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Coverage for Antiviral Therapies for Influenza-Like Illness (ILI)

Please be reminded that coverage for antiviral therapies for influenza is limited for use in long-term care (LTC) facilities when recommended by a Medical Officer of Health due to an outbreak of influenza-like or lab-confirmed influenza illness. The Department of Health and Wellness and the District Health Authority Public Health Services have guidelines in place to manage and treat outbreaks of influenza in LTC facilities. Copies of the guidelines are available from Public Health offices. For regional contact information, go to: <http://www.gov.ns.ca/DHW/about/phs-offices.asp>.

The criteria for coverage of oseltamivir (Tamiflu) and zanamivir (Relenza) under the Nova Scotia Pharmacare Programs remains as follows:

OSELTAMIVIR (*Tamiflu 30mg, 45mg, 75mg Capsule, 12mg/mL Oral Suspension*)

- for the treatment of long-term care residents with clinically suspected or lab confirmed influenza A or B. A clinically suspected case is one in which the patient meets the criteria of influenza-like illness and there is confirmation of influenza A or B circulating within the facility or surrounding community.
- for the prophylaxis of influenza A or B in long-term care residents where the facility has an outbreak.
- a protocol has been developed by Public Health for the treatment of patients in long-term care facilities. The facility must contact the Medical Officer of Health or local Public Health Office, who will notify the Pharmacare office (or dispensing pharmacy after office hours) if coverage is required.

Coverage For Antiviral Therapies for Influenza-Like Illness (ILI) continued...

ZANAMIVIR (*Relenza 5mg Powder For Inhalation*)

- for the treatment of long-term care residents with clinically suspected or lab confirmed influenza A or B, when there is documented resistance to oseltamivir or when oseltamivir is contraindicated. A clinically suspected case is one in which the patient meets the criteria of influenza-like illness and there is confirmation of influenza A or B circulating within the facility or surrounding community.
- for the prophylaxis of influenza A or B in long term care residents where the facility has an outbreak, when there is documented resistance to oseltamivir or when oseltamivir is contraindicated.
- a protocol has been developed by Public Health for the treatment of patients in long-term care facilities. The facility must contact the Medical Officer of Health or local Public Health Office, who will notify the Pharmacare office (or dispensing pharmacy after office hours) if coverage is required.

New Product

The following product is a new listing to the Nova Scotia Formulary, effective **December 22, 2011**. The benefit status within the Nova Scotia Pharmacare Programs is indicated.

PRODUCT	STRENGTH	DIN/PIN	PRESCRIBER	BENEFIT STATUS	MFR
Valisone® (Betamethasone valerate)	0.1% Scalp Lot	00027944	DNPM	SF	VAL

New Diabetic Products

The following products are new listings to the Nova Scotia Formulary, effective **December 22, 2011**. The benefit status and PRP within the Nova Scotia Pharmacare Programs is indicated.

PRODUCT	DIN/PIN	PRP	PRESCRIBER	BENEFIT STATUS	MFR
Rightest® GS100 Test Strips (50)	97799479	0.5730	DNP	SFD	BNM
Rightest® GS100 Test Strips (100)	97799478	0.5580	DNP	SFD	BNM
NovoTwist® 30g (8mm) Tip Needles	97799467		DNP	SFD	NNO
NovoTwist® 32g (5mm) Tip Needles	97799468		DNP	SFD	NNO

New Ostomy Product

The following product is a new listing to the Nova Scotia Formulary, effective **December 22, 2011**.

PRODUCT	DIN/PIN	PRODUCT NUMBER	PRESCRIBER	BENEFIT STATUS	MFR
Sensura Flex Two-Piece	95098361	11505	DNP	SFC	COL

New Exception Status Benefit

The following product was reviewed by the Cancer Systemic Therapy Policy Committee (CSTPC) and will be listed with the following criteria, effective **December 22, 2011**.

