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PHARMACY EDITION

NOVA SCOTIA

PharmacareNEWS

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Nova Scotia Formulary Updates

New Exception Status Benefit

The following new product has been listed with the following criteria, effective **August 1, 2024**.

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Vyalev (foslevodopa-foscarbidopa)	240mg/12mg/mL SC Sol	02537702	DNP	E (SF)	ABV
Criteria	For the treatment of patients with advanced levodopa-responsive Parkinson disease (PD) who meet all of the following criteria: • Experiences severe disability associated with at least 25% of the waking day in the off state and/or ongoing, bothersome 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 previously 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: maximally tolerated doses of levodopa in combination with carbidopa, a COMT inhibitor, a dopamine agonist, a MAO-B inhibitor, and amantadine. • Must be able to administer the medication and correctly use the delivery system. Alternatively, trained personnel or a care partner must be available to perform these tasks reliably. **Exclusion Criteria:** • Patients with severe psychosis or severe dementia.				

New Exception Status Benefit Continued…

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Vyalev (foslevodopa-foscarbidopa)	240mg/12mg/mL SC Sol	02537702	DNP	E (SF)	ABV
Criteria	**Renewal:** • Patients continue to demonstrate a significant reduction in the time spent in the off state and/or in ongoing levodopa-induced dyskinesias, along with an improvement in the related disability. **Claim Note:** • Must be prescribed by neurologists who are movement disorder subspecialists or who have expertise in managing advanced PD. • Approval period: 1 year				

Criteria Updates

The following new indication has been added to existing criteria effective **August 1, 2024**.

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Nucala (mepolizumab)	100mg/mL Prefilled Autoinjector	02492989	DNP	E (SF)	GSK
	100mg/mL Prefilled Syringe	02492997	DNP	E (SF)	GSK

Criteria	For the treatment of patients with severe chronic rhinosinusitis with nasal polyps (CRSwNP) who meet all of the following criteria:
	• have endoscopically or CT-documented bilateral nasal polyps, and
	• have undergone at least 1 prior surgical intervention for nasal polyps or have a contraindication to surgery, and
	• are tolerant and able to continue use of inhaled nasal corticosteroids but have refractory symptoms despite use of inhaled corticosteroids for 3 months at maximally tolerated doses.
	Renewal Criteria:
	• Requests for renewal must exhibit a clinically meaningful response defined as:
	  ○ a decrease of 8.9 points or greater on the Sino-nasal Outcome Test (SNOT-22) relative to their baseline score, or
	  ○ a decrease of 1 point or greater on the endoscopic Nasal Polyp Score (NPS) relative to their baseline score.
	Clinical Notes:
	• A baseline and annual SNOT-22 or endoscopic NPS must be provided.
	• Patients should be assessed for a response to mepolizumab every 12 months.				

Criteria Updates Continued…

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Nucala (mepolizumab)	100mg/mL Prefilled Autoinjector	02492989	DNP	E (SF)	GSK
	100mg/mL Prefilled Syringe	02492997	DNP	E (SF)	GSK
Criteria	• Maximum dose approved: 100mg every 4 weeks • Renewal Approval: 12 months. **Claim Notes:** • Must be prescribed by an otolaryngologist, allergist or respirologist with expertise in managing severe CRSwNP				

The following criteria has been updated to include criteria codes effective **August 1, 2024.**

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Vfend and generics (voriconazole)	50mg Tab	Various	DNP	E (SFC)	VAR
	200mg Tab	Various	DNP	E (SFC)	VAR
Criteria	• For the management of invasive aspergillosis **[Criteria Code 01]** • For the treatment of culture proven invasive candidiasis with documented resistance to fluconazole **[Criteria Code 02]** **Claim Notes:** • Must be prescribed by a hematologist or specialist in infectious diseases or medical microbiology. • Initial requests will be approved for a maximum of 3 months.				

New Products

Effective **August 1, 2024**, the following products have been added to the Nova Scotia Formulary.

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Potassium Chloride	100mg/mL Liq	Various	DNP	SFC	VAR

Pharmacy Guide Update

A minor update to the Pharmacy Guide was published on July 9, 2024: under Exception Status Drugs, modified reference to Arazlo 0.045% lotion not requiring prior approval for beneficiaries to indicate only for those under the age of 30.