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Nova Scotia Formulary Updates

New Exception Status Benefits

The following products have been listed with the following criteria, effective **February 1, 2018**.

| PRODUCT | STRENGTH | DIN | PRESCRIBER | BENEFIT STATUS | MFR |
|--------------------------------------|-----------------|----------|------------|----------------|-----|
| Copaxone (glatiramer acetate) | 20mg/mL Syr Inj | 02245619 | DNP | E (SF) | TMP |

Criteria

Prescribed by a neurologist with experience in the treatment of multiple sclerosis for patients who meet the following criteria:

Treatment initiation:

Diagnosis of Multiple Sclerosis with a relapsing course*.

- Includes relapsing-remitting MS and secondary progressive MS with clear superimposed relapses.
- Does not include primary progressive MS, progressive-relapsing or secondary progressive MS without relapses.

and

- Disability judged to be equivalent to Expanded Disability Status Score (EDSS) of 5.5 or less (exceptions are permitted in special cases).

Renewal:

- EDSS not greater than 6.0 for at least 12 months in the absence of relapses.
- Patients must be assessed for compliance and for any therapy related side effects that are intolerable.

Exclusions:

- Concurrent illness likely to alter compliance or substantially reduce life expectancy

* Relapsing course is defined as evidence of one relapse in the past 18 months or two relapses in the past 3 years.

New Exception Status Benefits Continued...

| PRODUCT | STRENGTH | DIN | PRESCRIBER | BENEFIT STATUS | MFR |
|--|----------------------------|----------|------------|----------------|-----|
| Avonex PS | 30mcg/0.5mL Inj | 02269201 | DNP | E (SF) | BIG |
| Rebif | 22mcg Multidose Cartridges | 02318253 | DNP | E (SF) | EMD |
| Rebif | 22mcg/0.5mL Inj | 02237319 | DNP | E (SF) | EMD |
| Rebif | 44mcg Multidose Cartridges | 02318261 | DNP | E (SF) | EMD |
| Rebif (interferon beta-1a) | 44mcg/0.5mL Inj | 02237320 | DNP | E (SF) | EMD |
| Betaseron | 0.3mg/vial Inj | 02169649 | DNP | E (SF) | BAY |
| Extavia (interferon beta-1b) | 0.3mg/vial Inj | 02337819 | DNP | E (SF) | NVR |

Criteria Prescribed by a neurologist with experience in the treatment of multiple sclerosis for patients who meet the following criteria:

Treatment initiation:
 Diagnosis of Multiple Sclerosis with a relapsing course*.

- Includes relapsing-remitting MS and secondary progressive MS with clear superimposed relapses.
- Does not include primary progressive MS, progressive- relapsing or secondary progressive MS without relapses.

and

- Disability judged to be equivalent to Expanded Disability Status Score (EDSS) of 5.5 or less

Renewal:

- EDSS not greater than 6.0 for at least 12 months in the absence of relapses.
- Patients must be assessed for compliance and for any therapy related side effects that are intolerable.

Exclusions:

- Concurrent illness likely to alter compliance or substantially reduce life expectancy
- Planned pregnancy, pregnancy or breast-feeding.
- Active and severe depression.

* Relapsing course is defined as evidence of one relapse in the past 18 months or two relapses in the past 3 years.

New Products

Effective **February 1, 2018**, the following new products have been added to the Nova Scotia Formulary. The benefit status within the Nova Scotia Pharmacare Programs is indicated and any existing criteria will apply.

| PRODUCT | STRENGTH | DIN | PRESCRIBER | BENEFIT STATUS | MFR |
|-------------------|---------------------------------------|----------|------------|----------------|-----|
| Cimzia | 200mg/mL auto-injector pre-filled pen | 02465574 | DNP | E (SF) | UCB |
| Revlimid | 2.5mg Cap | 02459418 | DNP | E (SFC) | CEL |
| Sandoz Amlodipine | 2.5mg Tab | 02330474 | DNP | SF | SDZ |

Non Insured Products

The following product will not be insured in the Pharmacare Programs, however, it will be funded through the Exception Drug Fund as per other HIV medications.

| PRODUCT | STRENGTH | DIN | PRESCRIBER | BENEFIT STATUS | MFR |
|---------|----------------------------|----------|------------|--------------------|-----|
| Genvoya | 150mg/150mg/200mg/10mg Tab | 02449498 | N/A | Not Insured | GIL |

New Ostomy Products

Effective **February 1, 2018**, a number of Coloplast and Braun ostomy products were added as full benefits under the Nova Scotia Pharmacare Programs. The specific products and associated billing PINs (as per the OPINIONS website) can be found in the next update of the Nova Scotia Formulary, which will be available on the Nova Scotia Pharmacare website.

Prescriber Identification

Please ensure the prescriber information section is complete when submitting exception status drug requests. The following must be included: prescriber name, license number, and signature. An omission of this information could delay or prevent a response.

New Form

A new request form for oral diabetes treatments can be found at the following link:

<https://novascotia.ca/dhw/pharmacare/exception-status-drugs.asp>

The new form helps to clarify what can be considered as a reason for insulin not being an option.



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Nova Scotia Formulary Updates

Changes to Maximum Reimbursable Prices

Nova Scotia Formulary Updates

Changes to Maximum Reimbursable Prices

On January 29, 2018, the pan-Canadian Pharmaceutical Alliance (pCPA) and the Canadian Generic Pharmaceutical Association (CGPA) announced price reductions for the most commonly used generic drugs.

Effective **April 1, 2018**, the Maximum Reimbursable Prices (MRPs) of specific molecules will be set at 10% or 18% of the brand reference price.

A list of the affected molecules and their MRP is available at the following link:
<https://novascotia.ca/dhw/pharmacare/new-interchangeable-products/MRP-Updates-April-1-2018.pdf>

Manufacturers who did not confirm prices to the new lower MRP will have impacted products removed from the Nova Scotia Formulary effective April 1, 2018.

Additional information on the pCPA Generics Initiative can be found online at
<http://formulary.drugplan.ehealthsask.ca/PanCanadian.aspx>

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New Exception Status Benefits

- Lenvima

Criteria Updates for Hepatitis C Medications

- Daklinza
- Epclusa
- Harvoni
- Sovaldi
- Zepatier

New Diabetic Product

New Ostomy Products

Nova Scotia Formulary Updates

New Exception Status Benefits

The following product will be listed with the following criteria, effective **May 1, 2018**.

| PRODUCT | STRENGTH | DIN | PRESCRIBER | BENEFIT STATUS | MFR |
|----------------------|---|----------|------------|----------------|-----|
| Lenvima (lenvatinib) | 10mg Compliance Pack | 02450321 | DNP | E (SFC) | EIS |
| | 14mg Compliance Pack | 02450313 | DNP | E (SFC) | EIS |
| | 20mg Compliance Pack | 02450305 | DNP | E (SFC) | EIS |
| | 24mg Compliance Pack | 02450291 | DNP | E (SFC) | EIS |
| Criteria | <ul style="list-style-type: none"> • For the treatment of patients with locally recurrent or metastatic, progressive, radioactive-iodine-refractory differentiated thyroid cancer (DTC). Treatment should be for patients with good performance status and who otherwise meet the eligibility criteria of the SELECT trial and should continue until treatment progression or unacceptable toxicity. | | | | |

Criteria Updates

As of **May 1, 2018**, requests for coverage for the hepatitis C drugs listed below will now be considered for patients regardless of fibrosis stage. Please see below for the full criteria.

| PRODUCT | STRENGTH | DIN | PRESCRIBER | BENEFIT STATUS | MFR |
|---------------------------|---|----------|------------|----------------|-----|
| Daklinza (daclatasvir) | 30mg Tablets | 02444747 | DNP | E | BRI |
| | 60mg Tablets | 02444755 | DNP | E | BRI |
| Criteria | <p>For treatment-naïve or treatment-experienced adult patients with chronic hepatitis C virus (HCV) who meet the following criteria:</p> <p style="text-align: right;">Approval Period and Regimen</p> <p>Genotype 3</p> <ul style="list-style-type: none"> Without cirrhosis <p style="text-align: right;">12 weeks in combination with sofosbuvir</p> <hr/> <p>Genotype 3</p> <ul style="list-style-type: none"> With compensated or decompensated cirrhosis Post-liver transplant with no cirrhosis or with compensated cirrhosis <p style="text-align: right;">12 weeks in combination with sofosbuvir and ribavirin</p> <hr/> <p>Patients must also meet all of the following criteria:</p> <ul style="list-style-type: none"> Must be prescribed by a hepatologist, gastroenterologist, or infectious disease specialist (or other physician experienced in treating a patient with hepatitis C infection) Lab-confirmed hepatitis C genotype 3 Quantitative HCV RNA value within the last 6 months Fibrosis stage must be provided <p>Clinical Notes:</p> <ol style="list-style-type: none"> Treatment-experienced is defined as a patient who has been previously treated with a peginterferon/ribavirin regimen and has not experienced an adequate response. 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 Compensated cirrhosis is defined as a Child-Turcotte-Pugh (CTP) score of 5 to 6 (Class A) and decompensated cirrhosis as a CTP score of 7 or above (Class B or C). Re-treatment for direct-acting antiviral failures will be considered on a case-by-case basis. <p>Claim Notes:</p> <ul style="list-style-type: none"> Claims that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate transactions using the following PINs: <ul style="list-style-type: none"> 00904231 (30mg Tab) 00904232 (60mg Tab) Claims will be limited to a 28-day supply. | | | | |

