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PHARMACY EDITION

NOVA SCOTIA

PharmacareNEWS

inside

Nova Scotia Formulary Updates

New Exception Status Products

The following new products have been listed with the following criteria, effective **June 1, 2025**.

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Epidiolex (cannabidiol)	100mg/mL Oral Sol	02543079	DNP	E (SF)	JAZ

Criteria

For the adjunctive treatment of patients aged 2 years or older with confirmed diagnosis of seizures associated the following:

Lennox-Gastaut Syndrome

- Experienced treatment failure on at least 2 antiepileptic drugs
- Currently taking 1 or more antiepileptic drugs at stable doses for at least 4 weeks before initiation
- At least 2 drop seizures per week over a 28-day period before initiation of cannabidiol

Dravet Syndrome

- Not adequately controlled with 2 or more antiepileptic drugs at the time of initiation
- At least 4 convulsive seizures per month

Tuberous Sclerosis Complex

- Currently taking 1 or more antiepileptic drugs at stable doses for at least 4 weeks before initiation
- Experienced treatment failure despite previously or currently receiving treatment with at least 2 antiepileptic drugs
- At least 8 seizures per 28 days before initiation of cannabidiol

Renewal requests for the treatment of seizures associated with Lennox-Gastaut syndrome, Dravet syndrome, or tuberous sclerosis complex diagnosis must provide proof of beneficial clinical effect, without severe toxicity or treatment intolerance.

New Exception Status Products Continued…

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Epidiolex (cannabidiol)	100mg/mL Oral Sol	02543079	DNP	E (SF)	JAZ
Criteria	**Claim Notes:** • Cannabidiol should be prescribed by a physician with expertise in the diagnosis and management of patients with Lennox-Gastaut syndrome, Dravet syndrome, or tuberous sclerosis complex. • Cannabidiol should not be reimbursed in patients concurrently using cannabis or other cannabinoid-based medications. • Cannabidiol should not be reimbursed in patients with tuberous sclerosis complex concurrently using mTOR inhibitors. • Initial Approval: 6 months • Renewal Approval: 12 months				

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Tyenne (tocilizumab)	80mg/4mL Vial	02552450	DNP	E (SF)	FKB
	200mg/10mL Vial	02552469	DNP	E (SF)	FKB
	400mg/20mL Vial	02552477	DNP	E (SF)	FKB
	162mg/ 0.9mL Prefilled Syringe	02552493	DNP	E (SF)	FKB
	162mg /0.9mL Autoinjector	02552485	DNP	E (SF)	FKB
Criteria	**Effective June 1, 2025, patients currently taking the originator drug product, are required to switch to the biosimilar version by December 1, 2025.** **For tocilizumab-naïve patients whose therapy is initiated after June 1, 2025, the tocilizumab biosimilar will be the product approved.** **Rheumatoid Arthritis (Tyenne 80mg/4mL, 200mg/10mL, 400mg/20mL vial and 162mg/0.9mL SC prefilled syringe and autoinjector)** • For the treatment of moderately to severely active rheumatoid arthritis, in combination with methotrexate or other disease-modifying antirheumatic drugs (DMARDs), in adult patients who are refractory or intolerant to: o methotrexate (oral or parenteral) at a dose of ≥ 20mg weekly (≥15mg if patient is ≥ 65 years of age), or use in combination with another DMARD, for a minimum of 12 weeks AND o methotrexate in combination with at least two other DMARDs, such as hydroxychloroquine and sulfasalazine, for a minimum of 12 weeks				

New Exception Status Products Continued…

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Tyenne (tocilizumab)	80mg/4mL Vial	02552450	DNP	E (SF)	FKB
	200mg/10mL Vial	02552469	DNP	E (SF)	FKB
	400mg/20mL Vial	02552477	DNP	E (SF)	FKB
	162mg/ 0.9mL Prefilled Syringe	02552493	DNP	E (SF)	FKB
	162mg /0.9mL Autoinjector	02552485	DNP	E (SF)	FKB

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 must be considered.
- Optimal treatment response to DMARDs may take up to 24 weeks, however coverage of a biologic therapy can be considered if no improvement is seen after 12 weeks of triple DMARD use.
- If patient factors (e.g. intolerance) prevent the use of triple DMARD therapy, these must be described and dual therapy with DMARDs must be tried
- 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 or contraindications to treatments as defined in product monographs. The nature of intolerance(s) must be clearly documented.

