

## PEI Pharmacare Bulletin

Issue (2021 - 7)

September 14, 2021

### NEW PRODUCT(S) ADDED TO THE PEI PHARMACARE FORMULARY (EFFECTIVE DATE: SEPTEMBER 27, 2021)

Product (Generic name)	Product (Brand name)	Strength	Dosage Form	DIN	MFR
Adalimumab	Hadlima	40 mg/0.8 ml	Prefilled Pen Prefilled Syringe	02473100 02473097	MER
Criteria	For the treatment of ankylosing spondylitis, Crohn's disease, plaque psoriasis, psoriatic arthritis, rheumatoid arthritis, or ulcerative colitis, as per clinical criteria for currently listed Adalimumab outlined in the PEI Pharmacare online Formulary. For Adalimumab naïve patients, approved requests will be for a biosimilar product.				
Program Eligibility	High Cost Drug Program, Catastrophic Drug Program				
Adalimumab	Hulio	40 mg/0.8 ml	Prefilled Pen Prefilled Syringe	02502402 02502399	BGP
Criteria	For the treatment of ankylosing spondylitis, Crohn's disease, plaque psoriasis, psoriatic arthritis, rheumatoid arthritis, or ulcerative colitis, as per clinical criteria for currently listed Adalimumab outlined in the PEI Pharmacare online Formulary. For Adalimumab naïve patients, approved requests will be for a biosimilar product.				
Program Eligibility	High Cost Drug Program, Catastrophic Drug Program				
Adalimumab	Hyrimoz	40 mg/0.8 ml	Prefilled Pen Prefilled Syringe	02492156 02492164	SDZ
Criteria	For the treatment of ankylosing spondylitis, Crohn's disease, plaque psoriasis, psoriatic arthritis, rheumatoid arthritis, or ulcerative colitis, as per clinical criteria for currently listed Adalimumab outlined in the PEI Pharmacare online Formulary. For Adalimumab naïve patients, approved requests will be for a biosimilar product.				
Program Eligibility	High Cost Drug Program, Catastrophic Drug Program				
Adalimumab	Idacio	40 mg/0.8 ml	Prefilled Pen	02502674	FKB
Criteria	For the treatment of ankylosing spondylitis, Crohn's disease, plaque psoriasis, psoriatic arthritis, rheumatoid arthritis, or ulcerative colitis, as per clinical criteria for currently listed Adalimumab outlined in the PEI Pharmacare online Formulary. For Adalimumab naïve patients, approved requests will be for a biosimilar product.				
Program Eligibility	High Cost Drug Program, Catastrophic Drug Program				

Enoxaparin	Noromby	20 mg/0.2 ml	Prefilled Syringe	02506440	JUN
	Noromby	30 mg/0.3 ml	Prefilled Syringe	02506459	
	Noromby	40 mg/0.4 ml	Prefilled Syringe	02506467	
	Noromby	60 mg/0.6 ml	Prefilled Syringe	02506475	
	Noromby	80 mg/0.8 ml	Prefilled Syringe	02506483	
	Noromby	100 mg/1 ml	Prefilled Syringe	02506491	
	Noromby HP	120 mg/0.8 ml	Prefilled Syringe	02506505	
	Noromby HP	150 mg/1 ml	Prefilled Syringe	02506513	
Criteria	Open benefit				
Program Eligibility	Family Health Benefit Drug Program, Financial Assistance Drug Program, Nursing Home Drug Program, Seniors Drug Program, Catastrophic Drug Program				

Insulin aspart	Trurapi	100 units/ml	Cartridge	02506564	AVN
	Trurapi Solostar	100 units/ml	Pen	02506572	
Criteria	Open benefit				
Program Eligibility	Diabetes Drug Program, Financial Assistance Drug Program, Nursing Home Drug Program, Catastrophic Drug Program				

Insulin lispro	Admelog	100 units/ml	Cartridge	02469898	AVN
	Admelog Solostar	100 units/ml	Pen	02469871	
Criteria	Open benefit				
Program Eligibility	Diabetes Drug Program, Financial Assistance Drug Program, Nursing Home Drug Program, Catastrophic Drug Program				

Mesalamine	Mezavant	1.2 gm	EC DR Tablet	02297558	SHI
Criteria	Open benefit				
Program Eligibility	Family Health Benefit Drug Program, Financial Assistance Drug Program, Nursing Home Drug Program, Seniors Drug Program, Catastrophic Drug Program				

### **CRITERIA UPDATE**

Effective immediately, the special authorization criteria for Duloxetine capsules (30 & 60 mg), is as follows:

- For the treatment of chronic pain.
- The maximum reimbursed dose is 60 mg daily.