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NOVA SCOTIA

PharmacareNEWS

inside

Nova Scotia Formulary Updates

New Exception Status Benefit

The following new product has been listed with the following criteria, effective **immediately**.

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Nyvepria (pegfilgrastim)	10mg/mL Prefilled Syringe	02506238	DNP	E (SFC)	PFI

Criteria

- For the prevention of febrile neutropenia in patients with non-myeloid malignancies receiving myelosuppressive chemotherapy with curative intent who:
  - are at high risk of febrile neutropenia due to chemotherapy regimen, co-morbidities or pre-existing severe neutropenia; or
  - have had an episode of febrile neutropenia, neutropenic sepsis or profound neutropenia in a previous cycle of chemotherapy; or
  - have had a dose reduction, or treatment delay greater than one week due to neutropenia.

Clinical Note:

- Patients with non-curative cancer receiving chemotherapy with palliative intent are not eligible for coverage of pegfilgrastim for prevention of febrile neutropenia.

Criteria Updates

The following criteria has been updated **effective immediately.**

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Mozobil (plerixafor)	24mg/1.2mL Single Use Vial	02377225	DNP	E (SFC)	SAV
Criteria	• For use in combination with filgrastim to mobilize hematopoietic stem cells for subsequent autologous transplantation in patients who meet one of the following criteria: o PBCD34+ count of less than 10 cells/uL after 4 days of filgrastim, or o Less than 50% of the target CD34+ yield is achieved on the first day of apheresis (after being mobilized with filgrastim alone or following chemotherapy), or o Failed a previous attempt for stem cell mobilization with filgrastim alone or following chemotherapy. **Claim Note:** • Reimbursement is limited to a maximum of 4 doses (0.24mg/kg given daily) for a single mobilization attempt and to prescriptions written by an oncologist or hematologist.				

The following indications have been added to existing criteria **effective immediately.**

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Erleada (apalutamide)	60mg Tab	02478374	DNP	E (SFC)	JAN
Criteria	• In combination with androgen deprivation therapy (ADT) for the treatment of patients with metastatic castration-sensitive prostate cancer (mCSPC). Patients must have had either no prior ADT, or are within six months of beginning ADT in the metastatic setting. **Clinical Notes:** 1. Patients should have a good performance status and no risk factors for seizures. 2. Treatment should continue until unacceptable toxicity or disease progression. **Claim Notes:** • Patients receiving apalutamide for the treatment of metastatic CSPC will be eligible for funding of abiraterone at the time of disease progression to metastatic CRPC. • Enzalutamide is not funded for patients who experience disease progression to metastatic CRPC while on apalutamide.				

Criteria Updates Continued…

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Xtandi (enzalutamide)	40mg Cap	02407329	DNP	E (SFC)	ASL
Criteria	• In combination with androgen deprivation therapy (ADT) for the treatment of patients with metastatic castration-sensitive prostate cancer (mCSPC). Patients must have had either no prior ADT or are within six months of beginning ADT in the metastatic setting. **Clinical Notes:** 1. Patients should have a good performance status and no risk factors for seizures. 2. Treatment should continue until unacceptable toxicity or disease progression. **Claim Notes:** • Patients receiving enzalutamide for the treatment of metastatic CSPC will be eligible for funding of abiraterone at the time of disease progression to metastatic CRPC.				

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Zytiga and generic brands (abiraterone)	250mg Tab 500mg Tab	Various Various	DNP DNP	E (SFC) E (SFC)	VAR VAR
Criteria	• In combination with prednisone and androgen deprivation therapy (ADT) for the treatment of patients with metastatic castration-sensitive prostate cancer (mCSPC). Patients must have had either no prior ADT, or are within six months of beginning ADT in the metastatic setting **Clinical Notes:** 1. Patients should have a good performance status. 2. Treatment should be discontinued upon disease progression or unacceptable toxicity. **Claim Notes:** • Patients receiving abiraterone for the treatment of mCSPC will be eligible for funding of enzalutamide at the time of disease progression to mCRPC.				

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Riximyo (rituximab)	10mg/mL Vial	02498316	DNP	E (SF)	SDZ
Criteria	• For the induction of remission in patients with severely active granulomatosis with polyangiitis (GPA) or microscopic polyangiitis (MPA) who have severe intolerance or other contraindication to cyclophosphamide, or who have failed an adequate trial of cyclophosphamide.				

