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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 **immediately**.

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Ajovy (fremanezumab)	225 mg/1.5 mL Prefilled Syringe	02497859	DNP	E (SF)	TEV
	225 mg/1.5 mL Autoinjector	02509474	DNP	E (SF)	TEV

Criteria

- For the treatment of patients with episodic[1] or chronic migraine[2], who have experienced an inadequate response, intolerance, or contraindication to at least two oral prophylactic migraine medications.

Initial Renewal Criteria:

- Proof of beneficial clinical effect, defined as a reduction of at least 50% in the average number of migraine days per month at the time of first renewal compared with baseline

Subsequent Renewal Criteria:

- Proof that the initial 50% reduction in the average number of migraine days per month has been maintained

Clinical Notes:

- Baseline number of headache and migraine days per month must be provided at the time of initial request.
- [1] Episodic migraine: migraine headaches on at least 4 days per month and less than 15 headache days per month for more than 3 months
- [2] Chronic migraine: headaches for at least 15 days per month for more than 3 months of which at least eight days per month are with migraine.

New Exception Status Benefits Continued…

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Ajovy (fremanezumab)	225 mg/1.5 mL Prefilled Syringe	02497859	DNP	E (SF)	TEV
	225 mg/1.5 mL Autoinjector	02509474	DNP	E (SF)	TEV
Criteria	**Claim Notes:** • Approvals: 6 months • Must be prescribed by a physician who has experience in the management of migraine headaches.				

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Monoferric (ferric derisomaltose)	100 mg/mL IV Inj	02477777	DNP	E (SFC)	PFI

Criteria	• For the treatment of iron deficiency anemia in patients who:
	  ○ are intolerant to oral iron replacement products,
	  OR
	  ○ have not responded to an adequate trial of oral iron
	Notes:
	• Given the safety concerns associated with IV iron, it is expected that the patients will be carefully screened and will have tried various oral iron options before being eligible for IV iron.
	• Details regarding oral iron tried, length of therapy, and outcome must be provided.				

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Opsumit (macitentan)	10mg Tab	02415690	DNP	E (SF)	JAN
Criteria	• For the treatment of patients with Group 1 pulmonary arterial hypertension (PAH) with a World Health Organization (WHO) functional class of at least II. **Clinical Note:** • The diagnosis of PAH should be confirmed by right heart catheterization. **Claim Notes:** • Must be prescribed by, or in consultation with, a physician experienced in the treatment of PAH. • Combined use of more than one endothelin receptor antagonists will not be reimbursed. • The maximum dose of macitentan that will be reimbursed is 10mg daily.				

New Exception Status Benefits Continued…

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Riabni (rituximab)	10mg/mL Vial	02513447	DNP	E (SF)	AGA
Criteria	• For the treatment of adult patients with severe active rheumatoid arthritis who have failed to respond to an adequate trial with an anti-TNF agent. • Cannot be used concomitantly with anti-TNF agents. Written request from a rheumatologist or prescriber with a specialty in rheumatology. • Approval for re-treatment with rituximab will only be considered for patients who have achieved a response, followed by a subsequent loss of effect and, after an interval of no less than six months from the previous dose. • 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

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

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Androgel and generic brands (testosterone)	2.5g/pkt Top Gel 5g/pkt Top Gel	Various Various	DNP DNP	E (SFC) E (SFC)	VAR VAR
Testim (testosterone)	1% Top Gel Tube	02280248	DNP	E (SFC)	PAL
Criteria	• For use in gender affirming hormone therapy. **Claim Note:** • Maximum dose approved is 5g gel per day.				

