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NOVA SCOTIA

PharmacareNEWS

inside

Nova Scotia Formulary Updates

Correspondence Address Updates

The correspondence address submitted with your registration as a provider with Medavie will be used for all patient correspondence that Medavie sends you. This address must be accurate and appropriate for receiving and handling private patient information.

You are responsible under the Personal Health Information Act to ensure the patient information sent to your correspondence address is protected from unauthorized disclosure or use. If you need to change your address, prescribers must contact Medavie at provider@medavie.bluecross.ca to update your profile information.

New Exception Status Benefits

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

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Sublocade (buprenorphine)	100mg/0.5mL 300mg/1.5mL	02483084 02483092	DN DN	E (SF) E (SF)	ICL ICL
Criteria	• For the treatment of patients with opioid use disorder who have been stabilized on a dose of 8 mg to 24 mg per day of sublingual buprenorphine for a minimum of seven days. **Clinical Note:** • The patient must be under the care of a prescriber certified under the Sublocade Certification Program. **Claim Note:** • Approvals will be for one prefilled syringe per month.				

New Exception Status Benefits Continued…

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Cotellic (cobimetinib)	20mg Tab	02452340	DNP	E (SFC)	HLR
Criteria	• For the treatment of patients with BRAF V600 mutation-positive unresectable or metastatic melanoma when used in combination with vemurafenib. **Renewal Criteria:** • Written confirmation that the patient has responded to treatment and there is no evidence of disease progression. **Clinical Notes:** • Patients must have a good performance status. • If brain metastases are present, patients should be asymptomatic or have stable symptoms. • Treatment should be discontinued upon disease progression or unacceptable toxicity. **Claim Notes:** • Cobimetinib will not be reimbursed in patients who have progressed on BRAF and/or MEK inhibitor therapy.				

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Cabometyx (cabozantinib)	20mg Tab	02480824	DNP	E (SFC)	IPS
	40mg Tab	02480832	DNP	E (SFC)	IPS
	60mg Tab	02480840	DNP	E (SFC)	IPS
Criteria	• For the treatment of patients with advanced or metastatic renal cell carcinoma (RCC) who have received at least one prior vascular endothelial growth factor receptor (VEGFR) tyrosine kinase inhibitor (TKI) therapy. Treatment may continue until clinically meaningful disease progression or unacceptable toxicity. **Clinical Notes:** • Patients with any histology (clear cell or non-clear cell) and IMDC risk are eligible. • For patients treated with a VEGF-TKI (sunitinib or pazopanib) first-line, cabozantinib may be used as either a second or third-line treatment option. If cabozantinib is used as second-line therapy, nivolumab may be used as third-line therapy or vice-versa. • For patients treated with nivolumab + ipilimumab first-line and VEGF TKI (sunitinib or pazopanib) second-line, either cabozantinib or axitinib may be used as third-line therapy. • Sequential use of cabozantinib and axitinib (as a single agent) is not funded except in the case of intolerance or contraindication.				

New Exception Status Benefits Continued…

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Xeljanz XR (tofacitinib)	11mg XR Tab	02470608	DNP	E (SF)	PFI
Criteria	• For the treatment of severely active rheumatoid arthritis, in combination with methotrexate or other disease modifying antirheumatic drugs (DMARDs), in adult patients who are refractory or intolerant to: ○ methotrexate (oral or parenteral) at a dose of ≥ 20mg weekly (≥15mg if patient is ≥ 65 years of age) for a minimum of 12 weeks, followed by methotrexate in combination with at least two other DMARDs, such as hydroxychloroquine and sulfasalazine, for a minimum of 12 weeks; OR ○ initial use of triple DMARD therapy with methotrexate in combination with at least two other DMARDs such as hydroxychloroquine and sulfasalazine, for a minimum of 24 weeks. **Clinical Notes:** • For patients who do not demonstrate a clinical response to oral methotrexate, or who experience gastrointestinal intolerance, a trial of parenteral methotrexate must be considered. • Optimal treatment response may take up to 24 weeks; however coverage of tofacitinib can be considered if no improvement is seen after 12 weeks of triple DMARD use. • If the patient is intolerant to triple DMARD therapy, then dual therapy with DMARDs (methotrexate, hydroxychloroquine, leflunomide, sulfasalazine) must be considered. • Refractory is defined as lack of effect at the recommended doses and for duration of treatments specified above. • Intolerant is defined as demonstrating serious adverse effects or contraindications to treatments as defined in product monographs. The nature of intolerance(s) must be clearly documented. • Must be prescribed by a rheumatologist. • Combined use with biologic DMARD will not be reimbursed				

