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PHYSICIANS' EDITION

NOVA SCOTIA

PharmacareNEWS

inside

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
Skyrizi (risankizumab)	75mg/ 0.83mL Pre-filled Inj	02487454	DNP	E (SF)	ABV
Criteria	• For patients with severe, debilitating chronic plaque psoriasis (PsO) who meet all of the following criteria: ○ Body Surface Area (BSA) involvement of >10% and/or significant involvement of the face, hands, feet or genitals ○ Failure to respond to, contraindication to or intolerant of methotrexate and cyclosporine ○ Failure to respond 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: ○ ≥75% reduction in the Psoriasis Area and Severity Index (PASI) score, OR ○ ≥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
Skyrizi (risankizumab)	75mg/ 0.83mL Pre-filled Inj	02487454	DNP	E (SF)	ABV
Criteria	**Clinical Note:** • Treatment should be discontinued if a response has not been demonstrated by 16 weeks.				

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Probuphine (buprenorphine hydrochloride)	80mg Implant Kit	02474921	DN	E (SF)	KNI
Criteria	• For the treatment of patients with opioid use disorder who have been stabilized on a daily dose of no more than 8mg of sublingual buprenorphine for the preceding 90 days.				

Criteria Update

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

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Kalydeco (ivacaftor)	150mg Tab	02397412	DNP	E (SF)	VTX
Criteria	• For the treatment of cystic fibrosis in patients who are: ○ age 6 years and older and have one of the following cystic fibrosis transmembrane conductance regulator (CFTR) gene mutations: G551D, G1244E, G1349D, G178R, G551S, S1251N, S1255P, S549N or S549R; or ○ age 18 years and older with an R117H mutation in the CFTR gene.				

Criteria Update Continued…

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Kalydeco (ivacaftor)	150mg Tab	02397412	DNP	E (SF)	VTX

Criteria

Renewal criteria[1]:

- Renewal requests will be considered in patients with documented response to treatment as evidenced by the following:
    - In cases where the baseline sweat chloride levels were greater than 60 mmol/L:
        - the patient's sweat chloride level fell below 60 mmol/L; or
        - the patient's sweat chloride level falls by at least 30%
    - In cases where the baseline sweat chloride levels were below 60 mmol/L:
        - the patient's sweat chloride level falls by at least 30%; or
        - the patient demonstrates a sustained absolute improvement in FEV_1 of at least 5% when compared to the FEV_1 test conducted prior to starting therapy. FEV_1 will be compared with the baseline pre-treatment level one month and three months after starting treatment

Clinical Note:

- The patient's sweat chloride level and FEV_1 must be provided with each request.
- A sweat chloride test must be performed within a few months of starting ivacaftor therapy to determine if sweat chloride levels are reducing.
    - If the expected reduction occurs, a sweat chloride test must be performed again 6 months after starting therapy to determine if the full reduction has been achieved. Thereafter, sweat chloride levels must be checked annually.
    - If the expected reduction does not occur, a sweat chloride test should be performed again one week later. If the criteria are not met, coverage will be discontinued.

Claim Notes:

- Approved dose: 150mg every 12 hours.
- Approval period: 1 year.

1. It should be noted that, while baseline sweat chloride levels and FEV_1 are not required to meet initial approval criteria for ivacaftor, these parameters may be used to evaluate the effect of ivacaftor upon renewal of the request. It is important that the physician measures baseline sweat chloride levels and FEV_1 and provides this information upon renewal to avoid delays in the assessment of the renewal funding decision as these measurements may be required to evaluate renewal requests.

Non-Insured Products

The following product will not be insured in the Pharmacare Programs; however, it will be funded through the Exception Drug Fund as per other HIV medications.

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Biktarvy	50mg/200mg/25mg Tab	02478579	N/A	**Not Insured**	GIL

The following product will not be insured in the Pharmacare Programs; however, it will be funded through the Exception Drug Fund.

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Brineura	150mg/5mL	02484013	N/A	**Not Insured**	BMR

Change in Benefit Status

Effective immediately, Lansoprazole Oral Suspension (PIN 00903192) will be a full benefit for patients 19 years and under.

Criteria Codes for Prevacid FasTab 15mg and 30mg

Effective immediately, criteria codes have been added for the use of standard dose* Prevacid FasTab 15mg and 30mg.

[**Criteria code 37]** For patients who require the use of a proton pump inhibitor and require administration through a feeding tube.

[Criteria code 38] For patients 19 years of age and younger, who require the use of a proton pump inhibitor and who cannot use a tablet or capsule.

***Maximum 425 tablets per year**

Legend

PRESCRIBER CODES	BENEFIT STATUS	MANUFACTURER CODES
D - Physician / Dentist	S - Seniors' Pharmacare	ABV - AbbVie Corporation
N - Nurse Practitioner	F - Community Services Pharmacare	BMR - BioMarin Pharmaceuticals Canada
P - Pharmacist	- Family Pharmacare	
M - Midwife	C - Drug Assistance for Cancer Patients	GIL - Gilead Sciences Inc.
O - Optometrist	D - Diabetes Assistance Program	KNI - Knight Therapeutics Inc.
	E - Exception status applies	VTX - Vertex Pharmaceuticals