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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 **March 1, 2026**.

PRODUCT	STRENGTH	DIN	BENEFIT STATUS	MFR
Enzeevu (aflibercept)	40mg/mL Prefilled Syringe	02562510	E (SF)	SDZ

Criteria	**Active (Wet) Age-Related Macular Degeneration**
	For the treatment of patients with neovascular (wet) age-related macular degeneration (AMD) who meet all of the following criteria:
	• Best Corrected Visual Acuity (BCVA) is greater than 6/96.
	• The lesion size is ≤ 12 disc areas in greatest linear dimension.
	• There is evidence of recent (<3 months) presumed disease progression [blood vessel growth, as indicated by fluorescein angiography, optical coherence tomography (OCT), or recent visual acuity changes].
	• There is active disease activity and no permanent structural damage to the central fovea (as defined in the Royal College of Ophthalmologists guidelines).
	Renewal Criteria:
	• Patient must meet all of the following criteria.
	  ○ Evidence of continued disease activity.
	  ○ Maintaining adequate response to therapy.
	  ○ Absolute BCVA maintained above 6/120			

New Exception Status Products Continued…

PRODUCT	STRENGTH	DIN	BENEFIT STATUS	MFR
Enzeevu (aflibercept)	40mg/mL Prefilled Syringe	02562510	E (SF)	SDZ
Criteria	○ Reductions in BCVA of < 6 lines compared to either baseline and/or best recorded level since baseline. **Claim Notes:** • Must be prescribed and administered by a retina specialist or an ophthalmologist with experience in administering intravitreal injections. • Will not be insured in combination with other anti-VEGF drugs for ophthalmic use • Approvals will be for a maximum of 1 vial per eye every 30 days. • Approval period: 1 year. Confirmation of continued response is required. **Diabetic Macular Edema** For the treatment of patients with diabetic macular edema (DME) for who meet the following criteria: • Clinically significant center-involving macular edema • Best Corrected Visual Acuity (BCVA) is greater than 6/120 **Renewal Criteria:** • Patient must meet all of the following criteria. ○ Evidence of continued disease activity. ○ Maintaining adequate response to therapy. ○ Absolute BCVA maintained above 6/120. ○ Reductions in BCVA of < 6 lines compared to either baseline and/or best recorded level since baseline. **Claim Notes:** • Must be prescribed and administered by a retina specialist or an ophthalmologist with experience in administering intravitreal injections. • Will not be insured in combination with other anti-VEGF drugs for ophthalmic use. • Approvals will be for a maximum of 1 vial per eye every 30 days. • Approval period: 1 year. Confirmation of continued response is required. **Retinal Vein Occlusion** For the treatment of patients with clinically significant center-involving macular edema secondary to non-ischemic branch retinal vein occlusion (BRVO), or central retinal vein occlusion (CRVO) who meet the following criteria: • Best Corrected Visual Acuity (BCVA) is greater than 6/120 **Renewal Criteria:** • Patient must meet all of the following criteria: ○ Evidence of continued disease activity.			

New Exception Status Products Continued…

PRODUCT	STRENGTH	DIN	BENEFIT STATUS	MFR
Enzeevu (aflibercept)	40mg/mL Prefilled Syringe	02562510	E (SF)	SDZ
Criteria	○ Maintaining adequate response to therapy. ○ Absolute BCVA maintained above 6/120. ○ Reductions in BCVA of <6 lines compared to either baseline and/or best recorded level since baseline. **Claim Notes:** • Must be prescribed and administered by a retina specialist or an ophthalmologist with experience in administering intravitreal injections. • Will not be insured in combination with other anti-VEGF drugs for ophthalmic use. • Approvals will be for a maximum of 1 vial per eye every 30 days. • Approval period: 1 year. Confirmation of continued response is required.			

