Health PEI
One Island Health System

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

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PEI Pharmacare Bulletin

Issue (2020-4) **August 18, 2020**

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

Product (Generic name)	Product (Brand name)	Strength	Dosage Form	DIN	MFR
Bosutinib	Bosulif	100 mg 500 mg	Tablet Tablet	02419149 02419157	PFI
Criteria	For treatment of adult patients with chronic, accelerated, or blast phase Philadelphia chromosome-positive (Ph+) chronic myelogenous leukemia (CML) with resistance or intolerance to prior TKI therapy.				
Program Eligibility	High Cost Drug Program, Catastrophic Drug Program				
Ponatinib	Iclusig	15 mg	Tablet	02437333	ARI
Criteria	For the treatment of patients with chronic, accelerated or blast phase chronic myelogenous leukemia (CML) or Philadelphia chromosome positive acute lymphoblastic leukemia (Ph+ALL) who have: • resistance or intolerance to two or more tyrosine kinase inhibitors (TKIs), OR • confirmed T315i mutation positive disease. Clinical Notes: 1. Patients must have an ECOG performance status of ≤2. 2. Treatment should be discontinued upon disease progression or unacceptable toxicity.				
Program Eligibility	High Cost Drug Program, Catastrophic Drug Program				
Riluzole	Rilutek Mylan-Riluzole	50 mg 50 mg	Tablet Tablet	02242763 02390299	AVN MYL
Criteria	Open benefit				
Program Eligibility	Family Health Benefit Drug Program, Financial Assistance Program, Generic Drug Program, Seniors Drug Program, Nursing Home Program, Catastrophic Drug Program				
Ruxolitinib	Jakavi	5 mg 10 mg 15 mg 20 mg	Tablet Tablet Tablet Tablet	02388006 02434814 02388014 02388022	NVR
Criteria	For patients with intermediate to high risk symptomatic Myelofibrosis (MF) as assessed using the Dynamic International Prognostic Scoring System (DIPSS) Plus or patients with symptomatic splenomegaly. Patients should have ECOG				

	performance status of ≤ 3 and be either previously untreated or refractory to other treatment.
Program Eligibility	High Cost Drug Program, Catastrophic Drug Program

Vismodegib	Erivedge	150 mg	Capsule	02409267	HLR
Criteria	For the treatment of locally advanced BCC (including basal cell nevus syndrome i.e. Gorlin syndrome who are 18 years of age and older) in patients who are inappropriate for surgery and radiotherapy based on a discussion/evaluation with other members of the multi-disciplinary team OR As a single agent for the treatment of measurable metastatic basal cell carcinoma (BCC) Clinical Note: 1. Patients must have an ECOG performance status of ≤2 <u>Note</u>**:** Vismodegib (Erivedge) is only available through a controlled distribution program called the Erivedge Pregnancy Prevention Program (EPPP). Under this program, only prescribers and pharmacies registered with the program are able to prescribe and dispense the product, respectively. In addition, Vismodegib can only be dispensed to patients who are registered and meet all the conditions of the EPPP.				
Program Eligibility	High Cost Drug Program, Catastrophic Drug Program				

<u>CRITERIA CHANGE (EFFECTIVE DATE: SEPTEMBER 1, 2020)</u>

Ibrutinib	Imbruvica	140 mg	Capsule	02434407	JAN
Criteria	The Special Authorization Criteria for Imbruvica has been updated to the following: For the treatment of patients with previously untreated chronic lymphocytic leukemia (CLL) / small lymphocytic lymphoma (SLL) for whom fludarabine-based treatment is considered inappropriate due to high risk of relapse or refractory disease(includes 17p deletion, TP3 mutation, 11q deletion and unmutated IGHV) based on prognostic biomarkers. AND For the treatment of patients with CLL/SLL who have received at least one prior therapy and are considered inappropriate for treatment or retreatment with a fludarabine-based regimen. AND For the treatment of patients with relapsed or refractory mantle cell lymphoma. Clinical Notes: 1. Patients must have a good performance status. 2. Treatment should be discontinued upon disease progression or unacceptable toxicity. Claim Notes: • Ibrutinib will not be reimbursed when used in combination with rituximab.				
Program Eligibility	High Cost Drug Program, Catastrophic Drug Program				

IMPORTANT NOTICES

- Effective September 1, 2020, PEI Pharmacare will no longer send out Approval letters for Special Authorization Requests.
- Every effort will be made to process approvals within 10 business days of receipt. Requests marked “Urgent” will be processed as quickly as possible.
- Denial letters, as well as requests that require additional information from the clinician, will continue to be mailed to the clinician.

KALYDECO 150mg

Two pseudo DINs (PDINs) have been added to the PEI Pharmacare Formulary to assist with the billing of Kalydeco 150mg when the drug cost exceeds the CPhA maximum ($9999.99). The PDINs are:

00903963 Kalydeco Billing 2
00903964 Kalydeco Billing 3

HOURS OF OPERATION

Please note PEI Pharmacare offices will be closed on Friday August 21, 2020.