Claim Notes:

- Must be prescribed by a rheumatologist.
- Combined use of more than one biologic DMARD will not be reimbursed.
- Initial Approval: 6 months
- Renewal Approval: Long term.
- Maximum Dosage Approved:
    - Tocilizumab: 4mg/kg/dose once every 4 weeks followed by an increase to 8 mg/kg/dose based on clinical response

Polyarticular Juvenile Idiopathic Arthritis (pJIA) (Tyenne 80mg/4mL, 200mg/10mL, 400mg/20mL vial and 162mg/0.9mL SC prefilled syringe and autoinjector)

- For the treatment of children (age 2-17) with moderately to severely active polyarticular juvenile idiopathic arthritis (pJIA) who have had inadequate response to one or more disease-modifying antirheumatic drugs (DMARDs).

Clinical Notes:

- Must be prescribed by, or in consultation with, a rheumatologist who is familiar with the use of biologic DMARDs in children.
- Intravenous infusion: Approvals will be for 10mg/kg for patients <30kg or 8mg/kg for patients ≥30kg, to a maximum of 800mg, administered every four weeks.

New Exception Status Products Continued…

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Tyenne (tocilizumab)	80mg/4mL Vial	02552450	DNP	E (SF)	FKB
	200mg/10mL Vial	02552469	DNP	E (SF)	FKB
	400mg/20mL Vial	02552477	DNP	E (SF)	FKB
	162mg/ 0.9mL Prefilled Syringe	02552493	DNP	E (SF)	FKB
	162mg /0.9mL Autoinjector	02552485	DNP	E (SF)	FKB
Criteria	• Subcutaneous injection: Approvals with be for a maximum of 162mg once every three weeks for patients weighing <30kg or 162mg once every two weeks for patients weighing ≥30kg. **Claim Notes:** • Initial approval: 6 months • Renewal Approval: Long term **Systemic Juvenile Idiopathic Arthritis (sJIA) (Tyenne 80mg/4mL, 200mg/10mL, 400mg/20mL vial and 162mg/0.9mL SC prefilled syringe and autoinjector)** • For the treatment of active systemic juvenile idiopathic arthritis (sJIA), in patients 2 years of age or older, who have responded inadequately to non-steroidal anti-inflammatory drugs (NSAIDs) and systemic corticosteroids (with or without methotrexate) due to intolerance or lack of efficacy. **Clinical Notes:** • Must be prescribed by, or in consultation with, a rheumatologist, who is familiar with the use of biologic DMARDs in children. • Intravenous infusion: Approvals will be for 12 mg/kg for patients < 30kg or 8 mg/kg for patients ≥ 30kg, to a maximum of 800mg, administered every two weeks. • Subcutaneous injection: Approvals with be for a maximum of 162mg once every two weeks for patients weighing <30kg or 162mg once every week for patients weighing ≥30kg. **Claim Notes:** • Initial approval period: 6 months • Renewal Approval: Long term **Giant Cell Arteritis (GCA) (Tyenne 162mg/0.9mL SC prefilled syringe and autoinjector)** • For the treatment of Giant Cell Arteritis (GCA) in adult patients who are receiving prednisone at initiation of therapy, or with relapse. **Clinical Notes:** • Patients should be under the care of a physician with the experience of diagnosis and management of GCA. • Duration of therapy with tocilizumab should be limited to 52 weeks per treatment course. If treatment is extended beyond 52 weeks, consideration should be given regarding response to treatment, outcome off therapy and ability to taper glucocorticoids. • Discontinuation of tocilizumab should be considered at 12 weeks if there is no response to therapy.				