Criteria Updates Continued...

| PRODUCT | STRENGTH | DIN | PRESCRIBER | BENEFIT STATUS | MFR |
|-------------------------------------|--|----------|------------|----------------|-----|
| Epclusa (sofosbuvir/velpatasvir) | 400mg/100mg tablet | 02456370 | DNP | E | GIL |
| Criteria | <p>For treatment-naïve or treatment-experienced adult patients with chronic hepatitis C virus (HCV) who meet the following criteria:</p> <p style="text-align: right;">Approval Period and Regimen</p> <p>Genotypes 1, 2, 3, 4, 5, 6 or mixed genotypes</p> <ul style="list-style-type: none"> • Patients with compensated cirrhosis 12 weeks • Patients without cirrhosis <hr/> <p>Genotypes 1, 2, 3, 4, 5, 6 or mixed genotypes</p> <ul style="list-style-type: none"> • Patients with decompensated cirrhosis 12 weeks in combination with ribavirin <p>Patients must also meet all of the following criteria:</p> <ul style="list-style-type: none"> • Must be prescribed by a hepatologist, gastroenterologist, or infectious disease specialist (or other physician experienced in treating a patient with hepatitis C infection) • Lab-confirmed hepatitis C genotype 1, 2, 3, 4, 5, 6 or mixed genotypes • Quantitative HCV RNA value within the last 6 months • Fibrosis stage must be provided <p>Clinical Notes:</p> <ol style="list-style-type: none"> 1. Treatment-experienced is defined as a patient who has been previously treated with a peginterferon/ribavirin regimen, including regimens containing HCV protease inhibitors and who has not experienced an adequate response. 2. 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. 3. Compensated cirrhosis is defined as a CTP score of 5 to 6 (Class A) and decompensated cirrhosis as a CTP score of 7 or above (Class B or C). 4. Re-treatment for direct-acting antiviral failures will be considered on a case-by-case basis. <p>Claim Notes:</p> <ul style="list-style-type: none"> • Claims that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate transactions using the following PINs: <ul style="list-style-type: none"> • 00904233 • 00904234 • Claims will be limited to a 28-day supply. | | | | |

Criteria Updates Continued...

| PRODUCT | STRENGTH | DIN | PRESCRIBER | BENEFIT STATUS | MFR |
|--------------------------------------|--|----------|------------|----------------|-----|
| Harvoni (sofosbuvir / ledipasvir) | 400mg / 90mg Tablet | 02432226 | DNP | E | GIL |
| Criteria | <p>For treatment-naïve or treatment-experienced adult patients with chronic hepatitis C virus (HCV) who meet the following criteria:</p> <p style="text-align: right;">Approval Period and Regimen</p> <p>Genotype 1</p> <ul style="list-style-type: none"> Treatment-naïve without cirrhosis, who have pre-treatment HCV RNA level < 6 million IU/mL and mono-HCV infected only <p style="text-align: right;">8 weeks</p> <hr/> <p>Genotype 1</p> <ul style="list-style-type: none"> Treatment-naïve without cirrhosis, who have pre-treatment HCV RNA level ≥ 6 million IU/mL Treatment-naïve with compensated cirrhosis Treatment-naïve with advanced liver fibrosis (Fibrosis stage F3-F4) Treatment-experienced without cirrhosis HCV/HIV co-infected without cirrhosis or with compensated cirrhosis <p style="text-align: right;">12 weeks</p> <hr/> <p>Genotype 1</p> <ul style="list-style-type: none"> Treatment-experienced with compensated cirrhosis <p style="text-align: right;">24 weeks</p> <hr/> <p>Genotype 1</p> <ul style="list-style-type: none"> Decompensated cirrhosis Liver transplant recipients without cirrhosis or with compensated cirrhosis <p style="text-align: right;">12 weeks in combination with ribavirin</p> <hr/> <p>Patients must also meet all of the following criteria:</p> <ul style="list-style-type: none"> Must be prescribed by a hepatologist, gastroenterologist, or infectious disease specialist (or other physician experienced in treating a patient with hepatitis C infection) Lab-confirmed hepatitis C genotype 1 Quantitative HCV RNA value within the last 6 months Fibrosis stage must be provided <p>Clinical Notes:</p> <ol style="list-style-type: none"> Treatment-experienced is defined as a patient who has been previously treated with a peginterferon/ribavirin regimen, including regimens containing HCV protease inhibitors and who has not experienced an adequate response. | | | | |

Criteria Updates Continued...

| PRODUCT | STRENGTH | DIN | PRESCRIBER | BENEFIT STATUS | MFR |
|---|--|----------|------------|----------------|-----|
| Harvoni (sofosbuvir / ledipasvir) | 400mg / 90mg Tablet | 02432226 | DNP | E | GIL |
| Criteria | <p>2. 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.</p> <p>3. Compensated cirrhosis is defined as a CTP score of 5 to 6 (Class A) and decompensated cirrhosis as a CTP score of 7 or above (Class B or C).</p> <p>4. Re-treatment for direct-acting antiviral failures will be considered on a case-by-case basis.</p> <p>Claim Notes:</p> <ul style="list-style-type: none"> Claims that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate transactions using the following PINs: <ul style="list-style-type: none"> 00904032 00904033 Claims will be limited to a 28-day supply. | | | | |

| PRODUCT | STRENGTH | DIN | PRESCRIBER | BENEFIT STATUS | MFR | | | | | | | | | | | | | | |
|--------------------------------|--|--|------------|----------------|-----|----------|----------|---------|-------------------|-------------------|--|----------------------------|-------------------|-------------------|----------------------------------|----------------------------|-------------------|-------------------|--|
| Sovaldi (sofosbuvir) | 400mg Tablet | 02418355 | DNP | E | GIL | | | | | | | | | | | | | | |
| Criteria | <p>For treatment-naïve or treatment-experienced adult patients with chronic hepatitis C virus (HCV) who meet the following criteria:</p> <p style="text-align: right;">Approval Period and Regimen</p> <table border="1"> <thead> <tr> <th>Genotype</th> <th>Criteria</th> <th>Regimen</th> </tr> </thead> <tbody> <tr> <td rowspan="2">Genotype 2</td> <td>Without cirrhosis</td> <td rowspan="2">12 weeks in combination with ribavirin (RBV)</td> </tr> <tr> <td>With compensated cirrhosis</td> </tr> <tr> <td rowspan="2">Genotype 3</td> <td>Without cirrhosis</td> <td rowspan="2">24 weeks in combination with RBV</td> </tr> <tr> <td>With compensated cirrhosis</td> </tr> <tr> <td>Genotype 3</td> <td>Without cirrhosis</td> <td>12 weeks in combination with daclatasvir</td> </tr> </tbody> </table> | | | | | Genotype | Criteria | Regimen | Genotype 2 | Without cirrhosis | 12 weeks in combination with ribavirin (RBV) | With compensated cirrhosis | Genotype 3 | Without cirrhosis | 24 weeks in combination with RBV | With compensated cirrhosis | Genotype 3 | Without cirrhosis | 12 weeks in combination with daclatasvir |
| Genotype | Criteria | Regimen | | | | | | | | | | | | | | | | | |
| Genotype 2 | Without cirrhosis | 12 weeks in combination with ribavirin (RBV) | | | | | | | | | | | | | | | | | |
| | With compensated cirrhosis | | | | | | | | | | | | | | | | | | |
| Genotype 3 | Without cirrhosis | 24 weeks in combination with RBV | | | | | | | | | | | | | | | | | |
| | With compensated cirrhosis | | | | | | | | | | | | | | | | | | |
| Genotype 3 | Without cirrhosis | 12 weeks in combination with daclatasvir | | | | | | | | | | | | | | | | | |

Criteria Updates Continued...

