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NOVA SCOTIA

PharmacareNEWS

inside

Nova Scotia Formulary Updates

New Exception Status Benefits

The following new products have been listed with the following criteria, effective **September 1, 2022**.

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Vyndaqel (tafamidis meglumine)	20mg Cap	02495732	DNP	E (SF)	PFI
Vyndamax (tafamidis)	61mg Cap	02517841	DNP	E (SF)	PFI

Criteria

For the treatment of cardiomyopathy in adult patients with documented hereditary or wild-type transthyretin-mediated amyloidosis (ATTR) who meet all of the following criteria:

- New York Heart Association (NYHA) class I to III heart failure
- At least one prior hospitalization for heart failure or clinical evidence of heart failure that required treatment with a diuretic
- Has not previously undergone a heart or liver transplant
- Does not have an implanted cardiac mechanical assist device (CMAD)

Discontinuation Criteria:

The patient has:

- NYHA class IV heart failure, or
- received an implanted CMAD, or
- received a heart or liver transplant.

New Exception Status Benefits Continued…

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Vyndaqel (tafamidis meglumine)	20mg Cap	02495732	DNP	E (SF)	PFI
Vyndamax (tafamidis)	61mg Cap	02517841	DNP	E (SF)	PFI

Criteria

Clinical Notes:

1. Wild-type ATTR-cardiomyopathy (CM) consists of all of the following:
    a. absence of a variant transthyretin (TTR) genotype
    b. TTR precursor protein identification by immunohistochemistry, scintigraphy, or mass spectrometer
    c. evidence of cardiac involvement by echocardiography with end-diastolic interventricular septal wall thickness greater than 12 mm
    d. presence of amyloid deposits in biopsy tissue (fat aspirate, salivary gland, median nerve connection tissue sheath, or cardiac tissue)
2. Hereditary ATTR-CM consists of all of the following:
    a. presence of a variant TTR genotype associated with CM and presenting with a CM phenotype
    b. evidence of cardiac involvement by echocardiography with end-diastolic interventricular septal wall thickness greater than 12 mm
    c. presence of amyloid deposits in biopsy tissue (fat aspirate, salivary gland, median nerve connective tissue sheath, or cardiac tissue)

Claim Notes:

- The patient must be under the care of a physician with experience in the diagnosis and treatment of ATTR-CM.
- Combination therapy with other interfering ribonucleic acid drugs or transthyretin stabilizers used to treat ATTR will not be reimbursed.
- Claims will be limited to a 30-day supply.
- Initial approval period: 9 months.
- Renewal approval period: 1 year.
- Claims that exceed the maximum claim amount of $9,999.99 must be divided and submitted as separate transactions using the DIN first and then the following PINs:
    - Vyndaqel 00904637
    - Vyndamax 00904778

New Exception Status Benefits Continued…

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Kesimpta (ofatumumab)	20mg/0.4mL Prefilled Pen	02511355	DNP	E (SF)	NVR

Criteria	**Relapsing Remitting Multiple Sclerosis (RRMS)**
	• For the treatment of adult patients with relapsing remitting multiple sclerosis (RRMS) who meet all of the following criteria:
	  ○ An Expanded Disability Status Scale (EDSS) score of less than 6.0
	  ○ Evidence of active disease defined as at least one of the following:
	  ▪ One relapse during the previous year
	  ▪ Two relapses during the previous 2 years
	  ▪ A positive gadolinium (Gd)-enhancing MRI scan during the year before starting treatment with ofatumumab.
	Renewal Criteria:
	• EDSS score less than 6.0. Date and details of the most recent neurological examination and EDSS score must be provided (exam must have occurred within the last 90 days);
	AND
	• Patients must be stable or have experienced no more than 1 disabling attack/relapse in the past year.
	Claims Notes:
	• Approval: 1 year.
	• Combined use with other disease modifying therapies to treat multiple sclerosis will not be reimbursed.
	• Must be prescribed by a neurologist with experience in the diagnosis and management of multiple sclerosis.				

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
MAR-Trientine (trientine hydrochloride)	250mg Cap	02504855	DNP	E (SF)	MAR
Criteria	**Wilson's Disease** • For the treatment of Wilson's disease in patients who have experienced intolerance or have a contraindication to d-penicillamine. **Clinical Notes:** • Intolerant is defined as demonstrating serious adverse effects to treatments. The nature of intolerance(s) must be clearly documented.				

