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P.E.I. Pharmacare Bulletin

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

Product (Generic Name)	Product (Brand Name)	Strength	Dosage Form	DIN	MFR
Hyoscine butylbromide	**Hyoscine butylbromide**	20 mg/ml	vial	02229868	SDZ
Criteria	Open benefit				
Program Eligibility	Nursing Home Program				
Ixekizumab	**Taltz**	80 mg/ml 80 mg/ml	auto-injector syringe	02455102 02455110	LIL LIL
Criteria	a) For the treatment of predominantly axial psoriatic arthritis who are refractory, intolerant or have contraindications to the sequential use of at least two NSAIDs for a minimum of two weeks each. b) For the treatment of predominantly peripheral psoriatic arthritis who are refractory or intolerant to: - Sequential use of at least two NSAIDs for a minimum of two weeks each; and - Methotrexate (oral or parenteral) at a dose of ≥ 20mg weekly (≥15mg if patient is ≥65 years of age) for a minimum of 8 weeks; and - Leflunomide for a minimum of 10 weeks or sulfasalazine for a minimum of 3 months 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 • Initial approval duration and 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				

Criteria Update (Effective Immediately)

Crizotinib	**Xalkori**	200 mg 250 mg	capsule capsule	02384256 02384264	PFI PFI
Criteria	Criteria has been updated to the following: For the treatment of patients with anaplastic lymphoma kinase (ALK)-positive locally advanced non-small cell lung cancer with an ECOG performance status of ≤2 when used as: a) first line therapy or b) second line therapy following chemotherapy				
Program Eligibility	High Cost Drug Program, Catastrophic Drug Program				

Notices

Sodium Bicarbonate 500mg tablets (DIN 00392839) are now an open benefit in the Financial Assistance Drug Program.

PseudoDIN 00999971 has been assigned to enteric coated acetylsalicylic acid 81mg for billing through the Nursing Home Drug Program and the Financial Assistance Drug Program.

The following DINs have been added as benefits in the Quit Smoking Drug Program:

00999973 - Nicotine Patch 7mg (PseudoDIN for billing purposes)
00999974 - Nicotine Patch 14mg (PseudoDIN for billing purposes)
00999975 - Nicotine Patch 21mg (PseudoDIN for billing purposes)
00999976 - Nicotine Gum 2mg (PseudoDIN for billing purposes)
00999980 - Nicotine Gum 4mg (PseudoDIN for billing purposes)
02241742 - Nicorette Inhaler
80038858 - Nicorette Quickmist
02247347 - Nicorette Lozenge 2mg
02247348 - Nicorette Lozenge 4mg
80007461 - Thrive Lozenge 1mg
80007464 - Thrive Lozenge 2mg

A new password has been assigned to the PEI Eligible Physicians List. Please call (902) 368-4947 or 1-877-577-3737 if you require access to the list.