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Zofran and generic brands (ondansetron)	4mg/5mL O/L 4mg Tab 4mg OD Tab/Film 8mg Tab 8mg OD Tab/Film	Various Various Various Various Various	DNP DNP DNP DNP DNP	E (SFC) E (SFC) E (SFC) E (SFC) E (SFC)	VAR VAR VAR VAR VAR
Criteria	• For the treatment of nausea and vomiting in pediatric patients (under 18 years of age) receiving chemotherapy (e.g., methotrexate) for chronic non-oncology conditions who have experienced an episode of nausea/emesis. **[Criteria Code 04]**				

Criteria Updates Continued…

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

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Cosentyx (secukinumab)	150mg/1.0mL Prefilled Syringe / Prefilled Pen	02438070	DNP	E (SF)	NVR

Criteria	**Ankylosing Spondylitis**
	• For the treatment of patients with moderate to severe ankylosing spondylitis (e.g., Bath AS Disease Activity Index (BASDAI) score ≥ 4 on 10 point scale) who:
	  ○ Have axial symptoms and who have failed to respond to the sequential use of at least 2 NSAIDs at the optimum dose for a minimum period of 3 months or in whom NSAIDs are contraindicated, or
	  ○ Have peripheral symptoms and who have failed to respond, or have contraindications to, the sequential use of at least 2 NSAIDs at the optimum dose for a minimum period of 3 months and have had an inadequate response to an optimal dose or maximal tolerated dose of a DMARD.
	• Requests for renewal must include information demonstrating the beneficial effects of the treatment, specifically:
	  ○ A decrease of at least 2 points on the BASDAI scale, compared with the pre-treatment score, or
	  ○ Patient and expert opinion of an adequate clinical response as indicated by a significant functional improvement (measured by outcomes such as HAQ or "ability to return to work").
	Clinical Note:
	• Patients with recurrent uveitis (2 or more episodes within 12 months) as a complication to axial disease do not require a trial of NSAIDs alone.
	Claim Notes:
	• Must be prescribed by a rheumatologist or prescriber with a specialty in rheumatology.
	• Combined use of more than one biologic DMARD will not be reimbursed.
	• Approvals will be for 150mg given at weeks 0, 1, 2, 3, and 4, followed by monthly maintenance dosing. If a patient continues to have active ankylosing spondylitis, a monthly maintenance dosage of 300 mg may be considered.
	• Each 300 mg dose is given as two subcutaneous injections of 150 mg.
	• Initial Approval: 6 months.
	• Renewal Approval: 1 year.				

Change in Benefit Status

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

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Sublocade	100mg/0.5mL Prefilled Syringe	02483084	DNP	SF	ICL
Sublocade	300mg/1.5mL Prefilled Syringe	02483092	DNP	SF	ICL

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
JAMP-Hydrocortisone Acetate/Urea	1%/10% Cr	80061501	DNP	SF	JPC
Mirtazapine	15mg Tab	02496666	DNP	SFC	SIV

Non-Insured Products

The following products will not be insured in the Pharmacare Programs; however, they will be funded through the Exception Drug Fund as per other tacrolimus products in post solid organ transplant.

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Envarsus PA	0.75mg ER Tab	02485877	N/A	**Non-Insured**	PAL
Envarsus PA	1mg ER Tab	02485885	N/A	**Non-Insured**	PAL
Envarsus PA	4mg ER Tab	02485893	N/A	**Non-Insured**	PAL

Legend

PRESCRIBER CODES	BENEFIT STATUS	MANUFACTURER CODES
D - Physician / Dentist	S - Seniors' Pharmacare	AGA - Amgen Canada Inc.
N - Nurse Practitioner	F - Community Services Pharmacare	ICL - Indivior Canada Limited
P - Pharmacist	- Family Pharmacare	JAN - Janssen-Ortho Inc.
M - Midwife	C - Drug Assistance for Cancer Patients	JPC - Jamp Pharma Corporation
O - Optometrist	D - Diabetes Assistance Program	NVR - Novartis Pharmaceuticals Canada Inc.
	E - Exception status applies	PAL - Paladin Labs Inc.
		PFI - Pfizer Canada Inc.
		SIV - Sivem Pharmaceuticals
		TEV - Teva Canada Ltd.
		VAR - *various manufacturer*