PRODUCT	STRENGTH	DIN	BENEFIT STATUS	MFR
Pemazyre (pemigatinib)	4.5mg Tab 9mg Tab 13.5mg Tab	02519933 02519941 02519968	E (SFC) E (SFC) E (SFC)	ICT ICT ICT
Criteria	For the treatment of adult patients with unresectable locally advanced or metastatic cholangiocarcinoma (CCA) with a fibroblast growth factor receptor 2 (FGFR2) abnormality (fusion or other rearrangements) who have been treated with at least one prior line of systemic therapy for advanced disease. **Clinical Notes:** • Patients should have a good performance status. • Treatment should continue until disease progression or unacceptable toxicity.			

PRODUCT	STRENGTH	DIN	BENEFIT STATUS	MFR
Piasky (crovalimab)	340mg/2mL Vial	02558262	E (SF)	HLR
Criteria	**Initiation Criteria:** For the treatment of patients aged 13 years and older, weighing at least 40 kg with paroxysmal nocturnal hemoglobinuria (PNH) who meet all the following criteria: • The diagnosis of PNH has been made based on the following confirmatory results: ○ Flow cytometry/FLAER exam with granulocytes or monocyte clone ≥ 10%; AND			

New Exception Status Products Continued…

PRODUCT	STRENGTH	DIN	BENEFIT STATUS	MFR
Piasky (crovalimab)	340mg/2mL Vial	02558262	E (SF)	HLR

Criteria

- LDH > 1.5 ULN; AND
- At least one of the following:
  - A thrombotic or embolic event which required the institution of therapeutic anticoagulant therapy,
  - Minimum transfusion requirement of 4 units of red blood cells in the previous 12 months,
  - Chronic or recurrent anemia where causes other than hemolysis have been excluded and demonstrated by more than one measure of less than or equal to 70g/L or by more than one measure of less than or equal to 100g/L with concurrent symptoms of anemia,
  - Pulmonary insufficiency: Debilitating shortness of breath and/or chest pain resulting in limitation of normal activity (New York Heart Association Class III) and/or established diagnosis of pulmonary arterial hypertension, where causes other than PNH have been excluded,
  - Renal insufficiency: History of renal insufficiency, demonstrated by an eGFR less than or equal to 60 mL/min/1.73m^2, where causes other than PNH have been excluded,
  - Smooth muscle spasm: Recurrent episodes of severe pain requiring hospitalization and/or narcotic analgesia, where causes other than PNH have been excluded.

Renewal Criteria:

- Renewals will be considered for patients who;
  - Demonstrate clinical improvement while on therapy OR
  - Where therapy has been shown to stabilize the patient's condition
- Requests for renewal should be accompanied by confirmation of granulocyte clone size (by flow cytometry).

Exclusion Criteria:

Exclusion criteria for both initiation and renewal requests:

- Small granulocyte or monocyte clone size - the treatment of patients with a granulocyte and monocyte clone size below 10% will not be eligible for treatment; OR
- Aplastic anemia with two or more of the following: neutrophil count below 0.5 x 10^9/L, platelet count below 20 x 10^9/L, reticulocytes below 25 x 10^9/L, or severe bone marrow hypocellularity; OR
- Patients afflicted with PNH and another life-threatening or severe disease where the long term prognosis is unlikely to be influenced by therapy (for example acute myeloid leukemia or high-risk myelodysplastic syndrome); OR

New Exception Status Products Continued…

PRODUCT	STRENGTH	DIN	BENEFIT STATUS	MFR
Piasky (crovalimab)	340mg/2mL Vial	02558262	E (SF)	HLR

Criteria

- The presence of another medical condition that might reasonably be expected to compromise a response to therapy.

Exclusion criteria for renewal requests:

- The patient or treating physician fails to comply adequately with treatment or measures, including monitoring requirements, taken to evaluate the effectiveness of the therapy; OR
- If therapy fails to relieve the symptoms of disease that originally resulted in the patient being approved for subsidized treatment.

