-99m bone scan and who are at high risk of developing metastases¹.

¹High risk of developing metastases is defined as a prostate-specific antigen (PSA) doubling time of ≤ 10 months during continuous ADT.

Clinical Notes:

- Patients should have a good performance status.
- Treatment should continue until radiographic disease progression or unacceptable toxicity.
- Castration-resistance must be demonstrated during continuous ADT and is defined as 3 PSA rises at least one week apart, with the last PSA greater than 2 ng/mL.
- Castrate levels of testosterone must be maintained.
- Patients with N1 disease, pelvic lymph nodes less than 2cm in short axis located below the aortic bifurcation are eligible for darolutamide.
- Darolutamide will not be funded for patients who experience disease progression on apalutamide or enzalutamide.

Criteria Update Continued...

| PRODUCT | STRENGTH | DIN | PRESCRIBER | BENEFIT STATUS | MFR |
|--------------------------|--|----------|------------|----------------|-----|
| Nubeqa (darolutamide) | 300mg Tab | 02496348 | DNP | E (SFC) | BAY |
| Criteria | <p>Metastatic Castration-Sensitive Prostate Cancer (mCSPC)</p> <ul style="list-style-type: none"> In combination with docetaxel and androgen deprivation therapy (ADT) for the treatment of patients with metastatic castration-sensitive prostate cancer (mCSPC). <p>Clinical Notes:</p> <ul style="list-style-type: none"> Patients should have a good performance status and be eligible for chemotherapy. Treatment should continue until disease progression or unacceptable toxicity. Patients should have had no prior ADT in the metastatic setting, or are within 6 months of initiating ADT in the metastatic setting with no disease progression. Patients will be eligible if they received ADT in the non-metastatic setting as long as at least a one year interval has passed since completion. Darolutamide will not be funded for patients who experience disease progression on enzalutamide or apalutamide. | | | | |

Change in Benefit Status

Effective **February 1, 2024**, the following products will be added as a benefit in the Nova Scotia Formulary. The benefit status within the Pharmacare Programs is indicated.

| PRODUCT | STRENGTH | DIN | PRESCRIBER | BENEFIT STATUS | MFR |
|-----------|----------|---------|------------|----------------|-----|
| Alfuzosin | 10mg Tab | Various | DNP | SF | VAR |

Effective **February 1, 2024**, the following products will be added to the Drug Assistance for Cancer Patients Program.

| PRODUCT | STRENGTH | DIN | PRESCRIBER | BENEFIT STATUS | MFR |
|-------------|-----------|----------|------------|----------------|-----|
| Cotazym | 8000u Cap | 00263818 | DNP | SFC | ORG |
| Cotazym ECS | Various | Various | DNP | SFC | ORG |
| Creon | Various | Various | DNP | SFC | BGP |
| Cyclomen | Various | Various | DNP | SFC | SAV |
| Pancrease | Various | Various | DNP | SFC | VVS |
| Viokace | Various | Various | DNP | SFC | ARN |

Diabetic Supplies Benefit List Update

Effective **February 1, 2024**, the following products will no longer be covered under the Nova Scotia Pharmacare Programs.

| PRODUCT | DIN | PRESCRIBER | BENEFIT STATUS | MFR |
|------------------------------------|----------|------------|--------------------|-----|
| Medi+Sure BG Test Strips (100) | 97799403 | N/A | Not Insured | MSR |
| MediSure Empower Test Strips (100) | 97799053 | N/A | Not Insured | MSR |
| MediSure Empower Test Strips (50) | 97799054 | N/A | Not Insured | MSR |
| Medi+Sure Soft 30G Twist Lancet | 97799388 | N/A | Not Insured | MSR |
| Medi+Sure Soft 33G Twist Lancet | 97799389 | N/A | Not Insured | MSR |

Mifegymiso Coverage

As a reminder and as outlined in the Nova Scotia Pharmacy Guide, Mifegymiso is insured as a full benefit for all women in Nova Scotia with a valid health card number. Any other sources of insurance, such as a private plan, must be billed first. Authorized prescribers include nurse practitioners and medical doctors.

Auditors' Corner

Updates to Documentation Requirements for Changes Made to an Existing Prescription

Effective February 1, 2024, pharmacists may make changes to a prescription without authorization from the prescriber under the following conditions:

1. Pharmacists may change the quantity on a prescription for **creams, lotions and eye drops** if in their clinical judgement there is insufficient quantity noted to meet dosing directions. The reason for the change must be documented on the original prescription with a signature and license number for the pharmacist who made the change.

If no quantity is available on a prescription, it is an incomplete prescription and may not be adjusted by a pharmacist. In these instances, the pharmacist may write a prescription or seek a verbal order from the prescriber.

2. Pharmacists may use their clinical judgement to change the quantity on a drug prescription for a product **sold by the manufacturer** in a blister pack, bottle, tube, or device to align with the pack size if the new quantity remains appropriate for patient care. For example, adjusting a quantity of 30 to 28, 60 to 56 and 90 to 84 (e.g. Ondansetron or Alendronate). **NOTE:** *this does not apply to internal blister/compliance packaging for safety or cost reasons.*

These changes will not be subject to the documentation requirements for changes made to an existing prescription.

Reminder: Billing for Pharmacy Services

All pharmacy services completed must be billed on the same day as the service was provided. This will protect the integrity of the patient's medical record.