

PEI Pharmacare Bulletin

Issue (8 - 2021)

October 12, 2021

NEW PRODUCT(S) ADDED TO THE PEI PHARMACARE FORMULARY (EFFECTIVE DATE: (OCTOBER 25, 2021))

Product (Generic name)	Product (Brand name)	Strength	Dosage Form	DIN	MFR
Betamethasone- Calcipotriol	Teva- Betamethasone/ Calcipotriol	50 mcg- 0.5 m/g	Ointment	02427419	TEV
Criteria	Open benefit				
Program Eligibility	Family Health Benefit Drug Program, Financial Assistance Drug Program, Generic Drug Program, Nursing Home Drug Program, Seniors Drug Program, Catastrophic Drug Program				
Calcipotriol/betamethasone dipropionate	Enstilar	50 mcg- 0.5 mg/g	Topical Foam	02457393	LEO
Criteria	Open benefit				
Program Eligibility	Family Health Benefit Drug Program, Financial Assistance Drug Program, Nursing Home Drug Program, Seniors Drug Program, Catastrophic Drug Program				
Filgrastim	Nivestym Nivestym Nivestym Nivestym	300 mcg/0.5 ml 300 mcg/ml 480 mcg/0.8 ml 480 mcg/1.6 ml	Prefilled Syringe Vial Prefilled Syringe Vial	02485575 02485591 02485583 02485656	PFI
Criteria	<p>Chemotherapy Support:</p> <p>For the prevention of febrile neutropenia in patients receiving myelosuppressive chemotherapy with curative intent who:</p> <ul style="list-style-type: none"> are at high risk of febrile neutropenia due to chemotherapy regimen, co-morbidities or pre-existing severe neutropenia; or have had an episode of febrile neutropenia, neutropenic sepsis or profound neutropenia in a previous cycle of chemotherapy; or have had a dose reduction, or treatment delay greater than one week due to neutropenia. <p>Clinical Note:</p> <ul style="list-style-type: none"> Patients with non-curative cancer receiving chemotherapy with palliative intent are not eligible for coverage of pegfilgrastim for prevention of febrile neutropenia. <p>High Dose Chemotherapy with Stem Cell Support:</p>				

	<p>For use in mobilizing stem cells in preparation for stem cell collection.</p> <p>Must be requested and prescribed by a specialist in hematology or medical oncology.</p> <p>Claim Notes:</p> <ul style="list-style-type: none"> All requests for coverage of filgrastim will be approved for the biosimilar versions only. 				
Program Eligibility	High Cost Drug Program, Catastrophic Drug Program				

Mesalazine	Mezera Mezera	1 g/actuation 1000 mg	Rectal Foam Suppository	02474026 02474018	AVI
Criteria	Open benefit				
Program Eligibility	Family Health Benefit Drug Program, Financial Assistance Drug Program, Nursing Home Drug Program, Seniors Drug Program, Catastrophic Drug Program				

Pegfilgrastim	Fulphila	6 mg/0.6 ml	Prefilled syringe	02484153	BGP
Criteria	<p>For the prevention of febrile neutropenia in patients receiving myelosuppressive chemotherapy with curative intent who:</p> <p>are at high risk of febrile neutropenia due to chemotherapy regimen, co-morbidities or pre-existing severe neutropenia; or</p> <p>have had an episode of febrile neutropenia, neutropenic sepsis or profound neutropenia in a previous cycle of chemotherapy; or</p> <p>have had a dose reduction, or treatment delay greater than one week due to neutropenia.</p> <p>Clinical Note:</p> <p>Patients with non-curative cancer receiving chemotherapy with palliative intent are not eligible for coverage of pegfilgrastim for prevention of febrile neutropenia.</p>				
Program Eligibility	High Cost Drug Program, Catastrophic Drug Program				

Pegfilgrastim	Nyvepria	6 mg/0.6 ml	Prefilled syringe	02506238	PFI
Criteria	<p>For the prevention of febrile neutropenia in patients receiving myelosuppressive chemotherapy with curative intent who:</p> <p>are at high risk of febrile neutropenia due to chemotherapy regimen, co-morbidities or pre-existing severe neutropenia; or</p> <p>have had an episode of febrile neutropenia, neutropenic sepsis or profound neutropenia in a previous cycle of chemotherapy; or</p> <p>have had a dose reduction, or treatment delay greater than one week due to neutropenia.</p> <p>Clinical Note:</p> <p>Patients with non-curative cancer receiving chemotherapy with palliative intent are not eligible for coverage of pegfilgrastim for prevention of febrile neutropenia.</p>				
Program Eligibility	High Cost Drug Program, Catastrophic Drug Program				

Pegfilgrastim	Ziextenzo	6 mg/0.6 ml	Prefilled syringe	02497395	SDZ
Criteria	<p>For the prevention of febrile neutropenia in patients receiving myelosuppressive chemotherapy with curative intent who:</p> <p>are at high risk of febrile neutropenia due to chemotherapy regimen, co-morbidities or pre-existing severe neutropenia; or</p> <p>have had an episode of febrile neutropenia, neutropenic sepsis or profound neutropenia in a previous cycle of chemotherapy; or</p> <p>have had a dose reduction, or treatment delay greater than one week due to neutropenia.</p> <p>Clinical Note:</p> <p>Patients with non-curative cancer receiving chemotherapy with palliative intent are not eligible for coverage of pegfilgrastim for prevention of febrile neutropenia.</p>				
Program Eligibility	High Cost Drug Program, Catastrophic Drug Program				

Propiverine	Mictoryl Pediatric	5 mg	Tablet	02460289	DUI
Criteria	For the treatment of overactive bladder with symptoms of urgency incontinence and/or urinary frequency and urgency in pediatric patients under 18 years of age				
Program Eligibility	Family Health Benefit Drug Program, Financial Assistance Drug Program, Catastrophic Drug Program				

Triamcinolone hexacetonide	Trispan	20 mg/ml	Ampule	02470632	MED
Criteria	For the treatment of Juvenile Idiopathic Arthritis				
Program Eligibility	Family Health Benefit Drug Program, Financial Assistance Drug Program, Catastrophic Drug Program				

Insulin Glargine	Toujeo DoubleSTAR	300 unit/mL	Prefilled Pen	02493373	AVN
Criteria	For the treatment of patients who have been diagnosed with type 1 or type 2 diabetes requiring insulin and have previously used all eligible open benefit long acting insulin analogues at optimal dosing AND have experienced unexplained hypoglycemia at least once a month despite optimal management. For the treatment of patients who have been diagnosed with type 1 or type 2 diabetes requiring high dose insulin.				
Program Eligibility	Diabetes Drug Program, Nursing Home Drug Program, Financial Assistance Drug Program, Catastrophic Drug Program				

BENEFIT STATUS CHANGE

Effective October 25, 2021, the Special Authorization Criteria for Dovobet Gel DIN 02319012 has been removed, and this product will be an open benefit in the Financial Assistance Drug Program, Family Health Benefits Drug Program, Nursing Home Drug Program, Seniors Drug Program and Catastrophic Drug Program.

NOTICE

Effective immediately, Admelog 100 unit/ml vial (DIN 02469901) is an open benefit in the Diabetes Drug Program, Financial Assistance Drug Program, Nursing Home Drug Program and Catastrophic Drug Program.