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Automation of Exception Status Requests

Certain drugs are only eligible for coverage under the Pharmacare Programs when an individual meets criteria developed by the Atlantic or Canadian Expert Drug Advisory Committees. A list of these drugs is included in the Formulary as Appendix III, and these drugs are indicated by "E" in the benefit status column of the Nova Scotia Formulary.

To request coverage, the prescriber is required to mail or fax a completed request form or letter to the Pharmacare office. Prescribers may also contact the Pharmacare office and speak directly to a pharmacist consultant to request coverage.

Changes have been made to this process to expedite the processing of certain exception status drugs. These changes will be effective October 1, 2011. The changes will allow for faster access to certain exception status drugs and mean less paperwork for prescribers to complete. The impact of the changes will be monitored and this functionality may be applied to other drugs in the future.

Adjudication Based on Claims History

Requests may be adjudicated automatically based on the Pharmacare claims history for the following drugs:

- Cabergoline (Dostinex® 0.5mg Tablet & generic brands)
- Calcipotriol (Dovonex® 50mcg/g Ointment, Cream and 50mcg/mL Scalp Solution)
- Entacapone (Comtan® 200mg Tablet)
- Finasteride (Proscar® 5mg Tablet & generic brands)
- Fluconazole (Diflucan POS® 10mg/mL)
- Levodopa and carbidopa and entacapone (Stalevo® 50mg, 75mg, 100mg, 125mg, 150mg Tablet)
- Quinagolide (Norprolac® 0.025mg, 0.05mg, 0.075mg, 0.15mg Tablet)
- Vigabatrin (Sabril® Sachet & Tablet)
- Levetiracetam (Keppra® 250mg, 500mg and 750mg Tablet & generic brands)

Automation of Exception Status Requests continued...

Claims submitted that meet the established criteria will pay; claims submitted that do not meet the criteria will be rejected with the message "CP" (Eligible for Special Authorization). If the claim is rejected, the prescriber can still submit a request to the Pharmacare office for consideration.

New Exception Status Benefits

The following products were reviewed by the Canadian Expert Drug Advisory Committee (CEDAC), and will be listed with the following criteria, effective **October 11, 2011**.

PRODUCT	STRENGTH	DIN/PIN	PRESCRIBER	BENEFIT STATUS	MFR
Uloric® (febuxostat)	80mg Tab	02357380	DNP	E(SFC)	TAK
Criteria	<ul style="list-style-type: none"> For the treatment of symptomatic gout in patients who have a documented hypersensitivity to allopurinol. 				
Decision Highlights	<ul style="list-style-type: none"> In 3 RCTs, febuxostat achieved a statistically significantly greater proportion of patients with a serum uric acid (SUA) level of less than 6mg/dL compared with allopurinol. However, the proportion of patients requiring treatment of gout flares was not statistically significantly different between febuxostat and allopurinol in two of the trials, and was statistically significantly greater for febuxostat compared with allopurinol in one trial. The cost of febuxostat is greater than allopurinol. Febuxostat and allopurinol have a similar mechanism of action; thus, febuxostat was not considered to be a useful alternative for patients inadequately treated with allopurinol. 				

New Exception Status Benefits continued...

Product	Strength	DIN/PIN	Prescriber	Benefit Status	MFR
Januvia® (sitagliptin)	100mg Tab	02303922	DNP	E(SFD)	FRS
Criteria	<ul style="list-style-type: none"> For treatment of Type II diabetes in patients who have: <ul style="list-style-type: none"> inadequate glycemic control on optimal doses of sulfonylurea and metformin; or demonstrated intolerance or contraindication to metformin and are on optimal doses of sulfonylurea; or demonstrated intolerance or contraindication to sulfonylurea and are on optimal doses of metformin; patients must have a recent A1C of <10% unless insulin therapy is inappropriate for the patient. Duration of initial approval will be 6 months; further coverage will require demonstrated evidence of efficacy (a reduction of A1C of 0.7 observed to continue coverage) 				
Janumet® (sitagliptin/metformin)	50/500mg Tab	02333856	DNP	E(SFD)	FRS
	50/850mg Tab	02333864	DNP	E(SFD)	FRS
	50/1000mg Tab	02333872	DNP	E(SFD)	FRS
Criteria	<ul style="list-style-type: none"> For combination treatment of type 2 diabetes mellitus for patients already stabilized on combination treatment with the individual components of metformin and sitagliptin. 				
Decision Highlights	<ul style="list-style-type: none"> In one double-blind RCT, patients with inadequate glycemic control on a sulfonylurea plus metformin who had sitagliptin added on to therapy, had statistically significant greater reductions in hemoglobin A1C, fasting plasma glucose, and 2-hour post-prandial glucose compared with patients who had placebo added on to therapy. A CADTH Therapeutic Review Panel recommended that insulin NPH is the preferred therapy for patients with an inadequate response on metformin and a sulfonylurea. However, both the Panel and CEDAC also recognized that insulin may not be an option for all patients. 				

