

PEI Pharmacare P.O. Box 2000 Charlottetown, PE C1A 7N8 www.healthpei.ca

## Santé Î.-P.-É. Un système de santé unique

Programmes provinciaux de medicaments C.P. 2000 Charlottetown, PE C1A 7N8 www.healthpei.ca

## **PEI Pharmacare Bulletin**

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## <u>NEW PRODUCT(S) ADDED TO THE PEI PHARMACARE FORMULARY</u> (EFFECTIVE DATE: FEBRUARY 22, 2021)

Product (Generic name)	Product (Brand name)	Strength	Dosage Form	DIN	MFR	
Risankizumab	Skyrizi	75 mg/0.83 ml	Prefilled Syringe	02487454	ABV	
<u>Risankizumab</u> Criteria	<ul> <li>For the treatment of patier of the following criteria:</li> <li>Psoriasis Area Severity In</li> <li>Major involvement of visileading to scratching or the</li> <li>Refractory, intolerant or</li> <li>Phototherapy (unless rest</li> <li>Methotrexate (oral or par of age) for a minimum of 1</li> <li>Clinical notes:</li> <li>For patients who do not of experience gastrointestinal</li> <li>Refractory is defined as la treatments specified above</li> </ul>	<ul> <li>For the treatment of patients with chronic moderate to severe plaque psoriasis who meet all of the following criteria:</li> <li>Psoriasis Area Severity Index (PASI) &gt; 10; and Dermatology Life Quality Index (DLQI) &gt; 10; or</li> <li>Major involvement of visible areas, scalp, genitals, at least two finger nails, presence of itch leading to scratching or the presence of recalcitrant plaques; AND</li> <li>Refractory, intolerant or have contraindications to:</li> <li>Phototherapy (unless restricted by geographic location); and</li> <li>Methotrexate (oral or parenteral) at a dose of ≥ 20mg weekly (≥15mg if patient is ≥65 years of age) for a minimum of 12 weeks or cyclosporine for a minimum of 6 weeks</li> </ul>				
	Claim notes: • Combined use of more than one biologic DMARD will not be reimbursed					
	Maximum dosages as per criteria on the PEI Pharmacare Formulary					
	• Initial approval: 16 weeks. Renewal approval: 1 year. Confirmation of continued response is required					
Program Eligibility	High Cost Drug Program, Ca	atastrophic Drug Pr	ogram			

## **IMPORTANT NOTICES**

• Pharmacists are reminded that insulin-dependent Pharmacare clients are now able to have 100 eligible blood glucose test strips (BGTS) covered under the Diabetes Drug Program every 25 days. This is an increase in prior BGTS coverage, which was 100 strips every 30 days.