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PHARMACY EDITION

NOVA SCOTIA

PharmacareNEWS

inside

Nova Scotia Formulary Updates

New Subscription Option for Monthly Pharmacare News Bulletins

You can now subscribe to receive an email notification when the latest Pharmacare News Bulletin becomes available. **Subscribe here.**

Please note: Nova Scotia Pharmacare News Bulletins will no longer be mailed after the March 2026 bulletin. All future bulletins will be available online only.

New Exception Status Products

The following new products have been listed with the following criteria, effective **January 1, 2026**.

PRODUCT	STRENGTH	DIN	BENEFIT STATUS	MFR
Abilify Asimtufii (aripiprazole)	720mg/2.4mL Pre-filled Syringe	02554569	E (SF)	OTS
	960mg/3.2mL Pre-filled Syringe	02554577	E (SF)	OTS
Criteria	For the treatment of patients who are: • not adherent to an oral antipsychotic, OR • currently receiving a long-acting injectable antipsychotic and require an alternative long-acting injectable antipsychotic. **Claim Note:** • Requests will not be considered for the treatment of psychotic symptoms related to dementia.			

New Exception Status Products Continued…

PRODUCT	STRENGTH	DIN	BENEFIT STATUS	MFR
Otulfi (ustekinumab)	45mg/0.5mL Pre-filled Syringe	02554283	E (SF)	FKB
	90mg/mL Pre-filled Syringe	02554291	E (SF)	FKB
	130mg/26mL Vial	02554305	E (SF)	FKB
Criteria	**Plaque Psoriasis** For the treatment of patients 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 OR cyclosporine (6 weeks treatment). For continued coverage, patients must meet the following criteria: • Greater than or equal to 75% reduction in PASI score, OR • Greater than or equal to 50% reduction in PASI and greater than or equal to 5 points in the DLQI OR • Significant reduction in BSA involved, with consideration of specific regions such as face, hands, feet or genital region and situations such as itch and recalcitrant plaques. **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. **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.			

New Exception Status Products Continued…

PRODUCT	STRENGTH	DIN	BENEFIT STATUS	MFR
Otulfi (ustekinumab)	45mg/0.5mL Pre-filled Syringe	02554283	E (SF)	FKB
	90mg/mL Pre-filled Syringe	02554291	E (SF)	FKB
	130mg/26mL Vial	02554305	E (SF)	FKB

Criteria

- Approvals will be for a maximum of 45mg subcutaneously at Week 0, 4 and 16 weeks, followed by a maintenance dose of 45mg subcutaneously every 12 weeks. Response must be assessed prior to fourth dose.
- Initial Approval: 6 months
- Renewal Approval: Long term

Psoriatic Arthritis

For the treatment of patients with predominantly axial psoriatic arthritis who are refractory, intolerant or have contraindications to the sequential use of at least two NSAIDs at maximal tolerated dose for a minimum of two weeks each.

For the treatment of patients with predominantly peripheral psoriatic arthritis who are refractory, intolerant or have contraindications to:

- The sequential use of at least two NSAIDs at maximal tolerated dose for a minimum of two weeks each; AND
- Methotrexate (oral or parenteral) at a dose of ≥ 20mg weekly (≥15mg if patient is ≥65 years of age) for a minimum of 8 weeks; AND
- Leflunomide for a minimum of 10 weeks or sulfasalazine for a minimum of 3 months.

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.
- 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.

Claim Notes:

- Must be prescribed by a rheumatologist.
- Concurrent use of biologics not approved.
- Approvals will be for a maximum of 45mg subcutaneously at Weeks 0 and 4, and maintenance dosing of 45mg subcutaneously every 12 weeks. For patients >100kg, doses of 90mg may be considered.

New Exception Status Products Continued…

PRODUCT	STRENGTH	DIN	BENEFIT STATUS	MFR
Otulfi (ustekinumab)	45mg/0.5mL Pre-filled Syringe	02554283	E (SF)	FKB
	90mg/mL Pre-filled Syringe	02554291	E (SF)	FKB
	130mg/26mL Vial	02554305	E (SF)	FKB

Criteria

- Initial Approval: 6 months
- Renewal Approval: Long term

Crohn's Disease

For the treatment of patients with moderately to severely active Crohn's disease who are refractory to, intolerant or have contraindications to corticosteroids and other immunosuppressive therapy.

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 to treatments. The nature of intolerance(s) must be clearly documented.

Claim Notes:

- Must be prescribed by a gastroenterologist or physician with a specialty in gastroenterology.
- Combined use of more than one biologic disease-modifying antirheumatic drugs (DMARD) or janus kinase inhibitors (JAK) will not be reimbursed.
- Initial reimbursement will be for a single intravenous dose of up to 520mg at Week 0 and a subcutaneous dose of 90mg at Week 8 and 16. Subsequent reimbursement for maintenance dosing is 90mg subcutaneously every 8 weeks.
- Initial Approval: 6 months
- Renewal Approval: Long term

Ulcerative Colitis

For the treatment of 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

New Exception Status Products Continued…

PRODUCT	STRENGTH	DIN	BENEFIT STATUS	MFR
Otulfi (ustekinumab)	45mg/0.5mL Pre-filled Syringe	02554283	E (SF)	FKB
	90mg/mL Pre-filled Syringe	02554291	E (SF)	FKB
	130mg/26mL Vial	02554305	E (SF)	FKB
Criteria	○ 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 more than one biologic DMARD will not be reimbursed. • Initial reimbursement will be for a single intravenous dose of up to 520mg at Week 0 and a subcutaneous dose of 90mg at Week 8 and 16. Subsequent reimbursement for maintenance dosing is 90mg subcutaneously every 8 weeks. • Initial Approval: 6 months. • Renewal Approval: Long term.			

Change in Benefit Status

Effective **January 1, 2026**, 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	BENEFIT STATUS	MFR
Dasatinib	80mg Tablets	Various	E (SFC)	Various
Dasatinib	140mg Tablets	Various	E (SFC)	Various

New Benefits

The following products have been added as benefits; however, billing for methadone oral compounds remains unchanged. All methadone oral compound solutions must continue to be billed per mg using Methadone Oral Compound Sol PIN 00999734, regardless of the stock solution used. Only methadone stock solutions listed as benefits on the formulary may be used to prepare methadone oral compounds (e.g. methadone powder is not an approved ingredient and must not be used). Claims billed using the DINs for any methadone HCl 10mg/mL solution will be rejected.

PRODUCT	STRENGTH	DIN	BENEFIT STATUS	MFR
Odan-Methadone (Cherry Flavored)	10mg/mL Sol	02495872*	SFC	ODN
pms-Methadone (Cherry Flavored)	10mg/mL Sol	02552736*	SFC	PMS
Methadose	10mg/mL Sol	02394596*	SFC	MAL
Jamp Methadone	10mg/mL Sol	02495783*	SFC	JPC
Odan-Methadone (Unflavored)	10mg/mL Sol	02495880*	SFC	ODN
pms-Methadone (Unflavored)	10mg/mL Sol	02552728*	SFC	PMS
Methadose	10mg/mL Sol	02394618*	SFC	MAL

*Continue to bill using PIN 00999734