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PHARMACISTS' EDITION

NOVA SCOTIA

PharmacareNEWS

inside

Nova Scotia Formulary Updates

New Form for Oral Diabetes Treatments

The request form for oral diabetes agents has been revised to provide clarity to coverage parameters, in particular when insulin is not an option. The new form also requires that prescribers provide the patient's most recent A1C.

The request form for second line therapy for patients at high cardiovascular risk remains the same.

The new form can found at the following link:
https://novascotia.ca/dhw/pharmacare/exception-status-drugs.asp

New Exception Status Benefits

The following products have been listed with the following criteria, effective **immediately**.

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Cubicin RF (Daptomycin)	500mg/ 10mL Single-Use Vial	02465493	DNP	E (SFC)	SNV
Criteria	• For the treatment of patients with resistant gram-positive infections, including methicillin-resistant Staphylococcus aureus (MRSA) who failed to respond, or have a contraindication or intolerance to vancomycin, or for whom IV vancomycin is not appropriate. **Clinical Note:** • Daptomycin is inhibited by pulmonary surfactant and should not be used to treat respiratory tract infections. **Claim Note:** • Must be prescribed by, or in consultation with, an infectious disease specialist or medical microbiologist.				

New Exception Status Benefits Continued…

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Duodopa (levodopa/ carbidopa)	20mg/5mg Intestinal Gel Cassettes	02292165	DNP	E (SF)	ABV

Criteria	• For the treatment of patients with advanced levodopa-responsive Parkinson's Disease (PD) who meet all of the following criteria:
	  ○ Experiences severe disability with at least 25% of the waking day in the off state and/or ongoing 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 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: entacapone, a dopamine agonist, a monoamine oxidase-B (MAO-B) inhibitor and amantadine.
	  ○ Must be able to administer the medication and care for the administration port and infusion pump. Alternatively, trained personnel or a care partner must be available to perform these tasks reliably.
	Exclusion Criteria:
	• Patients with a contraindication to the insertion of a PEG-J tube.
	• Patients with severe psychosis or dementia.
	Renewal Criteria:
	• Patients continue to demonstrate a significant reduction in the time spent in the off state and/or in ongoing levodopa-induced dyskinesias, along with and an improvement in the related disability.
	Clinical Note:
	• Time in the off state, frequency of motor fluctuations, and severity of associated disability should be assessed by a movement disorder subspecialist and be based on an adequate and reliable account from longitudinal specialist care, clinical interview of a patient and/or care partner, or motor symptom diary.
	Claim Notes:
	• Must be prescribed by a movement disorder subspecialist who has appropriate training in the use of Duodopa and is practicing in a movement disorder clinic that provides ongoing management and support for patients receiving treatment with Duodopa.
	• Approval period: 1 year.				

New Exception Status Benefits Continued…

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Glatect (glatiramer acetate)	20mg Pre-Filled Syringe	02460661	DNP	E (SF)	PDP
Criteria	**For glatiramer acetate-naïve patients whose glatiramer acetate therapy is initiated after April 1, 2020, the Glatect brand will be the product approved.** Prescribed by a neurologist with experience in the treatment of multiple sclerosis for patients who meet the following criteria: **Treatment Initiation:** • Diagnosis of Multiple Sclerosis with a relapsing course*: o Includes relapsing-remitting MS and secondary progressive MS with clear superimposed relapses; o Does not include primary progressive MS, progressive-relapsing or secondary progressive MS without relapses; and o Disability judged to be equivalent to Expanded Disability Status Score (EDSS) of 5.5 or less (exceptions are permitted in special cases). **Renewal:** • EDSS not greater than 6.0 for at least 12 months in the absence of relapses. • Patients must be assessed for compliance and for any therapy related side effects that are intolerable. **Exclusions:** • Concurrent illness likely to alter compliance or substantially reduce life expectancy * Relapsing course is defined as evidence of one relapse in the past 18 months or two relapses in the past 3 years.				

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Tygacil (tigecycline)	50mg Vial	02285401	DNP	E (SFC)	PFI
Criteria	• For the treatment of patients with multi-drug resistant infections when alternative agents are not an option. **Claim Note:** • Must be prescribed by, or in consultation with, an infectious disease specialist or medical microbiologist.				

New Exception Status Benefits Continued…

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Zerbaxa (ceftolozane/ tazobactam)	1g/0.5g Vial	02446901	DNP	E (SFC)	FRS
Criteria	• For the treatment of patients with multidrug-resistant gram-negative infections, specifically caused by extended spectrum beta lactamase (ESBL)-producing Enterobacteriaceae and multidrug-resistant Pseudomonas aeruginosa when alternative agents are not an option. **Claim Notes:** • Must be prescribed by, or in consultation with, an infectious disease specialist or medical microbiologist.				

New Products

Effective **immediately,** the following new products have been added to the Nova Scotia Formulary. The benefit status within the Pharmacare Programs is indicated.

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
AmBisome	50mg/Vial	02241630	DNP	SFC	GIL
Cancidas IV	50mg Pwd for Inj	02244265	DNP	SFC	FRS
Cancidas IV	70mg Pwd for Inj	02244266	DNP	SFC	FRS
Fulvestant	50mg/mL	Various	DNP	SFC	VAR
pms-Fluoxetine	40mg Cap	02464640	DNP	SFC	PMS
pms-Fluoxetine	60mg Cap	02464659	DNP	SFC	PMS