| PRODUCT | STRENGTH | DIN | PRESCRIBER | BENEFIT STATUS | MFR |
|---------------------------------|---|----------|------------|----------------|-----|
| Sovaldi (sofosbuvir) | 400mg Tablet | 02418355 | DNP | E | GIL |
| Criteria | <p>Genotype 3</p> <ul style="list-style-type: none"> With compensated or decompensated cirrhosis Post-liver transplant without cirrhosis or with compensated cirrhosis <p>12 weeks in combination with daclatasvir and RBV</p> <hr/> <p>Patients must also meet all of the following criteria:</p> <ul style="list-style-type: none"> Must be prescribed by a hepatologist, gastroenterologist, or infectious disease specialist (or other physician experienced in treating a patient with hepatitis C infection) Lab-confirmed hepatitis C genotype 2 and 3 Quantitative HCV RNA value within the last 6 months Fibrosis stage must be provided <p>Clinical Notes:</p> <ol style="list-style-type: none"> Treatment-experienced is defined as a patient who has been previously treated with a peginterferon/ribavirin regimen and has not experienced an adequate response. 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. Compensated cirrhosis is defined as a CTP score of 5 to 6 (Class A) and decompensated cirrhosis as a CTP score of 7 or above (Class B or C). Re-treatment for direct-acting antiviral failures will be considered on a case-by-case basis. <p>Claim Notes:</p> <ul style="list-style-type: none"> Claims that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate transactions using the following PINs: <ul style="list-style-type: none"> 00904041 00904042 Claims will be limited to a 28-day supply. | | | | |

Criteria Updates Continued...

| PRODUCT | STRENGTH | DIN | PRESCRIBER | BENEFIT STATUS | MFR |
|------------------------------------|--|----------|------------|----------------|-----|
| Zepatier (elbasvir/grazoprevir) | 50mg/100mg tablet | 02451131 | DNP | E | FRS |
| Criteria | <p>For treatment-naïve or treatment-experienced adult patients with chronic hepatitis C virus (HCV) without cirrhosis or with compensated cirrhosis who meet the following criteria:</p> <p style="text-align: right;">Approval Period</p> <p>Genotype 1</p> <ul style="list-style-type: none"> Treatment-naïve 12 weeks Treatment-experienced prior relapsers <i>(8 weeks may be considered in treatment-naïve genotype 1b patients without significant fibrosis or cirrhosis)</i> <p>Genotype 1b</p> <ul style="list-style-type: none"> Treatment-experienced on-treatment virologic failures 12 weeks <p>Genotype 4</p> <ul style="list-style-type: none"> Treatment-naïve 12 weeks Treatment-experienced prior relapsers <p>Genotype 1a</p> <ul style="list-style-type: none"> Treatment-experienced on-treatment virologic failures 16 weeks in combination with ribavirin <p>Genotype 4</p> <ul style="list-style-type: none"> Treatment-experienced on-treatment virologic failures 16 weeks in combination with ribavirin <p>Patients must also meet all of the following criteria:</p> <ul style="list-style-type: none"> Must be prescribed by a hepatologist, gastroenterologist, or infectious disease specialist (or other physician experienced in treating a patient with hepatitis C infection) Lab-confirmed hepatitis C genotype 1 or 4 Quantitative HCV RNA value within the last 6 months Fibrosis stage must be provided <p>Clinical Notes:</p> <ol style="list-style-type: none"> Treatment-experienced is defined as a patient who has been previously treated with a peginterferon/ribavirin (PegIFN/RBV) based regimen, including regimens containing HCV protease inhibitors (for genotype 1) and who has not experienced an adequate response. | | | | |

Criteria Updates Continued...

| PRODUCT | STRENGTH | DIN | PRESCRIBER | BENEFIT STATUS | MFR |
|--|-------------------|----------|------------|----------------|-----|
| Zepatier (elbasvir/grazoprevir) | 50mg/100mg tablet | 02451131 | DNP | E | FRS |
| <p>2. Treatment-experienced prior relapser is defined as a patient who has undetectable HCV RNA at the end of previous PegIFN/RBV therapy, including regimens containing NS3/4A protease inhibitors (for genotype 1), but with a subsequent detectable HCV RNA during follow-up.</p> <p>3. Treatment-experienced on-treatment virologic failure is defined as a patient who has been previously treated with PegIFN/RBV regimen, including regimens containing HCV protease inhibitors (for genotype 1), and who has not experienced adequate response, including a null response, partial response, virologic breakthrough or rebound.</p> <p>4. 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</p> <p>5. Re-treatment for direct-acting antiviral failures will be considered on a case-by-case basis.</p> <p>Claim Notes:</p> <ul style="list-style-type: none"> • Claims that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate transactions using the following PINs: <ul style="list-style-type: none"> ○ 00904237 ○ 00904238 • Claims will be limited to a 28-day supply. | | | | | |

New Diabetic Product

The following product is a new listing to the Nova Scotia Formulary, effective **May 1, 2018**. The benefit status within the Nova Scotia Pharmacare Programs is indicated.

| PRODUCT | DIN/PIN | PRESCRIBER | BENEFIT STATUS | MFR |
|--------------------|----------|------------|----------------|-----|
| Single-Let Lancets | 97799163 | DNP | SFD | ADI |

New Ostomy Products

Effective **May 1, 2018**, a number of Coloplast and Convatec ostomy products will be added as full benefits under the Nova Scotia Pharmacare Programs. The specific products and associated billing PINs (as per the OPINIONS website) can be found in the next update of the Nova Scotia Formulary, which will be available on the Nova Scotia Pharmacare website.

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Nova Scotia Formulary Updates

New Exception Status Benefits

- Emtricitabine/tenofovir disoproxil fumarate (Truvada and generics)

Nova Scotia Formulary Updates

New Exception Status Benefit

The following product will be listed with the following criteria, effective **July 23, 2018**.

| PRODUCT | STRENGTH | DIN | PRESCRIBER | BENEFIT STATUS | MFR |
|--|--|---------|------------|----------------|-----|
| Emtricitabine /tenofovir disoproxil fumarate (Truvada and generics) | 200mg/ 300mg Tabs | Various | DNP | E (SF) | VAR |
| Criteria | <p>Men Who Have Sex With Men (MSM) and Transgender Women (TGW)</p> <p>For pre-exposure prophylaxis (PrEP), in combination with safer sex practices, to reduce the risk of sexually acquired HIV-1 infection in adults at high risk who report condomless anal sex within the last six months and any of the following:</p> <ul style="list-style-type: none"> • Infectious syphilis or rectal bacterial sexually transmitted infection (STI), particularly if diagnosed in the preceding 12 months; • Recurrent use of nonoccupational postexposure prophylaxis (nPEP) (more than once); • Ongoing sexual relationship with an HIV-positive partner who is not receiving stable ART and/or does not have an HIV viral load <200 copies/ mL. (i.e. not on ART or >200 copies/mL); or • High-incidence risk index (HIRI)-MSM risk score ≥ 11. Please refer to the BC-CfE PrEP guidelines or the Canadian PrEP Guidelines which include details about how to calculate the HIRI-MSM risk score | | | | |

New Exception Status Benefit Continued...

| PRODUCT | STRENGTH | DIN | PRESCRIBER | BENEFIT STATUS | MFR |
|---|---|---------|------------|----------------|-----|
| Emtricitabine/tenofovir disoproxil fumarate (Truvada and generics) | 200mg/300mg Tabs | Various | DNP | E (SF) | VAR |
| Criteria | <p>Heterosexual exposure</p> <p>For pre-exposure prophylaxis (PrEP), in combination with safer sex practices, to reduce the risk of sexually acquired HIV-1 infection in heterosexual men and women at high risk of acquiring HIV infection who meet both of the following:</p> <ul style="list-style-type: none"> • Condomless vaginal or anal sex; and • Ongoing sexual relationship with an HIV-positive partner who is not receiving stable ART and/or does not have an HIV viral load <200 copies/ mL. (i.e. not on ART or >200 copies/mL). <p>People who inject drugs (PWID)</p> <p>For pre-exposure prophylaxis (PrEP) for PWID who are at high risk of acquiring HIV infection and meet both of the following:</p> <ul style="list-style-type: none"> • Report sharing of injection equipment; and • Have an HIV-positive injecting partner who is not receiving stable ART and/or does not have an HIV viral load < 200 copies/mL. <hr/> <p>Clinical notes:</p> <ul style="list-style-type: none"> • PrEP should be part of a combination prevention strategy that includes behavioural interventions such as condoms and risk reduction counseling. • PrEP is not recommended in the context of a stable closed relationship with a single partner with no or negligible risk of having transmissible HIV. <p>Note regarding daily versus 'on-demand' dosing:</p> <ul style="list-style-type: none"> • As stated in the Canadian Guideline, daily emtricitabine/tenofovir disoproxil fumarate (TDF/FTC) is currently the PrEP regimen of choice because it has been the most widely evaluated in high quality studies, and "on-demand" dosing is currently an off-label use of TDF/FTC in Canada. The on-demand regimen requires taking the drug 24 hours before sexual activity, every 24 hours during the sexual activity, and 24 hours after the last sexual encounter. A randomized placebo-controlled trial among MSM in France and Montreal found high efficacy among men who had frequent sex and who regularly took an average of 4 pills per week. These results suggest an on-demand strategy may be less effective for MSM who have less frequent sex because consistent pill use is important to achieve high levels of drugs in the body. A subsequent sub-study found that an on-demand strategy (median 9.5 pills/month) remained highly effective for MSM having infrequent sex (median 5x/month). The implication is that on demand' PrEP compared with daily, continuous PrEP may decrease the cost of drugs | | | | |

