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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 **July 1, 2025**.

PRODUCT	STRENGTH	DIN	BENEFIT STATUS	MFR
Vascepa (icosapent ethyl)	1g Cap	02495244	E (SF)	HLS

Criteria

To reduce the risk of cardiovascular events (cardiovascular death, non-fatal myocardial infarction, non-fatal stroke, coronary revascularization, or hospitalization for unstable angina) in statin-treated patients with elevated triglycerides, who meet all of the following criteria:

- Aged 45 years and older;
- Established cardiovascular disease (secondary prevention);
- Concomitantly treated with a statin;
- Have a fasting triglyceride of 1.7 mmol/L or greater and lower than 5.6 mmol/L at baseline, measured within the preceding three months before starting treatment with icosapent ethyl;
- Have a low-density lipoprotein cholesterol greater than 1.0 mmol/L and lower than 2.6 mmol/L at baseline and be receiving a maximally tolerated statin dose, targeted to achieve a low-density lipoprotein cholesterol lower than 2 mmol/L, for a minimum of four weeks.

Renewal Criteria:

- Patient continues to be treated with a maximally tolerated statin dose.

Claims Notes:

- Approvals will be for a maximum of 4 g daily
- Approvals: 12 months.

New Exception Status Products Continued…

PRODUCT	STRENGTH	DIN	BENEFIT STATUS	MFR
Velsipity (etrasimod)	2mg Tab	02544903	E (SF)	PFI

Criteria	• For the treatment of adult patients with moderately to severely active ulcerative colitis who have a partial Mayo score > 4, and a rectal bleeding subscore ≥ 2 and are:
	  ○ refractory or intolerant to conventional therapy (i.e. 5-ASA for a minimum of 4 weeks, and prednisone ≥ 40mg daily for two weeks or IV equivalent for one week); or
	  ○ corticosteroid dependent (i.e. cannot be tapered from corticosteroids without disease recurrence; or have relapsed within three months of stopping corticosteroids; or require two or more courses of corticosteroids within one year.)
	• Renewal requests must include information demonstrating the beneficial effects of the treatment, specifically:
	  ○ a decrease in the partial Mayo score ≥ 2 from baseline, and
	  ○ a decrease in the rectal bleeding subscore ≥1.
	Clinical Notes:
	• 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.
	• Patients with severe disease do not require a trial of 5-ASA.
	Claim Notes:
	• Must be prescribed by a gastroenterologist or physician with a specialty in gastroenterology.
	• Combined use of etrasimod with a biologic DMARD or JAK inhibitor will not be reimbursed.
	• Approvals will be for a maximum dose of 2 mg daily
	• Initial Approval: 6 months
	• Renewal Approval: 1 year			

New Exception Status Products Continued…

PRODUCT	STRENGTH	DIN	BENEFIT STATUS	MFR
Vyvgart (efgartigimod alfa)	Vyvgart 20mg/mL IV Inj	02541599	E (SF)	AGX

Criteria	For the treatment of adult patients with generalized myasthenia gravis (gMG) who have all the following:
	• Positive serologic test for anti-AChR antibodies
	• An MG-ADL score at baseline of ≥ 5
	• MGFA class II to IV disease
	• MG symptoms persist despite an adequate trial and stable dose of the below conventional therapies in the previous 12 months:
	  ○ Acetylcholinesterase inhibitors (pyridostigmine) AND
	  ○ Corticosteroids (prednisone) AND/OR nonsteroidal immunosuppressants (azathioprine, cyclosporine, mycophenolate mofetil, methotrexate or tacrolimus)
	Exclusion criteria
	Efgartigimod alfa should not be initiated:
	• During a gMG exacerbation or crisis OR
	• Within 3 months of thymectomy.
	Renewal:
	• Reimbursement of treatment with efgartigimod alfa should be continued if, after the initial 3 cycles of treatment, there is documented improvement in MG-ADL score of 2 points or greater.
	• Reassessment should occur every 12 months thereafter.
	Subsequent Renewal:
	• The physician must provide proof of no worsening of MG-ADL score.
	Claim Notes:
	• MG-ADL score must be measured and provided by the physician at baseline.
	• Efgartigimod alfa should be prescribed by or in consultation with a neurologist with expertise in managing patients with gMG.
	• Efgartigimod alfa should not be used concomitantly with rituximab or complement inhibitors.
	• Approvals will be for a dose of 10mg/kg up to a maximum of 1200 mg per infusion administered once weekly for 4 weeks (one treatment cycle)
	• Initial Approval: The maximum duration of initial authorization is 3 treatment cycles
	• Renewal Approval: 12 months			

New Exception Status Products Continued…

PRODUCT	STRENGTH	DIN	BENEFIT STATUS	MFR
Wainua (eplontersen)	45mg/0.8mL Autoinjector	02548909	E (SF)	AZE
Criteria	For the treatment of polyneuropathy in adult patients with hereditary transthyretin-mediated amyloidosis (hATTR) who meet all of the following criteria: • Confirmed genetic diagnosis of hATTR. • Symptomatic with early-stage neuropathy[1]. • Does not have New York Heart Association class III or IV heart failure. • Has not previously undergone a liver transplant. **Discontinuation Criteria:** • The patient is permanently bedridden and dependent on assistance for basic activities of daily living. OR • The patient is receiving end-of-life care. **Clinical Note:** 1. Symptomatic early-stage neuropathy is defined as polyneuropathy disability stage I to IIIB or familial amyloidotic polyneuropathy stage I or II. **Claim Notes:** • The patient must be under the care of a physician with experience in the diagnosis and management of hATTR. • Combination therapy with other interfering ribonucleic acid drugs or transthyretin stabilizers used to treat hATTR will not be reimbursed. • Initial Approval: 9 months. • Renewal Approval: 12 months. Confirmation of continued response is required.			

