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PHARMACY EDITION

NOVA SCOTIA

PharmacareNEWS

inside

Nova Scotia Formulary Updates

Criteria Updates

The following criteria has been updated effective **November 1, 2024** and applies to the following new and existing products.

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Maviret	100mg/40mg Tab	02467550	DNP	E (SF)	ABV
(glecaprevir/ pibrentasvir)	50mg/20mg Sachet	02522470	DNP	E (F)	ABV

Criteria

- For treatment-naïve or treatment-experienced patients aged 3 and older with chronic hepatitis C virus (HCV) with a confirmed quantitative HCV RNA value within the last 12 months.

Genotypes 1, 2, 3, 4, 5 or 6 • Treatment-naïve	8 weeks
Genotypes 1, 2, 4, 5 or 6 • Treatment-experienced with regimens containing peginterferon/ribavirin (PR) and/or sofosbuvir (SOF)	8 weeks (12 weeks with cirrhosis)
Genotype 1 • NS5A inhibitor treatment-naïve and treatment-experienced with regimens containing: - Boceprevir/PR; or - Simeprevir (SMV)/SOF; or - SMV/PR; or - Telaprevir/PR	12 weeks

Criteria Updates Continued…

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Maviret	100mg/40mg Tab	02467550	DNP	E (SF)	ABV
(glecaprevir/ pibrentasvir)	50mg/20mg Sachet	02522470	DNP	E (F)	ABV

Criteria

Genotype 1 • NS3/4A inhibitor treatment-naïve and treatment-experienced with regimens containing: - Daclatasvir (DCV)/SOF; or - DCV/PR; or - Ledipasvir/SOF	16 weeks
Genotype 3 • Treatment-experienced with regimens containing PR and/or SOF	16 weeks

The following information is also required:

- Lab-confirmed hepatitis C genotype 1, 2, 3, 4, 5 or 6
- Quantitative HCV RNA value within the last 6 months

Claim Notes:

- Must be prescribed by a hepatologist, gastroenterologist, or infectious disease specialist (or other physician experienced in treating a patient with hepatitis C infection).
- Sachets will only be considered for pediatric patients 3 years of age and older weighing between 12 kg and 45 kg.
- Claims that exceed the maximum claim amount of $9,999.99 must be divided and submitted as separate transactions using the following PINs:
  - 100mg/40mg Tablet
    - 00904394
    - 00904395
  - 50mg/20mg Sachet
    - 00904885
- Claims will be limited to a 28-day supply.
- **[Criteria Code 34]** has been added to allow payment of a patient's initial 28 day supply only. Criteria code 34 should be provided by the prescribing phycisian only.

Criteria Updates Continued…

The following criteria has been updated and will replace existing criteria effective **November 1, 2024.**

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Cabometyx (cabozantinib)	20mg Tab	02480824	DNP	E (SFC)	IPS
	40mg Tab	02480832	DNP	E (SFC)	IPS
	60mg Tab	02480840	DNP	E (SFC)	IPS

Criteria

Advanced or Metastatic Renal Cell Carcinoma

For the treatment of patients with advanced (not amenable to curative surgery or radiation therapy) or metastatic renal cell carcinoma when used as:

- First-line therapy in combination with nivolumab
- Second-line monotherapy following disease progression on:
  - vascular endothelial growth factor receptor (VEGFR) tyrosine kinase inhibitor (TKI) (i.e., sunitinib or pazopanib); or
  - pembrolizumab in combination with either axitinib or lenvatinib
- Third-line monotherapy following disease progression on:
  - first-line VEGFR TKI (i.e., sunitinib or pazopanib) and second-line nivolumab monotherapy; or
  - first-line nivolumab in combination with ipilimumab and second-line VEGFR TKI (i.e., sunitinib or pazopanib)

Clinical Notes:

- Patients should have a good performance status.
- Treatment should continue until disease progression or unacceptable toxicity.
- No active CNS metastases (eligible if treated/stable).
- Patients treated with immunotherapy in the adjuvant setting will be eligible for nivolumab in combination with cabozantinib provided that there has been a 6-month interval between the completion of immunotherapy and metastatic disease.
- Sequential use of axitinib (as monotherapy) and cabozantinib is not permitted except in the case of intolerance or contraindication.

