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NOVA SCOTIA

PharmacareNEWS

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Nova Scotia Formulary Updates

New Exception Status Products

The following new products have been listed with the following criteria, effective **December 1, 2025**.

PRODUCT	STRENGTH	DIN	BENEFIT STATUS	MFR
Ferinject (ferric carboxymaltose)	50mg/mL Single-use Vial	02546078	E (SFC)	CSL

Criteria

Iron Deficiency Anemia

- For the treatment of iron deficiency anemia in patients intolerant to oral iron replacement products; OR
- For patients who have not responded to adequate therapy with 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.

Iron Deficiency in Heart Failure

For the treatment of adult patients with heart failure and NYHA class II or III and who have:

- LVEF ≤ 40%
- Ferritin ≤ 300 mcg/L with a TSAT < 15%

Initial and Subsequent Renewal

If a patient requires iron repletion again after receiving the full dose of ferric carboxymaltose, the physician must provide proof that the patient meets initial approval criteria (NYHA class II or III, LVEF ≤ 40%, and ferritin ≤ 300 mcg/L with a TSAT < 15%).

New Exception Status Products Continued…

PRODUCT	STRENGTH	DIN	BENEFIT STATUS	MFR
Ferinject (ferric carboxymaltose)	50mg/mL Single-use Vial	02546078	E (SFC)	CSL
Criteria	**Claim Notes:** • Must be prescribed by a cardiologist or clinician experienced in the management of chronic HF • Initial and renewal approval duration: 24 weeks			

PRODUCT	STRENGTH	DIN	BENEFIT STATUS	MFR
Noyada (captopril)	5mg/5mL Oral Solution 25mg/5mL Oral Solution	02543907 02543915	E (SF) E (SF)	ETH ETH
Criteria	• For patients who require administration through a feeding tube. **[Criteria Code 37]** • For patients 19 years of age and younger, who cannot use a tablet or capsule. **[Criteria Code 38]**			

PRODUCT	STRENGTH	DIN	BENEFIT STATUS	MFR
Pexegra (pegfilgrastim)	10mg/mL Pre-filled Syringe	02553945	E (SFC)	JPC
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; **[Criteria Code 01]** OR • have had an episode of febrile neutropenia, neutropenic sepsis or profound neutropenia in a previous cycle of chemotherapy; **[Criteria Code 02]** OR • have had a dose reduction, or treatment delay greater than one week due to neutropenia **[Criteria Code 03]** **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 new indication has been added to existing criteria effective **December 1, 2025**.

PRODUCT	STRENGTH	DIN	BENEFIT STATUS	MFR
Dimethyl Fumarate	120mg DR Cap 240 mg DR Cap	Various Various	E (SF) E (SF)	VAR VAR
Criteria	**Radiologically Isolated Syndrome** • For the treatment of adult patients with radiologically isolated syndrome (RIS) who are diagnosed with RIS by a neurologist based on the most current RIS criteria. **Claims Notes:** • Must be prescribed by a neurologist with experience in the diagnosis and management of RIS. • Combined use with other disease modifying therapies to treat RIS will not be reimbursed. • Initial approval: 2 years • Renewal approval: 5 years			

PRODUCT	STRENGTH	DIN	BENEFIT STATUS	MFR
Teriflunomide	14mg Tab	Various	E (SF)	VAR
Criteria	**Radiologically Isolated Syndrome** • For the treatment of adult patients with radiologically isolated syndrome (RIS) who are diagnosed with RIS by a neurologist based on the most current RIS criteria. **Claims Notes:** • Must be prescribed by a neurologist with experience in the diagnosis and management of RIS. • Combined use with other disease modifying therapies to treat RIS will not be reimbursed. • Initial approval: 2 years • Renewal approval: 5 years			

Criteria Updates Continued…

The following criteria has been updated to include criteria codes effective **December 1, 2025**.

