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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, 2024**.

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Jubbonti (denosumab)	60mg/mL Prefilled Syringe	02545411	DNP	E (SFC)	SDZ

Criteria

Effective October 1, 2024, patients currently taking the originator drug product Prolia, are required to switch to a biosimilar version by October 1, 2025.

For densoumab-naïve patients whose therapy is initiated after October 1, 2024, a denosumab biosimilar will be the product approved.

For the treatment of osteoporosis in postmenopausal women and in men who meet the following criteria:

- Have a contraindication to oral bisphosphonates; and
- High risk for fracture, or refractory or intolerant to other available osteoporosis therapies.

Clinical Notes:

- Refractory is defined as a fragility fracture or evidence of a decline in bone mineral density below pre-treatment baseline levels, despite adherence for one year to other available osteoporosis therapies.
- High fracture risk is defined as:
    - Moderate 10-year fracture risk (10% to 20%) as defined by the Canadian Association of Radiologists and Osteoporosis Canada (CAROC) tool or the World Health Organization's Fracture Risk Assessment (FRAX) tool with a prior fragility fracture; or
    - High 10-year fracture risk (≥ 20%) as defined by the CAROC or FRAX tool.

New Exception Status Benefits Continued…

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Wyost (denosumab)	120mg/1.7mL Vial	02545764	DNP	E (SFC)	SDZ
Criteria	**Effective October 1, 2024, patients currently taking the originator drug product Xgeva, are required to switch to a biosimilar version by April 1, 2025.** **For densoumab-naïve patients whose therapy is initiated after October 1, 2024, a denosumab biosimilar will be the product approved.** As a single agent for the prevention of skeletal related events (SREs) for metastatic castrate resistant prostate cancer (CRPC) patients with one or more documented bone metastases and ECOG performance status (PS) 0-2.				

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Camzyos (mavacamten)	2.5mg Cap	02532549	DNP	E (SF)	BRI
	5mg Cap	02532557	DNP	E (SF)	BRI
	10mg Cap	02532565	DNP	E (SF)	BRI
	15mg Cap	02532573	DNP	E (SF)	BRI
Criteria	For the treatment of patients with of symptomatic obstructive hypertrophic cardiomyopathy (oHCM) of New York Heart Association (NYHA) class II to III who meet all of the following criteria: • documented left ventricular ejection fraction (LVEF) ≥ 55% at rest determined by echocardiography. • left ventricular (LV) wall thickness ≥15 mm (or ≥13 mm with a family history of hypertrophic cardiomyopathy). • left ventricular outflow tract (LVOT) peak gradient ≥ 50 mm Hg at rest, after Valsalva maneuver, or post exercise, as confirmed by echocardiography. • must be receiving beta-blocker or calcium channel blocker therapy and experience clinical deterioration in symptoms or echocardiography while receiving either of these treatments or for patients who have an intolerance or contraindication to treatments, details must be provided. **Renewal Criteria:** Patients must not have any of the following: • a LVEF ≤ 30% • received septal reduction therapy. **Claim Notes:** • Must be prescribed by, or in consultation with a specialist in cardiology. • Approvals will be for a maximum of up to 5mg daily for 12 weeks, then up to 15mg daily thereafter. • Initial Approval:12 weeks. • Renewal Approval: 1 year.				

New Exception Status Benefits Continued…

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Verquvo (vericiguat)	2.5mg Tab	02537044	DNP	E (SF)	BAY
	5mg Tab	02537060	DNP	E (SF)	BAY
	10mg Tab	02537052	DNP	E (SF)	BAY
Criteria	For the treatment of patients with symptomatic chronic heart failure (HF) as an adjunct to standard-of-care (SOC) therapy with reduced ejection fraction who are stabilized after a recent HF decompensation who meet all of the following criteria: • patients with symptomatic chronic HF with reduced ejection fraction (i.e., left ventricular ejection fraction <45%) AND • patients must have a recent HF decompensation event requiring hospitalization and/or IV diuretic therapy. **Clinical Notes:** • SOC includes beta blockers, angiotensin-converting enzyme inhibitors (ACEis), angiotensin receptor blockers (ARBs), angiotensin receptor-neprilysin inhibitor (ARNI), sodium-glucose co-transporter 2 inhibitor (SGLT2i), and a mineralocorticoid receptor antagonist (MRA) unless these therapies are contraindicated or not tolerated.				

