Health PEI
One Island Health System

PEI Pharmacare
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PEI Pharmacare Bulletin

Issue (2021 - 6) **August 16, 2021**

NEW PRODUCT(S) ADDED TO THE PEI PHARMACARE FORMULARY (EFFECTIVE DATE: AUGUST 30, 2021)

Product (Generic name)	Product (Brand name)	Strength	Dosage Form	DIN	MFR
Rituximab	Riximyo	10 mg/ml	Vial (10 ml) Vial (50 ml)	02498316 02498316	SDZ
Criteria	For the treatment of adult patients with severe active Rheumatoid Arthritis who have failed to respond to an adequate trial with an anti-TNF agent. a) Rituximab will not be considered in combination with other biologic agents. b) Approval for re-treatment with rituximab will only be considered for patients who have achieved a response, followed by a subsequent loss of effect and, after an interval of no less than six months from the previous dose. For the induction of remission in patients with severly active granulomatosis with polyangitis (GPA) or microscopic polyangitis (MPA) who have severe intolerance or other contraindication to cyclophosphamide, or who have failed an adequate trial of cyclophosphamide.				
Program Eligibility	High Cost Drug Program, Catastrophic Drug Program				

Rituximab	Ruxience	10 ml/ml	Vial (10 ml) Vial (50 ml)	02495724 02495724	PFI
Criteria	For the treatment of adult patients with severe active Rheumatoid Arthritis who have failed to respond to an adequate trial with an anti-TNF agent. a) Rituximab will not be considered in combination with other biologic agents. b) Approval for re-treatment with rituximab will only be considered for patients who have achieved a response, followed by a subsequent loss of effect and, after an interval of no less than six months from the previous dose. For the induction of remission in patients with severly active granulomatosis with polyangitis (GPA) or microscopic polyangitis (MPA) who have severe intolerance or other contraindication to cyclophosphamide, or who have failed an adequate trial of cyclophosphamide.				
Program Eligibility	High Cost Drug Program, Catastrophic Drug Program				

Rituximab	Truxima	10 mg/ml	Vial (10 ml) Vial (50 ml)	02478382 02478390	TEV
Criteria	For the treatment of adult patients with severe active Rheumatoid Arthritis who have failed to respond to an adequate trial with an anti-TNF agent. a) Rituximab will not be considered in combination with other biologic agents.				

	b) Approval for re-treatment with rituximab will only be considered for patients who have achieved a response, followed by a subsequent loss of effect and, after an interval of no less than six months from the previous dose. For the induction of remission in patients with severly active granulomatosis with polyangitis (GPA) or microscopic polyangitis (MPA) who have severe intolerance or other contraindication to cyclophosphamide, or who have failed an adequate trial of cyclophosphamide.
Program Eligibility	High Cost Drug Program, Catastrophic Drug Program

Tacrolimus	Envarsus PA	0.75 mg 1 mg 4 mg	ER Tablet	02485877 02485885 02485893	END
Criteria	Open benefit				
Program Eligibility	Transplant Drugs Program				

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