OCTOBER 2020 • VOLUME 20-12
PHARMACISTS' EDITION

NOVA SCOTIA

PharmacareNEWS

inside

Nova Scotia Formulary Updates

New Exception Status Benefits
- Ozempic (semaglutide)
- Humira (adalimumab)
- Riximyo (rituximab)
- Ruxience (rituximab)
- Velphoro (sucroferric oxyhydroxide)
- Vyvanse (lisdexamfetamine dimesylate)

Criteria Updates
- Ibrance (palbociclib)
- Kisqali (ribociclib)

Notification of Fibristal Delisting

New Benefit – US-Labelled Sublocade

Nova Scotia Formulary Updates

New Exception Status Benefits

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

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Ozempic (semaglutide)	2mg/1.5mL Pre-Filled Pen	02471477	DNP	E (SF)	NNO
	4mg/3mL Pre-Filled Pen	02471469	DNP	E (SF)	NNO
Criteria	• For the treatment of type 2 diabetes in combination with metformin and a sulfonylurea, when diet and exercise plus dual therapy with metformin and a sulfonylurea do not achieve adequate glycemic control.				

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Humira (adalimumab)	20mg/0.2mL Pre-Filled Syringe	02474263	DNP	E (SF)	ABV
Criteria	• For the treatment of polyarticular juvenile idiopathic arthritis (pJIA) with the following criteria: ○ For patients aged 4-17 years with moderate or severe pJIA who have had an inadequate response to one or more disease-modifying anti-rheumatic drugs (DMARDs); and ○ Treatment must be initiated by a rheumatologist who is familiar with the use of DMARDs and/or biologic DMARDs in children.				

New Exception Status Benefits Continued…

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Riximyo (rituximab)	10mg/mL Vial	02498316	DNP	E (SF)	SDZ
Criteria	• For the treatment of adult patients with severe active rheumatoid arthritis who have failed to respond to an adequate trial with an anti-TNF agent. • Cannot be used concomitantly with anti-TNF agents. • Written request from a rheumatologist or prescriber with a specialty in rheumatology. • Approval for re-treatment with rituximab will only be considered for patients who have achieved a response, followed by a subsequent loss of effect and, after an interval of no less than six months from the previous dose. **For rituximab-naïve patients whose rituximab therapy is initiated after November 1, 2020, a rituximab biosimilar will be the product approved.**				

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Ruxience (rituximab)	10mg/mL Vial	02495724	DNP	E (SF)	PFI
Criteria	• For the treatment of adult patients with severe active rheumatoid arthritis who have failed to respond to an adequate trial with an anti-TNF agent. • Cannot be used concomitantly with anti-TNF agents. • Written request from a rheumatologist or prescriber with a specialty in rheumatology. • Approval for re-treatment with rituximab will only be considered for patients who have achieved a response, followed by a subsequent loss of effect and, after an interval of no less than six months from the previous dose. • For the induction of remission in patients with severely active granulomatosis with polyangiitis (GPA) or microscopic polyangiitis (MPA) who have severe intolerance or other contraindication to cyclophosphamide, or who have failed an adequate trial of cyclophosphamide **For rituximab-naïve patients whose rituximab therapy is initiated after November 1, 2020, a rituximab biosimilar will be the product approved.**				

New Exception Status Benefits Continued…

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Velphoro (sucroferric oxyhydroxide)	500mg Tab	02471574	DNP	E (SF)	OTS
Criteria	• For the treatment of hyperphosphatemia (>1.8 mmol/L) in patients with end-stage renal disease (eGFR < 15 mL/min) who have: o Inadequate control of phosphate levels on a calcium based phosphate binder, OR o Hypercalcemia (corrected for albumin), OR o Calciphylaxis (calcific arteriolopathy) **Claim Notes:** • Must be prescribed by a nephrologist or other prescriber within the Provincial Dialysis Program. • Initial Approval: 6 months. • Renewal Approval: 1 year. Confirmation of improvement of phosphate levels is required (lab values must be provided).				

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Vyvanse (lisdexamfeta-mine dimesylate)	10mg Chewtab	02490226	DNP	E (SF)	TAK
	20mg Chewtab	02490234	DNP	E (SF)	TAK
	30mg Chewtab	02490242	DNP	E (SF)	TAK
	40mg Chewtab	02490250	DNP	E (SF)	TAK
	50mg Chewtab	02490269	DNP	E (SF)	TAK
	60mg Chewtab	02490277	DNP	E (SF)	TAK
Criteria	• For the treatment of Attention Deficit Hyperactivity Disorder (ADHD) in patients who: o demonstrate significant and problematic disruptive behaviour or who have problems with inattention that interfere with learning; and o have been tried on methylphenidate (immediate release or long-acting formulation) or dexamphetamine with unsatisfactory results. **Notes:** • Requests will be considered from prescribers with expertise in ADHD. • The maximum dose reimbursed is 60mg daily.				

