

PEI Pharmacare Bulletin

Issue (2023-10)

October 10, 2023

NEW PRODUCT(S) ADDED TO THE PEI PHARMACARE FORMULARY (EFFECTIVE DATE: (OCTOBER 23, 2023))

Product (Generic name)	Product (Brand name)	Strength	Dosage Form	DIN	MFR
Eptinezumab	Vyepti	100 mg/1.0 ml	Vial	02510839	LUD
Criteria	<p>For the prevention of migraine in patients with a confirmed diagnosis of episodic or chronic migraine who have experienced an inadequate response, intolerance, or contraindication to at least two classes of oral prophylactic migraine medications.</p> <p><u>Renewal Criteria:</u></p> <ul style="list-style-type: none"> A reduction of at least 50% in the average number of migraine days per month at the time of initial renewal compared with baseline. At subsequent renewals, the patient continues to maintain the reduction of at least 50% in average number of migraine days per month. <p><u>Clinical Notes:</u></p> <ul style="list-style-type: none"> The average number of headache and migraine days per month must be provided on initial and renewal requests. According to the International Headache Society criteria, episodic or chronic migraine are defined as: <ul style="list-style-type: none"> Episodic migraine: migraine headaches on at least 4 days per month and less than 15 headache days per month for more than 3 months. Chronic migraine: headaches for at least 15 days per month for more than 3 months of which at least eight days per month are with migraine. <p><u>Claim Notes:</u></p> <ul style="list-style-type: none"> Initial approval period: 6 months Renewal approval period: 1 year. 				
Program Eligibility	Family Health Benefit Drug Program, Financial Assistance Drug Program, Nursing Home Drug Program, Seniors Drug Program, Catastrophic Drug Program				

Octreotide Acetate	Sandostatin LAR	10 mg	Prefilled syringe	02239323	NVR
		20 mg	Prefilled syringe	02239324	NVR
		30 mg	Prefilled syringe	02239325	NVR
Criteria	Open benefit				
Program Eligibility	Financial Assistance Drug Program, High Cost Drug Program, Nursing Home Drug Program, Catastrophic Drug Program				

Pegfilgrastim	Lapelga	10mg/1.0 ml	Autoinjector	02529343	APX
Criteria	Criteria is as per currently listed Lapelga prefilled syringe criteria; please see the online Formulary for details.				
Program Eligibility	Financial Assistance Drug Program, High Cost Drug Program, Nursing Home Drug Program, Catastrophic Drug Program				

Terbinafine	Lamisil	1%	Topical Spray	02238703	NVR
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/PRODUCT ADDED

Fidaxomicin	Dificid	200mg	Tablet	02387174	MSD
Criteria	<p>Effective immediately, the special authorization criteria have been updated to the following:</p> <p>For the treatment of patients with Clostridium Difficile Infection (CDI) where the patient has:</p> <ul style="list-style-type: none"> • a second or subsequent recurrence following treatment with oral vancomycin; OR • treatment failure with oral vancomycin for the current CDI episode; OR • an intolerance or contraindication to oral vancomycin. <p><u>Re-treatment criteria:</u></p> <ul style="list-style-type: none"> • Re-treatment with fidaxomicin will only be considered for an early relapse occurring within 8 weeks of the start of the most recent fidaxomicin course. <p><u>Clinical Notes:</u></p> <ul style="list-style-type: none"> • Treatment failure is defined as 14 days of vancomycin therapy without acceptable clinical improvement. • Intolerance is defined as demonstrating serious adverse effects to treatments. The nature of intolerance(s) must be clearly documented. <p><u>Claim Note:</u></p> <ul style="list-style-type: none"> • Should be prescribed by, or in consultation with, an infectious disease specialist/medical microbiologist (preferred) or an internist (if infectious disease or medical microbiology consult is not available). • Requests will be approved for 200mg twice a day for 10 days. 				

Niraparib	Zejula	100 mg	Tablet	02530031	GSK
Criteria	Effective immediately, criteria is as per currently listed Zejula capsule criteria; please see the online Formulary for details.				
Program Eligibility	Financial Assistance Drug Program, High Cost Drug Program, Nursing Home Drug Program, Catastrophic Drug Program				