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One Island Health System

PEI Pharmacare
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PEI Pharmacare Bulletin

Issue (2023 - 5) **May 8, 2023**

NEW PRODUCT(S) ADDED TO THE PEI PHARMACARE FORMULARY (EFFECTIVE DATE: (May 22, 2023)

Product (Generic name)	Product (Brand name)	Strength	Dosage Form	DIN	MFR
Alfacalcidol	**One-Alpha**	**1 mcg**	**Capsule**	**00474525**	**XPI**
Criteria	Open benefit				
Program Eligibility	Family Health Benefit Drug Program, Financial Assistance Drug Program, Nursing Home Drug Program, Seniors Drug Program, Catastrophic Drug Program				

Binimetinib	**Mektovi**	**15 mg**	**Tablet**	**02513080**	**PFI**
Criteria	For the treatment of patients with BRAF V600 mutation-positive locally advanced unresectable or metastatic melanoma when used in combination with encorafenib. Renewal Criteria: • Written confirmation that the patient has responded to treatment and there is no evidence of disease progression. Clinical Notes: 1. Patients must have a good performance status. 2. If brain metastases are present, patients should be asymptomatic or have stable symptoms. 3. Treatment should be discontinued upon disease progression or unacceptable toxicity. Claim Notes: • Binimetinib will not be reimbursed in patients who have progressed on BRAF targeted therapy. • Requests will be considered for patients who received adjuvant BRAF targeted therapy if disease progression occurred at least 6 months following completion of therapy				
Program Eligibility	Financial Assistance Drug Program, Nursing Home Drug Program, High Cost Drug Program, Catastrophic Drug Program				

Buserelin acetate	Suprefact Depot	6.3 mg 9.45 mg	Implant Implant	02228955 02240749	XPI
Criteria	Open benefit				
Program Eligibility	Family Health Benefit Drug Program, Financial Assistance Drug Program, Nursing Home Drug Program, Seniors Drug Program, Catastrophic Drug Program				

Enoxaparin	Elonox Elonox Elonox Elonox Elonox Elonox HP Elonox HP	30 mg/0.3 ml 40 mg/0.4 ml 60 mg/0.6 ml 80 mg/0.8 ml 100 mg/1 ml 120 mg/0.8 ml 150 mg/1 ml	Prefilled syringe Prefilled syringe Prefilled syringe Prefilled syringe Prefilled syringe Prefilled syringe Prefilled syringe	02532247 02532255 02532263 02532271 02532298 02532301 02532328	FKB
Criteria	Open benefit				
Program Eligibility	Family Health Benefit Drug Program, Financial Assistance Drug Program, Nursing Home Drug Program, Seniors Drug Program, Catastrophic Drug Program				

Ethacrynic acid	Edecrin	25 mg	Tablet	02258528	BLO
Criteria	Open benefit				
Program Eligibility	Family Health Benefit Drug Program, Financial Assistance Drug Program, Nursing Home Drug Program, Seniors Drug Program, Catastrophic Drug Program				

Encorafenib	Braftovi	75 mg	Capsule	02513099	PFI
Criteria	In combination with panitumumab for the treatment of patients with metastatic colorectal cancer who meet all of the following criteria: • Presence of BRAF V600E mutation • Disease progression following at least one prior therapy in the metastatic setting • No previous treatment with an EGFR inhibitor Renewal Criteria: • Written confirmation that the patient has responded to treatment and there is no evidence of disease progression. Clinical Notes: 1. Patients must have a good performance status. 2. Treatment should be discontinued upon disease progression or unacceptable toxicity. Claim Notes: • Encorafenib will not be reimbursed in patients who have progressed on BRAF targeted therapy. For the treatment of patients with BRAF V600 mutation-positive unresectable or metastatic melanoma when used in combination with binimetinib. Renewal Criteria: • Written confirmation that the patient has responded to treatment and there is no evidence of disease progression. Clinical Notes:				

	1. Patients must have a good performance status. 2. If brain metastases are present, patients should be asymptomatic or have stable symptoms. 3. Treatment should be discontinued upon disease progression or unacceptable toxicity. Claim Notes: • Encorafenib will not be reimbursed in patients who have progressed on BRAF targeted therapy. • Requests will be considered for patients who received adjuvant BRAF targeted therapy if disease progression occurred at least 6 months following completion of therapy.
Program Eligibility	Financial Assistance Drug Program, Nursing Home Drug Program, High Cost Drug Program, Catastrophic Drug Program

Etoposide	**Vepesid**	**50 mg**	**Capsule**	**00616192**	**XPI**
Criteria	Open benefit				
Program Eligibility	Financial Assistance Drug Program, Nursing Home Drug Program, High Cost Drug Program, Catastrophic Drug Program PLEASE NOTE: CLIENTS ACCESSING THIS MEDICATION THROUGH THE HIGH COST AND/OR CATASTROPHIC DRUG PROGRAM ARE REQUIRED TO ENROLL IN THE APPLICABLE PROGRAM(S). APPLICATIONS MAY BE FOUND IN THE ONLINE FORMULARY.				

