

One Island Health System

PEI Pharmacare P.O. Box 2000 Charlottetown, PE C1A 7N8 www.healthpei.ca Santé Î.-P.-É. Un système de santé unique

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PEI Pharmacare Bulletin

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NEW PRODUCT(S) ADDED TO THE PEI PHARMACARE FORMULARY (EFFECTIVE DATE: SEPTEMBER 1, 2020)

Product (Generic name)	Product (Brand name)	Strength	Dosage Form	DIN	MFR		
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Bosutinib	Bosulif	100 mg	Tablet	02419149	PFI		
		500 mg	Tablet	02419157			
Criteria	For treatment of adult patients with chronic, accelerated, or blast phase						
	Philadelphia chromosome-positive (Ph+) chronic myelogenous leukemia (CML)						
	with resistance or intolerance to prior TKI therapy.						
Program Eligibility	High Cost Drug Program, Catastrophic Drug Program						
	1						
Ponatinib	Iclusig	15 mg	Tablet	02437333	ARI		
Criteria	For the treatment of patients with chronic, accelerated or blast phase chronic						
	myelogenous leukemia (CML) or Philadelphia chromosome positive acute						
	lymphoblastic leukemia (Ph+ALL) who have:						
	• resistance or intolerance to two or more tyrosine kinase inhibitors (TKIs), OR						
	• confirmed T315i mutation positive disease.						
	Clinical Notes:						
	1. Patients must have an ECOG performance status of ≤2.						
	2. Treatment should be discontinued upon disease progression or unacceptable						
	toxicity.						
Program Eligibility	High Cost Drug Prograr	n, Catastrophic [Orug Program				
Dilemente	Diletele	50	T-1-1-4	00040700	A \ / \ I		
Riluzole	Rilutek	50 mg	Tablet	02242763	AVN		
	Mylan-Riluzole	50 mg	Tablet	02390299	MYL		
Criteria	Open benefit						
Program Eligibility	Family Health Benefit Drug Program, Financial Assistance Program, Generic Drug						
	Program, Seniors Drug Program, Nursing Home Program, Catastrophic Drug						
	Program						
		T			,		
Ruxolitinib	Jakavi	5 mg	Tablet	02388006	NVR		
		10 mg	Tablet	02434814			
		15 mg	Tablet	02388014			
		20 mg	Tablet	02388022			
Criteria	For patients with intermediate to high risk symptomatic Myelofibrosis (MF) as						
	assessed using the Dynamic International Prognostic Scoring System (DIPSS)						
	Plus or patients with symptomatic splenomegaly. Patients should have ECOG						

	performance status of ≤ 3 and be either previously untreated or refractory to other treatment.						
Program Eligibility	High Cost Drug Program, Catastrophic Drug Program						
Vismodegib	Erivedge	150 mg	Capsule	02409267	HLR		
Criteria	i.e. Gorlin syndrome whinappropriate for surger other members of the mass a single agent for the (BCC) Clinical Note: 1. Patients must have a Note: Vismodegib (Eriv program called the Erive program, only prescribe prescribe and dispense	For the treatment of locally advanced BCC (including basal cell nevus syndrome i.e. Gorlin syndrome who are 18 years of age and older) in patients who are inappropriate for surgery and radiotherapy based on a discussion/evaluation with other members of the multi-disciplinary team OR As a single agent for the treatment of measurable metastatic basal cell carcinoma (BCC)					
Program Eligibility	High Cost Drug Program, Catastrophic Drug Program						

CRITERIA CHANGE (EFFECTIVE DATE: SEPTEMBER 1, 2020)

Ibrutinib	Imbruvica	140 mg	Capsule	02434407	JAN	
Criteria	The Special Authorization Criteria for Imbruvica has been updated to the follow. For the treatment of patients with previously untreated chronic lymphocytic leukemia (CLL) / small lymphocytic lymphoma (SLL) for whom fludarabine-base treatment is considered inappropriate due to high risk of relapse or refractory disease(includes 17p deletion, TP3 mutation, 11q deletion and unmutated IGH based on prognostic biomarkers. AND For the treatment of patients with CLL/SLL who have received at least one prior					
	Claim Notes: • Ibrutinib will not be reimbursed when used in combination with rituximab.					
Program Eligibility	High Cost Drug Program, Catastrophic Drug Program					

IMPORTANT NOTICES

- Effective September 1, 2020, PEI Pharmacare will no longer send out Approval letters for Special Authorization Requests.
- Every effort will be made to process approvals within 10 business days of receipt. Requests marked "Urgent" will be processed as quickly as possible.
- Denial letters, as well as requests that require additional information from the clinician, will continue to be mailed to the clinician.

KALYDECO 150mg

Two pseudo DINs (PDINs) have been added to the PEI Pharmacare Formulary to assist with the billing of Kalydeco 150mg when the drug cost exceeds the CPhA maximum (\$9999.99). The PDINs are:

00903963 Kalydeco Billing 2 00903964 Kalydeco Billing 3

HOURS OF OPERATION

Please note PEI Pharmacare offices will be closed on Friday August 21, 2020.