

PHARMACY *update*

JUNE 2017

OXYCODONE CR POLICY

Effective **May 1, 2017**, GSC made a decision to remove from its list of reimbursed drugs non-abuse-deterrent formulations of opioids for which there is an abuse-deterrent alternative available. This means that patients requiring a long-release formulation of oxycodone no longer have coverage for the generic version of oxycodone controlled release (CR) but instead will have access to the abuse-deterrent formulation known as OxyNEO®. Patients taking a generic version of oxycodone CR were notified in April 2017 and grandfathered for a period of two months ending June 30, 2017, to give them the opportunity to switch to an abuse-deterrent version of the product. Beginning July 1, 2017, claims for generic versions of oxycodone CR will be rejected.

This change reflects the coverage provided by most provincial drug plans. With opioid misuse and abuse expanding across Canada, and now at crisis proportions, GSC will continue to review our existing narcotic policies, so stay tuned for future announcements.

EXTEMPORANEOUS COMPOUND POLICY

In the past few years, federal drug schedule changes have been made to hydrocortisone. GSC has reviewed these changes and is making a corresponding change to the extemporaneous compound policy. Effective **August 1, 2017**, hydrocortisone powder will no longer be an eligible ingredient when used in a topical extemporaneous compound.

VICTOZA® (LIRAGLUTIDE) FOR DIABETES

We would like to remind you that, according to the Health Canada monograph for Victoza (liraglutide), the maximum dose of Victoza (liraglutide) for the treatment of adults with type 2 diabetes is 1.8mg per day. GSC will allow patients to claim for a maximum of 10 pens for a 100-day supply. Off-label use of Victoza (liraglutide) for chronic weight management in adult patients is not eligible for reimbursement under GSC plans.

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