

## PEI Pharmacare Bulletin

Issue (2023 - 9)

September 11, 2023

### NEW PRODUCT(S) ADDED TO THE PEI PHARMACARE FORMULARY (EFFECTIVE DATE: (SEPTEMBER 25, 2023))

Product (Generic name)	Product (Brand name)	Strength	Dosage Form	DIN	MFR
<b>Edaravone</b>	<b>Radicava</b>	<b>105 mg/5 ml</b>	<b>Oral solution</b>	<b>02532611</b>	<b>BMT</b>
Criteria	<p>For the treatment of patients with probable or definite amyotrophic lateral sclerosis (ALS) who meet all of the following criteria:</p> <p>Initiation criteria:</p> <ul style="list-style-type: none"> <li>Scores of at least two points on each item of the ALS Functional Rating Scale-Revised (ALSFRRS-R).</li> <li>Forced vital capacity is greater than or equal to 80% of predicted.</li> <li>ALS symptoms for two years or less.</li> <li>Not currently requiring permanent non-invasive or invasive ventilation.</li> </ul> <p>Discontinuation Criteria:</p> <ul style="list-style-type: none"> <li>Patient becomes non-ambulatory (ALSFRRS-R score <math>\leq 1</math> for item 8) AND is unable to cut food and feed themselves without assistance, irrespective of whether a gastrostomy is in place (ALSFRRS-R score <math>&lt; 1</math> for item 5a or 5b); or</li> <li>Patient requires permanent non-invasive or invasive ventilation.</li> </ul> <p>Clinical Note :</p> <ul style="list-style-type: none"> <li>Patient must be under the care of a specialist with experience in the diagnosis and management of ALS.</li> <li>Approval period: 6 months</li> </ul>				
Program Eligibility	Financial Assistance Drug Program, High Cost Drug Program, Nursing Home Drug Program, Catastrophic Drug Program				

<b>Estradiol</b>	<b>Estring</b>	<b>2mg</b>	<b>Vaginal Ring</b>	<b>02168898</b>	<b>PAL</b>
Criteria	Open benefit				
Program Eligibility	Family Health Benefit Drug Program, Financial Assistance Drug Program, Nursing Home Drug Program, Seniors Drug Program, Catastrophic Drug Program				

Galcanezumab	Emgality	120 mg/1.0 ml 120 mg/1.0 ml	Prefilled pen Prefilled syringe	02491087 02491060	LIL
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"> <li>• A reduction of at least 50% in the average number of migraine days per month at the time of initial renewal compared with baseline.</li> <li>• At subsequent renewals, the patient continues to maintain the reduction of at least 50% in average number of migraine days per month.</li> </ul> <p><u>Clinical Notes:</u></p> <ul style="list-style-type: none"> <li>• The average number of headache and migraine days per month must be provided on initial and renewal requests.</li> <li>• According to the International Headache Society criteria, episodic or chronic migraine are defined as: <ul style="list-style-type: none"> <li>○ Episodic migraine: migraine headaches on at least 4 days per month and less than 15 headache days per month for more than 3 months.</li> <li>○ 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.</li> </ul> </li> </ul> <p><u>Claim Notes</u></p> <ul style="list-style-type: none"> <li>• Combined use with other calcitonin gene-related peptide (CGRP) antagonists will not be reimbursed.</li> <li>• Initial approval: 6 months</li> </ul> <p>Renewal approval: 1 year</p>				
Program Eligibility	Family Health Benefit Drug Program, Financial Assistance Drug Program, Nursing Home Drug Program, Seniors Drug Program, Catastrophic Drug Program				

**DAY'S SUPPLY CHANGES**

Nitroglycerin patches are now eligible for 90-day supply dispensing.