Criteria Updates

The following criteria has been added to existing criteria **effective immediately.**

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Ibrance (palbociclib)	75mg Cap	02453150	DNP	E (SFC)	PFI
	100mg Cap	02453169	DNP	E (SFC)	PFI
	125mg Cap	02453177	DNP	E (SFC)	PFI
	75 mg Tab	02493535	DNP	E (SFC)	PFI
	100mg Tab	02493543	DNP	E (SFC)	PFI
	125mg Tab	02493551	DNP	E (SFC)	PFI
Criteria	• In combination with fulvestrant for the treatment of patients with hormone receptor (HR) positive, HER 2 negative advanced or metastatic breast cancer, as initial endocrine-based therapy or following disease progression. Patients may have also received up to one prior line of chemotherapy for advanced disease. Patients should have a good performance status, without active or uncontrolled metastases to the central nervous system and can be of any menopausal status (Perimenopausal and premenopausal women must be treated with an LHRH agonist). **Clinical Notes:** • Treatment should continue until unacceptable toxicity or disease progression. • Patients who progress ≤ 12 months from (neo)adjuvant therapy are eligible for treatment with palbociclib plus fulvestrant. • Patients who experience disease progression on prior CDK 4/6 inhibitor therapy, fulvestrant or everolimus are not eligible for treatment with palbociclib with fulvestrant. • Patients currently receiving fulvestrant monotherapy, and who have not progressed may have palbociclib added, provided they are CDK 4/6 inhibitor naïve and otherwise meet funding criteria. • Patients who previously received everolimus plus exemestane will be eligible for funding of palbociclib plus fulvestrant on progression, provided that treatment was started prior to funding of CDK 4/6 + fulvestrant, patient must be CDK 4/6 naïve and otherwise meet funding criteria.				

Criteria Updates Continued…

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Kisqali (ribociclib)	200mg Tab	02473569	DNP	E (SFC)	NVR
Criteria	• In combination with fulvestrant for the treatment of patients with hormone receptor (HR) positive, HER 2 negative advanced or metastatic breast cancer, as initial endocrine-based therapy or following disease progression. Patients may have also received up to one prior line of chemotherapy for advanced disease. Patients should have a good performance status, without active or uncontrolled metastases to the central nervous system and can be of any menopausal status (Perimenopausal and premenopausal women must be treated with an LHRH agonist). **Clinical Notes**: • Treatment should continue until unacceptable toxicity or disease progression. • Patients who progress ≤ 12 months from (neo) adjuvant therapy are eligible for treatment with ribociclib plus fulvestrant. • Patients who experience disease progression on prior CDK 4/6 inhibitor therapy, fulvestrant or everolimus are not eligible for treatment with ribociclib with fulvestrant. • Patients currently receiving fulvestrant monotherapy, and who have not progressed may have ribociclib added, provided they are CDK 4/6 inhibitor naïve and otherwise meet funding criteria. • Patients who previously received everolimus plus exemestane will be eligible for funding of ribociclib plus fulvestrant on progression, provided that treatment was started prior to funding of CDK 4/6 + fulvestrant, patient must be CDK 4/6 naïve and otherwise meet funding criteria.				

Notification of Fibristal Delisting

Allergan Inc., the company that manufactures Fibristal in Canada has voluntarily withdrawn the product from the Canadian market, due to safety concerns.

For more information on the recall please see:

https://healthycanadians.gc.ca/recall-alert-rappel-avis/hc-sc/2020/74063a-eng.php

Effective October 1st, 2020, Fibristal has been delisted as a benefit under the Nova Scotia Pharmacare Programs.

PRODUCT	STRENGTH	DIN	MFR
Fibristal	5mg Tab	02408163	ALL

New Benefit – US-Labelled Sublocade

Indivior Canada Ltd. has received approval from Health Canada for the importation and release of a limited supply of US-labelled Sublocade to mitigate the shortages of Sublocade in Canada related to the COVID-19 pandemic.

The Nova Scotia Pharmacare Programs will be adding this product as a temporary benefit effective **immediately**.

The US-labelled Sublocade products are similar to the Canadian labelled Sublocade products and should be used as per the Canadian Product Monograph.

PRODUCT	STRENGTH	PIN	PRESCRIBER	BENEFIT STATUS	MFR
Sublocade	100 mg/0.5 mL Inj	09858127	DN	E (SF)	ICL
Sublocade	300mg/1.5 mL Inj	09858128	DN	E (SF)	ICL