Clinical Notes:

- Patients with insufficient initial response or who have failed treatment with eculizumab or ravulizumab at the Health Canada–recommended dosage are not eligible for reimbursement of crovalimab.
- All patients must receive meningococcal vaccination with a tetravalent vaccine at least two weeks prior to receiving the first dose of crovalimab.

Claim Notes:

- Approvals will be for a maximum of:

	≥ 40 kg to < 100 kg	**≥ 100 kg**
Loading Doses		
Day 1	1000 mg (IV)	1500 mg (IV)
Day 2, 8, 15, 22	340 mg (SC)	340 mg (SC)
Maintenance Dose		
Day 29 and every 4 weeks thereafter	680 mg (SC)	1020 mg (SC)

- Initial Approval: 6 months
- Renewal Approval: 1 year
- Crovalimab should be prescribed by, or in consultation with, a hematologist with experience managing PNH.

New Exception Status Products Continued…

PRODUCT	STRENGTH	DIN	BENEFIT STATUS	MFR
Tremfya	200mg/20mL Vial	02559153	E (SF)	JAN
(guselkumab)	200mg/2mL Prefilled Pen	02559145	E (SF)	JAN

Criteria	**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 Note:
	• 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 200mg intravenously or 400 subcutaneously at Weeks 0, 4 and 8, followed by a maximum maintenance dose of 100mg subcutaneously at Week 16 and every 8 weeks thereafter or 200mg subcutaneously at Week 12 and every 4 weeks thereafter.
	• Initial Approval: 6 months
	• Renewal Approval: 1 year. Confirmation of continued response required.
	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
	  ○ 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.			

New Exception Status Products Continued…

PRODUCT	STRENGTH	DIN	BENEFIT STATUS	MFR
Tremfya	200mg/20mL Vial	02559153	E (SF)	JAN
(guselkumab)	200mg/2mL Prefilled Pen	02559145	E (SF)	JAN
Criteria	• 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, janus kinase (JAK) inhibitors or sphingosine 1-phosphate receptor modulators will not be reimbursed. • Approvals will be for a maximum of 200mg intravenously or 400 subcutaneously at Weeks 0, 4 and 8, followed by a maximum maintenance dose of 100mg subcutaneously at Week 16 and every 8 weeks thereafter or 200mg subcutaneously at Week 12 and every 4 weeks thereafter. • Initial Approval: 6 months. • Renewal Approval: 1 year.			

PRODUCT	STRENGTH	DIN	BENEFIT STATUS	MFR
Winrevair	45mg/vial PWS for inj	02551284	E (SF)	FRS
(sotatercept)	60mg/vial PWS for inj	02551292	E (SF)	FRS
	45mg/vial kit (1 or 2 vials)	02551306	E (SF)	FRS
	60mg/vial kit (1 or 2 vials)	02551314	E (SF)	FRS

Criteria	For the add-on treatment of patients with WHO Group 1 pulmonary arterial hypertension (PAH) and Functional Class (FC) II or III symptoms who meet all of the following criteria:
	• The diagnosis of Group 1 PAH must be confirmed by right-heart catheterization.
	• Patient is currently treated with optimal background therapy at stable doses for PAH for at least 3 months.
	  ○ Optimal background therapy includes at least two other PAH therapies from the following different drug classes: ERA, PDE5i, and prostacyclin analogues or prostacyclin receptor agonists.
	• Patient is not low risk.
	  ○ Low risk is defined by COMPERA 2.0 or Simplified French Risk Score as:
	  ▪ FC I or II and
	  ▪ 6MWD > 440 m and
	  ▪ NT-proBNP < 300 ng/L or BNP < 100 ng/L			

