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P.E.I. Pharmacare Bulletin

Issue (2019-issue6) **July 22, 2019**

NEW PRODUCT(S) ADDED TO THE PEI PHARMACARE FORMULARY
(Effective Date: August 1, 2019)

Product (Generic Name)	Product (Brand Name)	Strength	Dosage Form	DIN	MFR
Sacubitril/valsartan	**Entresto**	24 mg- 26 mg 49 mg - 51 mg 97 mg - 103 mg	Tablet Tablet Tablet	02446928 02446936 02446944	NVR
Criteria	For the treatment of patients with New York Heart Association (NYHA) class II or III heart failure to reduce the incidence of cardiovascular death and heart failure hospitalization, who meet all of the following criteria: • Left ventricular ejection fraction (LVEF) of < 40%. • NYHA class II to III symptoms despite at least four weeks of treatment of the following: - a stable dose of an angiotensin-converting enzyme inhibitor (ACEI) or an angiotensin II receptor antagonist (ARB); and - a stable dose of a beta-blocker and other recommended therapies, including an aldosterone antagonist. • Plasma B-type natriuretic peptide (BNP) ≥150 pg/mL or N-terminal prohormone B-type natriuretic peptide (NTproBNP) ≥ 600 pg/mL. Clinical Notes: 1. A plasma BNP ≥ 100 pg/mL or NT-proBNP ≥ 400 pg/mL will be considered if the patient has been hospitalized for heart failure within the past 12 months. 2. For patients who have not received four weeks of therapy with a beta blocker or aldosterone antagonist due to an intolerance or contraindication, details must be provided.				
Program Eligibility	Family Health Benefit Drug Program, Financial Assistance Drug Program, Seniors Drug Program, Nursing Home Program, Catastrophic Drug Program				
Ivabradine	**Lancora**	5 mg 7.5 mg	Tablet Tablet	02459973 02459981	SER
Criteria	For the treatment of adult patients with New York Heart Association (NYHA) class II or III stable heart failure when administered in combination with standard chronic heart failure therapies to reduce the incidence of cardiovascular death and hospitalization, who meet all of the following criteria: • Left ventricular ejection fraction (LVEF) of ≤35% • Sinus rhythm with a resting heart rate ≥77 beats per minute (bpm) • At least one hospitalization due to heart failure in the past year • NYHA class II to III symptoms despite at least four weeks of treatment with the following: - a stable dose of an angiotensin converting enzyme inhibitor (ACEI) or an angiotensin II receptor blocker (ARB) - a stable dose of a beta blocker - an aldosterone antagonist Clinical Notes: 1. Resting heart rate must be documented as ≥ 77 bpm on average using either an ECG on at least three separate visits or by continuous monitoring. 2. For patients who have not received four weeks of therapy with an ACEI/ARB, beta blocker and aldosterone antagonist due to an intolerance or contraindication, details must be provided. 3. Initiation and up-titration should be under the supervision of a physician experienced in the treatment of heart failure.				
Program Eligibility	Family Health Benefit Drug Program, Financial Assistance Drug Program, Seniors Drug Program, Nursing Home Program, Catastrophic Drug Program				

Methotrexate	**Metoject**	15 mg/ 1.5 ml 10 mg/ 1 ml 7.5 mg/ .0.75 ml 15 mg/ 0.3 ml 17.5 mg/ 0.35 ml 20 mg/ 0.4 ml 22.5 mg / 0.45 ml 25 mg/ 0.5 ml	Prefilled syringe Prefilled syringe Prefilled syringe Prefilled syringe Prefilled syringe Prefilled syringe Prefilled syringe Prefilled syringe	02320045 02320037 02320029 02454858 02454769 02454866 02454777 02454874	MED
Criteria	Open benefit				
Program Eligibility	Family Health Benefit Drug Program, Financial Assistance Drug Program, Seniors Drug Program, Nursing Home Program, Catastrophic Drug Program				

Empaglifozin/metformin	**Synjardy**	5mg/500mg 5mg/850mg 5mg/1000mg 12.5mg/500mg 12.5mg/850mg 12.5mg/1000mg	Tablet Tablet Tablet Tablet Tablet Tablet	02456575 02456583 02456591 02456605 02456613 02456621	BOE
Criteria	For patients with type 2 diabetes mellitus who are already stabilized on therapy with metformin and empaglifozin, to replace the individual components of metformin and empaglifozin in these patients.				
Program Eligibility	Diabetes Drug Program, Financial Assistance Drug Program, Catastrophic Drug Program				

Criteria Update

Empaglifozin	**Jardiance**	10mg 25mg	Tablet Tablet	02443937 02443945	BOE
Criteria	Criteria has been updated to include the following: As an adjunct to diet, exercise, and standard care therapy to reduce the incidence of cardiovascular (CV) death in patients with type 2 diabetes mellitus and established cardiovascular disease, if the following criteria are met: • Patients have inadequate glycemic control despite an adequate trial of metformin Clinical notes: Established cardiovascular disease is defined as one of the following (details must be provided): • History of myocardial infarction (MI). • Multi-vessel coronary artery disease in two or more major coronary arteries (irrespective of revascularization status). • Single-vessel coronary artery disease with significant stenosis and either a positive non-invasive stress test or discharged from hospital with a documented diagnosis of unstable angina within 12 months prior to selection • Last episode of unstable angina >2 months prior with confirmed evidence of coronary multi-vessel or single-vessel disease. • History of ischemic or hemorrhagic stroke. • Occlusive peripheral artery disease.				

Notice

The *Drug Product Interchangeability and Pricing Act* has now been repealed. The Provincial Interchangeable Drug List will no longer be published as PEI Pharmacare no longer determines interchangeability of drug products. The PEI Pharmacare Formulary, to be published August 1, 2019, will remove references regarding interchangeability.