PRODUCT	STRENGTH	DIN	BENEFIT STATUS	MFR
pms-Ipratropium	125mcg/mL Polynebs	02231135	E (SFC)	PMS
AA-Ipravent	250mcg/mL Inh Sol	02126222	E (SFC)	AAP
pms-Ipratropium	250mcg/mL Polynebs	02231244	E (SFC)	PMS
Teva-Ipratropium	250mcg/mL Sterinebs	02216221	E (SFC)	TEV
pms-Ipratropium	250mcg/mL Polynebs	02231245	E (SFC)	PMS
pms-Salbutamol	0.5mg/mL Polynebs	02208245	E (SFC)	PMS
pms-Salbutamol	1mg/mL Polynebs	02208229	E (SFC)	PMS
Teva-Salbutamol	1mg/mL Sterinebs	01926934	E (SFC)	TEV
pms-Salbutamol	2mg/mL Polynebs	02208237	E (SFC)	PMS
Teva-Salbutamol	2mg/mL Sterinebs	02173360	E (SFC)	TEV
Ventolin	5mg/mL Resp Sol	02213486	E (SFC)	GSK
Ipratropium & Salbutamol	0.5mg/2.5mg/2.5mL Inh Sol	02483394	E (SFC)	MDN
Teva-Combo Sterinebs		02272695	E (SFC)	TEV
Criteria	• For adult patients with a vital capacity of 900mL or less **[Criteria Code 01]** • For adult patients with a respiratory rate greater than 25 breaths/minute. **[Criteria Code 02]** • For patients who have demonstrated they cannot follow instructions, cannot hold the spacer device or cannot hold the device long enough to actuate it. **[Criteria Code 03]**			

Change in Benefit Status

Effective **December 1, 2025**, the following product will be delisted as a benefit under the Pharmacare Programs.

PRODUCT	STRENGTH	DIN	BENEFIT STATUS	MFR
Docusate Sodium	100mg Cap	00716731	**Non Insured**	TAR

New Benefits

Effective **December 1, 2025,** the following products will be added as benefits in the Nova Scotia Formulary. The benefit status within the Pharmacare Programs is indicated.

PRODUCT	STRENGTH	DIN	BENEFIT STATUS	MFR
Axberi	30mg/0.3mL Pre-filled Syringe	02539977	SFC	BAX
Axberi	40mg/0.4mL Pre-filled Syringe	02539985	SFC	BAX
Axberi	60mg/0.6mL Pre-filled Syringe	02540002	SFC	BAX
Axberi	80mg/0.8mL Pre-filled Syringe	02540010	SFC	BAX
Axberi	100mg/1mL Pre-filled Syringe	02540045	SFC	BAX
Axberi HP	120mg/0.8mL Pre-filled Syringe	02540029	SFC	BAX
Axberi HP	150mg/1mL Pre-filled Syringe	02540037	SFC	BAX
Clobazam	Oral Suspension	00903405	F*	N/A
Loperamide	2mg Cap	02544989	SFC	JPC
Omeprazole	Oral Suspension	00903104	FC*	N/A
Quetiapine	Oral Suspension	00904441	F*	N/A
Solu-Medrol (no preservative)	40mg/Vial	02367947	SFC	PFI
Solu-Medrol (no preservative)	125mg/Vial	02367955	SFC	PFI

*New compound benefits for individuals 19 years and under

Legend

BENEFIT STATUS

S - Seniors' Pharmacare
F - Community Services Pharmacare
- Family Pharmacare
C - Drug Assistance for Cancer Patients
D - Diabetes Assistance Program
E - Exception status applies
G - Sensor-based Glucose Monitoring Program

MANUFACTURER CODES

AAP - AA Pharma Inc.
BAX - Baxter Corporation
CSL - CSL Behring Canada Inc.
ETH - Ethypharm Inc
GSK - GlaxoSmithKline Inc.
JPC - Jamp Pharma Corporation
MDN - MDA Inc
PFI - Pfizer Canada Inc.
PMS - Pharmascience Inc.
TAR - Taro Pharmaceuticals Inc.
TEV - Teva Canada Ltd.
VAR - *various manufacturers*