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P.E.I. Pharmacare Bulletin

Issue (2019-7) **Sept 11, 2019**

NEW PRODUCT(S) ADDED TO THE PEI PHARMACARE FORMULARY
(Effective Date: September 23, 2019)

Product (Generic Name)	Product (Brand Name)	Strength	Dosage Form	DIN	MFR
Etanercept	**Erelzi**	25mg/0.5 ml 50mg/ ml 50mg/ ml	Pen Injector Pen Injector Pre-filled syringe	02462877 02462850 02462869	SDZ
Criteria	For the treatment of predominantly axial psoriatic arthritis who are refractory, intolerant or have contraindications to the sequential use of at least two NSAIDs for a minimum of two weeks each. For the treatment of predominantly peripheral psoriatic arthritis who are refractory or intolerant to: • Sequential use of at least two NSAIDs for a minimum of two weeks each; and • Methotrexate (oral or parenteral) at a dose of ≥20mg weekly (≥15mg if patient is ≥65 years of age) for a minimum of 8 weeks; and • Leflunomide for a minimum of 10 weeks or sulfasalazine for a minimum of 3 months Clinical notes: • For patients who do not demonstrate a clinical response to oral methotrexate, or who experience gastrointestinal intolerance, a trial of parenteral methotrexate must be considered. • Refractory is defined as lack of effect at the recommended doses and for duration of treatments specified above. • Intolerant is defined as demonstrating serious adverse effects to treatments. The nature of intolerance(s) must be clearly documented. Claim notes: • Combined use of more than one biologic DMARD will not be reimbursed. • Initial approval duration and maximum dosages as per existing criteria on the PEI Pharmacare Formulary. • Initial approval 16 weeks. Renewal approval: 1 year. Confirmation of continued response is required.				
Program Eligibility	High Cost Drug Program, Catastrophic Drug Program				

Netupitant/palonosetron	**Akynzeo**	300 mg/0.5 mg	Capsule	02468735	PFR
Criteria	In combination with dexamethasone for the prevention of acute and delayed nausea and vomiting in patients receiving: • highly emetogenic chemotherapy or • moderately emetogenic chemotherapy who have had inadequate symptom control using a 5-HT3 antagonist and dexamethasone in a previous cycle. Clinical notes: • Highly emetogenic chemotherapy (HEC) includes but is not limited to: cisplatin regimens, anthracycline and cyclophosphamide combination regimens, and regimens containing carmustine, mechlorethamine, streptozocin, dacarbazine and cyclophosphamide > 1500mg/m^2 • Patients who receive carboplatin-based regimens with AUC ≥ 4 are also eligible to receive netupitant/palonosetron in combination with dexamethasone for primary prevention of acute and delayed nausea and vomiting				
Program Eligibility	Family Health Benefit Drug Program, Financial Assistance Program, Seniors Drug Program, Nursing Home Program, Catastrophic Drug Program				

Semaglutide	**Ozempic**	0.25-0.5 mg per dose (2mg/ 1.5ml) 1 mg per dose (2mg/1.5ml)	Pen Injector Pen Injector	02471477 02471469	NNO
Criteria	For the treatment of type 2 diabetes in combination with metformin and a sulfonylurea, when diet and exercise plus dual therapy with metformin and a sulfonylurea do not achieve adequate glycemic control.				
Program Eligibility	Diabetes Drug Program, Financial Assistance Program, Nursing Home Program, Catastrophic Drug Program				

Criteria Update

Aprepritant	**Emend**	80mg 125mg 80mg/80mg/125mg	Capsule Capsule Tri-Pack	02298791 02298805 02298813	MSD
Criteria	Criteria has been updated to the following: In combination with dexamethasone for the prevention of acute and delayed nausea and vomiting in patients receiving: • highly emetogenic chemotherapy or • moderately emetogenic chemotherapy who have had inadequate symptom control using a 5-HT3 antagonist and dexamethasone in a previous cycle. Clinical notes: • Highly emetogenic chemotherapy (HEC) includes but is not limited to: cisplatin regimens, anthracycline and cyclophosphamide combination regimens, and regimens containing carmustine, mechlorethamine, streptozocin, dacarbazine and cyclophosphamide > 1500mg/m^2 • Patients who receive carboplatin-based regimens with AUC $\geq$ 4 are also eligible to receive netupitant/palonosetron in combination with dexamethasone for primary prevention of acute and delayed nausea and vomiting				
Program Eligibility	Family Health Benefit Drug Program, Financial Assistance Program, Seniors Drug Program, Nursing Home Program, Catastrophic Drug Program				