New Exception Status Products Continued…

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Tyenne (tocilizumab)	80mg/4mL Vial	02552450	DNP	E (SF)	FKB
	200mg/10mL Vial	02552469	DNP	E (SF)	FKB
	400mg/20mL Vial	02552477	DNP	E (SF)	FKB
	162mg/ 0.9mL Prefilled Syringe	02552493	DNP	E (SF)	FKB
	162mg /0.9mL Autoinjector	02552485	DNP	E (SF)	FKB
Criteria	**Claim Notes:** • Initial approval period: 6 months • Renewal Approval: Long term				

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Xcopri (cenobamate)	12.5mg Tab	02538652	DNP	E (SF)	EDO
	25mg Tab	02538660	DNP	E (SF)	EDO
	50mg Tab	02538725	DNP	E (SF)	EDO
	100mg Tab	02538733	DNP	E (SF)	EDO
	150mg Tab	02538741	DNP	E (SF)	EDO
	200mg Tab	02538768	DNP	E (SF)	EDO
	12.5-25mg Tab (starter kit)	02538776	DNP	E (SF)	EDO
	50-100mg Tab (starter kit)	02538784	DNP	E (SF)	EDO
	150-200mg Tab (starter kit)	02538792	DNP	E (SF)	EDO
Criteria	• For the adjunctive treatment of refractory partial-onset seizures (POS) in patients who are currently receiving two or more antiepileptic drugs and have had an inadequate response or intolerance to at least three other antiepileptic drugs. **Claim Notes:** • The patient must be under the care of a physician experienced in the treatment of epilepsy.				

New Exception Status Products Continued…

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Cabtreo (adapalene/benzoyl peroxide/clindamycin)	0.15%/3.1%/1.2% Gel	02550423	DNP	E*	BSL
Criteria	• Regular benefit for beneficiaries 30 years and under • For treatment of acne vulgaris in beneficiaries over the age of 30				

Criteria Updates

The following criteria has been updated and will replace existing criteria effective **immediately.**

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Aubagio and generics (teriflunomide)	14mg Tab	Various	DNP	E (SF)	VAR

Criteria	• For the treatment of adult patients with relapsing remitting multiple sclerosis (RRMS) who meet all of the following criteria:
	  ○ Ambulatory with or without aid (i.e. has a recent Expanded Disability Status Scale (EDSS) score of less than or equal to 6.5)
	  ○ Experienced one or more disabling relapses or new MRI activity in the past two years
	Clinical Note:
	• Treatment should be discontinued for patients with an EDSS score of greater than or equal to 7.
	Claim Notes:
	• Must be prescribed by a neurologist with experience in the diagnosis and management of multiple sclerosis.
	• Combined use with other disease modifying therapies to treat RRMS will not be reimbursed.
	• Initial Approval: 2 years
	• Renewal Approval: 5 years				

Criteria Updates Continued…

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Gilenya and generics (fingolimod)	0.5mg Cap	Various	DNP	E (SF)	VAR

Criteria	• For the treatment of patients with relapsing remitting multiple sclerosis (RRMS) who meet all of the following criteria:
	  ○ Ambulatory with or without aid (i.e. has a recent Expanded Disability Status Scale (EDSS) score of less than or equal to 6.5)
	  ○ Experienced one or more disabling relapses or new MRI activity in the past two years
	Clinical Note:
	• Treatment should be discontinued for patients with an EDSS score of greater than or equal to 7.
	Claim Notes:
	• Must be prescribed by a neurologist with experience in the diagnosis and management of multiple sclerosis.
	• Combined use with other disease modifying therapies to treat RRMS will not be reimbursed.
	• Initial Approval: 2 years
	• Renewal Approval: 5 years				

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Glatect, Copaxone and generic (glatiramer acetate)	20mg PFS	Various	DNP	E (SF)	VAR
Criteria	**Effective June 1, 2025, patients currently receiving the originator drug product Copaxone (glatiramer acetate), will be required to transition to an alternate funded glatiramer acetate product by December 1, 2025.** **Glatiramer acetate-naïve patients whose therapy is initiated after June 1, 2020, will continue to be approved for an alternate funded glatiramer acetate product.** • For the treatment of patients with relapsing remitting multiple sclerosis (RRMS) or secondary progressive MS with clear superimposed relapses; who meet all of the following criteria: ○ Ambulatory with or without aid (i.e. has a recent Expanded Disability Status Scale (EDSS) score of less than or equal to 6.5) **Clinical Note:** • Treatment should be discontinued for patients with an EDSS score of greater than or equal to 7.				