Criteria Updates

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

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Tagrisso (osimertinib)	40mg Tab 80mg Tab	02456214 02456222	DNP DNP	E (SFC) E (SFC)	AZE AZE
Criteria	• For the first-line treatment of patients with locally advanced (not amenable to curative-intent therapy) or metastatic non-small cell lung cancer (NSCLC) whose tumors have the following epidermal growth factor receptor (EGFR) mutations: exon 19 deletions [exon 19 del] or exon 21 [L858R] mutations. Eligible patients should be previously untreated in the locally advanced or metastatic setting and have a good performance status. Treatment may continue until clinically meaningful disease progression or unacceptable toxicity.				

Criteria Updates Continued…

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Tagrisso (osimertinib)	40mg Tab 80mg Tab	02456214 02456222	DNP DNP	E (SFC) E (SFC)	AZE AZE
Criteria	• For the treatment of patients with locally advanced or metastatic epidermal growth factor receptor (EGFR) T790M mutation-positive non-small cell lung cancer (NSCLC) who have progressed on EGFR tyrosine kinase inhibitor (TKI) therapy, or as initial therapy in patients with a *de novo* EGFR T790M mutation. **Clinical Notes:** • Patients currently receiving alternate first-line EGFR TKI's (e.g. erlotinib, gefitinib, afatinib) whose tumors have the noted EGFR mutations (exon 19 del or L858R) may be switched to osimertinib provided they meet all other funding criteria and have not experienced disease progression. • Patients who have initiated treatment with chemotherapy prior to receiving results of the EGFR mutation status may be switched to osimertinib if otherwise eligible. • Osimertinib may be continued until there is evidence of disease progression or the development of unacceptable toxicity.				

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

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Zelboraf (vemurafenib)	240mg Tab	02380242	DNP	E (SFC)	HLR
Criteria	• For the treatment of patients with BRAF V600 mutation-positive unresectable or metastatic melanoma when used alone or in combination with cobimetinib. **Renewal Criteria:** • Written confirmation that the patient has responded to treatment and there is no evidence of disease progression. **Clinical Notes:** • Patients must have a good performance status. • If brain metastases are present, patients should be asymptomatic or have stable symptoms. • Treatment should be discontinued upon disease progression or unacceptable toxicity. **Claim Note:** • Vemurafenib will not be reimbursed in patients who have progressed on BRAF and/or MEK inhibitor therapy.				

New Product

Effective **immediately,** the following new 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
Izba	0.003% Oph Sol	02457997	DNP	SF	NVR

Legend

PRESCRIBER CODES	BENEFIT STATUS	MANUFACTURER CODES
D - Physician / Dentist	S - Seniors' Pharmacare	AZE - AstraZeneca Canada Inc.
N - Nurse Practitioner	F - Community Services Pharmacare	HLR - Hoffmann-LaRoche Limited
P - Pharmacist	- Family Pharmacare	ICL - Indivior Canada Limited
M - Midwife	C - Drug Assistance for Cancer Patients	IPS - Ipsen Biopharmaceuticals Canada Inc.
O - Optometrist	D - Diabetes Assistance Program	NVR - Novartis Pharmaceuticals Canada Inc.
	E - Exception status applies	PFI - Pfizer Canada Inc.