New Exception Status Benefit Continued...

| PRODUCT | STRENGTH | DIN | PRESCRIBER | BENEFIT STATUS | MFR |
|---|---|---------|------------|----------------|-----|
| Emtricitabine/tenofovir disoproxil fumarate (Truvada and generics) | 200mg/300mg Tabs | Various | DNP | E (SF) | VAR |
| Criteria | while preventing similar numbers of infections. However, study of how on-demand PrEP would work in "real life" settings outside of a placebo-controlled trial are required. | | | | |

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Nova Scotia Formulary Updates

New Exception Status Benefits

- Ibrance (palbociclib)
- Erelzi (etanercept)

Criteria Updates

- Ciprodex (dexamethasone and ciprofloxacin)
- Duloxetine (Cymbalta and generic brands)

New Products

Change in Benefit Status

Delisted Products

New Ostomy Products

Therapeutic Substitution Policy Update

Administration of Publicly-Funded Influenza Vaccine by Pharmacists for the 2018-2019 Influenza Season

Auditor's Corner

Pharmacy Closing or Transferring Ownership

Nova Scotia Formulary Updates

New Exception Status Benefits

The following product has been listed with the following criteria, effective **July 31, 2018**.

| PRODUCT | STRENGTH | DIN | PRESCRIBER | BENEFIT STATUS | MFR |
|------------------------------|-----------|----------|------------|----------------|-----|
| Ibrance (palbociclib) | 75mg Cap | 02453150 | DNP | E (SFC) | PFI |
| | 100mg Cap | 02453169 | DNP | E (SFC) | PFI |
| | 125mg Cap | 02453177 | DNP | E (SFC) | PFI |

Criteria

- In combination with letrozole, for the treatment of post-menopausal women with estrogen receptor (ER) positive, human epidermal growth factor receptor 2 (HER2) negative advanced breast cancer who have not received any prior treatment for metastatic disease. Treatment should continue until unacceptable toxicity or disease progression. Patients should have good performance status and not be resistant to prior (neo)adjuvant aromatase inhibitor therapy, nor have active or uncontrolled metastases to the central nervous system.

Clinical Note:

- Patients will be eligible for either palbociclib plus an aromatase inhibitor in the first line setting or everolimus plus exemestane as a subsequent line of therapy, but not both therapies.

New Exception Status Benefits Continued...

The following product has been listed with the following criteria, effective **August 1, 2018**.

| PRODUCT | STRENGTH | DIN | PRESCRIBER | BENEFIT STATUS | MFR |
|--------------------------------------|--|----------|------------|----------------|-----|
| Erelzi (etanercept) | 25mg/0.5ml Prefilled Syringe | 02462877 | DNP | E (SF) | SDZ |
| | 50 mg/ml Prefilled Syringe | 02462869 | DNP | E (SF) | SDZ |
| | 50 mg/ml Prefilled Auto-injector | 02462850 | DNP | E (SF) | SDZ |
| Criteria | <p>Ankylosing Spondylitis</p> <ul style="list-style-type: none"> • For the treatment of patients with moderate to severe ankylosing spondylitis (Bath AS Disease Activity Index (BASDAI) score ≥ 4 on 10-point scale) who: <ul style="list-style-type: none"> ○ have axial symptoms and who have failed to respond to the sequential use of at least 2 NSAIDs at the optimum dose for a minimum period of 3 months' observation, or in whom NSAIDs are contraindicated; OR ○ have peripheral symptoms and who have failed to respond to, or have contraindications to, the sequential use of at least 2 NSAIDs at the optimum dose for a minimum period of 3 months' observation and have had an inadequate response to an optimal dose or maximal tolerated dose of a disease modifying antirheumatic drug (DMARD). <p>Notes:</p> <ul style="list-style-type: none"> • Must be prescribed by a rheumatologist or prescriber with a specialty in rheumatology. • Requests for renewal must include information showing the beneficial effects of the treatment, specifically: <ul style="list-style-type: none"> ○ a decrease of at least 2 points on the BASDAI scale, compared with the pre-treatment score; OR ○ patient and expert opinion of an adequate clinical response as indicated by a significant functional improvement (measured by outcomes such as HAQ or "ability to return to work"). • Initial coverage period 6 months, maximum dose 50mg per week and not in combination with other anti-TNF agents. • Patients with recurrent uveitis (2 or more episodes within 12 months) as a complication of axial disease, do not require a trial of 2 NSAIDs. <p>Rheumatoid Arthritis</p> <ul style="list-style-type: none"> • For the treatment of severely active rheumatoid arthritis, in combination with methotrexate (MTX) or other DMARDs, in adult patients who are refractory or intolerant to: <ul style="list-style-type: none"> ○ MTX (oral or parenteral) at a dose of ≥ 20 mg weekly (≥ 15mg if patient is ≥ 65 years of age), or use in combination with another DMARD, for a minimum of 12 weeks AND ○ MTX in combination with at least two other DMARDs, such as hydroxychloroquine and sulfasalazine, for a minimum of 12 weeks. | | | | |

New Exception Status Benefits Continued...

| PRODUCT | STRENGTH | DIN | PRESCRIBER | BENEFIT STATUS | MFR |
|------------------------|---|----------|------------|----------------|-----|
| Erelzi (etanercept) | 25mg/0.5ml Prefilled Syringe | 02462877 | DNP | E (SF) | SDZ |
| | 50 mg/ml Prefilled Syringe | 02462869 | DNP | E (SF) | SDZ |
| | 50 mg/ml Prefilled Auto-injector | 02462850 | DNP | E (SF) | SDZ |
| Criteria | <p>Clinical Notes:</p> <ul style="list-style-type: none"> For patients who do not demonstrate a clinical response to oral MTX, or who experience gastrointestinal intolerance, a trial of parenteral MTX must be considered. Optimal treatment response to DMARDs may take up to 24 weeks, however coverage of a biologic therapy can be considered if no improvement is seen after 12 weeks of triple DMARD use. If patient factors (e.g. intolerance) prevent the use of triple DMARD therapy, these must be described and dual therapy with DMARDs must be tried. 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. <p>Claim Notes:</p> <ul style="list-style-type: none"> Must be prescribed by a rheumatologist Combined use of more than one biologic DMARD will not be reimbursed Initial Approval: 6 months Renewal Approval: 1 year. Confirmation of continued response is required Maximum Dosage Approved: 25mg twice a week or 50mg once a week with no dose escalation permitted <p>Polyarticular Juvenile Idiopathic Arthritis</p> <ul style="list-style-type: none"> For the treatment of polyarticular juvenile idiopathic arthritis (pJIA) with the following criteria: <ul style="list-style-type: none"> For patients aged 4-17 years with moderate or severe pJIA who have had an inadequate response to one or more disease-modifying anti-rheumatic drugs (DMARDs); and Treatment must be initiated by a rheumatologist who is familiar with the use of DMARDs and/or biologic DMARDs in children. | | | | |

Criteria Updates

The following criteria have been updated effective **August 1, 2018**:

| PRODUCT | STRENGTH | DIN | PRESCRIBER | BENEFIT STATUS | MFR |
|--|--|----------|------------|----------------|-----|
| Ciprodex (dexamethasone and ciprofloxacin) | Otic Susp | 02252716 | DNP | E (SF) | NVR |
| Criteria | <ul style="list-style-type: none"> For the treatment of patients with acute otitis media with otorrhea through tympanostomy tubes; or with known or suspected tympanic membrane perforation with otorrhea. [Criteria Code 01] For the treatment of patients with acute otitis externa in the presence of a tympanostomy tube or with known or suspected perforation of the tympanic membrane. [Criteria Code 02] | | | | |

| PRODUCT | STRENGTH | DIN | PRESCRIBER | BENEFIT STATUS | MFR |
|--|---|--------------------|------------|------------------|------------|
| Duloxetine (Cymbalta and generic brands) | 30mg Cap 60mg Cap | Various Various | DNP DNP | E (SF) E (SF) | VAR VAR |
| Criteria | <ul style="list-style-type: none"> For the treatment of chronic pain in patients who have had an inadequate response or intolerance to at least one first-line agent. <p>Clinical Note:</p> <ul style="list-style-type: none"> First-line agents include tricyclic antidepressants for chronic neuropathic pain and non-steroidal anti-inflammatory drugs for chronic non-neuropathic pain. <p>Claim Note:</p> <ul style="list-style-type: none"> The maximum dose reimbursed is 60mg daily. | | | | |

New Products

Effective **August 1, 2018**, the following new products have been added to the Nova Scotia Formulary. The benefit status within the Nova Scotia Pharmacare Programs is indicated and any existing criteria will apply.