Non-Insured Products

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

Product	Strength	DIN/PIN	Prescriber	Benefit Status	MFR
Celsentri® (maraviroc)	150mg Tab	02299844	N/A	Not Insured	VIV
	300mg Tab	02299852	N/A	Not Insured	VIV
Decision Highlights	<ul style="list-style-type: none"> Maraviroc is currently funded for treatment-experienced patients through the Exception Drug Fund administered by the Capital District Health Authority. This review focused on its use in treatment-naïve patients. In one double-blind RCT in HIV-1 patients who were treatment naïve, non-inferiority of maraviroc compared with efavirenz was not demonstrated. There are many efficacious agents indicated for use in patients with HIV-1 who are treatment naïve. 				

Pharmacare Reimbursement

Drug Costs Billed to the Pharmacare Programs and Collection of Costs from Beneficiaries

The Tariff Agreement determines the **maximum** professional fees, allowable mark-ups and definitions of the costs that providers are reimbursed for prescriptions covered under the Pharmacare Programs. For a copy of the Tariff Agreement, see Appendix 1 of the Pharmacists' Guide. Clause 5.0 of the Tariff Agreement requires providers to collect copayments and deductibles applicable to the Programs as well as any amount that exceeds the PRP. Clause 5.0 also prohibits providers from collecting any other amounts – this includes amounts that exceed the MLP or MRP. Note there is one exception for MRP as indicated below.

- **Manufacturers List Price (MLP):** the published price at which a drug or device is sold to a provider or wholesaler and it does not include any mark-up for distribution.
- **Maximum Reimbursable Price (MRP):** the maximum cost at which a benefit is reimbursed to a provider or beneficiary for a category of interchangeable products.

***Providers shall not charge the patient any amount that exceeds the MRP reimbursed by the Pharmacare Programs, unless the patient requests a higher priced drug. If the beneficiary requests the higher priced drug, the extra cost is not counted toward their annual maximum copayment or annual maximum deductible.*

- **Pharmacare Reimbursement Price (PRP):** the maximum amount the Program reimburses providers or beneficiaries for one unit of drug, supply, or service. A PRP is assigned to each of the following:
 - Certain groups of drugs that are similar in therapeutic effect
 - Specific services for which coverage is established
 - Certain unit dose and special delivery formats that are also available in less expensive bulk formats; and
 - Certain different supplies that are used for the same function.

DRUG COST	CHARGE COST DIFFERENCE TO PATIENT
MLP	NO
MRP	NO
PRP	YES

Transition Fees for the Period of September 1, 2011 to December 31, 2011

According to Section 6 of the Tariff Agreement, the provider is entitled to bill a transition fee up to \$0.10 per prescription. Transition fees are to be submitted with the dispensing fee. There will be no retroactive payment of transition fees.

Pharmacare Contact Information

We have received feedback from providers that they are often unsure who to contact when they have questions regarding program eligibility, pricing, benefit status and other information that relates to the Pharmacare Programs. Providers are reminded that program information can be found on our website at www.nspharmacare.ca, and that any questions regarding the Pharmacare Programs should be directed to the following numbers, which are staffed Monday to Friday from 8am to 5pm:

Nova Scotia Seniors' Pharmacare Program Local Calls: 429-6565 or 496-7002 Toll Free: 1-800-544-6191	Nova Scotia Family Pharmacare Program Local Calls: 496-5667 Toll Free: 1-877-330-0323
Pharmacare Inquiries regarding claims, benefits, eligibility and exception status drugs Local calls: 496-7001 Toll Free: 1-800-305-5026	Drug Assistance for Cancer Patients Local Calls: 496-7001 Toll Free: 1-800-305-5026
Under 65 – LTC Pharmacare Plan Local Calls: 496-7001 Toll Free: 1-800-305-5026	Pharmacare Audit Local Calls: 496-7030, 496-7122, 496-7511 Toll Free: 1-800-563-8880

Community Services Contact Information

Nova Scotia Department of Community Services Toll Free: 1-877-424-1177	Low Income Pharmacare for Children Local Calls: 424-1269 Toll Free: 1-866-424-1269
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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.

New Prescribers

NURSE PRACTITIONERS	PRESCRIBER #	NURSE PRACTITIONERS	PRESCRIBER #
Clare Mary Elizabeth MacEachern	724720	Melissa Stoddart	731062