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PHARMACY EDITION

NOVA SCOTIA

PharmacareNEWS

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Nova Scotia Formulary Updates

New Exception Status Benefits

The following new products will be listed with the following criteria, effective **May 1, 2023**.

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Bimzelx (bimekizumab)	160mg/mL Prefilled Syringe	02525267	DNP	E (SF)	UCB
	160 mg/mL Autoinjector	02525275	DNP	E (SF)	UCB
Criteria	• For patients with severe, debilitating chronic plaque psoriasis who meet all of the following: ○ Body surface area (BSA) involvement of >10% and/or significant involvement of the face, hands, feet or genitals; ○ Failure to, contraindication to or intolerant of methotrexate and cyclosporine; ○ Failure to, intolerant of or unable to access phototherapy; ○ Written request of a dermatologist or prescriber with a specialty in dermatology. • Continued coverage is dependent on evidence of improvement, specifically: ○ A >75% reduction in the Psoriasis Area and Severity Index (PASI) score; or ○ A >50% reduction in PASI with a > 5 point improvement in DLQI (Dermatology Life Quality Index); or ○ Significant reduction in BSA involved, with consideration of important regions such as the face, hands, feet or genitals.				

New Exception Status Benefits Continued…

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Bimzelx (bimekizumab)	160mg/mL Prefilled Syringe	02525267	DNP	E (SF)	UCB
	160 mg/mL Autoinjector	02525275	DNP	E (SF)	UCB
Criteria	**Clinical Note:** • Treatment should be discontinued if a response has not been demonstrated after 16 weeks. **Claim Notes:** • Concurrent use of biologics not approved. • Approvals will be for 320mg by subcutaneous injection at weeks 0, 4, 8, 12, and 16, followed by maintenance dosing of 320mg every 8 weeks. Maintenance dosing every 4 weeks may be considered for patients >120kg. • Initial approval period: 16 weeks • Renewal approval period: 1 year				

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Reblozyl (luspatercept)	25mg Vial	02505541	DNP	E (SF)	CEL
	75mg Vial	02505568	DNP	E (SF)	CEL

Criteria	**Beta-Thalassemia Anemia**
	• For the treatment of adult patients with RBC transfusion-dependent anemia associated with beta-thalassemia. Patients must be receiving regular transfusions, defined as:
	  ○ 6 to 20 RBC units in the 24 weeks prior to initiating treatment with luspatercept, AND
	  ○ No transfusion-free period greater than 35 days in the 24 weeks prior to initiating treatment with luspatercept.
	Renewal Criteria:
	• Patients must demonstrate an initial response, defined as a ≥33% reduction in transfusion burden (RBC units/time) compared to the pre-treatment baseline RBC transfusion burden, measured over 24 weeks prior to initiating treatment with luspatercept.
	• For continued coverage, patients should maintain a reduction in transfusion burden of ≥33% compared to the pre-luspatercept transfusion burden.
	• Luspatercept should be discontinued if a patient does not respond after nine weeks of treatment (three doses) at the maximum dose.
	Claim Notes:
	• The patient should be under the care of a specialist with experience in managing patients with beta-thalassemia.
	• The maximum dose of luspatercept should not exceed 1.25mg/kg (or 120mg total dose) once every three weeks.				

New Exception Status Benefits Continued…

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Reblozyl (luspatercept)	25mg Vial 75mg Vial	02505541 02505568	DNP DNP	E (SF) E (SF)	CEL CEL
Criteria	**Claim Notes Continued:** • Initial Approval: 6 months • Renewal Approval: 1 year **Myelodysplastic Syndromes** • For the treatment of adult patients with red blood cell (RBC) transfusion–dependent anemia associated with very low- to intermediate-risk MDS who have ring sideroblasts and who have failed or are not suitable for erythropoietin-based therapy. **Renewal Criteria:** • Patients should be RBC transfusion independent over a minimum of 16 consecutive weeks within the first 24 weeks of treatment initiation. • For continued coverage, patients should be RBC transfusion independent over a minimum of 16 consecutive weeks within the previous approval period. **Claims Notes:** • Treatment should be initiated by a specialist with expertise in managing and treating patients with MDS. • The maximum dose of luspatercept should not exceed 1.75mg/kg (or 168mg total dose) once every three weeks. • Approval: 6 months				

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Ruzurgi (amifampridine)	10mg Tab	02503034	DNP	E (SF)	MDU
Criteria	• For the treatment of patients with Lambert-Eaton myasthenic syndrome (LEMS) who are 6 years of age and older. **Renewal Criteria:** • Patients should be assessed for a response to treatment within 3 months of initiating amifampridine. ○ A response to treatment is defined as an improvement of at least 30% on the 3TUG test. **Claims Notes:** • The patient should be under the care of a neurologist with expertise in managing LEMS. • Initial approval: 6 months • Renewal approval: Long term				

New Benefits

Effective **May 1, 2023,** 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 will apply.

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Abrilada	20mg/0.4mL Prefilled Syringe	02511061	DNP	E (SF)	PFI
Clasteon	400mg Tab	02245828	DNP	SFC	SNV
Elonox	30mg/0.3mL Prefilled Syringe	02532247	DNP	SFC	FKB
Elonox	40mg/0.4mL Prefilled Syringe	02532255	DNP	SFC	FKB
Elonox	60mg/0.6mL Prefilled Syringe	02532263	DNP	SFC	FKB
Elonox	80mg/0.8mL Prefilled Syringe	02532271	DNP	SFC	FKB
Elonox	100mg/mL Prefilled Syringe	02532298	DNP	SFC	FKB
Elonox HP	120mg/0.8mL Prefilled Syringe	02532301	DNP	SFC	FKB
Elonox HP	150mg/mL Prefilled Syringe	02532328	DNP	SFC	FKB