Criteria Updates Continued…

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Glatect, Copaxone and generic (glatiramer acetate)	20mg PFS	Various	DNP	E (SF)	VAR
Criteria	**Claim Notes:** • Must be prescribed by a neurologist with experience in the diagnosis and management of multiple sclerosis. • Combined use with other disease modifying therapies to treat RRMS will not be reimbursed. • Initial Approval: 2 years • Renewal Approval: long term				

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
INTERFERON BETA-1A AND INTERFERON BETA-1B	Various	Various	DNP	E (SF)	VAR
Criteria	• For the treatment of patients with relapsing remitting multiple sclerosis (RRMS) or secondary progressive MS with clear superimposed relapses; who meet all of the following criteria: ○ Ambulatory with or without aid (i.e. has a recent Expanded Disability Status Scale (EDSS) score of less than or equal to 6.5) **Clinical Note:** • Treatment should be discontinued for patients with an EDSS score of greater than or equal to 7. **Claim Notes:** • Must be prescribed by a neurologist with experience in the diagnosis and management of multiple sclerosis. • Combined use with other disease modifying therapies to treat RRMS will not be reimbursed. • Initial Approval: 2 years • Renewal Approval: long term				

Criteria Updates Continued…

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Kesimpta (ofatumumab)	20mg/0.4mL Prefilled Pen	02511355	DNP	E (SF)	NVR

Criteria	• For the treatment of adult patients with relapsing remitting multiple sclerosis (RRMS) who meet all of the following criteria:
	  ○ Ambulatory with or without aid (i.e. has a recent Expanded Disability Status Scale (EDSS) score of less than or equal to 6.5)
	  ○ Experienced one or more disabling relapses or new MRI activity in the past two years
	Clinical Note:
	• Treatment should be discontinued for patients with an EDSS score of greater than or equal to 7.
	Claim Notes:
	• Must be prescribed by a neurologist with experience in the diagnosis and management of multiple sclerosis.
	• Combined use with other disease modifying therapies to treat RRMS will not be reimbursed.
	• Initial Approval: 2 years
	• Renewal Approval: 5 years				

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Mayzent (siponimod)	0.25mg Tab 2mg Tab	02496429 02496437	DNP DNP	E (SF) E (SF)	NVR NVR

Criteria	**Initiation Criteria:**
	• For the treatment of patients with active secondary progressive multiple sclerosis, who meet all the following criteria:
	  ○ a history of relapsing-remitting multiple sclerosis (RRMS)
	  ○ an Expanded Disability Status Scale (EDSS) score of 3.0 to 6.5
	  ○ documented EDSS progression during the two years prior to initiating treatment with siponimod
	Renewal Criteria:
	• Ongoing funding will be provided for those who continue to benefit from treatment and who have an Expanded Disability Status Scale (EDSS) score of 7.0 or less.
	Claims Notes:
	• The patient is under the care of a neurologist with experience in the diagnosis and management of multiple sclerosis.
	• Siponimod should not be used in combination with other disease-modifying treatments (DMTs) used to treat multiple sclerosis.				

Criteria Updates Continued…

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Mayzent (siponimod)	0.25mg Tab 2mg Tab	02496429 02496437	DNP DNP	E (SF) E (SF)	NVR NVR
Criteria	• Initial approval period: 2 years • Renewal approval period: 5 years				

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Ocrevus (ocrelizumab)	300mg/10mL Vial 300mg/10mL Vial	02467224 00904527	DNP DNP	E (SF) E (SF)	HLR HLR