Lanreotide	**Somatuline Autogel**	**60 mg/0.2 ml 90 mg/0.3 ml 120 mg/0.5 ml**	**Prefilled syringe Prefilled syringe Prefilled syringe**	**02283395 02283409 02283417**	**IPS**
Criteria	Open benefit				
Program Eligibility	Financial Assistance Drug Program, Nursing Home Drug Program, High Cost Drug Program, Catastrophic Drug Program PLEASE NOTE: CLIENTS ACCESSING THIS MEDICATION THROUGH THE HIGH COST AND/OR CATASTROPHIC DRUG PROGRAM ARE REQUIRED TO ENROLL IN THE APPLICABLE PROGRAM(S). APPLICATIONS MAY BE FOUND IN THE ONLINE FORMULARY.				

Pindolol/hydrochlorothiazide	**Viskazide**	**10/50 mg**	**Tablet**	**00568635**	**XPI**
Criteria	Open benefit				
Program Eligibility	Family Health Benefit Drug Program, Financial Assistance Drug Program, Nursing Home Drug Program, Seniors Drug Program, Catastrophic Drug Program				

Valganciclovir	**Valcyte**	**50 mg/ml**	**Pws for suspension**	**02306085**	**XPI**
Criteria	Requests for oral suspension will be considered for patients when oral tablets are not an option, for the following indications: (a) For the treatment of cytomegalovirus (CMV) retinitis in patients with AIDS. (b) For the prevention of cytomegalovirus (CMV) disease in solid organ transplant patients at risk (where either the donor or the recipient is CMV +).				
Program Eligibility	HIV Drug Program, Transplant Drug Program				

PRODUCTS ADDED/CRITERIA UPDATE
(EFFECTIVE IMMEDIATELY)

Adalimumab	**Abrilada**	**20 mg/0.4 ml**	**Prefilled syringe**	**02511061**	**PFI**
Criteria	See online Formulary for currently listed adalimumab criteria				
Program Eligibility	Financial Assistance Drug Program, Nursing Home Drug Program, High Cost Drug Program, Catastrophic Drug Program				

Axitinib	**Inlyta**	**1 mg** **5 mg**	**Tablet** **Tablet**	**02389630** **02389649**	**PFI**
Criteria	The existing criteria has been updated to the following: For the treatment of patients with advanced or metastatic renal cell carcinoma when used as: • As first-line therapy in combination with pembrolizumab; or • Second-line therapy following disease progression on a vascular endothelial growth factor receptor tyrosine kinase inhibitor (i.e., sunitinib or pazopanib); or • third-line therapy following disease progression on first-line nivolumab and ipilimumab combination therapy and a second-line vascular endothelial growth factor receptor tyrosine kinase inhibitor • Patients must have a good performance status. • Treatment should be discontinued upon disease progression or unacceptable toxicity. Clinical Notes: • Sequential use of axitinib and everolimus is not permitted except in the case of intolerability or contraindication. • Sequential use of axitinib (as a single agent) and cabozantanib is not permitted for patients following progression on first-line axitinib + pembrolizumab. • For patients treated with nivolumab + ipilimumab first-line and VEGFR TK1 second line, either cabozantanib or axitimib may be used as third-line therapy. • Both clear cell and non-clear cell histology are eligible for treatment.				
Program Eligibility	Financial Assistance Drug Program, Nursing Home Drug Program, High Cost Drug Program, Catastrophic Drug Program				

Dupilumab	**Dupixent**	**200 mg/1.14**	**Prefilled pen**	**02524252**	**AVN**
Criteria	See the online Formulary for criteria for the treatment of severe atopic dermatitis for patients 12 years of age and older				
Program Eligibility	Financial Assistance Drug Program, Nursing Home Drug Program High Cost Drug Program, Catastrophic Drug Program				

Insulin Detemir	**Levemir**	**100 units/ml**	**Cartridge** **Prefilled pen**	**02271842** **02412829**	**NNO**
Criteria	The existing criteria has been updated to the following: For the treatment of pediatric and adolescent patients with type 1 diabetes requiring insulin. Requests for pediatric and adolescent patients will be approved with an automatic Special Authorization tool within the electronic claims system. For the treatment of pregnant individuals with diabetes requiring insulin therapy.				

	Requests for pregnant patients will require a written Special Authorization.
Program Eligibility	Diabetes Drug Program, Financial Assistance Drug Program, Nursing Home Drug Program, Catastrophic Drug Program