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PHARMACY 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 October 1, 2023**.

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Firdapse (amifampridine)	10mg Tab	02502984	DNP	E (SF)	KYE

Criteria

- For the treatment of patients with Lambert-Eaton myasthenic syndrome (LEMS) who are 18 years of age and older.

Renewal Criteria:

- Patients should be assessed for a response to treatment within 3 months of initiating amifampridine.
  - A response to treatment is defined as an improvement of at least 30% on the 3TUG test.

Claims Notes:

- The patient should be under the care of a neurologist with expertise in managing LEMS.
- Initial Approval: 6 months
- Renewal Approval: long term

New Exception Status Benefits Continued…

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Lorbrena (lorlatinib)	25mg Tab 100mg Tab	02485966 02485974	DNP DNP	E (SFC) E (SFC)	PFI PFI
Criteria	• As monotherapy for the first-line treatment of adult patients with anaplastic lymphoma kinase (ALK)-positive locally advanced (not amenable to curative therapy) or metastatic non-small cell lung cancer (NSCLC). **Clinical Notes:** • Patients should have a good performance status. • Treatment should continue until disease progression or unacceptable toxicity. • Patients must not have had any prior systemic treatment for advanced or metastatic disease. • Patients are not eligible for subsequent ALK inhibitor therapy following disease progression on lorlatinib. • Patients may be switched to an alternate ALK inhibitor in the case of intolerance without disease progression.				

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Xpovio (selinexor)	20mg Tab	02527677	DNP	E (SFC)	FTI

Criteria	• In combination with bortezomib and dexamethasone for the treatment of adult patients with multiple myeloma and who have received at least one prior therapy.
	
	Clinical Notes:
	1. Prior treatment with bortezomib/proteasome inhibitor is permitted if all the following criteria are met:
	  ○ Best response achieved with bortezomib/proteasome inhibitor was at least a partial response
	  ○ Bortezomib/proteasome inhibitor not discontinued for grade 3 or higher toxicity
	  ○ Bortezomib/proteasome inhibitor treatment-free interval has been at least six months.
	2. Treatment should continue until disease progression or unacceptable toxicity.				

New Exception Status Benefits Continued…

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Qinlock (ripretinib)	50mg Tab	02500833	DNP	E (SFC)	MDP
Criteria	• For the treatment of adult patients with advanced gastrointestinal stromal tumors (GIST) who have progression on or intolerance to imatinib, sunitinib and regorafenib. **Clinical Notes:** • Patients should have a good performance status. • Treatment should continue until disease progression or unacceptable toxicity. • Patients must not have active CNS metastases.				

Criteria Updates

The following new indications have been added to existing criteria **effective October 1, 2023**.

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Lenvima (lenvatinib)	4mg Cap	02484056	DNP	E (SFC)	EIS
	8mg Cap	02468220	DNP	E (SFC)	EIS
	10mg Cap	02450321	DNP	E (SFC)	EIS
	12mg Cap	02484129	DNP	E (SFC)	EIS
	14mg Cap	02450313	DNP	E (SFC)	EIS
	20mg Cap	02450305	DNP	E (SFC)	EIS
	24mg Cap	02450291	DNP	E (SFC)	EIS
Criteria	**Advanced and Metastatic Renal Cell Carcinoma** • In combination with pembrolizumab for the treatment of adult patients with advanced (not amenable to curative surgery or radiation) 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.				

Criteria Updates Continued…

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Lenvima (lenvatinib)	4mg Cap	02484056	DNP	E (SFC)	EIS
	8mg Cap	02468220	DNP	E (SFC)	EIS
	10mg Cap	02450321	DNP	E (SFC)	EIS
	12mg Cap	02484129	DNP	E (SFC)	EIS
	14mg Cap	02450313	DNP	E (SFC)	EIS
	20mg Cap	02450305	DNP	E (SFC)	EIS
	24mg Cap	02450291	DNP	E (SFC)	EIS

Criteria

- Patients are eligible for one of pembrolizumab with lenvatinib or pembrolizumab with axitinib in this setting. If intolerant to one tyrosine kinase inhibitor (TKI), patient may be switched to an alternate TKI, provided there has been no progression.
- Patients who received pembrolizumab in the adjuvant setting are eligible for treatment provided there was a disease-free interval of at least six months.
- If patient requires and qualifies for re-treatment with pembrolizumab, lenvatinib may also be given at the discretion of the treating physician.

