

PharmacareNEWS

inside

Nova Scotia Formulary Updates

New Exception Status Benefit

- Vyalev (foslevodopa-foscarbidopa)

Criteria Updates

- Nucala (mepolizumab)
- Vfend (voriconazole) and generics

New Products

Nova Scotia Formulary Updates

New Exception Status Benefit

The following new product has been listed with the following criteria, effective **August 1, 2024**.

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Vyalev (foslevodopa-foscarbidopa)	240mg/12mg/mL SC Sol	02537702	DNP	E (SF)	ABV
Criteria	For the treatment of patients with advanced levodopa-responsive Parkinson disease (PD) who meet all of the following criteria: <ul style="list-style-type: none">• Experiences severe disability associated with at least 25% of the waking day in the off state and/or ongoing, bothersome levodopa-induced dyskinesias, despite having tried frequent dosing of levodopa (at least five doses per day).• Have received an adequate trial of maximally tolerated doses of levodopa, with previously demonstrated clinical response.• Have failed an adequate trial of the following adjunctive medications, if not contraindicated and/or contrary to the clinical judgment of prescriber: maximally tolerated doses of levodopa in combination with carbidopa, a COMT inhibitor, a dopamine agonist, a MAO-B inhibitor, and amantadine.• Must be able to administer the medication and correctly use the delivery system. Alternatively, trained personnel or a care partner must be available to perform these tasks reliably. Exclusion Criteria: <ul style="list-style-type: none">• Patients with severe psychosis or severe dementia.				

New Exception Status Benefit Continued...

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Vyalev (foslevodopa-foscarbidopa)	240mg/12mg/mL SC Sol	02537702	DNP	E (SF)	ABV
Criteria	<p>Renewal:</p> <ul style="list-style-type: none"> Patients continue to demonstrate a significant reduction in the time spent in the off state and/or in ongoing levodopa-induced dyskinesias, along with an improvement in the related disability. <p>Claim Note:</p> <ul style="list-style-type: none"> Must be prescribed by neurologists who are movement disorder subspecialists or who have expertise in managing advanced PD. Approval period: 1 year 				

Criteria Updates

The following new indication has been added to existing criteria effective **August 1, 2024**.

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Nucala (mepolizumab)	100mg/mL Prefilled Autoinjector	02492989	DNP	E (SF)	GSK
	100mg/mL Prefilled Syringe	02492997	DNP	E (SF)	GSK
Criteria	<p>For the treatment of patients with severe chronic rhinosinusitis with nasal polyps (CRSwNP) who meet all of the following criteria:</p> <ul style="list-style-type: none"> have endoscopically or CT-documented bilateral nasal polyps, and have undergone at least 1 prior surgical intervention for nasal polyps or have a contraindication to surgery, and are tolerant and able to continue use of inhaled nasal corticosteroids but have refractory symptoms despite use of inhaled corticosteroids for 3 months at maximally tolerated doses. <p>Renewal Criteria:</p> <ul style="list-style-type: none"> Requests for renewal must exhibit a clinically meaningful response defined as: <ul style="list-style-type: none"> a decrease of 8.9 points or greater on the Sino-nasal Outcome Test (SNOT-22) relative to their baseline score, or a decrease of 1 point or greater on the endoscopic Nasal Polyp Score (NPS) relative to their baseline score. <p>Clinical Notes:</p> <ul style="list-style-type: none"> A baseline and annual SNOT-22 or endoscopic NPS must be provided. Patients should be assessed for a response to mepolizumab every 12 months. 				

Criteria Updates Continued...

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Nucala (mepolizumab)	100mg/mL Prefilled Autoinjector	02492989	DNP	E (SF)	GSK
	100mg/mL Prefilled Syringe	02492997	DNP	E (SF)	GSK
Criteria	<ul style="list-style-type: none"> Maximum dose approved: 100mg every 4 weeks Renewal Approval: 12 months. <p>Claim Notes:</p> <ul style="list-style-type: none"> Must be prescribed by an otolaryngologist, allergist or respirologist with expertise in managing severe CRSwNP 				

The following criteria has been updated to include criteria codes effective **August 1, 2024**.

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Vfend and generics (voriconazole)	50mg Tab	Various	DNP	E (SFC)	VAR
	200mg Tab	Various	DNP	E (SFC)	VAR
Criteria	<ul style="list-style-type: none"> For the management of invasive aspergillosis [Criteria Code 01] For the treatment of culture proven invasive candidiasis with documented resistance to fluconazole [Criteria Code 02] <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 **August 1, 2024**, the following products have been added to the Nova Scotia Formulary.

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Potassium Chloride	100mg/mL Liq	Various	DNP	SFC	VAR

Legend

PRESCRIBER CODES	BENEFIT STATUS	MANUFACTURER CODES
D - Physician / Dentist	S - Seniors' Pharmacare	ABV - AbbVie Corporation
N - Nurse Practitioner	F - Community Services Pharmacare	GSK - GlaxoSmithKline Inc.
P - Pharmacist	- Family Pharmacare	VAR - <i>various manufacturers</i>
M - Midwife	C - Drug Assistance for Cancer Patients	
O - Optometrist	D - Diabetes Assistance Program	
	E - Exception status applies	
	G - Sensor-based Glucose Monitoring Program	