New Exception Status Benefits Continued…

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
MAR-Trientine (trientine hydrochloride)	250mg Cap	02504855	DNP	E (SF)	MAR
Criteria	**Claims Notes:** • Treatment must be initiated by clinicians experienced in the management of Wilson's disease for adult patients 18 years of age or older. • Treatment must be initiated and renewed by clinicians experienced in the management of Wilson's disease for patients less than 18 years of age. Approval: 12 months				

The following products have been listed with the following criteria, **effective immediately**.

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Prometrium and generics (progesterone)	100mg Cap	Various	DNP	E (F)	VAR
Criteria	• For persons with a singleton gestation who are: ○ greater than 20 weeks gestation AND • high-risk for pre-term birth (cervix less than 25 mm or past history of pre-term birth).				

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
JAMP Prasugrel	10mg Tab	02502429	DNP	E (SF)	JPC
Criteria	• In combination with ASA for patients with: ○ Unstable angina (UA) or non-ST-segment elevation myocardial infarction (NSTEMI) managed with percutaneous coronary intervention (PCI); or ○ ST-segment elevation myocardial infarction (STEMI) managed with primary or delayed PCI; or ○ Failure on clopidogrel and ASA therapy as defined by definite stent thrombosis, or recurrent STEMI, NSTEMI or UA after revascularization with PCI. **Clinical Note:** • Definite stent thrombosis, according to the Academic Research Consortium, is a total occlusion originating in or within 5 mm of the stent or is a visible thrombus within the stent or is within 5 mm of the stent in the presence of an acute ischemic clinical syndrome within 48 hours. **Claim Note:** • Approval Period: 1 year.				

Criteria Updates

The following new indication has been added to existing criteria effective **September 1, 2022**.

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Lynparza	100mg Tab	02475200	DNP	E (SFC)	AZE
(olaparib)	150mg Tab	02475219	DNP	E (SFC)	AZE
Criteria	**Metastatic Castrate-Resistant Prostate Cancer** • For the treatment of patients with metastatic castration-resistant prostate cancer (mCRPC) with deleterious or suspected deleterious germline and/or somatic mutations in the homologous recombination repair (HRR) genes BRCA1, BRCA2 or ATM and who have progressed on prior treatment with androgen-receptor-axis-targeted (ARAT) therapy. **Clinical Note:** • Patients should have a good performance status and treatment should be continued until disease progression or unacceptable toxicity.				

The following new indication has been added to existing criteria effective **immediately**.

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Pulmicort Nebules and generics **(budesonide)**	Various	Various	DNP	E (SF)	VAR
Criteria	• For patients who require budesonide for sinonasal irrigation when it is prescribed by, or in consultation with, a specialist (e.g., ENT, allergists, immunologists). **Claim Notes:** • Initial Approval: 1 year. • Renewal Approval: Long term				

Criteria Updates Continued…

The following criteria has been updated effective **September 1, 2022**.

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Actemra (tocilizumab)	80mg/4mL Inj	02350092	DNP	E (SF)	HLR
	200mg/10mL Inj	02350106	DNP	E (SF)	HLR
	400mg/20mL Inj	02350114	DNP	E (SF)	HLR
	162mg/0.9mL SC Inj	02424770	DNP	E (SF)	HLR
	162mg/0.9mL Autoinjector	02483327	DNP	E (SF)	HLR

Criteria

Polyarticular Juvenile Idiopathic Arthritis (pJIA)

- For the treatment of children (age 2-17) with moderately to severely active polyarticular juvenile idiopathic arthritis (pJIA) who have had inadequate response to one or more disease-modifying antirheumatic drugs (DMARDs).

Notes:

- Must be prescribed by, or in consultation with, a rheumatologist who is familiar with the use of biologic DMARDs in children.
- Intravenous infusion: Approvals will be for 10mg/kg for patients <30kg or 8mg/kg for patients ≥ 30kg, to a maximum of 800mg, administered every four weeks.
- Subcutaneous injection: Approvals will be for a maximum of 162mg once every three weeks for patients weighing <30kg or 162mg once every two weeks for patients weighing ≥30kg.
- Initial approval period: 16 weeks
- Renewal Approval: 1 year. Confirmation of continued response is required.

