Health PEI
One Island Health System

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PEI Pharmacare Bulletin

Issue (2021 - 5) **July 12, 2021**

NEW PRODUCT(S) ADDED TO THE PEI PHARMACARE FORMULARY (EFFECTIVE DATE: July 26, 2021)

Product (Generic name)	Product (Brand name)	Strength	Dosage Form	DIN	MFR
Buprenorphine	Sublocade	100 mg/0.5 mL 300 mg/1.5 ml	Syringe Syringe	02483084 02483092	ICL
Criteria	For the management of moderate to severe opioid use disorder in adult patients who have been stabilized on a dose of 8 to 24 mg per day of sublingual buprenorphine for a minimum of 7 days Clinical Note: • Patients must be under the care of a health care provider certified under Sublocade Certification Program • Approvals will be for one prefilled syringe per month				
Program Eligibility	Family Health Benefit Drug Program, Financial Assistance Drug Program, Nursing Home Drug Program, Opioid Replacement Therapy Program, Seniors Drug Program, Catastrophic Drug Program				

Glatiramer	Glatect	20 mg/ml	Syringe	02460661	PMS
Criteria	For the treatment of patients 18 years of age or older, diagnosed with relapsing-remitting and secondary progressive multiple sclerosis (if applicable), who have had two attacks within the past two years, and have an EDSS score of 6.5 or less. Note: For glatiramer acetate naïve patients whose glatiramer therapy is initiated July 26, 2021 or later, Glatect® formulation will be approved.				
Program Eligibility	High Cost Drug Program, Catastrophic Drug Program				

Lenvatinib	Lenvima	4 mg 8 mg 12 mg	Capsule Capsule Capsule	02484056 02468220 02484129	EIS
Criteria	For the first-line treatment of adult patients with unresectable or metastatic hepatocellular carcinoma who meet all the following criteria: 1. Child-Pugh class status of A. 2. ECOG performance status of 0 or 1. 3. Less than 50% liver involvement and no invasion of the bile duct or main portal vein. 4. No brain metastases or prior liver transplantation.				

	Clinical Notes: • Treatment should be continued until disease progression or unacceptable toxicity. Patients who are unable to tolerate lenvatinib may be switched to sorafenib if there is no disease progression and provided all other funding criteria are met. • Patients with disease progression on lenvatinib are not eligible for reimbursement of sorafenib.
Program Eligibility	High Cost Drug Program, Catastrophic Drug Program

BENEFIT STATUS/CRITERIA CHANGE

The Special Authorization criteria for currently listed Ciprofloxacin oral products (250 mg, 500 mg and 750 mg tablets) has been updated and may be found in the online PEI Pharmacare Formulary.

Effective July 26, 2021, Cipro XL 1000 mg, DIN 02251787 will no longer be a benefit under any PEI Pharmacare program.

The Special Authorization criteria for currently listed Brivlera oral products has been updated as follows:
For the treatment of partial onset seizures in patients with epilepsy who are not satisfactorily controlled with conventional therapy if the following clinical criteria and conditions are met:

1. Patients are currently receiving two or more antiepileptic drugs (AEDs).
2. Patients are not receiving concurrent therapy with levetiracetam.
3. Patients are those for whom less costly AEDs are ineffective or not clinically appropriate.