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NOVA SCOTIA

PharmacareNEWS

inside

Nova Scotia Formulary Updates

New Exception Status Products

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

PRODUCT	STRENGTH	DIN	BENEFIT STATUS	MFR
Stoboclo (denosumab)	60mg/mL Prefilled Syringe	02560917	E (SFC)	CLT

Criteria	**Osteoporosis**
	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 Products Continued…

PRODUCT	STRENGTH	DIN	BENEFIT STATUS	MFR
Osenvelt (denosumab)	120mg/1.7mL Vial	02560895	E (SFC)	CLT
Criteria	**Metastatic Castrate Resistant Prostate Cancer** 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.			

Criteria Updates

The following criteria has been updated and will replace existing criteria effective **February 1, 2026**.

PRODUCT	STRENGTH	DIN	BENEFIT STATUS	MFR
Nubeqa (darolutamide)	300mg Tab	02496348	E (SFC)	BAY
Criteria	**Metastatic Castration-Sensitive Prostate Cancer (MCSPC)** For the treatment of patients with metastatic castration-sensitive prostate cancer (mCSPC) when used: • In combination with androgen deprivation therapy (ADT); or • In combination with docetaxel and ADT. **Clinical Notes:** • Patients should have a good performance status. • Treatment should continue until disease progression or unacceptable toxicity. • Patients should have had no prior ADT in the metastatic setting or are within 6 months of initiating ADT in the metastatic setting with no disease progression. • Patients will be eligible if they received ADT in the non-metastatic setting as long as at least a one-year interval has passed since completion. • Darolutamide will not be funded for patients who experience disease progression on apalutamide or enzalutamide.			

Criteria Updates Continued…

The following new indications have been added to existing criteria effective **February 1, 2026**, and apply to the following new and existing products.

PRODUCT	STRENGTH	DIN	BENEFIT STATUS	MFR
Omvoh (mirikizumab)	100mg/mL & 200mg/2mL Prefilled Pen	02559242	E (SF)	LIL
	100mg/mL & 200mg/2mL Prefilled Syringe	02559234	E (SF)	LIL
Criteria	**Crohn's Disease (Omvoh 20mg/mL Vial, 100mg/mL & 200mg/2mL Prefilled Syringe Kit and 100mg/mL & 200mg/2mL Prefilled Pen Kit)** 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 with other biologic drugs or janus kinase (JAK) inhibitors will not be reimbursed. • Approvals will be for a maximum of 900mg intravenously at Weeks 0, 4 and 8, followed by a maintenance dose of 300mg subcutaneously at Week 12 and every 4 weeks thereafter. • Initial Approval: 6 months • Renewal Approval: 1 year			

PRODUCT	STRENGTH	DIN	BENEFIT STATUS	MFR
Skyrizi (risankizumab)	180mg/1.2mL Prefilled Ctg Inj	02552507	E (SF)	ABV
Criteria	**Ulcerative Colitis (Skyrizi 600mg/10mL Vial, 180mg/1.2mL Prefilled Ctg Inj and 360mg/2.4mL Prefilled Ctg Inj)** • 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			

Criteria Updates Continued…

PRODUCT	STRENGTH	DIN	BENEFIT STATUS	MFR
Skyrizi (risankizumab)	180mg/1.2mL Prefilled Ctg Inj	02552507	E (SF)	ABV
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 with other biologic drugs or janus kinase (JAK) inhibitors will not be reimbursed. • Approvals will be for a maximum of 1200mg intravenously at Weeks 0, 4 and 8, with clinical response to be assessed prior to Week 12, followed by a maximum maintenance dose of 360mg subcutaneously at Week 12 and every 8 weeks thereafter. • Initial Approval: 6 months • Renewal Approval: 1 year.			

New Benefit

Effective **February 1, 2026,** the following product will be added as a benefit in the Nova Scotia Formulary. The benefit status within the Pharmacare Programs is indicated.

PRODUCT	STRENGTH	DIN	BENEFIT STATUS	MFR
Eylea HD	8mg/0.07mL Prefilled Syringe	02554798	E (SF)	BAY

Auditor's Corner Re: Compound Billing

Methadone Oral Compound

Methadone used for the treatment of opioid use disorder must be billed per mg as Methadone Oral Compound (PIN 00999734). Only stock methadone solutions listed as benefits in the formulary may be used to prepare Methadone Oral Compound.

Claims submitted under PIN 00999734 are reimbursed up to the maximum Pharmacare Reimbursement Price (PRP) (not MRP). Providers must submit the drug cost portion as the lesser of:

- the PRP listed in the formulary, OR
- the actual acquisition cost

If the drug cost submitted is higher than the actual acquisition cost, the claim may be subject to audit and recovery.

For more information and an example, refer to the Pharmacy Guide.