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P.E.I. Pharmacare Bulletin

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NEW PRODUCT(S) ADDED TO THE PEI PHARMACARE FORMULARY
(Effective Date: March 25, 2019)

Product (Generic Name)	Product (Brand Name)	Strength	Dosage Form	DIN	MFR
Brexpiprazole	**Rexulti**	0.25 mg 0.5 mg 1 mg 2 mg 3 mg 4 mg	tablet tablet tablet tablet tablet tablet	02461749 02461757 02461765 02461773 02461781 02461803	OTS OTS OTS OTS OTS OTS
Criteria	For the treatment of schizophrenia and schizoaffective disorders in patients who have a contraindication to a trial of at least two less expensive antipsychotic agents because of intolerance or lack of response				
Program Eligibility	Family Health Benefit Drug Program, Financial Assistance Drug Program, Seniors Drug Program, Nursing Home Drug Program, Catastrophic Drug Program				

Product (Generic Name)	Product (Brand Name)	Strength	Dosage Form	DIN	MFR
Brodalumab	**Siliq**	210 mg/1.5 ml	syringe	02473623	VAL
Criteria	For the treatment of patients with chronic moderate to severe plaque psoriasis who meet all of the following criteria: • Psoriasis Area Severity Index (PASI) > 10; and Dermatology Life Quality Index (DLQI) > 10; or • 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 • Refractory, intolerant or have contraindications to: - Phototherapy (unless restricted by geographic location); and - 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 Clinical notes: • For patients who do not demonstrate a clinical response to oral methotrexate, or who experience gastrointestinal intolerance, a trial of parenteral methotrexate must be considered • Refractory is defined as lack of effect at the recommended doses and for duration of treatments specified above. • Intolerant is defined as demonstrating serious adverse effects to treatments. The nature of intolerance(s) must be clearly documented. Claim notes: • Combined use of more than one biologic DMARD will not be reimbursed • Maximum dosages as per existing 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, Catastrophic Drug Program				