Product	Strength	DIN/PIN	Prescriber	Benefit Status	MFR
Afinitor® (everolimus)	2.5mg Tab	02369257	DNP	E(SFC)	NVR
	5mg Tab	02339501	DNP	E(SFC)	NVR
	10mg Tab	02339528	DNP	E(SFC)	NVR
Criteria	<ul style="list-style-type: none"> As a single agent for metastatic renal cell carcinoma (RCC) patients with documented clear cell histology who have a Karnofsky performance status of 70% or higher after progression or intolerance to the multi-targeted tyrosine kinase inhibitors (TKIs), sunitinib and/or sorafenib. 				
Decision Highlights	<ul style="list-style-type: none"> Everolimus (Afinitor®) has been approved as a single agent for metastatic renal cell carcinoma (RCC) in patients with documented clear cell histology who have a Karnofsky performance status of 70% or higher after progression or intolerance to the multi-targeted tyrosine kinase inhibitors, sunitinib and/or sorafenib. 				

Non-Insured Products

The following products were reviewed by the Canadian Drug Expert Committee (CDEC), and were not recommended to be listed as insured benefits under the Nova Scotia Pharmacare Programs.

Product	Strength	DIN/PIN	Prescriber	Benefit Status	MFR
BuTrans® (buprenorphine)	5 Patch	02341174	N/A	Not Insured	PFR
	10 Patch	02341212	N/A	Not Insured	PFR
	20 Patch	02341220	N/A	Not Insured	PFR
Decision Highlights	<ul style="list-style-type: none"> Buprenorphine is an opioid receptor agonist and antagonist analgesic. In the three randomized controlled trials (RCTs), buprenorphine transdermal patch did not provide statistically significantly greater reductions in pain compared with oral opioid formulations. The frequency of gastrointestinal adverse effects was similar between buprenorphine transdermal patch and the oral opioid comparators. 				

Non-insured Products continued...

Product	Strength	DIN/PIN	Prescriber	Benefit Status	MFR
Zenhale® (formoterol fumarate dihydrate/mometasone furoate)	5/50mcg Inh 5/100mcg Inh 5/200mcg Inh	02361744 02361752 02361760	N/A N/A N/A	Not Insured Not Insured Not Insured	FRS FRS FRS
Decision Highlights	<ul style="list-style-type: none"> • Zenhale® is a fixed dose combination of an inhaled corticosteroid (mometasone furoate) and a long-acting beta-agonist (LABA) (formoterol fumarate dihydrate). • The Committee considered the comparative clinical benefit of mometasone/formoterol to be uncertain. The only randomized controlled trial (RCT) designed to compare the efficacy of mometasone/formoterol with fluticasone/salmeterol in asthma (study 4705) was limited by its early termination at 12 weeks, open-label design, and a non-inferiority margin for the primary outcome that was of uncertain clinical relevance. • There are no RCTs in patients with asthma that compare the efficacy and safety of mometasone/formoterol with inhaled corticosteroid monotherapy marketed in Canada. 				
Product	Strength	DIN/PIN	Prescriber	Benefit Status	MFR
Victoza® (liraglutide)	6mg/mL Sol	02351064	N/A	Not Insured	NNO
Decision Highlights	<ul style="list-style-type: none"> • Liraglutide is an analog of human glucagon-like peptide-1, the first of a new class of hypoglycemic agents. • Based on a systemic review including six randomized controlled trials (RCTs), liraglutide demonstrated similar or greater reductions in hemoglobin A1c in combination with metformin, or with metformin and sulfonylurea, compared with antihyperglycemic agents from other drug classes. Liraglutide was also associated with statistically significant weight loss compared with other drug classes. The clinical significance of these results with respect to diabetes-related morbidity and mortality is unknown for this new class of drug therapy. • The daily cost of liraglutide (\$4.89 to \$7.34) is greater than sulfonylureas (< \$1.00), thiazolidinediones (< \$3.00), dipeptidyl peptidase-4 (DPP-4) inhibitors (< \$3.00), insulin NPH (< \$2.00), and insulin analogues (< \$3.00). 				

Non-Insured Products continued...

