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NOVA SCOTIA

PharmacareNEWS

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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
Prevymis (letermovir)	240mg Tab	02469375	DNP	E (SF)	FRS
	480mg Tab	02469383	DNP	E (SF)	FRS
	240mg IV Sol	02469367	DNP	E (SF)	FRS
	480mg IV Sol	02469405	DNP	E (SF)	FRS

Criteria

- For the prevention of cytomegalovirus (CMV) infection in adult CMV-seropositive recipients [R+] of an allogeneic hematopoietic stem cell transplant (HSCT) who have undetectable CMV viremia at baseline and meet one of the following criteria:
  - umbilical cord blood as a stem cell source
  - recipient of a haploidentical transplant
  - recipient of T-cell depleted transplant
  - treated with antithymocyte globulin (ATG) for conditioning
  - requiring high-dose steroids or other immunosuppression for acute graft versus host disease (GVHD)
  - treated with ATG for steroid-refractory acute GVHD
  - documented history of CMV disease prior to transplantation

Clinical Note:

- High-dose steroids is defined as the use of greater than or equal to 1 mg/kg/day of prednisone or equivalent dose of another corticosteroid.

New Exception Status Benefits Continued

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Prevymis	240mg Tab	02469375	DNP	E (SF)	FRS
(letermovir)	480mg Tab	02469383	DNP	E (SF)	FRS
	240mg IV Sol	02469367	DNP	E (SF)	FRS
	480mg IV Sol	02469405	DNP	E (SF)	FRS
Criteria	**Claim Notes:** • Must be prescribed by a medical oncologist, hematologist, or infectious disease specialist or other physician with experience in the management of HSCT. • Approvals will be for a maximum dose of 480 mg per day. • Approval period: 100 days per HSCT.				

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Takhzyro	300mg/2mL Vial	02480948	DNP	E (SF)	TAK
(lanadelumab)	300mg/2mL Prefilled Syringe	02505614	DNP	E (SF)	TAK
Criteria	• For the routine prevention of attacks of type I or II hereditary angioedema (HAE) in patients 12 years of age and older who have experienced at least three HAE attacks within any four-week period and required the use of an acute injectable treatment. **Discontinuation Criteria:** • No reduction in the number of HAE attacks for which acute injectable treatment was received during the first three months of treatment with lanadelumab compared to the number of attacks observed before initiating treatment with lanadelumab; **OR** • Increase in the number of HAE attacks for which acute injectable treatment was received compared to the number of attacks before initiating treatment with lanadelumab. **Clinical Note:** • The pre-treatment attack rate must be provided for those patients who are already receiving long-term prophylactic treatment for HAE and intend to transition to lanadelumab. **Claim Notes:** • Must be prescribed by a physician experienced in the diagnosis and treatment of HAE. • Combination use of Takhzyro (lanadelumab) with other long-term prophylactic treatment of HAE (e.g., C1 esterase inhibitor) will not be funded. • Approvals will be for a maximum of 300 mg every two weeks. • Initial approval period: 3 months. • Renewal approval period: 6 months.				

New Exception Status Benefits Continued

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Takhzyro	300mg/2mL Vial	02480948	DNP	E (SF)	TAK
(lanadelumab)	300mg/2mL Prefilled Syringe	02505614	DNP	E (SF)	TAK
Criteria	• Claims for Takhzyro 300mg/2mL vial and 300mg/2mL prefilled syringe that exceed the maximum claim amount of $9,999.99 must be divided and submitted as separate transactions using the DIN first and then the following PINs: o Takhzyro 300mg/2mL Vial ▪ 00904577 ▪ 00904578 o Takhzyro 300mg/2mL Prefilled Syringe ▪ 00904638 ▪ 00904639				

Criteria Updates

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

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Biphentin	10mg Cap	02277166	DN	E (SF)	ELV
(methylpheni-	15mg Cap	02277131	DN	E (SF)	ELV
date)	20mg Cap	02277158	DN	E (SF)	ELV
	30mg Cap	02277174	DN	E (SF)	ELV
	40mg Cap	02277182	DN	E (SF)	ELV
	50mg Cap	02277190	DN	E (SF)	ELV
	60mg Cap	02277204	DN	E (SF)	ELV
	80mg Cap	02277212	DN	E (SF)	ELV
Criteria	• For the treatment of patients with attention deficit hyperactivity disorder who have tried other forms of extended-release methylphenidate with unsatisfactory results. **Claim Note:** • The maximum dose reimbursed is 80 mg daily.				

Criteria Updates Continued

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Vyvanse (**lisdexamfeta-mine**)	10mg Cap	02439603	DNP	E (SF)	TAK
	20mg Cap	02347156	DNP	E (SF)	TAK
	30mg Cap	02322951	DNP	E (SF)	TAK
	40mg Cap	02347164	DNP	E (SF)	TAK
	50mg Cap	02322978	DNP	E (SF)	TAK
	60mg Cap	02347172	DNP	E (SF)	TAK
	10mg Chewtab	02490226	DNP	E (SF)	TAK
	20mg Chewtab	02490234	DNP	E (SF)	TAK
	30mg Chewtab	02490242	DNP	E (SF)	TAK
	40mg Chewtab	02490250	DNP	E (SF)	TAK
	50mg Chewtab	02490269	DNP	E (SF)	TAK
	60mg Chewtab	02490277	DNP	E (SF)	TAK
Criteria	• For treatment of patients with attention deficit hyperactivity disorder who have tried extended-release methylphenidate, dexamphetamine or mixed salts amphetamine with unsatisfactory results. **Claim Note:** • The maximum dose reimbursed is 60 mg daily.				

Changes in Benefit Status

Effective immediately, the following products have moved to full benefit status and exception status approvals are no longer required for:

- Abilify and generic brands (aripiprazole)
- Concerta and generics brands (extended-release methylphenidate)

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Abilify and generic brands	Various	Various	DNP	SF	VAR
Concerta and generic brands	Various	Various	DNP	SF	VAR

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-K Effervescent	25mEq Tab	80033602	DNP	SF	JPC
Jamp-Potassium Chloride ER	600mg Cap	80062704	DNP	SF	JPC

Delisted Products

Effective **immediately,** the following products have moved to non-benefit status and will no longer be covered under the Nova Scotia Pharmacare Programs.

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Dobutamine	12.5mg/mL Inj	02242010	N/A	**Not Insured**	SDZ
Neo-Synephrine	10mg/mL Inj	02241980	N/A	**Not Insured**	PFI

New Benefit – US-Labelled Depo-Provera Contraceptive Injection (CI)

Pfizer Canada ULC has received approval from Health Canada for the importation and release of a limited supply of US-labelled Depo-Provera CI (medroxyprogesterone) 150mg/mL prefilled syringes to mitigate the shortage of Depo-Provera in Canada related to the COVID-19 pandemic.

The Nova Scotia Pharmacare Programs will be adding this product as a temporary benefit **effective September 1, 2021.**

The US-labelled Depo-Provera CI has the same active ingredient and route of administration as the Canadian product but pharmacists are advised that the US-labelled Depo-Provera CI is a prefilled syringe and is indicated only for the prevention of pregnancy and is not indicated for the treatment of endometriosis. When prescribing or dispensing this product, pharmacists are directed to consult the Pfizer Dear Healthcare Professional at the following link: https://www.pfizer.ca/sites/default/files/202106/Signed_Final_DHCPL_Depo-Provera_28June2021_EN.pdf.

PRODUCT	STRENGTH	PIN	PRESCRIBER	BENEFIT STATUS	MFR
Depo-Provera	150mg/mL Prefilled Syringe	09858134	DNP	SFC	PFI