SEPTEMBER 2022 • VOLUME 22-08
PRESCRIBERS' EDITION

NOVA SCOTIA

PharmacareNEWS

inside

Nova Scotia Formulary Updates

Non-Insured Product

The following product is not funded in the Pharmacare Programs; however, it is funded through the Exception Drug Fund with specific criteria, effective **October 1, 2022.**

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Zolgensma (onasemnogene abeparvovec)	2 x 10^{13} vector genomes/mL Vial	02509695	N/A	**Not Insured**	NVR

New Exception Status Benefit

The following new product will be listed with the following criteria, effective **October 1, 2022**.

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Evrysdi (risdiplam)	0.75mg/mL Pws for Sol	02514931	DNP	E (F)	HLR

Criteria

Spinal Muscular Atrophy

For patients diagnosed with 5q Spinal Muscular Atrophy (SMA) under the care of a specialist with experience in the diagnosis and management of SMA, if the following clinical criteria are met:

- Genetic documentation of 5q SMA homozygous gene deletion or compound heterozygote, AND
- Patients who:
  - are symptomatic and have genetic documentation of two or three copies of the SMN2 gene, AND

New Exception Status Benefits Continued…

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Evrysdi (risdiplam)	0.75mg/mL Pws for Sol	02514931	DNP	E (F)	HLR
Criteria	○ aged between 2 months and 7 months (inclusive), OR ○ aged 8 months up to 25 years and are non-ambulatory • Patient is not currently requiring permanent invasive ventilation*, AND • A baseline assessment using an age-appropriate scale (the Hammersmith Infant Neurological Examination [HINE] Section 2, Children's Hospital of Philadelphia Infant Test of Neuromuscular Disorders [CHOP INTEND], or Hammersmith Functional Motor Scale-Expanded [HFMSE]) must be completed prior to initiation of risdiplam treatment. • For continued coverage, the patient must meet the following criteria: ○ There is demonstrated achievement or maintenance of motor milestone function (as assessed using age-appropriate scales: the [HINE] Section 2, CHOP INTEND, or HFMSE) after treatment initiation in patients aged between 2 months and 2 years at the time of treatment initiation; OR ○ There is demonstrated maintenance of motor milestone function (as assessed using age-appropriate scales: the HINE Section 2, CHOP INTEND, or HFMSE) after treatment initiation in patients aged between 2 years and 25 years at the time of treatment initiation; AND ○ Patient does not require permanent invasive ventilation*. The decision to discontinue reimbursement should be based on 2 assessments separated by no longer than a 12-week interval. **Claim Notes:** • Coverage for risdiplam will not be provided in combination with other SMA drug therapies or post administration of onasemnogene abeparvovec. • Approval: 12 months * Permanent invasive ventilation is defined as the use of tracheostomy and a ventilator due to progression of SMA that is not due to an identifiable and reversible cause.				

Criteria Updates

The following criteria has been updated to include criteria codes effective **October 1, 2022**.

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Benzydamine Oral Rinse	0.15% Oral Rinse	Various	DNP	E (SFC)	VAR
Criteria	• For oncology patients only. **[Criteria Code 01]**				

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Akynzeo (netupitant/palon-osetron)	300mg/0.5mg Capsule	02468735	DNP	E (SFC)	ELV

Criteria	• In combination with dexamethasone for the prevention of acute and delayed nausea and vomiting in patients receiving:
	  ○ highly emetogenic chemotherapy, **[Criteria Code 01]** OR
	  ○ moderately emetogenic chemotherapy who have had inadequate symptom control using a 5-HT3 antagonist and dexamethasone in a previous cycle. **[Criteria Code 02]**
	Clinical Notes:
	• Highly emetogenic chemotherapy (HEC) may include, but is not limited to: cisplatin regimens, anthracycline and cyclophosphamide combination regimens, and regimens containing carmustine, mechlorethamine, streptozocin, dacarbazine and cyclophosphamide ≥ 1500mg/m^2.
	• Patients who receive carboplatin-based regimens with AUC ≥ 4 are also eligible to receive netupitant/palonosetron in combination with dexamethasone for primary prevention of acute and delayed nausea and vomiting.				

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Emend (aprepitant)	80mg Capsule	02298791	DNP	E (SFC)	FRS
	125mg Capsule	02298805	DNP	E (SFC)	FRS
	Tri-Pack Capsule	02298813	DNP	E (SFC)	FRS

Criteria	• In combination with a 5-HT3 antiemetic and dexamethasone for the prevention of acute and delayed nausea and vomiting in patients receiving:
	  ○ highly emetogenic chemotherapy, **[Criteria Code 01]** OR
	  ○ moderately emetogenic chemotherapy who have had inadequate symptom control using a 5-HT3 antagonist and dexamethasone in a previous cycle. **[Criteria Code 02]**				

Criteria Updates Continued…

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Emend (aprepitant)	80mg Capsule	02298791	DNP	E (SFC)	FRS
	125mg Capsule	02298805	DNP	E (SFC)	FRS
	Tri-Pack Capsule	02298813	DNP	E (SFC)	FRS
Criteria	**Clinical Notes:** • Highly emetogenic chemotherapy (HEC) may include, but is not limited to: cisplatin regimens, anthracycline and cyclophosphamide combination regimens, and regimens containing carmustine, mechlorethamine, streptozocin, dacarbazine and cyclophosphamide ≥ 1500mg/m^2. • Patients who receive carboplatin-based regimens with AUC ≥ 4 are also eligible to receive aprepitant in combination with a 5-HT3 antiemetic and dexamethasone for the primary prevention of acute and delayed nausea and vomiting.				

Change in Benefit Status

Effective **October 1, 2022**, the following product will move to full benefit and no longer require exception status approval.

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Rexulti (brexpiprazole)	Various	Various	DNP	SF	OTS

New Benefit

Effective **October 1, 2022,** the following product has been added to the Nova Scotia Formulary. The benefit status within the Pharmacare Programs is indicated and existing criteria will apply.

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Xolair	150mg Prefilled Syringe	02459795	DNP	E (SF)	NVR

Legend

PRESCRIBER CODES	BENEFIT STATUS	MANUFACTURER CODES
D - Physician / Dentist	S - Seniors' Pharmacare	ELV - Elvium Life Sciences
N - Nurse Practitioner	F - Community Services Pharmacare	FRS - Merck Canada Ltd.
P - Pharmacist	- Family Pharmacare	HLR - Hoffmann-LaRoche Limited
M - Midwife	C - Drug Assistance for Cancer Patients	NVR - Novartis Pharmaceuticals Canada Inc.
O - Optometrist	D - Diabetes Assistance Program	OTS - Otsuka Canada Pharmaceuticals
	E - Exception status applies	VAR - *various manufacturers*