Criteria Update

The following new indication has been added to existing criteria effective **July 1, 2025**.

PRODUCT	STRENGTH	DIN	BENEFIT STATUS	MFR
Cosentyx	150mg/mL Prefilled Pen	02438070	E (SF)	NVR
(Secukinumab)	150mg/mL Prefilled Syringe	02547724	E (SF)	NVR
	300mg Dose Kit	02438070	E (SF)	NVR
	300mg Dose Kit	02547724	E (SF)	NVR

Criteria

For the treatment of patients with active moderate to severe hidradenitis suppurativa (HS) who have not responded to conventional therapy and who meet all of the following criteria:

- A total abscess and nodule count of 3 or greater
- Lesions in at least two distinct anatomic areas, one of which must be Hurley Stage II or III
- An inadequate response to a 90-day trial of oral antibiotics

Initial renewal criteria:

- Requests for renewal should provide objective evidence of a treatment response, defined as at least a 50% reduction in abscess and inflammatory nodule count with no increase in abscess or draining fistula count relative to baseline at week 12.

Subsequent renewal criteria:

- Requests for renewal should provide objective evidence of the preservation of treatment effect (i.e. the current abscess and inflammatory nodule count and draining fistula count should be compared to the count prior to initiating treatment with secukinumab).

Claim Notes:

- Must be prescribed by a dermatologist or physician with experience in the treatment of HS.
- Combined use of more than one biologic DMARD will not be reimbursed.
- Approvals will be for 300mg given at weeks 0, 1, 2, 3, and 4, followed by monthly maintenance dosing. Based on clinical response, a maintenance dose of 300 mg every 2 weeks can be considered.
- Initial Approval: 6 months
- Renewal Approval: 1 year

New Benefit

Effective **July 1, 2025,** the following product will be added as a benefit in the Nova Scotia Formulary. The benefit status within the Pharmacare Programs is indicated and existing criteria applies.

PRODUCT	STRENGTH	DIN	BENEFIT STATUS	MFR
JAMP Vitamin B12	1000mcg Tab	80015276	SE	JPC

Change in Benefit Status

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

PRODUCT	STRENGTH	DIN	BENEFIT STATUS	MFR
Fluoxetine	20mg/5mL Syr	Various	SFC	VAR
MYA	3mg/0.02mg Tab	02415380	F	APX
Yaz	3mg/0.02mg Tab	02321157	F	BAY

Uncomplicated Cystitis Service Expansion

Criteria Updates

Effective July 1, 2025 the patient eligibility criteria is expanding for public funding for pharmacists to assess and prescribe for uncomplicated cystitis.

In accordance with the changes by the NSCP Standards of Practice: Prescribing Drugs Appendix G – Prescribing for a Diagnosis Supported by a Protocol, the updated eligibility criteria include:

- Removing the current yearly service caps of two per resident within a 12-month rolling period.
- Changing the age of eligibility for funding from 16 years of age and over to those who have reached adolescence (post pubertal as set out by the IWK First Line) Firstline - Clinical Decisions)

Claims Adjudication

The same PINs will remain in place. Pharmacies can submit electronic claims for the fee associated with each PIN. Special service code 002 (pharmacist intervention) should be used for all PINs and claims will require criteria codes to indicate whether they were delivered in person (91), by telephone, (92) or by video (93). Claims will require a valid Nova Scotia Health Card Number. Manual claims will not be accepted.

Claims must be submitted electronically using the following CPhA Claims Standard field content.

Uncomplicated Cystitis Service Expansion Continued…

CPhA Claims Standard – Assessment and Prescribing for Uncomplicated Cystitis Resulting in a Prescription		
Field #	**Field Name**	**Content**
D.56.03	DIN/GP#/PIN	93899857
D.57.03	Special Service Code	002 (pharmacist intervention)
D.58.03	Quantity	000001 (one)
D.61.03	Prescriber ID	License number
D.66.03	Drug Cost/Product Value	DDDDD (dollar value - not adjudicated)
D.67.03	Cost Upcharge	DDDDD (dollar value - not adjudicated)
D.68.03	Professional Fee	DDDDD (dollar value - not adjudicated)
D.72.03	Special Services Fee(s)	2000 ($20.00)

CPhA Claims Standard – Assessment and Prescribing for Uncomplicated Cystitis That Does Not Result in a Prescription		
Field #	**Field Name**	**Content**
D.56.03	DIN/GP#/PIN	93899852
D.57.03	Special Service Code	002 (pharmacist intervention)
D.58.03	Quantity	000001 (one)
D.61.03	Prescriber ID	License number
D.66.03	Drug Cost/Product Value	DDDDD (dollar value - not adjudicated)
D.67.03	Cost Upcharge	DDDDD (dollar value - not adjudicated)
D.68.03	Professional Fee	DDDDD (dollar value - not adjudicated)
D.72.03	Special Services Fee(s)	2000 ($20.00)