Criteria Updates Continued…

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Inlyta	1mg Tab	02389630	DNP	E (SFC)	PFI
(axitinib)	5mg Tab	02389649	DNP	E (SFC)	PFI

Criteria	**Advanced or Metastatic Renal Cell Carcinoma**
	For the treatment of patients with advanced (not amenable to curative surgery or radiation therapy) or metastatic renal cell carcinoma when used as:
	• First-line therapy in combination with pembrolizumab
	• Second-line monotherapy following disease progression on:
	  ○ vascular endothelial growth factor receptor (VEGFR) tyrosine kinase inhibitor (TKI) (i.e., sunitinib or pazopanib); or
	  ○ pembrolizumab in combination with lenvatinib or nivolumab in combination with cabozantinib
	• Third-line monotherapy following disease progression on:
	  ○ first-line nivolumab in combination with ipilimumab and second-line VEGFR TKI (i.e., sunitinib or pazopanib)
	
	Clinical Notes:
	• Patients should have a good performance status.
	• Treatment should continue until disease progression or unacceptable toxicity.
	• Patients treated with immunotherapy in the adjuvant setting will be eligible for pembrolizumab in combination with axitinib provided that there has been a 6-month interval between the completion of immunotherapy and metastatic disease.
	• Requests for axitinib will not be considered for patients who experience disease progression on cabozantinib monotherapy, nivolumab monotherapy, or everolimus.				

Criteria Updates Continued…

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Lenvima (lenvatinib)	Various	Various	DNP	E (SFC)	EIS
Criteria	**Advanced or Metastatic Renal Cell Carcinoma** In combination with pembrolizumab for the treatment of adult patients with advanced (not amenable to curative surgery or radiation therapy) or metastatic renal cell carcinoma who have not had prior systemic therapy for metastatic disease. **Clinical Notes:** • Patients should have a good performance status. • Treatment should continue until disease progression or unacceptable toxicity (can be continued as monotherapy after completing 2 years of combination therapy with pembrolizumab). • If pembrolizumab or lenvatinib is discontinued for toxicity, the other agent can be continued at the discretion of the physician. • Patients treated with immunotherapy in the adjuvant setting will be eligible provided that there has been a 6-month interval between the completion of immunotherapy and metastatic disease. • If patient requires and qualifies for re-treatment with pembrolizumab, lenvatinib may also be given at the discretion of the treating physician. • Funding is limited to one line of immunotherapy for patients with advanced or metastatic RCC.				

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Qulipta (atogepant)	10mg Tab	02533979	DNP	E (SF)	ABV
	30mg Tab	02533987	DNP	E (SF)	ABV
	60mg Tab	02533995	DNP	E (SF)	ABV
Criteria	**Initiation:** For the treatment of patients with episodic[1] or chronic migraine[2], who have experienced an inadequate response, intolerance, or contraindication to at least two oral prophylactic migraine medications of different classes. **Renewal:** • Proof of beneficial clinical effect, defined as a reduction of at least 50% in the average number of migraine days per month at the time of first renewal compared with baseline. • For subsequent renewals, proof that the initial 50% reduction in the average number of migraine days per month has been maintained.				

Criteria Updates Continued…

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Qulipta (atogepant)	10mg Tab	02533979	DNP	E (SF)	ABV
	30mg Tab	02533987	DNP	E (SF)	ABV
	60mg Tab	02533995	DNP	E (SF)	ABV
Criteria	**Clinical Notes:** • Baseline number of headache and migraine days per month must be provided at the time of initial request. • [1]Episodic migraine: migraine headaches on at least 4 days per month and less than 15 headache days per month for more than 3 months. • [2]Chronic migraine: headaches for at least 15 days per month for more than 3 months of which at least eight days per month are with migraine. **Claim Notes:** • Initial approval: 6 months • Renewal approval: 1 year • Must be prescribed by a physician who has experience in the management of migraine headaches.				

Change in Benefit Status

Effective **November 1, 2024,** the following products will move to full benefit and no longer require exception status approval.

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Azithromycin	250mg Tab	Various	DNP	SFC	VAR
Azithromycin	100mg/5mL Susp	Various	DNP	SFC	VAR
Azithromycin	200 mg/5mL Susp	Various	DNP	SFC	VAR