| PRODUCT | STRENGTH | DIN | PRESCRIBER | BENEFIT STATUS | MFR |
|-----------------------|-----------|----------|------------|----------------|-----|
| Citalopram | 10mg Tab | 02430517 | DNP | SFC | JPC |
| Jamp-Sodium Phosphate | 500mg Tab | 80047562 | DNP | SF | JPC |

Change in Benefit Status

Effective **August 1, 2018**, the following products have moved to full benefit status and no longer require exception status approval:

- **Atomoxetine (Strattera and generics)**
- **Buprenorphine/naloxone (Suboxone and generics for opioid use disorder)**
- **Capecitabine (Xeloda and generics)**
- **Clopidogrel (Plavix and generics)**
- **Methadone Oral Compounded Solution (for opioid use disorder)**

| PRODUCT | STRENGTH | DIN | PRESCRIBER | BENEFIT STATUS | MFR |
|------------------------|-------------------|----------|------------|----------------|-----|
| Atomoxetine | 10mg Cap | Various | DNP | SF | VAR |
| Atomoxetine | 18mg Cap | Various | DNP | SF | VAR |
| Atomoxetine | 25mg Cap | Various | DNP | SF | VAR |
| Atomoxetine | 40mg Cap | Various | DNP | SF | VAR |
| Atomoxetine | 60mg Cap | Various | DNP | SF | VAR |
| Atomoxetine | 80mg Cap | Various | DNP | SF | VAR |
| Atomoxetine | 100mg Cap | Various | DNP | SF | VAR |
| Buprenorphine/naloxone | 2mg/0.5mg Tab | Various | DN | SF | VAR |
| Buprenorphine/naloxone | 8mg/2mg Tab | Various | DN | SF | VAR |
| Capecitabine | 150mg Tab | Various | DNP | SFC | VAR |
| Capecitabine | 500mg Tab | Various | DNP | SFC | VAR |
| Clopidogrel | 75mg Tab | Various | DNP | SF | VAR |
| Methadone | Oral Compound Sol | 00999734 | DN | SFC | VAR |

Delisted Products

Effective **August 1, 2018**, the following product has moved to non-benefit status and will no longer be covered under the Nova Scotia Pharmacare Programs. Other strengths of trazodone remain full benefits. Those currently using 75mg tablets will be grandfathered for coverage.

| PRODUCT | STRENGTH | DIN | PRESCRIBER | BENEFIT STATUS | MFR |
|---------------|----------|----------|------------|--------------------|-----|
| pms-Trazodone | 75mg Tab | 02237339 | N/A | Not Insured | PMS |

New Ostomy Products

Effective **August 1, 2018**, a number of Hollister ostomy products were added as full benefits under the Nova Scotia Pharmacare Programs. The specific products and associated billing PINs (as per the OPINIONS website) can be found in the next update of the Nova Scotia Formulary, which will be available on the Nova Scotia Pharmacare website.

Therapeutic Substitution Policy Update

Please be advised that the policy for Therapeutic Substitution has been updated to include situations in which a pharmacist is prescribing an alternative medication for Pharmacare beneficiaries who are affected by the valsartan shortage.

Pharmacists must comply with all applicable Nova Scotia College of Pharmacists (NSCP) policies and standards. Standards of Practice for prescribing can be found at: <https://www.nspharmacists.ca/wp-content/uploads/2016/05/PrescribingStandardsOfPractice.pdf>

This policy is effective immediately and claims can be billed online starting August 9, 2018. Claims may be back-dated to August 1, 2018. Billing instructions for when pharmacists are prescribing a therapeutic substitute are provided below:

CPHA Claims Standard – Therapeutic Substitution

| FIELD # | FIELD NAME | CONTENT |
|---------|-------------------------|--|
| D.56.03 | DIN/GP#/PIN | 93899868 |
| D.57.03 | Special Service Code | 002 (pharmacist intervention) |
| D.58.03 | Quantity | 000001 (one) |
| D.61.03 | Prescriber ID | Licence number |
| 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) | 2625 (\$26.25)* |

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

If you have any difficulties billing this PIN, please call the Pharmacare office at 1-800-544-6191.

Administration of Publicly-Funded Influenza Vaccine by Pharmacists for the 2018-2019 Influenza Season

Claim Submissions for Publicly-Funded Influenza Vaccine by Pharmacist

Fees for the administration of publicly-funded influenza vaccines are for the service of administering the influenza vaccine, not the amount of vaccine administered. Therefore, all influenza claims **must be** adjudicated using a quantity of 1, as well as the correct DIN and/or PIN. Claims must not be adjudicated using a quantity <1.

Reports will be generated by Nova Scotia Pharmacare to identify claims adjudicated with an improper quantity (<1) and incorrect PINS (e.g. PIN for pregnant women, used to adjudicate a claim for a male). Pharmacies will be contacted regarding incorrect claims. These claims must be reversed by the pharmacy and resubmitted correctly. Any claims that have been identified on these reports, which are not corrected, may be subject to audit and possible recovery of administration fees.

Claims Submission Field Content for Pharmacist-Administered Publicly Funded Influenza Vaccines

| CPHA CLAIM STANDARD FIELD # | CPHA CLAIM STANDARD FIELD NAME | CONTENT |
|-----------------------------|--------------------------------|--|
| D.56.03 | DIN/GP#/PIN | <p>DINs</p> <ul style="list-style-type: none"> - Fluzone Quadrivalent MDV 02432730 - FluLaval Tetra 02420783 - Fluzone High-Dose 02445646* <p>* Only for residents of Long Term Care Facilities (nursing homes and residential care facilities) ≥65 years of age</p> <p>PIN for pregnant women</p> <ul style="list-style-type: none"> - Fluzone Quadrivalent 93899895 - FluLaval Tetra 93899893 <p>PIN for second dose for children</p> <ul style="list-style-type: none"> - Fluzone Quadrivalent 93899896 - FluLaval Tetra 93899894 |
| 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 | \$12.00 |

Who is eligible to have publicly-funded influenza vaccine administered by a pharmacist?

All individuals 5 years of age and over can have publicly-funded influenza vaccine administered by a pharmacist. As the publicly-funded influenza vaccine is available free of charge, no individual is to be charged for the vaccine.

Who is eligible to have the influenza vaccine administration fee publicly-funded?

Only residents with a valid Nova Scotia Health Card Number are eligible to have the influenza vaccine administration fee billed to Pharmacare. There are no copayments or deductibles associated with the administration of the influenza vaccine

Administration of Publicly-Funded Influenza Vaccine by pharmacists for the 2018-2019 Influenza Season Continued...

for residents with a valid Nova Scotia Health Card Number. All other individuals are responsible for paying any applicable administration fee.

Which pharmacies are eligible to bill for the administration of publicly-funded influenza vaccine?

Pharmacies set up as providers to bill publicly-funded influenza vaccine administration fees last year are already set up for the 2018-2019 influenza season. However, all pharmacies are still required to contact their local Nova Scotia Health Authority public health office to confirm their email, dispensary telephone number, and their preferred method for being contacted by public health.

Pharmacies that have not yet been set up as a provider to bill publicly-funded influenza vaccine administration must:

1. Comply with the required training and application expectations set out by the *Pharmacist Extended Practice Regulations* and the NSCP's *Standards of Practice: Drug Administration*.
2. Sign the *Confirmation of Agreement Form for Pharmacist Administered Publicly Funded Seasonal Influenza Vaccine* (available in the Pharmacists' Guide) and submit it to Medavie Blue Cross. Medavie Blue Cross will confirm by email or facsimile that the pharmacy has been set up as a provider to bill influenza vaccine administration fees.
3. Provide their local public health office with their provider confirmation and any other information the public health office requires to issue influenza vaccine to the pharmacy.

Where do pharmacies get publicly-funded influenza vaccine?

All publicly-funded influenza vaccine must be obtained from the local public health office. The supply and distribution of Fluzone High-Dose will be coordinated by the Provincial Bio-Depot.

All providers are responsible for any transportation costs to obtain publicly-funded vaccine. Pharmacies should contact their local public health office to place their order for vaccine and to arrange pick-up. Please review the Immunization Toolkit (located at <http://www.cdha.nshealth.ca/immunization-forms>) for information on transporting biologicals to ensure you have all the required equipment when you pick up your vaccine. Public health can only release vaccine in accordance with this protocol.

When can pharmacists begin administering publicly-funded influenza vaccine?

Pharmacists may begin administering publicly-funded influenza vaccine as soon as they receive it.

How do pharmacies bill Pharmacare for influenza vaccine administration fees?

To ensure claims are adjudicated correctly, all influenza claims must be adjudicated using a quantity of 1, as well as the correct DIN and/or PIN.

Fees for the administration of publicly-funded influenza vaccine to Nova Scotia residents with a valid Nova Scotia Health Card must be billed to Pharmacare online. The electronic claim must contain the following in the patient's insurance field:

- Patient ID – *the patient's Nova Scotia Health Card Number*
- Carrier ID – NS

If a patient is already set up in the pharmacy system with Pharmacare coverage (e.g., Seniors' Pharmacare, Family Pharmacare), a separate patient file does not need to be created.