Product	Strength	DIN/PIN	Prescriber	Benefit Status	MFR
Nucynta CR® (tapentadol hydrochloride)	50mg Tab	02360373	N/A	Not Insured	JAN
	100mg Tab	02360381	N/A	Not Insured	JAN
	150mg Tab	02360403	N/A	Not Insured	JAN
	200mg Tab	02360411	N/A	Not Insured	JAN
	250mg Tab	02360438	N/A	Not Insured	JAN
Decision Highlights	<ul style="list-style-type: none"> • Tapentadol is a centrally acting synthetic opioid analgesic thought to act as a mu-opioid agonist and through the inhibition of norepinephrine reuptake. • The Committee considered the data from three active-controlled double blind randomized controlled trials (RCTs) to be insufficient to determine the relative efficacy of tapentadol CR compared with oxycodone CR, due to the high and unbalanced frequency of patient withdrawals (tapentadol CR range, 44% to 48%; oxycodone CR range, 60% to 65%), much of which occurred during the initial three-week titration phase. • There are no RCTs comparing tapentadol CR with less costly long-acting opioid formulations of codeine, morphine or hydromorphone. 				

Product	Strength	DIN/PIN	Prescriber	Benefit Status	MFR
Invega® Sustenna® (paliperidone palmitate)	50mg/0.5mL Inj	02354217	N/A	Not Insured	JAN
	75mg/0.75mL Inj	02354225	N/A	Not Insured	JAN
	100mg/1mL Inj	02354233	N/A	Not Insured	JAN
	150mg/1.5mL Inj	02354241	N/A	Not Insured	JAN
Decision Highlights	<ul style="list-style-type: none"> • Paliperidone palmitate is the active metabolite of risperidone. The Health Canada approved indication for paliperidone palmitate is schizophrenia. • The Committee recommended that Invega® Sustenna® not be listed due to a significant cost increase and no additional benefit to risperidone long acting injection. 				

The following product was reviewed by the Atlantic Expert Advisory Committee (AEAC) and was not recommended to be listed as an insured benefit under Nova Scotia Pharmacare Programs.

Product	Strength	DIN/PIN	Prescriber	Benefit Status	MFR
Santyl® (collagenase)	250 Unit/G Oint	02063670	N/A	Not Insured	HPT
Decision Highlights	<ul style="list-style-type: none"> • The Committee recommended that Santyl® not be listed as a benefit due to lack of well-designed studies, and availability of less costly agents. 				

PRESCRIBER CODES	BENEFIT STATUS	MANUFACTURER CODES
D - Physician / Dentist	S - Seniors' Pharmacare	VAL Valeo Pharma Inc.
N - Nurse Practitioner	F - Community Services Pharmacare	BNM Bionime USA Corp
P - Pharmacist	- Under 65-Long Term Care Pharmacare	NNO Novo Nordisk Canada Inc.
M - Midwife	- Family Pharmacare	COL Coloplast Canada
O - Prescribing Optometrist	C - Drug Assistance for Cancer Patients	NVR Novartis Pharmaceuticals Canada Inc.
	D - Diabetes Assistance Program	PFR Purdue Pharma
	E - Exception status applies	FRS Merck Canada Ltd.
		JAN Janssen-Ortho Inc.
		HPT Healthpoint Canada ULC

Nova Scotia Formulary

The Nova Scotia Formulary details which drugs and supplies are benefits under the Nova Scotia Pharmacare Programs. The Formulary is provided on our website at www.nspharmacare.ca in PDF and searchable versions.

As a result of recent changes to the Programs we are looking at our options with regard to maintaining the online formulary. We will keep you posted as our review progresses. In the event of a discrepancy between the searchable formulary and the PDF, the PDF version is the most current version.

Pharmacare News Bulletin Distribution

Beginning in early 2012, the Pharmacare News Bulletin will no longer be available in print copy. By publishing only in electronic format, Pharmacare will save on printing and distribution costs, while reducing the impact on the environment. This will apply to both the Pharmacists' Edition and the Physicians' Edition. Bulletins will be emailed to you either by your professional association or directly from Pharmacare. We encourage you to provide your association with your current email address so that you can continue to receive Pharmacare News Bulletins. All bulletins will continue to be available on our website at www.nspharmacare.ca. We will provide an effective date and more details as we finalize the process.