Systemic Juvenile Idiopathic Arthritis (sJIA)

- For the treatment of active systemic juvenile idiopathic arthritis (sJIA), in patients 2 years of age or older, who have responded inadequately to non-steroidal anti-inflammatory drugs (NSAIDs) and systemic corticosteroids (with or without methotrexate) due to intolerance or lack of efficacy.

Notes:

- Must be prescribed by, or in consultation with, a rheumatologist, who is familiar with the use of biologic DMARDs in children.
- Intravenous infusion: Approvals will be for 12 mg/kg for patients < 30kg or 8 mg/kg for patients ≥ 30kg, to a maximum of 800mg, administered every two weeks.
- Subcutaneous injection: Approvals will be for a maximum of 162mg once every two weeks for patients weighing <30kg or 162mg once every week for patients weighing ≥30kg.
- Initial approval period: 16 weeks

Renewal Approval: 1 year. Confirmation of continued response is required.

Proton Pump Inhibitors

Effective **immediately** the maximum yearly quantity limit for lansoprazole, omeprazole, pantoprazole sodium and pantoprazole magnesium has been removed. Going forward special authorization requests for double dose are no longer required. The following criteria will apply.

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Omeprazole and Pantoprazole Sodium	Various	Various	DNP	SFC	VAR
Criteria	• Full benefit, special authorization no longer required for double dose.				

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Lansoprazole and Pantoprazole Magnesium	Various	Various	DNP	E (SFC)	VAR
Criteria	• Failure of a trial of all open benefit PPIs (omeprazole, pantoprazole sodium and rabeprazole).				

Change in Benefit Status

Effective **immediately,** cholinesterase inhibitor oral tablets and capsules have moved to full benefit status. These products will no longer require completion of an exception status request form.

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Donepezil	Various Tab	Various	DNP	SF	VAR
Galantamine	Various Cap	Various	DNP	SF	VAR
Rivastigmine	Various Cap	Various	DNP	SF	VAR

Effective **immediately**, the following products have also moved to full benefit status and no longer require exception status approval.

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Campral	333mg Tab	02293269	DNP	SF	MYL
Carvedilol	Various Tab	Various	DNP	SF	VAR
Lacosamide	Various Tab	Various	DNP	SF	VAR
Lurasidone	Various Tab	Various	DNP	SF	VAR
Mometasone	50mcg Nasal Spray	Various	DNP	SF	VAR
Naltrexone	50mg Tab	Various	DNP	SF	VAR
Quetiapine XR	Various Tab	Various	DNP	SF	VAR

New Benefit

Effective **immediately,** the following product has been added to the Nova Scotia Formulary. The benefit status within the Pharmacare Programs is indicated.

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Trimethoprim/Polymyxin B	0.1% / 10,000 u/mL Oph Sol	Various	DNPO	SF	VAR

Temporary Benefit – US-Labelled Cortef

Pfizer Canada ULC has received approval from Health Canada for the importation and release of a limited supply of US-labelled Cortef 10mg tablets to mitigate the current market shortage.

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

The US-labelled product has the same strength, dosage form, and route of administration as the Canadian-authorized product, but the products differs with respect to the packaging.

When prescribing or dispensing this product, pharmacists are directed to consult the Pfizer Dear Healthcare Professional at the following link: DHCPL_CORTEF_06Jun2022_EN.docx.pdf (pfizer.ca)

PRODUCT	STRENGTH	PIN	PRESCRIBER	BENEFIT STATUS	MFR
Cortef (hydrocortisone) US	10mg Tab	09858155	DNP	SFC	PFI

Cystic Fibrosis Therapies Update - Trikafta

The following product is not funded in the Pharmacare Programs; however, it is funded through the Cystic Fibrosis Program with specific criteria, effective **July 18, 2022**.

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Trikafta	50mg/25mg/37.5mg & 75mg Tab	02526670	N/A	**Not Insured**	VTX

New Diabetic Products

Effective **September 1, 2022,** the following products have been added to the Nova Scotia Formulary. The benefit status and reimbursement price within the Nova Scotia Pharmacare Programs is indicated.

PRODUCT	PIN	PRICE	BENEFIT STATUS	MFR
MediSure Empower Blood Glucose Test Strips (50/box)	97799054	0.6800	SFD	MSR
MediSure Empower Blood Glucose Test Strips (100/box)	97799053	0.6800	SFD	MSR