Health PEI
One Island Health System

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PEI Pharmacare Bulletin

Issue (2021 - 4) **May 10, 2021**

NEW PRODUCT(S) ADDED TO THE PEI PHARMACARE FORMULARY (EFFECTIVE DATE: MAY 31, 2021)

Product (Generic name)	Product (Brand name)	Strength	Dosage Form	DIN	MFR
Buprenorphine hcl	Probuphine	80 mg	Subdermal implant	02474921	KNI
Criteria	For the treatment of patients with opioid use disorder who have been stabilized on a daily dose of no more than 8mg of sublingual buprenorphine for the preceding 90 days. Clinical Note: Insertion of the subdermal implants should be performed by a healthcare provider who has completed the training program. Claim Note: Approval period of 2 years				
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				
Doravirine	Pifeltro	100 mg	Tablet	02481545	MER
Criteria	Open benefit				
Program Eligibility	HIV Drug Program				
Doravirine/lamivudine/ tenofivir	Delstrigo	100mg/300mg/ 300 mg	Tablet	02482592	MER
Criteria	Open benefit				
Program Eligibility	HIV Drug Program				
Epinephrine	Emerade	0.15mg/0.15ml 0.3mg/0.3ml 0.5mg/0.5ml	Pre-filled pen Pre-filled pen Pre-filled pen	02458438 02458446 02458454	BAU
Criteria	For the emergency treatment of anaphylactic reactions, when out of reach of immediate medical attention. Note: • Regular benefit, but with a quantity limit of two injections per fiscal year. Additional units require an exception status request.				
Program Eligibility	Family Health Benefit Drug Program, Financial Assistance Drug Program, Catastrophic Drug Program				

Product (Generic name)	Product (Brand name)	Strength	Dosage Form	DIN	MFR
Leuprolide acetate	Zeulide Depot	3.75 mg 22.5 mg	IM depot injection IM depot injection	02429977 02462699	VER
Criteria	Open benefit				
Program Eligibility	Family Health Benefit Drug Program, Financial Assistance Drug Program, Nursing Home Drug Program, Seniors Drug Program, Catastrophic Drug Program				

Lisdexamfetamine	Vyvanse	10 mg 20 mg 30 mg 40 mg 50 mg 60 mg	Chewable tablet Chewable tablet Chewable tablet Chewable tablet Chewable tablet Chewable tablet	02490226 02490234 02490242 02490250 02490269 02490277	TAK
Criteria	For treatment of Attention Deficit Hyperactivity Disorder (ADHD) in patients 6 years and older who: • Have experienced unsatisfactory results due to poor symptom control, side effects, administrative barriers and/or societal barriers AND • Have been tried on methylphenidate (immediate release or long-acting formulation) or dexamphetamine (immediate release or long-acting formulation) with unsatisfactory results. Requests will be considered from specialists in pediatric psychiatry, pediatricians or general practitioners with expertise in ADHD. The maximum dose reimbursed is 60mg daily.				
Program Eligibility	Family Health Benefit Drug Program, Financial Assistance Drug Program, Catastrophic Drug Program				

Venetoclax	Venclexta	Starter pack 10 mg 50 mg 100 mg	Tablet Tablet Tablet Tablet	02458063 02458039 02458047 02458055	ABV
Criteria	Monotherapy: • As monotherapy in patients with chronic lymphocytic leukemia (CLL) who have received at least one prior therapy and who have failed a B-cell receptor inhibitor (BCRi) • Patients should have good performance status and treatment should be continued until disease progression or unacceptable toxicity. Combination therapy: • As combination therapy with rituximab for the treatment of adult patients with chronic lymphocytic leukemia (CLL) who have received at least one prior therapy, irrespective of their 17p deletion status • Patients should be continued until disease progression or unacceptable toxicity up to a maximum of two years, whichever comes first Clinical Notes: ● Patients currently receiving and responding to venetoclax monotherapy, but who have not achieved an adequate response are eligible to have rituximab added to venetoclax. The funded duration of venetoclax therapy from the point rituximab addition will be up to a maximum of 2 years.				

	● Patients may be re-treated with venetoclax plus rituximab if they responded to and completed two years of therapy with at least 12 months of progression-free interval. ● Patients with relapsed CLL will be eligible for sequencing venetoclax + rituximab and ibrutinib in second or third line settings, for either intolerance or disease progression, providing patients have not received prior treatment with either option and meet all other funding criteria
Program Eligibility	High Cost Drug Program, Catastrophic Drug Program

BENEFIT STATUS CHANGE

Effective immediately, currently listed Pregabalin products will move from Special Authorization to Open Benefit, and will no longer require a Special Authorization Request.

Effective immediately, clients registered in the Nursing Home Program only, will no longer require a Special Authorization Request for any currently listed Low Molecular Weight Heparin products.