Criteria	**Primary Progressive Multiple Sclerosis**
	• For the treatment of adult patients with early primary progressive multiple sclerosis (PPMS) who meet all of the following criteria:
	  ○ Recent Expanded Disability Status Scale (EDSS) score equal to or less than 6.5
	  ○ Recent Functional Systems Scale (FSS) score of at least 2 for the pyramidal functions component due to lower extremity findings
	  ○ Disease duration of 10 years for those with an EDSS of less than or equal to 5 or disease duration less than 15 years for those with an EDSS greater than 5
	  ○ Diagnostic imaging features characteristic of inflammatory activity
	Clinical Note:
	• Treatment should be discontinued for patients with an EDSS score of greater than or equal to 7.
	Claim Notes:
	• Must be prescribed by a neurologist with experience in the diagnosis and management of multiple sclerosis.
	• Initial Approval: 2 years
	• Renewal Approval: 5 years
	Relapsing Remitting Multiple Sclerosis
	• For the treatment of adult patients with relapsing remitting multiple sclerosis (RRMS) who meet all of the following criteria:
	  ○ Experienced one or more disabling relapses or new MRI activity in the last two years
	  ○ Ambulatory with or without aid (i.e. has a recent Expanded Disability Status Scale (EDSS) score of less than or equal to 6.5)
	Clinical Note:
	• Treatment should be discontinued for patients with an EDSS score of greater than or equal to 7.				

Criteria Updates Continued…

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Ocrevus	300mg/10mL Vial	02467224	DNP	E (SF)	HLR
(ocrelizumab)	300mg/10mL Vial	00904527	DNP	E (SF)	HLR
Criteria	**Claim Notes:** • Must be prescribed by a neurologist with experience in the diagnosis and management of multiple sclerosis. • Combined use with other disease modifying therapies to treat RRMS will not be reimbursed. • Initial Approval: 2 years • Renewal Approval: 5 years				

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Tecfidera and generics	120mg DR Cap	Various	DNP	E (SF)	VAR
(dimethyl fumarate)	240mg DR Cap	Various	DNP	E (SF)	VAR

Criteria	• For the treatment of adult patients with relapsing remitting multiple sclerosis (RRMS) who meet all of the following criteria:
	  ○ Ambulatory with or without aid (i.e. has a recent Expanded Disability Status Scale (EDSS) score of less than or equal to 6.5)
	  ○ Experienced one or more disabling relapses or new MRI activity in the past two years
	Clinical Note:
	• Treatment should be discontinued for patients with an EDSS score of greater than or equal to 7.
	Claim Notes:
	• Must be prescribed by a neurologist with experience in the diagnosis and management of multiple sclerosis.
	• Combined use with other disease modifying therapies to treat RRMS will not be reimbursed.
	• Initial Approval: 2 years
	• Renewal Approval: 5 years				

Criteria Updates Continued…

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Tysabri (natalizumab)	300mg/15mL Vial Inj	02286386	DNP	E (SF)	BIG

Criteria	• For the treatment of adult patients with relapsing remitting multiple sclerosis (RRMS) who meet all of the following criteria:
	  ○ Ambulatory with or without aid (i.e. has a recent Expanded Disability Status Scale (EDSS) score of less than or equal to 6.5)
	  ○ Experienced one or more disabling relapses or new MRI activity in the past two years
	  ○ Refractory or intolerant to at least one disease modifying therapy (e.g., interferon, glatiramer, dimethyl fumarate, teriflunomide, ocrelizumab)
	Renewal Criteria:
	• Evidence of continued benefit must be provided (i.e. stability or reduction in the number of relapses in the past year or stability or improvement of EDSS score obtained within the previous 90 days).
	Clinical Note:
	• Treatment should be discontinued for patients with an EDSS score of greater than or equal to 7.
	• A relapse is defined as the appearance of new or worsening neurological symptoms in the absence of fever or infection, lasting at least 24 hours yet preceded by stability for at least one month and accompanied by new objective neurological findings observed through evaluation by a neurologist.
	Claim Notes:
	• Must be prescribed by a neurologist with experience in the diagnosis and management of multiple sclerosis.
	• Combined use with other disease modifying therapies to treat RRMS will not be reimbursed.
	• Initial Approval: 2 years
	• Renewal Approval: 5 years				

Change in Benefit Status

The following products will be listed as full benefits, effective **June 1, 2025**.

