

PharmacareNEWS

inside

Nova Scotia Formulary Updates

New Exception Status Benefits

- Skyrizi (risankizumab)
- Xydalba (dalbavancin hydrochloride)

Criteria Updates

- Temodal and generic brands (temozolomide)
- Exjade and generic brands (deferasirox)
- Jadenu and generic brands (deferasirox)

Change in Benefit Status

- Olanzapine

New Benefits

Nova Scotia Formulary Updates

New Exception Status Benefits

The following new products have been listed with the following criteria, effective **April 1, 2024**.

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Skyrizi	600mg/10mL Vial	02532107	DNP	E (SF)	ABV
(risankizumab)	360mg/2.4mL Prefilled Ctg Inj	02532093	DNP	E (SF)	ABV

Criteria

- For patients with moderate to severely active Crohn's disease and are refractory or have contraindications to an adequate course of 5-aminosalicylic acid and corticosteroids and other immunosuppressive therapy.

Clinical Note:

- Refractory is defined as lack of effect at the recommended doses and for duration of treatments specified above.

Claim Notes:

- Must be prescribed by a gastroenterologist or physician with a specialty in gastroenterology.
- Combined use of more than one biologic disease-modifying antirheumatic drugs (DMARD) will not be reimbursed.
- Initial reimbursement will be for intravenous doses of 600mg at Weeks 0, 4 and 8, with clinical response to be assessed prior to Week 12. Subsequent reimbursement for maintenance dosing is 360mg subcutaneously at Week 12, every 8 weeks thereafter.
- Initial Approval: 16 weeks
- Renewal Approval: 1 year

New Exception Status Benefits Continued...

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Xydalba (dalbavancin hydrochloride)	500mg Vial	02480522	DNP	E (SF)	PAL
Criteria	<ul style="list-style-type: none"> For the treatment of adult patients with acute bacterial skin and skin structure infections (ABSSSI) who meet all the following criteria: <ul style="list-style-type: none"> known or suspected methicillin-resistant Staphylococcus aureus (MRSA) ABSSSI; AND high risk of nonadherence to outpatient antibiotic treatment or high risk of nonadherence to prolonged hospitalization. <p>Claim Notes:</p> <ul style="list-style-type: none"> Approvals will be for a maximum 1500mg per treatment course. 				

Criteria Updates

The following criteria has been updated and will replace existing criteria effective **April 1, 2024**.

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Exjade and generic brands (deferasirox)	Various	Various	DNP	E (SF)	VAR
Criteria	<ul style="list-style-type: none"> For the treatment of chronic iron overload. 				

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Jadenu and generic brands (deferasirox)	Various	Various	DNP	E (SF)	VAR
Criteria	<ul style="list-style-type: none"> For the treatment of chronic iron overload. 				

Criteria Updates Continued...

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Temodal and generic brands (temozolomide)	Various	Various	DNP	E (SFC)	VAR
Criteria	<ul style="list-style-type: none"> For the treatment of patients with high grade gliomas as monotherapy or in combination with other therapies such as radiation. <p>Clinical Notes:</p> <ul style="list-style-type: none"> Patients should have a good performance status. Treatment should be continued until there is no longer a clinical benefit or unacceptable toxicity. 				

Change in Benefit Status

Effective **April 1, 2024**, the following products will be added to the Drug Assistance for Cancer Patients Program.

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Olanzapine	Various	Various	DNP	SFC	VAR
Olanzapine ODT	Various	Various	DNP	SFC	VAR

New Benefits

Effective **April 1, 2024**, the following products will be added as benefits in 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
Erleada	240mg Tab	02540185	DNP	E (SFC)	JAN
Hyrimoz	20mg/0.2mL Prefilled Syringe	02542315	DNP	E (SF)	SDZ
Hyrimoz	40mg/0.4mL Autoinjector	02542331	DNP	E (SF)	SDZ
Hyrimoz	40mg/0.4mL Prefilled Syringe	02542323	DNP	E (SF)	SDZ
Hyrimoz	80mg/0.8mL Autoinjector	02542366	DNP	E (SF)	SDZ
Hyrimoz	80mg/0.8mL Prefilled Syringe	02542358	DNP	E (SF)	SDZ
Uceris	2mg/Act	02498057	DNP	SF	BSL

Legend

PRESCRIBER CODES	BENEFIT STATUS	MANUFACTURER CODES
D - Physician / Dentist	S - Seniors' Pharmacare	ABV - AbbVie Corporation
N - Nurse Practitioner	F - Community Services Pharmacare	BSL - Bausch Health, Canada Inc.
P - Pharmacist	- Family Pharmacare	JAN - Janssen-Ortho Inc.
M - Midwife	C - Drug Assistance for Cancer Patients	PAL - Paladin Labs Inc
O - Optometrist	D - Diabetes Assistance Program	SDZ - Sanofi-Aventis Canada Inc.
	E - Exception status applies	VAR - <i>various manufacturers</i>