

PharmacareNEWS

inside

Nova Scotia Formulary Updates

New Exception Status Benefits

- Hemangiol (propranolol)
- Strensiq (asfotase alfa)

Criteria Updates

- Botox (Onabotulinumtoxin A)

Changes to Insured Oral Compounded Solutions

Prescriber Identification on Exception Status Request

Correction

Nova Scotia Formulary Updates

New Exception Status Benefits

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

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Hemangiol (propranolol)	3.75mg/mL Sol	02457857	DNP	E (F)	PFB
Criteria	<ul style="list-style-type: none"> • For the treatment of patients with proliferating infantile hemangioma that is: <ul style="list-style-type: none"> ○ Life-or function-threatening OR ○ Ulcerated with pain or not responding to simple wound care measures OR ○ At risk of permanent scarring or disfigurement 				

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Strensiq (asfotase alfa)	18mg/0.45 mL Single Use Vial	02444615	DNP	E (F)	ALX
	28mg /0.7mL Single Use Vial	02444623	DNP	E (F)	ALX
	40mg/1mL Single Use Vial	02444631	DNP	E (F)	ALX
	80mg/0.8mL Single Use Vial	02444658	DNP	E (F)	ALX
Criteria	<ul style="list-style-type: none"> • For the treatment of patients with perinatal, infantile, or juvenile-onset hypophosphatasia (HPP). 				

New Exception Status Benefits Continued...

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Strensiq (asfotase alfa)	18mg/0.45 mL Single Use Vial	02444615	DNP	E (F)	ALX
	28mg /0.7mL Single Use Vial	02444623	DNP	E (F)	ALX
	40mg/1mL Single Use Vial	02444631	DNP	E (F)	ALX
	80mg/0.8mL Single Use Vial	02444658	DNP	E (F)	ALX
Criteria	<p>Clinical Note:</p> <ul style="list-style-type: none"> Eligibility for the treatment of HPP is determined by the Canadian HPP Clinical Expert Committee. Please contact the Nova Scotia Pharmacare Programs via fax at 1-888-594-4440 for the request form. <p>Claim Notes:</p> <ul style="list-style-type: none"> Must be prescribed by a metabolic specialist with expertise in the diagnosis and management of HPP. Claims for Strensiq 18mg/0.45mL, 28mg/0.7mL, 40mg/1mL and 80mg/0.8mL Single Use Vials that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate transactions. Please refer to Appendix III of the Nova Scotia Formulary for additional PINs. 				

Criteria Update

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

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Botox (Onabotulinumt- oxin A)	50U/Vial	00999443	DNP	E (SF)	ALL
	100U/Vial	01981501	DNP	E (SF)	ALL
Criteria	<ul style="list-style-type: none"> For the treatment of overactive bladder (OAB) with symptoms of urgency, urgency incontinence, and urinary frequency, in adult patients who have an intolerance or insufficient response to an adequate trial of at least two other pharmacologic treatments (e.g. anticholinergics, mirabegron). <p>Renewal criteria:</p> <ul style="list-style-type: none"> Requests for renewal should provide objective evidence of a treatment response, defined as a reduction of at least 50% in the frequency of urinary incontinence episodes. <p>Claim Notes:</p> <ul style="list-style-type: none"> Must be prescribed and administered by a urologist. Initial approval period: 12 weeks (one dose). Renewal approval period: Maximum of 3 doses per year in responders, at a frequency of no more than once every twelve weeks. 				

Changes to Insured Oral Compounded Solutions

Effective September 1st, 2020, all oral compounds listed on the Nova Scotia Formulary for children 12 years and under will now be benefits for individuals 19 years and younger if they clinically require this specialized format. Also, a number of oral compounds were added to the existing list of oral compounds under the Nova Scotia Pharmacare programs. The specific products can be found in the next update of the Nova Scotia Formulary.

The following oral compounds have moved to non-benefit status and will no longer be covered under the Nova Scotia Pharmacare Programs.

- Clotrimazole Oral Suspension
- Labetalol Oral Suspension
- Naproxen Oral Suspension

Prescriber Identification on Exception Status Request

Please ensure the prescriber information section is complete when submitting exception status drug request forms. The following information must be included:

- Prescriber name
- License number
- Signature

If the above information is not included and clearly legible, responses may be prevented or delayed.

Correction

Please be advised that there was an error made in the July 2020 Physicians' Bulletin concerning the benefit status of the following product. We apologize for any inconvenience.

New Products

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	CORRECT BENEFIT STATUS	MFR
Vyzulta	0.024% Oph Sol	02484218	DNP	E (SF)	SF	BSL

Legend

PRESCRIBER CODES	BENEFIT STATUS	MANUFACTURER CODES
D - Physician / Dentist	S - Seniors' Pharmacare	ALL - Allergan Inc.
N - Nurse Practitioner	F - Community Services Pharmacare	ALX - Alexion Pharma Canada Corp.
P - Pharmacist	- Family Pharmacare	BSL - Bausch Health, Canada Inc.
M - Midwife	C - Drug Assistance for Cancer Patients	PFB - Pierre Fabre Dermo-Cosmétique Canada Inc
O - Optometrist	D - Diabetes Assistance Program	
	E - Exception status applies	