

# PHARMACISTS' BULLETIN

NOVA SCOTIA SENIORS' PHARMACARE PROGRAM

# PHARMACARE

NOVA SCOTIA DEPARTMENT OF COMMUNITY SERVICES

May 2009

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## MAY BULLETIN

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## PROGRAM INFORMATION

### A NEW MIDWIFERY ACT - PRESCRIBING BY MIDWIVES

A new *Midwifery Act* has come into effect which allows midwives to independently prescribe and administer medications within the midwifery scope of practice during pregnancy, labour and the post-partum period.

In terms of the Nova Scotia Pharmacare Programs, this means that some eligible benefits will be insured when prescribed by midwives. The adjudication system will be updated to allow for payment of these claims by **June 1, 2009**.

The Nova Scotia Formulary will be updated so that benefits which can be insured if prescribed by a midwife are identified with an "M" in the prescriber column. The online searchable formulary will be updated as soon as possible; the paper and PDF versions will be updated with the July 2009 edition.

Please note that the Nova Scotia Formulary will not serve as a full list of the drugs that can be prescribed by midwives; not all products they can prescribe are Pharmacare benefits. The types of prescriptions that pharmacies are most likely to see from midwives include:

- ▶ anti-inflammatories
- ▶ antibiotics
- ▶ antivirals
- ▶ antifungals, such as clotrimazole for topical use
- ▶ domperidone
- ▶ doxylamine succinate/pyridoxine for nausea
- ▶ erythromycin ophthalmic ointment
- ▶ hemorrhoidal preparations
- ▶ iron and folic acid supplements
- ▶ prostaglandins

Please note that midwives are not currently able to prescribe narcotic or controlled substances, including benzodiazepines.

## CLAIMS SUBMISSION FOR MIDWIVES PRESCRIBED BENEFITS

Prescriptions for midwife prescribed products are to be billed to the Pharmacare Programs for real-time, electronic adjudication as follows:

- Claims must have the midwife prescriber number in the Prescriber field. (Refer to the Canadian Pharmacists Association Pharmacy Claim Standard). Until individual prescribing numbers are assigned, all midwives will be assigned the prescriber number **71113**.
- Claims must be submitted in accordance with the terms and conditions of the Nova Scotia Pharmacare Tariff Agreement. Reimbursement will be in accordance with the payment rules of this Agreement.
- Claims submitted for drugs that are not eligible to be prescribed by midwives will be rejected with the message "CD" (Drug is not a benefit).

If you have any questions regarding the payment of claims for prescriptions written by midwives for Pharmacare clients, please contact the Pharmacare Office.

If you have questions regarding the new legislation or the full prescribing abilities of midwives, please contact:

- Anne Jackman, Registrar-Executive Director, Midwife Regulatory Council (424-3218);
- Marlene Wheatley, South Shore District Health Authority (634-7356);
- Jennifer West, IWK Health Center (470-7716); or
- Jan Hanifen, Guysborough Antigonish Strait Health Authority (867-4206).

### NS FORMULARY UPDATES

#### EXCEPTION STATUS CRITERIA OF NEW BENEFITS

The following products were reviewed by the Canadian Expert Drug Advisory Committee (CEDAC) and will be listed with criteria effective June 1, 2009. For further details regarding their recommendations visit <http://www.cadth.ca/index.php/en/cdr/recommendations>.

PRODUCT	DIN / PIN	STRENGTH	MFR	PRESCRIBER	STATUS
<b>Volibris®</b> (ambrisentan)	02307065 02307073	5mg Tablet 10mg Tablet	GSK	DR NP	E (SF)
CRITERIA	<ul style="list-style-type: none"> <li>• For the treatment of patients with at least Class III pulmonary arterial hypertension (PAH), either idiopathic or associated with connective tissue disease who have failed therapy with sildenafil or who have contraindications to sildenafil.</li> <li>• Diagnosis must be confirmed by right heart catheterization.</li> <li>• Request must be from a PAH specialist.</li> </ul> <p style="margin-left: 20px;">Dose limited to 10mg per day.</p>				
Decision Highlights	<ul style="list-style-type: none"> <li>• Compared to placebo, associated with reduction in clinical worsening and hospitalizations and improved quality of life in one of two RCTs; improvements in six minute walk test (50-60 meters for 10mg dose).</li> <li>• Slightly less expensive than bosentan (\$120 per day versus \$130 per day).</li> </ul>				

PRODUCT	DIN / PIN	STRENGTH	MFR	PRESCRIBER	STATUS
<b>Xarelto®</b> (rivaroxaban)	02316986	10mg Tablet	BAY	DR NP	E (SFC)
CRITERIA	<ul style="list-style-type: none"> <li>For the prophylaxis of venous thromboembolism following total knee replacement or total hip replacement, for up to two weeks, as an alternative to low molecular weight heparins.</li> </ul> <p>Dose limited to 10mg per day for up to two weeks supply only.</p>				
Decision Highlights	<ul style="list-style-type: none"> <li>Reduction in composite primary outcome of venographic deep vein thrombosis, non-fatal pulmonary embolism and all cause death compared to enoxaparin post total hip and knee replacement.</li> </ul>				

### NON-INSURED PRODUCTS

The following products were recently reviewed by the Canadian Expert Drug Advisory Committee (CEDAC) and were not recommended for funding under the Nova Scotia Pharmacare Programs. For further details regarding their recommendations visit <http://www.cadth.ca/index.php/en/cdr/recommendations>.

PRODUCT	DIN / PIN	STRENGTH	MFR	STATUS
<b>Pradox®</b> (dabigatran etexilate)	02312433 02312441	75mg Capsule 110mg Capsule	BOE BOE	Not Insured
Decision Highlights	<ul style="list-style-type: none"> <li>Non-inferiority versus enoxaparin not demonstrated in one study, wide <i>a priori</i> non-inferiority margins and wide confidence intervals observed for key analysis reduces confidence that dabigatran is non-inferior to enoxaparin.</li> </ul>			

PRODUCT	DIN / PIN	STRENGTH	MFR	STATUS
<b>Relistor®</b> (methylnaltrexone bromide)	02308215	20mg/ml Injection	WAY	Not Insured
Decision Highlights	<ul style="list-style-type: none"> <li>Used in treatment of opioid-induced constipation in patients with advanced illness receiving palliative care.</li> <li>Efficacy and cost effectiveness versus other therapies is uncertain; much more expensive than oral laxatives, suppositories or sodium phosphate enemas.</li> </ul>			