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Carbamazepine	100mg/5ml O/L	Various	DNP	SFC	VAR
Nitrofurantoin	100mg Cap	Various	DNPM	SFC	VAR

New Benefits

Effective **June 1, 2025,** 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 applies.

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Amb-Bisacodyl	10mg Supp	02520478	DNP	C	AMB
Bimzelx	320mg/2mL Prefilled Syringe	02553619	DNP	E (SF)	UCB
Bimzelx	320mg/2mL Autoinjector	02553627	DNP	E (SF)	UCB
Orgovyx	120mg Tab	02542137	DNP	SFC	SNV
Teva-Mirtazapine	15mg Tab	02541572	DNP	SFC	TEV

Pharmacists' Administration of Shingrix® Vaccines to Prevent Herpes Zoster

Effective May 28, 2025, the Nova Scotia Department of Health and Wellness (DHW) has approved funding for pharmacies to administer the publicly funded herpes zoster vaccine (Shingrix®) to Nova Scotia residents 65 years and older who have not received the vaccine as per the routine vaccination schedule: Routine-Immunization-Schedules-for-Children-Youth-Adults.pdf. The vaccine is given as 2 separate doses, 2 months or more apart. Nova Scotians 65 years and older who have previously been vaccinated with Zostavax® II are eligible to receive the Shingrix® vaccine at no charge.

The service fee for each dose of the vaccine is $18.00. The fee applies to the Shingrix® vaccine administered by licensed pharmacists and any self-regulated health professional administering the vaccine under a pharmacist's direction and supervision when performed in compliance with the regulations and standards of practice. No individual who meets the criteria of Nova Scotia residents 65 years and older is to be charged any fees for the vaccine.

Pharmacies will not submit individual claims for payment via the pharmacare adjudication system. All Shingrix® vaccine administrations for those 65 years and older will be entered into CANImmunize Clinic Flow and pharmacies will be reimbursed in the same manner as COVID-19 and Flu vaccines. DHW will use the Clinic Flow system to generate reports indicating the immunization volumes for each pharmacy based on the pharmacy's active license number. DHW submits these reports to Medavie and payments are processed on a bi-weekly basis within two pay periods of report submission. The payments will appear as a bottom-line adjustment on each pharmacy's pay statement, labelled as "Shingles Vaccine" with a date range for when the immunizations occurred. Any questions about payment can be directed to Medavie Blue Cross through the Pharmacare phone line at 1-800-305-5026.

To ensure accurate and timely payment, all vaccines for those 65 years and older must be recorded in CANImmunize on the same day as administration. A delay in data entry may result in missed payments. If your pharmacy is issued a new licence number, you must update the licence number in CANImmunize Clinic Flow to ensure payments for vaccinations can be processed. Incorrect or inactive license numbers will result in payments not being processed.

Shingrix® vaccine that is provided through private pay to those who are not eligible for the public program (e.g., those younger than 65 years of age) are to be documented via the Drug Information System (DIS).

Reminder: Pharmacists' Administration of Pneumococcal Vaccine to Prevent Pneumococcal Disease

Effective September 2024, the Nova Scotia Department of Health and Wellness approved funding for pharmacists to administer pneumococcal conjugate vaccine (PCV20) for **Nova Scotia residents 65 years and older** who have not previously received the vaccine per the routine vaccination schedule Routine-Immunization-Schedules-for-Children-Youth-Adults.pdf . No individual who meets these criteria is to be charged for the vaccine.

While funding for pharmacists covers administering the PCV20 vaccinations to those **65 years and older**, some higher-risk patients may also be eligible for funding outside of community pharmacies. For a list if conditions that are considered high-risk of invasive pneumococcal disease (IPD) and for which individuals are eligible to receive PCV20, please see Vaccine-Eligibility-for-High-Risk-Conditions.pdf, Appendix A.

Please remind your patients that if they fall into one of the high-risk populations, they may receive the vaccine free of charge from their primary care provider or at NS Public Health Immunization Clinics (Public Health Immunization Clinics | Nova Scotia Health) or at Public Health Mobile Clinics (Public Health Mobile Unit | Nova Scotia Health).