

P.E.I. Pharmacare Bulletin

Issue (2018-8)

December 10, 2018

NEW PRODUCT(S) ADDED TO THE PEI PHARMACARE FORMULARY (Effective Date: December 24, 2018)

Product (Generic Name)	Product (Brand Name)	Strength	Dosage Form	DIN	MFR
Insulin Glargine	<u>Basaglar</u>	100 unit/ml	Insulin Pen	02461528	LIL
Criteria	Open benefit				
Program Eligibility	Diabetes Drug Program, Financial Assistance Drug Program, Nursing Home Drug Program, Catastrophic Drug Program				
Insulin Glargine	<u>Toujeo</u>	300 unit/ml	Insulin Pen	02441829	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 OR 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, Financial Assistance Drug Program, Nursing Home Drug Program, Catastrophic Drug Program				
Fluorouracil/Salicylic Acid	<u>Actikerall</u>	0.5% - 10%	Topical Solution	02428946	CIP
Criteria	Open benefit				
Program Eligibility	Family Health Benefit Drug Program, Financial Assistance Drug Program, Nursing Home Drug Program, Seniors Drug Program, Catastrophic Drug Program				

Product (Generic Name)	Product (Brand Name)	Strength	Dosage Form	DIN	MFR
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Selexipag	<u>Uptravi</u>	200 mcg	Tablet	02451158	ACT
		400 mcg	Tablet	02451166	
		600 mcg	Tablet	02451174	
		800 mcg	Tablet	02451182	
		1000 mcg	Tablet	02451190	
		1200 mcg	Tablet	02451204	
		1400 mcg	Tablet	02451212	
		1600 mcg	Tablet	02451220	

Criteria	<p>For the long-term treatment of idiopathic pulmonary arterial hypertension (PAH), heritable PAH, PAH associated with connective tissue disorders, and PAH associated with congenital heart disease, in adult patients with World Health Organization (WHO) functional class (FC) II to III to delay disease progression, if the following clinical criterion and conditions are met:</p> <ul style="list-style-type: none"> • Inadequate control with a first- and second-line PAH therapy • Prescribed by a clinician with experience in the diagnosis and treatment of PAH <p>NOTE: Combination therapy with prostacyclin or prostacyclin analogs therapies will not be covered</p>
Program Eligibility	High Cost Drug Program, Catastrophic Drug Program

Tofacitinib	<u>Xeljanz</u> <u>Xeljanz XR</u>	5 mg 11 mg	Tablet ER Tablet	02423898 02470608	PFI
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Criteria	<p>For the treatment of severely active rheumatoid arthritis, in combination with methotrexate or other disease-modifying antirheumatic drugs (DMARDs), in adult patients who are refractory or intolerant to:</p> <p>Methotrexate (oral or parenteral) at a dose of ≥ 20 mg weekly (≥ 15mg if patient is ≥ 65 years of age), (or use in combination with another DMARD) for a minimum of 12 weeks</p> <p>AND</p> <p>Methotrexate in combination with at least two other DMARDs, such as hydroxychloroquine and sulfasalazine, for a minimum of 12 weeks</p> <p>NOTE: Must be prescribed by a rheumatologist. Combined use of more than one biologic DMARD will not be reimbursed.</p>
Program Eligibility	High Cost Drug Program, Catastrophic Drug Program

Product (Generic Name)	Product (Brand Name)	Strength	Dosage Form	DIN	MFR
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Metronidazole	<u>Noritate</u>	1%	Cream	02156091	VAL
Criteria	Open benefit				
Program Eligibility	Family Health Benefit Drug Program, Financial Assistance Drug Program, Nursing Home Drug Program, Seniors Drug Program, Catastrophic Drug Program				

Cyclopentolate	<u>Cyclogyl</u>	1%	Ophthalmic solution	00252506	ALC
Criteria	Open benefit				
Program Eligibility	Family Health Benefit Drug Program, Financial Assistance Drug Program, Nursing Home Drug Program, Seniors Drug Program, Catastrophic Drug Program				

BENEFIT STATUS/CRITERIA CHANGES

Deferasirox	<u>Exjade and various generics</u>	125 mg 250 mg 500 mg	Tablet Tablet Tablet	DIN's as per online Formulary	
Notice	Effective immediately, new Special Authorization criteria: For the treatment of patients who require iron chelation.				

Moxifloxacin	<u>Avelox and various generics</u>	400 mg	Tablet	DIN's as per online Formulary	
Notice	Effective immediately, Special Authorization now required for Nursing Home Drug Program patients, with the following criteria: a) For the treatment of severe pneumonia in nursing home patients b) For the completion of therapy instituted in the hospital setting for the treatment of severe community acquired pneumonia.				

Cefixime	<u>Suprax and various generics</u>	400 mg	Tablet	DIN's as per online Formulary	
Notice	Effective immediately, Special Authorization criteria has been removed and this medication is now an 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				