Claims must be submitted using the DIN of the vaccine administered to the patient, unless the patient is pregnant or is a child receiving a second vaccine dose.

Administration of Publicly-Funded Influenza Vaccine by pharmacists for the 2018-2019 Influenza Season Continued...

Claims are submitted with the administration fee in the professional fee field. Providers are not reimbursed for ingredient costs or markups for these claims as they are able to access publicly-funded vaccine at no charge.

What documentation does a pharmacy need to retain for audit and other purposes?

Pharmacies must retain the signed patient Consent and Disclosure form for each claim reimbursed by Pharmacare.

Pharmacies are advised to maintain a record of the quantity of influenza vaccine administered to individuals who do not have a valid Nova Scotia Health Card Number, as this information may be requested by public health.

How do I report an adverse event following immunization (AEFI)?

It is possible that reactions may occur after administration of influenza vaccine, without a causal association to the vaccine. **These reactions must be reported to your local Nova Scotia Health Authority public health office for the appropriate follow-up.** For information of what adverse events to report please review "It's the Law: Reporting Notifiable Diseases and Conditions" (located at <https://novascotia.ca/dhw/CDPC/info-for-professionals.asp>).

Providers should document an AEFI using the Public Health Agency of Canada AEFI form (located at: <https://www.canada.ca/en/public-health/services/immunization/reporting-adverse-events-following-immunization/form.html>) and **forward the form to the local public health office.** The local public health office reviews these reports and facilitates with Department of Health and Wellness the reporting of AEFIs to the Public Health Agency of Canada.

What do I do if there is a break in the cold chain?

Cold chain refers to the process used to maintain optimal conditions during the transport, storage, and handling of vaccines, starting with the manufacturer and ending with the administration of the vaccine. When vaccines are exposed to temperatures of less than 2°C or more than 8°C, the result is a break in the cold chain. Vaccines affected by a break in the cold chain must be packaged separately, identified with a sticker reading "DO NOT USE," and stored in a refrigerator at between 2°C and 8°C separately from vaccines in current use. **Contact your local public health office to determine whether they can be used.**

Auditor's Corner

Pharmacy Closing or Transferring Ownership

If your pharmacy is closing or changing ownership, it is your responsibility to notify our office within 30 days in advance of transfer/closing.

This information will be retained in confidence. A close-out prescription audit is required. You may contact our office at MSIProvidercoordinators@medavie.bluecross.ca or 1-866-553-0585.

PharmacareNEWS

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Nova Scotia Formulary Updates

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Auditor's Corner

Reduction in Quantity Dispensed

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 |
|---------------------------|--|----------|------------|----------------|-----|
| Upravi (selexipag) | 200mcg Tab | 02451158 | DNP | E (SF) | ACT |
| | 400mcg Tab | 02451166 | DNP | E (SF) | ACT |
| | 600mcg Tab | 02451174 | DNP | E (SF) | ACT |
| | 800mcg Tab | 02451182 | DNP | E (SF) | ACT |
| | 1000mcg Tab | 02451190 | DNP | E (SF) | ACT |
| | 1200mcg Tab | 02451204 | DNP | E (SF) | ACT |
| | 1400mcg Tab | 02451212 | DNP | E (SF) | ACT |
| 1600mcg Tab | 02451220 | DNP | E (SF) | ACT | |
| Criteria | <p>For the long-term treatment of idiopathic pulmonary arterial hypertension (PAH), heritable HPAH, PAH associated with connective tissue disorders, and PAH associated with congenital heart disease, in adult patients with World Health Organization (WHO) functional class (FC) II to III to delay disease progression, if the following clinical criteria are met:</p> <ul style="list-style-type: none"> • Inadequate control with a first- and second-line PAH therapy. • Must be prescribed by a clinician with experience in the diagnosis and treatment of PAH. <p>Claim Notes:</p> <ul style="list-style-type: none"> • Combination therapy with prostacyclin or prostacyclin analogs will not be reimbursed. | | | | |

New Exception Status Benefits Continued...

| PRODUCT | STRENGTH | DIN | PRESCRIBER | BENEFIT STATUS | MFR | | | | |
|---|---|----------|------------|----------------|-----|--|----------|---|--|
| Vosevi (sofosbuvir/ velpatasvir/ voxilaprevir) | 400mg/100mg/100mg Tab | 02467542 | DNP | E (SF) | GIL | | | | |
| Criteria | <p>For treatment-experienced adult patients with chronic hepatitis C virus (HCV) who meet the following criteria:</p> <p style="text-align: center;">Approval Period</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 60%;">Genotypes 1, 2, 3, 4, 5, 6 or mixed genotypes</td> <td>12 weeks</td> </tr> <tr> <td> <ul style="list-style-type: none"> • With compensated cirrhosis • With no cirrhosis </td> <td></td> </tr> </table> <p>Patients must also meet all of the following criteria:</p> <ul style="list-style-type: none"> • Must be prescribed by a hepatologist, gastroenterologist, or infectious disease specialist (or other physician experienced in treating a patient with hepatitis C infection) • Lab-confirmed hepatitis C genotype 1, 2, 3, 4, 5, 6 or mixed genotypes • Quantitative HCV RNA value within the last 6 months • Fibrosis stage must be provided <p>Clinical Notes:</p> <ol style="list-style-type: none"> 1. Treatment experienced is defined as a patient who has been previously treated with an NS5A inhibitor for genotype 1, 2, 3, 4, 5 or 6 or sofosbuvir without an NS5A inhibitor for genotype 1, 2, 3 or 4 and who has not experienced an adequate response. 2. Compensated cirrhosis is defined as a CTP score of 5 to 6 (Class A). 3. Re-treatment for sofosbuvir-velpatasvir-voxilaprevir treatment failures will be considered on a case-by-case basis. <p>Claim Notes:</p> <ul style="list-style-type: none"> • Claims that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate transactions using the following PINs: <ul style="list-style-type: none"> ○ 00904312 ○ 00904313 • Claims will be limited to a 28-day supply. | | | | | Genotypes 1, 2, 3, 4, 5, 6 or mixed genotypes | 12 weeks | <ul style="list-style-type: none"> • With compensated cirrhosis • With no cirrhosis | |
| Genotypes 1, 2, 3, 4, 5, 6 or mixed genotypes | 12 weeks | | | | | | | | |
| <ul style="list-style-type: none"> • With compensated cirrhosis • With no cirrhosis | | | | | | | | | |

Criteria Updates

The following indications have been added to existing criteria effective immediately:

| PRODUCT | STRENGTH | DIN | PRESCRIBER | BENEFIT STATUS | MFR |
|------------------------|---|----------|------------|----------------|-----|
| Humira (adalimumab) | 40mg/0.8mL Syringe Inj | 02258595 | DNP | E (SF) | ABV |
| Criteria | <p>Hidradenitis Suppurativa</p> <p>For the treatment of adult patients with active moderate to severe hidradenitis suppurativa (HS) who have not responded to conventional therapy and who meet all of the following criteria:</p> <ul style="list-style-type: none"> • A total abscess and nodule count of 3 or greater • Lesions in at least two distinct anatomic areas, one of which must be Hurley Stage II or III • An inadequate response to a 90-day trial of oral antibiotics <p>Initial renewal criteria:</p> <ul style="list-style-type: none"> • Requests for renewal should provide objective evidence of a treatment response, defined as at least a 50% reduction in abscess and inflammatory nodule count with no increase in abscess or draining fistula count relative to baseline at week 12. <p>Subsequent renewal criteria:</p> <ul style="list-style-type: none"> • Requests for renewal should provide objective evidence of the preservation of treatment effect (i.e. the current abscess and inflammatory nodule count and draining fistula count should be compared to the count prior to initiating treatment with adalimumab). <p>Claim Notes:</p> <ul style="list-style-type: none"> • Must be prescribed by a dermatologist or physician with experience in the treatment of HS. • Approvals will be for a maximum of 160mg followed by 80mg two weeks later, then 40mg every week beginning four weeks after the initial dose. • Initial Approval: 12 weeks • Renewal Approval: 1 year <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. | | | | |

Criteria Updates Continued...

| PRODUCT | STRENGTH | DIN | PRESCRIBER | BENEFIT STATUS | MFR |
|------------------------|---|----------|------------|----------------|-----|
| Humira (adalimumab) | 40mg/0.8mL Syringe Inj | 02258595 | DNP | E (SF) | ABV |
| Criteria | <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 | | | | |

| PRODUCT | STRENGTH | DIN | PRESCRIBER | BENEFIT STATUS | MFR |
|--------------------------|--|----------|------------|----------------|-----|
| Imbruvica (ibrutinib) | 140mg Cap | 02434407 | DNP | E (SFC) | JAN |
| Criteria | <p>First Line Chronic Lymphocytic Leukemia/ Small Lymphocytic Leukemia</p> <p>As a single agent treatment option for patients with previously untreated chronic lymphocytic leukemia (CLL)/ small lymphocytic leukemia (SLL) for whom fludarabine – based treatment is considered inappropriate due to high risk of relapse or refractory disease based on prognostic biomarkers. Treatment should be discontinued upon disease progression or unacceptable toxicity.</p> <p>Clinical Notes:</p> <ul style="list-style-type: none"> High risk for relapse or refractory disease includes 17p deletion, TP53 mutation, 11q deletion and unmutated IGHV. Sequential use of ibrutinib and idelalisib will not be funded, except as a bridge to transplant. Exceptions may be considered in the case of intolerance without disease progression. <p>Relapsed/Refractory Mantle Cell Lymphoma</p> <ul style="list-style-type: none"> As a single agent treatment option for patients with relapsed or refractory mantle cell lymphoma who have received at least one prior therapy. Patients should have a good performance status. Treatment should be discontinued upon disease progression or unacceptable toxicity. | | | | |

Criteria Updates Continued...