Advanced Endometrial Carcinoma

- In combination with pembrolizumab for the treatment of adult patients with advanced endometrial carcinoma that is not microsatellite instability high (MSI-H) or mismatch repair deficient (dMMR), who have disease progression following prior platinum-based systemic therapy are and are not candidates for curative surgery or radiation.

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).
- Confirmation that patient does not have MSI-H or dMMR disease must be done prior to initiating treatment.
- No active CNS metastases (eligible if treated/stable).
- If pembrolizumab or lenvatinib is discontinued for toxicity, the other agent can be continued at the discretion of the physician.
- If patient requires and qualifies for re-treatment with pembrolizumab, lenvatinib can also be given at the discretion of the treating physician.

Criteria Updates Continued…

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Rozlytrek (entrectinib)	100mg Cap 200mg Cap	02495007 02495015	DNP DNP	E (SFC) E (SFC)	HLR HLR
Criteria	• For the treatment of adult patients with unresectable locally advanced or metastatic extracranial solid tumors with NTRK gene fusion without a known acquired resistance mutation. Eligible patients are not candidates for surgery and/or radiation due to risk of substantial morbidity and have no satisfactory treatment options. **Clinical Notes:** • Patients should have a good performance status. • Treatment should be discontinued upon disease progression or unacceptable toxicity. • CNS metastases are stable if present. • Patients with prior progression on an NTRK inhibitor are not eligible.				

The criteria for the following has been updated **effective October 1, 2023**

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Aranesp (darbepoetin)	Various	Various	DNP	E (SFC)	AGA
Criteria	• For the treatment of transfusion dependent patients with hematologic malignancies who have a baseline anemia of ≤ 90g/L and whose transfusion requirements are ≥ 2 units of packed red blood cells per month over 3 months. • Initial approval for 6 months with the documentation of dose, hemoglobin and therapeutic outcome (number of transfusions). • Subsequent 6-month approvals are dependent on evidence of satisfactory clinical response or reduced treatment requirement to less than 2 units of PRBC monthly.				

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Sprycel and generic brands (dasatinib)	Various	Various	DNP	E (SFC)	VAR
Criteria	• For the treatment of adult patients with Philadelphia chromosome-positive chronic myeloid leukemia (Ph+ CML) in chronic, accelerated, or blast phase. • For the treatment of patients with Philadelphia chromosome-positive acute lymphoblastic leukemia (Ph+ ALL).				

Criteria Updates Continued…

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Eprex (erythropoietin)	Various	Various	DNP	E (SFC)	JAN
Criteria	• For the treatment of transfusion dependent patients with hematologic malignancies who have a baseline anemia of ≤ 90g/L and whose transfusion requirements are ≥ 2 units of packed red blood cells per month over 3 months • Initial approval for 6 months with the documentation of dose, hemoglobin and therapeutic outcome (number of transfusions). • Subsequent 6-month approvals are dependent on evidence of satisfactory clinical response or reduced treatment requirement to less than 2 units of PRBC monthly. • If transfusion requirements increase to ≥ 2 units/ month (over a 3-montheriod), one dose increase may be attempted (maximum dose 60,000iu per week).				

Change in Benefit Status

Effective **October 1, 2023,** the following products have moved to full benefit and no longer require exception status approval.

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Imatinib	100mg Tab	Various	DNP	SFC	VAR
Imatinib	400mg Tab	Various	DNP	SFC	VAR

New Benefits

Effective **October 1, 2023,** the following products have been added as benefits in the Nova Scotia Formulary. The benefit status within the Pharmacare Programs is indicated.

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Lapelga	10mg/mL Prefilled Autoinjector	02529343	DNP	E (SFC)	APO
Yuflyma	80mg/0.8mL Prefilled Pen	02535084	DNP	E (SF)	CTL
Yuflyma	80mg/0.8mL Prefilled Syringe	02535076	DNP	E (SF)	CTL

Renewed Three-Year Generics Initiative

The pan-Canadian Pharmaceutical Alliance (pCPA) and the Canadian Generic Pharmaceutical Association (CGPA) reached an agreement, effective October 1, 2023, on a renewed three-year pricing initiative for generic medicines. For more information, please visit https://www.pcpacanada.ca/generic-drug-framework.