New Exception Status Products Continued…

PRODUCT	STRENGTH	DIN	BENEFIT STATUS	MFR
Winrevair	45mg/vial PWS for inj	02551284	E (SF)	FRS
(sotatercept)	60mg/vial PWS for inj	02551292	E (SF)	FRS
	45mg/vial kit (1 or 2 vials)	02551306	E (SF)	FRS
	60mg/vial kit (1 or 2 vials)	02551314	E (SF)	FRS
Criteria	**Renewal Criteria:** • Clinicians must provide proof of beneficial clinical effect, defined as stability or improvement in the patient's risk status when requesting continuation of reimbursement. • Coverage will not be renewed if the patient has undergone lung transplant. **Claim Notes:** • Initial and renewal approval duration: 12 months • Must be prescribed by clinicians with expertise in managing PAH • Approvals will be for a maximum dose of 0.7mg/kg administered every 3 weeks			

PRODUCT	STRENGTH	DIN	BENEFIT STATUS	MFR
Yesintek	45mg/0.5mL Prefilled Syringe	02562081	E (SF)	BIL
(ustekinumab)	45mg/0.5mL Vial	02562081	E (SF)	BIL
	90mg/mL Prefilled Syringe	02562103	E (SF)	BIL
	130mg/26 mL Vial	02562111	E (SF)	BIL
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			

New Exception Status Products Continued…

PRODUCT	STRENGTH	DIN	BENEFIT STATUS	MFR
Yesintek (ustekinumab)	45mg/0.5mL Prefilled Syringe	02562081	E (SF)	BIL
	45mg/0.5mL Vial	02562081	E (SF)	BIL
	90mg/mL Prefilled Syringe	02562103	E (SF)	BIL
	130mg/26 mL Vial	02562111	E (SF)	BIL

Criteria

- 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.
- 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.

New Exception Status Products Continued…

PRODUCT	STRENGTH	DIN	BENEFIT STATUS	MFR
Yesintek (ustekinumab)	45mg/0.5mL Prefilled Syringe	02562081	E (SF)	BIL
	45mg/0.5mL Vial	02562081	E (SF)	BIL
	90mg/mL Prefilled Syringe	02562103	E (SF)	BIL
	130mg/26 mL Vial	02562111	E (SF)	BIL

Criteria

- 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.
- 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 with other biologic drugs or janus kinase (JAK) inhibitors 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:

New Exception Status Products Continued…

PRODUCT	STRENGTH	DIN	BENEFIT STATUS	MFR
Yesintek (ustekinumab)	45mg/0.5mL Prefilled Syringe	02562081	E (SF)	BIL
	45mg/0.5mL Vial	02562081	E (SF)	BIL
	90mg/mL Prefilled Syringe	02562103	E (SF)	BIL
	130mg/26 mL Vial	02562111	E (SF)	BIL
Criteria	○ 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 with other biologic drugs, janus kinase (JAK) inhibitors or sphingosine 1-phosphate receptor modulators 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 **March 1, 2026**, the following product will be delisted as a benefit under the Pharmacare Programs.

PRODUCT	STRENGTH	DIN	BENEFIT STATUS	MFR
Nyvepria	10mg/mL Prefilled Syringe	02506238	**Not Insured**	PFI

New Benefits

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

PRODUCT	STRENGTH	DIN	BENEFIT STATUS	MFR
Ilumya	100mg/1mL Prefilled Pen	02558904	E (SF)	SUN
Myfembree	40mg/1mg/0.5mg Tab	02541742	F	KNI
Testosterone Enanthate	200mg/mL Inj	02536315	SFC	HIK

Temporary Benefit - US- labelled Rifabutin Capsules

SteriMax Inc. has received approval from Health Canada for the import and release of US-labelled Rifabutin Capsules to help mitigate a critical shortage in Canada.

The Nova Scotia Pharmacare Programs will be adding this product as a temporary benefit effective, immediately.

For more information, you can contact SteriMax Inc. at 1-800-881-3550 or via email at pv@sterimaxinc.com.

PRODUCT	STRENGTH	DIN	BENEFIT STATUS	MFR
Rifabutin	150mg Cap	09858390	SFC	STR