

PEI Pharmacare Bulletin

Issue (2021 - 2)

February 9, 2021

NEW PRODUCT(S) ADDED TO THE PEI PHARMACARE FORMULARY
(EFFECTIVE DATE: FEBRUARY 22, 2021)

Product (Generic name)	Product (Brand name)	Strength	Dosage Form	DIN	MFR
Risankizumab	Skyrizi	75 mg/0.83 ml	Prefilled Syringe	02487454	ABV
Criteria	<p>For the treatment of patients with chronic moderate to severe plaque psoriasis who meet all of the following criteria:</p> <ul style="list-style-type: none"> • Psoriasis Area Severity Index (PASI) > 10; and Dermatology Life Quality Index (DLQI) > 10; or • Major involvement of visible areas, scalp, genitals, at least two finger nails, presence of itch leading to scratching or the presence of recalcitrant plaques; AND • Refractory, intolerant or have contraindications to: <ul style="list-style-type: none"> - Phototherapy (unless restricted by geographic location); and - Methotrexate (oral or parenteral) at a dose of ≥ 20mg weekly (≥15mg if patient is ≥65 years of age) for a minimum of 12 weeks or cyclosporine for a minimum of 6 weeks <p>Clinical notes:</p> <ul style="list-style-type: none"> • 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. <p>Claim notes:</p> <ul style="list-style-type: none"> • Combined use of more than one biologic DMARD will not be reimbursed • Maximum dosages as per 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				

IMPORTANT NOTICES

- Pharmacists are reminded that insulin-dependent Pharmacare clients are now able to have 100 eligible blood glucose test strips (BGTS) covered under the Diabetes Drug Program every 25 days. This is an increase in prior BGTS coverage, which was 100 strips every 30 days.