Criteria Updates Continued…

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Erelzi (etanercept)	50mg/mL Prefilled Syringe	02462869	DNP	E (SF)	SDZ
	25mg/0.5mL Prefilled Syringe	02462877	DNP	E (SF)	SDZ
	50mg/mL Autoinjector	02462850	DNP	E (SF)	SDZ
Criteria	• For patients with severe, debilitating chronic plaque psoriasis who meet all of the following: o Body surface area (BSA) involvement of >10% and/or significant involvement of the face, hands, feet or genitals; o Failure to, contraindication to or intolerant of methotrexate and cyclosporine; o Failure to, intolerant of or unable to access phototherapy; o Written request of a dermatologist or prescriber with a specialty in dermatology. • Continued coverage is dependent on evidence of improvement, specifically: o A >75% reduction in the Psoriasis Area and Severity Index (PASI) score; or o A >50% reduction in PASI with a >5-point improvement in DLQI (Dermatology Life Quality Index); or o Significant reduction in BSA involved, with consideration of important regions such as the face, hands, feet or genitals. **Clinical Note:** • Treatment should be discontinued if a response has not been demonstrated after 12 weeks.				

New Products

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

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Admelog	100U/mL Vial	02469901	DNP	SFD	SAV
Admelog	100U/mL Cartridge	02469898	DNP	SFD	SAV
Admelog Solostar	100U/mL Prefilled Pen	02469871	DNP	SFD	SAV
Aermony RespiClick	55mcg for Inh	02467895	DNP	SF	TEV
Aermony RespiClick	113mcg for Inh	02467909	DNP	SF	TEV
Aermony RespiClick	232mcg for Inh	02467917	DNP	SF	TEV

Delisted Products

Pharmacare currently funds Humalog cartridges (DIN 02229705), vial (DIN 02229704) and KwikPen (DIN 02403412) as Exception Status benefits.

Effective immediately, Pharmacare will begin funding the biosimilar insulin lispro - Admelog. As of March 1, 2022, Humalog cartridges, Humalog vial and Humalog KwikPen will be delisted and existing patients grandfathered for coverage until February 3, 2023.

Change in Coverage of Biologics

Effective February 4, 2022, Nova Scotia Pharmacare is implementing a policy that requires beneficiaries to transition from an originator biologic to an eligible biosimilar version of that molecule in order for coverage to continue.

This change will affect Nova Scotia Pharmacare program beneficiaries and does not impact those who, for example, are using their private insurance.

Any exceptions to this policy will require an Exception Status Drug (ESD) Request Form.

Health Canada rigorously reviews biosimilars and has deemed any differences to not be clinically significant. Biosimilars are highly similar versions of the originator biologics. Due to the complexity and nature of biologics, they have natural variability and thus an exact copy cannot be created. This is also true of different batches of the originator.

During this transition period, prescribers will need to discuss biosimilar products with patients, generate new prescriptions and connect with patient support programs as needed. All patients must transition to a biosimilar version of their medication by February 3, 2023. After that date, claims for the originator will not be accepted by Pharmacare unless approved through an ESD request.

We have clinical staff who are working on this initiative who can help with education, discussion on specific patients, and making connections with patient support programs. Should we be able to support you in any way in the management of your patients, please reach out to us at biologictherapies@novascotia.ca

We encourage you to transition patients as early as possible to ensure you have additional support, your patients do not have breaks in coverage, and so that public funds can be used in the most cost-effective way possible.

While most of these medications would be prescribed by specialists, family physicians should note that insulins are also included in this policy and patients will require a transition from an originator to a biosimilar version of these insulins.

The products that are currently affected by this policy are listed below. However, as more biosimilar products become available, they will also be added to this policy.

Change in Coverage of Biologics Continued…

Originator Biologic	Biosimilar
Remicade	Inflectra, Renflexis, Avsola
Humira	Amgevita, Hadlima, Hyrimoz, Hulio, Idacio
Enbrel	Brenzys, Erelzi
Rituxan	Truxima, Riximyo, Ruxience
Insulin Lantus	Insulin Basaglar
Insulin Humalog	Insulin Admelog
Insulin Novorapid	Insulin Trurapi

If you have any questions please visit our website at: Information for Prescribers about the Nova Scotia Biosimilar Initiative | novascotia.ca or contact us by email at biologictherapies@novascotia.ca

Legend

PRESCRIBER CODES	BENEFIT STATUS	MANUFACTURER CODES
D - Physician / Dentist	S - Seniors' Pharmacare	ASL - Astellas Pharma Canada Inc.
N - Nurse Practitioner	F - Community Services Pharmacare	JAN - Janssen-Ortho Inc.
P - Pharmacist	- Family Pharmacare	PFI - Pfizer Canada Inc.
M - Midwife	C - Drug Assistance for Cancer Patients	SAV - Sanofi-Aventis Canada Inc.
O - Optometrist	D - Diabetes Assistance Program	SDZ - Sandoz Canada Incorporated
	E - Exception status applies	TEV - Teva Canada Ltd.
		VAR - *various manufacturers*