Health PEI
One Island Health System

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PEI Pharmacare Bulletin

Issue (2020 -#2) **March 20, 2020**

NEW PRODUCT(S) ADDED TO THE PEI PHARMACARE FORMULARY (EFFECTIVE DATE: APRIL 1, 2020)

Product (Generic name)	Product (Brand name)	Strength	Dosage Form	DIN	MFR
Fulvestrant	Teva-Fulvestrant Fulvestrant	250 mg/5 ml 250 mg/5 ml	Syringe Syringe	02460130 02483610	TEV SDZ
Criteria	For the treatment of postmenopausal women with non-visceral locally advanced or metastatic estrogen receptor positive, HER2 negative breast cancer, who have not been previously treated with endocrine therapy. Clinical Note: 1. Patients must have a good performance status 2. Coverage will not be considered in combination with CDK4/6 inhibitors 3. Treatment should be discontinued upon clinically meaningful disease progression or unacceptable toxicity.				
Program Eligibility	Family Health Benefit Drug Program, Financial Assistance Program, Generic Drug Program, Seniors Drug Program, Nursing Home Program, Catastrophic Drug Program				

Midostaurin	Rydapt	25 mg	Capsule	02466236	NVR
Criteria	For the treatment of adult patients with newly diagnosed FMS-like tyrosine kinase 3 (FLT3)-mutated acute myeloid leukemia (AML) when used in combination with standard cytarabine and daunorubicin (7+3) induction and cytarabine consolidation chemotherapy. <u>Claim Notes:</u> • Requests for midostaurin will not be considered when used as maintenance therapy, or as part of re-induction and/or re-consolidation. • Requests for midostaurin in combination with idarubicin containing 7+3 induction and cytarabine consolidation chemotherapy will be considered. • Approval period: Up to 6 cycles (maximum of 2 cycles of induction and 4 cycles of consolidation).				
Program Eligibility	High Cost Drug Program, Catastrophic Drug Program				

Osimertinib	Tagrisso	40 mg 80 mg	Tablet Tablet	02456214 02456222	AZE
Criteria	In patients with locally advanced or metastatic epidermal growth factor receptor (EGFR) T790M mutation-positive non-small cell lung cancer (NSCLC) who have progressed on EGFR tyrosine kinase inhibitor (TKI) therapy. Clinical Notes: 1. Treatment should be discontinued upon clinically meaningful disease progression or unacceptable toxicity. 2. Prior treatment with EGFR TKI therapy is not required in patients with de novo T790M mutation-positive NSCLC.				
Program Eligibility	High Cost Drug Program, Catastrophic Drug Program				

NOTICE

A number of Pharmacare clients are currently accessing some medications based on prior Special Authorization approval. Some approvals are set up indefinitely; others are approved for a period of time, or require an annual renewal (ie cholinesterase inhibitors). Approvals requiring renewals are set up with an expiry date, and anytime within 45 days of that date, a processed prescription claim receives a message eg “SA expires in 28 days”. The intent is to allow the client time to contact their practioner if it is a medication intended to be continued.

During this time, Pharmacare will monitor upcoming Special Authorization expiry dates, and extend (if appropriate) the expiry date by a month at a time, until the current situation returns to normal.

If an attempt to submit a Special Authorization claim that had been previously going through fails to process, please contact Helpdesk to have the issue reviewed.