Criteria Update

The following criteria has been updated effective **October 1, 2024** and applies to the following new and existing products.

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Cosentyx (secukinumab)	75mg/0.5mL Prefilled Syringe	02525569	DNP	E (SF)	NVR
	150mg/mL Prefilled Pen	02438070	DNP	E (SF)	NVR
	150mg/mL Prefilled Syringe	02547724	DNP	E (SF)	NVR
	300mg/dose Kit (two 150mg/mL Prefilled Pens)	02438070	DNP	E (SF)	NVR
	300mg/dose Kit (two 150mg/mL Prefilled Syringes)	02547724	DNP	E (SF)	NVR
Criteria	**Psoriasis** For the treatment of patients 6 years of age or older with chronic moderate to severe plaque psoriasis who meet all of the following: • Psoriasis Area Severity Index (PASI) greater than 10 and Dermatology Life Quality Index (DLQI) greater than 10, OR major involvement of visible areas, scalp, genitals, or nails; • Refractory, intolerant to or unable to access phototherapy; • Refractory, intolerant to or have contraindications to methotrexate (oral or parenteral) at a dose of greater than or equal to 20 mg weekly (greater than or equal to 15 mg if patient is 65 years of age or older) for a minimum of 12 weeks.				

Criteria Update Continued…

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Cosentyx (secukinumab)	75mg/0.5mL Prefilled Syringe	02525569	DNP	E (SF)	NVR
	150mg/mL Prefilled Pen	02438070	DNP	E (SF)	NVR
	150mg/mL Prefilled Syringe	02547724	DNP	E (SF)	NVR
	300mg/dose Kit (two 150mg/mL Prefilled Pens)	02438070	DNP	E (SF)	NVR
	300mg/dose Kit (two 150mg/mL Prefilled Syringes)	02547724	DNP	E (SF)	NVR
Criteria	**Clinical Notes:** • For patients who do not demonstrate a clinical response to oral methotrexate, or who experience gastrointestinal intolerance, a trial of parenteral methotrexate may be considered if clinically appropriate. • Refractory is defined as lack of effect at the recommended doses and for duration of treatments specified above. • Intolerant is defined as demonstrating serious adverse effects to treatments. The nature of intolerance(s) must be clearly documented. • For patients aged 6 to 16, a Children's Dermatology Life Quality Index (CDLQI) greater than 7 will be considered. • For pediatric patients an adequate trial of a weight-based appropriate dose of methotrexate will be considered. **Claim Notes:** • Must be prescribed by a dermatologist or prescriber with a specialty in dermatology. • Combined use of more than one biologic will not be reimbursed. • For pediatric patients weighing less than 50 kg, approvals will be for a maximum of 75mg given at weeks 0, 1, 2, 3, and 4, then monthly. • Approvals will be for a maximum of 300 mg given at weeks 0, 1, 2, 3, and 4, then monthly. • Initial Approval: 16 weeks. • Renewal Approval:1 year.				

Change in Benefit Status

Effective **October 1, 2024,** the following product will move to full benefit and no longer require exception status approval.

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Fosfomycin	3g Sachet	Various	DNP	SFC*	VAR

* Quantity limit of 3 doses annually without special authorization. Prescribers may submit a request for consideration should beneficiaries require more than 3 doses annually.

Change in Benefit Status Continued…

Effective **October 1, 2024,** the following product will be delisted.

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Albrioza	3g/1g Sachet	02527707	N/A	**Not Insured**	ALY

New Benefits

Effective **October 1, 2024,** the following products will be added as benefits in the Nova Scotia Formulary. The benefit status within the Pharmacare Programs is indicated and existing criteria will apply.

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Amlodipine	2.5 Tab	02478587	DNP	SF	SAS
Lactulose	667mg/mL O/L	02412268	DNP	E (SFC)	SAS
PRZ-K8	600mg Tab	80108882	DNP	SFC	PRZ
PRZ K20	1500mg Tab	80107649	DNP	SFC	PRZ
Vyepti	300mg/3mL IV	02542269	DNP	E (SF)	LBK