The following criteria has been updated effective immediately:

| PRODUCT | STRENGTH | DIN | PRESCRIBER | BENEFIT STATUS | MFR |
|--|--|----------|------------|----------------|-----|
| Ibrance (palbociclib) | 75mg Cap | 02453150 | DNP | E (SFC) | PFI |
| | 100mg Cap | 02453169 | DNP | E (SFC) | PFI |
| | 125mg Cap | 02453177 | DNP | E (SFC) | PFI |
| Criteria | <ul style="list-style-type: none"> In combination with an aromatase inhibitor (AI) (i.e. letrozole, anastrozole or exemestane) for the treatment of post-menopausal women with estrogen receptor (ER) positive, human epidermal growth factor receptor 2 (HER 2) negative advanced breast cancer who have not received any prior treatment for metastatic disease. Treatment should continue until unacceptable toxicity or disease progression. Patients should have a good performance status and not be resistant to prior (neo) adjuvant aromatase inhibitor therapy (i.e: have the potential to benefit from first-line endocrine based therapy), without active or uncontrolled metastases to the central nervous system. <p>Clinical Notes:</p> <ul style="list-style-type: none"> Patients will be eligible for either palbociclib plus an aromatase inhibitor in the first line setting or everolimus plus exemestane as a subsequent line of therapy, but not both therapies. | | | | |

New Temporary Benefit

Effective **September 6, 2018**, the Nova Scotia Pharmacare Programs has added AUVI-Q as a temporary benefit for beneficiaries. AUVI-Q can be billed when EpiPen is not available due to short supply.

| PRODUCT | STRENGTH | PIN | PRESCRIBER | BENEFIT STATUS | MFR |
|---------|--------------------------------------|----------|------------|----------------|-----|
| AUVI-Q | 0.3mg/0.3ml Prefilled Autoinjector | 02480379 | DNPM | SF* | KLO |
| AUVI-Q | 0.15mg/0.15ml Prefilled Autoinjector | 02480360 | DNPM | SF* | KLO |

*Quantity limit of two injections per fiscal year.

New Diabetic Products

The following product is a new listing to the Nova Scotia Formulary, effective **October 1, 2018**. The benefit status within the Nova Scotia Pharmacare Programs is indicated.

| PRODUCT | DIN/PIN | PRESCRIBER | BENEFIT STATUS | MFR |
|--|----------|------------|----------------|-----|
| BD Nano PRO 32g x 4mm Ultra-Fine Pen Needles | 97799160 | DNP | SFD | BTD |

New Ostomy Products

Effective **October 1, 2018**, a number of Hollister ostomy products were added as full benefits under the Nova Scotia Pharmacare Programs. The specific products and associated billing PINs (as per the OPINIONS website) can be found in the next update of the Nova Scotia Formulary, which will be available on the Nova Scotia Pharmacare website.

Reminder: Claims Submission for Therapeutic Substitution Services - Proton Pump Inhibitors (PPIs) & Valsartan Shortage

Pharmacists are able to adapt existing prescriptions to maintain or enhance patient care in compliance with all applicable Nova Scotia College of Pharmacist (NSCP) policies and standards. Standards of Practice for prescribing can be found at: <https://www.nspharmacists.ca/wp-content/uploads/2016/05/PrescribingStandardsOfPractice.pdf>

Currently the Nova Scotia Pharmacare Programs insures **therapeutic substitution** for:

- Proton Pump Inhibitors (PPIs)
- Effective August 1, 2018 pharmacist prescribing of an alternative medication for Pharmacare beneficiaries who are affected by the valsartan recall/shortage.

It is important to note that **each** therapeutic substitution service has a **distinct** PIN and unique claim submission process. All claims must be submitted electronically.

PINS for prescription adaptation services should not be submitted for therapeutic substitution scenarios that do not involve PPIs or for an alternative medication prescribed during the valsartan recall/shortage. Please see the *Pharmacists Guide* for clarification as to when prescription adaptation is insured. The *Pharmacists Guide* may be found at: <https://novascotia.ca/dhw/pharmacare/documents/Pharmacare-Pharmacists-Guide.pdf>

Billing instructions for each type of therapeutic substitution are provided below:

Therapeutic Substitution: Proton Pump Inhibitors (PPIs)

The following steps must be completed on the same day in the following order for the pharmacy to be reimbursed for the service:

- a) The claim for the prescription as written by the prescriber is submitted to Pharmacare and then reversed/canceled.
- b) A claim for therapeutic substitution is submitted using PIN **93899912**. (This PIN is specific for therapeutic substitutions within the PPI category).
- c) All CPhA Claims Standard field content included in the table below is required on the claim.
- d) The hard copy must reference the prescription numbers for the original claim and modified claim.
- e) The claim for the new prescription with the changes made is submitted to Pharmacare.

Reminder: Claims Submission for Therapeutic Substitution Services - Proton Pump Inhibitors (PPIs) & Valsartan Shortage Continued...

CPHA Claims Standards: PPI Therapeutic Substitution

| Field # | Field Name | Content |
|---------|-------------------------|--|
| D.56.03 | DIN/GP#/PIN | 93899912 |
| D.57.03 | Special Service Code | 002 (pharmacist intervention) |
| 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 Services Fee | 2625 (\$26.25) |

Therapeutic Substitution: Valsartan Shortage

The following steps must be completed on the same day in the following order for the pharmacy to be reimbursed for the service:

- a) The claim for the prescription as written by the prescriber (for valsartan) **does not need to be** submitted to Pharmacare and then reversed/canceled.
- b) A claim for therapeutic substitution is submitted using PIN **93899868**. (This PIN is specific for therapeutic substitutions for valsartan).
- c) All CPHA Claims Standard field content included in the table below is required on the claim.
- d) The hard copy must reference the **last** prescription number for valsartan and modified claim.
- e) The claim for the new prescription (alternative to valsartan) with the changes made is submitted to Pharmacare.

Reminder: Claims Submission for Therapeutic Substitution Services - Proton Pump Inhibitors (PPIs) & Valsartan Shortage Continued...

CPHA Claims Standards: Valsartan Shortage Therapeutic Substitution

| Field # | Field Name | Content |
|---------|-------------------------|--|
| D.56.03 | DIN/GP#/PIN | 93899868 |
| D.57.03 | Special Service Code | 002 (pharmacist intervention) |
| 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 Services Fee | 2625 (\$26.25) |

Auditor's Corner

Reduction in Quantity Dispensed

As a reminder, the Pharmacare Programs will not pay multiple dispensing fees when the pharmacist dispenses a quantity less than prescribed (including prescriptions for narcotic and controlled drugs), unless the need for the reduced quantity is verified by the prescriber and this is clearly documented on the prescription. Note however that for drugs that fall under the minimum days supply policy, a maximum of one dispensing fee will be reimbursed per 28 days.

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Smoking Cessation Therapies

Effective **January 1, 2019**, the Nova Scotia Pharmacare Programs will provide coverage for the smoking cessation products bupropion and varenicline as indicated below. Beneficiaries will be eligible for one course (12 weeks-168 tablets) for either therapy each year without a special authorization approval.

| PRODUCT | STRENGTH | DIN | PRESCRIBER | BENEFIT STATUS | MFR |
|---|---|----------|------------|----------------|-----|
| Champix and generic brands (varenicline) | Various | Various | DNP | SFC* | VAR |
| Zyban (bupropion) | 150mg Tab | 02238441 | DNP | SFC* | VLN |
| Claim Notes | <ul style="list-style-type: none"> • A maximum of 12 weeks standard therapy (168 tablets*) will be reimbursed annually without a special authorization request. • Additional reimbursement (e.g. for a second course of therapy) will require a special authorization request with details regarding readiness to quit, success with previous therapy, enrolment in cessation programs and any other pertinent information. | | | | |

Please see the next page for additional information.

