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PHARMACISTS' EDITION

NOVA SCOTIA

PharmacareNEWS

inside

Nova Scotia Formulary Updates

New Exception Status Benefits

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

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Alunbrig (brigatinib)	30mg Tab	02479206	DNP	E (SFC)	TAK
	90mg Tab	02479214	DNP	E (SFC)	TAK
	180mg Tab	02479222	DNP	E (SFC)	TAK
	Initiation Pack	02479230	DNP	E (SFC)	TAK

Criteria

Locally Advanced or Metastatic Non-Small Cell Lung Cancer

- For the first line treatment of patients with locally advanced or metastatic anaplastic lymphoma kinase (ALK) positive non-small cell lung cancer (NSCLC).

Clinical Notes:

- Patients should have a good performance status and treatment should be continued until disease progression or unacceptable toxicity.
- Patients are not eligible for subsequent ALK inhibitor therapy following disease progression on brigatinib.
- Patients may be switched to an alternate ALK inhibitor in the case of intolerance without disease progression.

Claim Notes:

- Claims that exceed the maximum claim amount of $9,999.99 must be divided and submitted as separate transactions using the DIN first and then the following PINs:
  - Alunbrig 30mg Tab – 00904758
  - Alunbrig 90mg Tab – 00904759
  - Alunbrig 180mg Tab – 00904760
  - Alunbrig Initiation Pack – 00904761

New Exception Status Benefits Continued…

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Ilumya (tildrakizumab)	100 mg/mL Prefilled Syringe	02516098	DNP	E (SF)	SUN

Criteria	• For patients with severe, debilitating chronic plaque psoriasis who meet all of the following:
	  ○ Body surface area (BSA) involvement of >10% and/or significant involvement of the face, hands, feet or genitals;
	  ○ Failure to, contraindication to or intolerant of methotrexate and cyclosporine;
	  ○ Failure to, intolerant of or unable to access phototherapy;
	  ○ Written request of a dermatologist or prescriber with a specialty in dermatology.
	• Continued coverage is dependent on evidence of improvement, specifically:
	  ○ A >75% reduction in the Psoriasis Area and Severity Index (PASI) score; or
	  ○ A >50% reduction in PASI with a > 5 point improvement in DLQI (Dermatology Life Quality Index); or
	  ○ Significant reduction in BSA involved, with consideration of important regions such as the face, hands, feet or genitals.
	Clinical Note:
	• Treatment should be discontinued if a response has not been demonstrated after 16 weeks.
	Claim Notes:
	• Concurrent use of biologics not approved.
	• Approvals will be for 100 mg by subcutaneous injection at week 0, week 4, and every 12 weeks thereafter.
	• Initial approval period: 16 weeks
	• Renewal approval period: 1 year				

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Yuflyma (adalimumab)	40mg/0.4mL Prefilled Pen	02523779	DNP	E (SF)	CTL
Criteria	• Please refer to the Pharmacare Formulary (https://novascotia.ca/dhw/pharmacare/formulary.asp) for the adalimumab criteria.				

New Exception Status Benefits Continued…

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Verkazia (cyclosporine)	0.1% Ophthalmic Emulsion	02484137	DNP	E (F)	SNN

Criteria	• For the treatment of pediatric patients between the age of 4 and 18 years of age with severe vernal keratoconjunctivitis (VKC) who meet the following criteria:
	  ○ Grade 3 (severe) or 4 (very severe) on the Bonini scale, or
	  ○ Grade 4 (marked) or 5 (severe) on the modified Oxford scale.
	Discontinuation Criteria:
	• Treatment should be discontinued if no improvement in signs and symptoms of VKC is observed, or
	• Treatment should be discontinued if signs and symptoms of VKC have resolved.
	Clinical Notes:
	• Documentation of the severity of signs and symptoms of VKC at treatment initiation and renewal must be provided.
	• Patients previously treated with cyclosporine 0.1% but who discontinued treatment upon resolution of VKC signs and symptoms are eligible to reinitiate treatment if signs and symptoms of severe VKC recur and they meet the initiation criteria.
	Claim Notes:
	• The patient must be under the care of a physician experienced in the diagnosis and management of VKC.
	• Initial approval period: 6 months.
	• Renewal approval period: 1 year				

New Benefits

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

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Skyrizi	150mg/mL Prefilled Syringe	02519283	DNP	E (SF)	ABV
Skyrizi	150mg/mL Prefilled Pen	02519291	DNP	E (SF)	ABV