Smoking Cessation Therapies Continued...

Tobacco Free Nova Scotia provides free services to Nova Scotians who are interested in quitting smoking or who require additional support. These services include working with a counsellor via the Quitline, text-based motivational messages, secure chat, online forums etc. More information is available at <https://tobaccofree.novascotia.ca/>.

In addition, the Nova Scotia Health Authority provides stop smoking services, including structured groups to bring participants together in a supportive environment. As part of this program, nicotine replacement therapy can be provided for the duration of treatment (up to a maximum 16 weeks). More information is available at <http://www.nshealth.ca/service-details/Stop%20Smoking%20Services>.

New Exception Status Benefits

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

| PRODUCT | STRENGTH | DIN | PRESCRIBER | BENEFIT STATUS | MFR |
|---|--|----------|------------|----------------|-----|
| Invega Trinza (paliperidone palmitate) | 175mg/0.875mL Inj | 02455943 | DNP | E (SF) | JAN |
| | 263mg/1.315mL Inj | 02455986 | DNP | E (SF) | JAN |
| | 350mg/1.75mL Inj | 02455994 | DNP | E (SF) | JAN |
| | 525 mg/2.625mL Inj | 02456001 | DNP | E (SF) | JAN |
| Criteria | <ul style="list-style-type: none"> For the maintenance treatment of schizophrenia and related psychotic disorders (not dementia related) in patients who have been stabilized on therapy with injectable paliperidone for at least four months. | | | | |

| PRODUCT | STRENGTH | DIN | PRESCRIBER | BENEFIT STATUS | MFR |
|--|--|----------|------------|----------------|-----|
| Synjardy (empagliflozin/ metformin hydrochloride) | 5mg/500mg Tab | 02456575 | DNP | E (SF) | BOE |
| | 5mg/850mg Tab | 02456583 | DNP | E (SF) | BOE |
| | 5mg/1000mg Tab | 02456591 | DNP | E (SF) | BOE |
| | 12.5mg/500mg Tab | 02456605 | DNP | E (SF) | BOE |
| | 12.5mg/850mg Tab | 02456613 | DNP | E (SF) | BOE |
| | 12.5mg/1000mg Tab | 02456621 | DNP | E (SF) | BOE |
| Criteria | <ul style="list-style-type: none"> For the treatment of type 2 diabetes mellitus in patients who are already stabilized on therapy with empagliflozin and metformin, to replace the individual components of empagliflozin and metformin. Patients must meet coverage criteria for empagliflozin. | | | | |

New Exception Status Benefits Continued...

| PRODUCT | STRENGTH | DIN | PRESCRIBER | BENEFIT STATUS | MFR |
|---------------------------------------|--|----------|------------|----------------|-----|
| Lancora (ivabradine hydrochloride) | 5mg Tab | 02459973 | DNP | E (SF) | SEV |
| | 7.5mg Tab | 02459981 | DNP | E (SF) | SEV |
| Criteria | <ul style="list-style-type: none"> • For the treatment of adult patients with New York Heart Association (NYHA) classes II or III stable chronic heart failure to reduce the incidence of cardiovascular death and hospitalization, administered in combination with standard chronic heart failure therapies, who meet all of the following criteria: <ul style="list-style-type: none"> ○ reduced left ventricular ejection fraction (LVEF) (<35%) ○ sinus rhythm with a resting heart rate ≥ 77 beats per minute (bpm) ○ at least one hospitalization due to heart failure in the past year ○ NYHA class II to III symptoms despite at least four weeks of optimal treatment of the following: <ul style="list-style-type: none"> ▪ a stable dose of an angiotensin converting enzyme inhibitor (ACEI) or an angiotensin II receptor blocker (ARB); and ▪ a stable dose of a beta blocker; and ▪ an aldosterone antagonist <p>Clinical Notes:</p> <ul style="list-style-type: none"> • Resting heart rate must be documented as ≥ 77 bpm on average using either an ECG on at least three separate visits or by continuous monitoring. • For patients who have not received four weeks of therapy with an ACEI/ARB, beta blocker or aldosterone antagonist due to an intolerance or contraindication, details must be provided. <p>Claim Note:</p> <ul style="list-style-type: none"> • Patients should be under the care of a specialist experienced in the treatment of heart failure for patient selection, titration, follow-up and monitoring. | | | | |

Criteria Updates

The following criteria has been updated effectively immediately:

| PRODUCT | STRENGTH | DIN | PRESCRIBER | BENEFIT STATUS | MFR |
|-----------------------------|---|----------|------------|----------------|-----|
| Jardiance (empaglifozin) | 10mg Tab | 02443937 | DNP | E (SF) | BOE |
| | 25mg Tab | 02443945 | DNP | E (SF) | BOE |
| Criteria | <ul style="list-style-type: none"> • For the treatment of Type 2 diabetes mellitus for patients with: <ul style="list-style-type: none"> ○ inadequate glycemic control on metformin and a sulfonyleurea; and ○ for whom insulin is not an option <p style="text-align: center;">OR</p> • As an adjunct to diet, exercise, and standard care therapy to reduce the incidence of cardiovascular death in patients with type 2 diabetes mellitus and established cardiovascular disease (details must be provided as per clinical note below) who have: <ul style="list-style-type: none"> ○ inadequate glycemic control despite an adequate trial of metformin <p>Clinical Notes:</p> <ul style="list-style-type: none"> • Established cardiovascular disease is defined as one of the following (details must be provided): <ul style="list-style-type: none"> ○ History of myocardial infarction (MI). ○ Multi-vessel coronary artery disease in two or more major coronary arteries (irrespective of revascularization status). ○ Single-vessel coronary artery disease with significant stenosis and either a positive non-invasive stress test or discharged from hospital with a documented diagnosis of unstable angina within 12 months prior to selection. ○ Last episode of unstable angina >2 months prior with confirmed evidence of coronary multi-vessel or single-vessel disease. ○ History of ischemic or hemorrhagic stroke. ○ Occlusive peripheral artery disease. | | | | |

| PRODUCT | STRENGTH | DIN | PRESCRIBER | BENEFIT STATUS | MFR |
|--|--|---------|------------|----------------|-----|
| Vfend and generic brands (voriconazole) | 50mg Tab | Various | DNP | E (SF) | VAR |
| | 200mg Tab | Various | DNP | E (SF) | VAR |
| Criteria | <ul style="list-style-type: none"> • For the management of invasive aspergillosis • For the treatment of culture proven invasive candidiasis with documented resistance to fluconazole <p>Claim Notes:</p> <ul style="list-style-type: none"> • Must be prescribed by a hematologist or specialist in infectious diseases or medical microbiology. • Initial requests will be approved for a maximum of 3 months. | | | | |

New Products

Effective immediately, the following new products have been added to the Nova Scotia Formulary. The benefit status within the Nova Scotia Pharmacare Programs is indicated and any existing criteria will apply.

| PRODUCT | STRENGTH | DIN | PRESCRIBER | BENEFIT STATUS | MFR |
|----------|-------------------|----------|------------|----------------|-----|
| Metoject | 7.5mg/0.15mL Inj | 02454823 | DNP | SFC | MDX |
| Metoject | 7.5mg/0.75mL Inj | 02320029 | DNP | SFC | MDX |
| Metoject | 10mg/mL Inj | 02320037 | DNP | SFC | MDX |
| Metoject | 10mg/0.2mL Inj | 02454831 | DNP | SFC | MDX |
| Metoject | 12.5mg/0.25mL Inj | 02454750 | DNP | SFC | MDX |
| Metoject | 15mg/0.3mL Inj | 02454858 | DNP | SFC | MDX |
| Metoject | 15mg/1.5mL Inj | 02320045 | DNP | SFC | MDX |
| Metoject | 17.5mg/0.35mL Inj | 02454769 | DNP | SFC | MDX |
| Metoject | 20mg/0.4mL Inj | 02454866 | DNP | SFC | MDX |
| Metoject | 22.5mg/0.45mL Inj | 02454777 | DNP | SFC | MDX |
| Metoject | 25mg/0.5mL Inj | 02454874 | DNP | SFC | MDX |

New Ostomy Products

Effective **December 1, 2018**, a number of Coloplast ostomy products were added as full benefits under the Nova Scotia Pharmacare Programs. The specific products and associated billing PINs (as per the OPINIONS website) can be found in the next update of the Nova Scotia Formulary, which will be available on the Nova Scotia Pharmacare website.

Pharmacare Reminders

2019 Payment Schedule

The 2019 Payment Schedule may be found at <https://novascotia.ca/dhw/pharmacare/documents/pharmacare-payment-schedule-2019.pdf>

Audit Guide

The key to a successful audit is to read and follow the Pharmacare Audit Guide. It can be found at https://novascotia.ca/dhw/pharmacare/documents/Pharmacare_Audit_Guide.pdf

The new Audit Guide will be coming out early in the New Year! Please be sure to watch for it as there are changes that will take effect.