

PEI Pharmacare P.O. Box 2000 Charlottetown, PE C1A 7N8 www.healthpei.ca

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Programmes provinciaux de medicaments C.P. 2000 Charlottetown, PE C1A 7N8 www.healthpei.ca

PEI Pharmacare Bulletin

Issue (2021 - 4)

June 14, 2021

<u>NEW PRODUCT(S) ADDED TO THE PEI PHARMACARE FORMULARY</u> (EFFECTIVE DATE: June 28, 2021)

Product (Generic name)	Product (Brand name)	Strength	Dosage Form	DIN	MFR		
Enoxaparin	Inclunox	30 mg/0.3 ml	Prefilled syringe	02507501	SDZ		
	Inclunox	40 mg/0.4 ml	Prefilled syringe	02507528			
	Inclunox	60 mg0.6 ml	Prefilled syringe	02507536			
	Inclunox	80 mg/0.8 ml	Prefilled syringe	02507544			
	Inclunox	100 mg/1 ml	Prefilled syringe	02507552			
	Inclunox HP	120 mg/0.8 ml	Prefilled syringe	02507560			
	InclunoxHP	150 mg/1 ml	Prefilled syringe	02507579			
Criteria	Open benefit						
Program Eligibility	Family Health Benefit Drug Program, Financial Assistance Drug Program, Nursing Home						
	Drug Program, Seniors Drug Program, Catastrophic Drug Program						
Enoxaparin	Redesca	30 mg/0.3 ml	Prefilled syringe	02509075	VAL		
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Enoxaparin	Redesca	30 mg/0.3 ml	Prefilled syringe	02509075	VAL		
	Redesca	40 mg/0.4 ml	Prefilled syringe	02509083			
	Redesca	60 mg/0.6 ml	Prefilled syringe	02509091			
	Redesca	80 mg/0.8 ml	Prefilled syringe	02509105			
	Redesca	100 mg/1 ml	Prefilled syringe	02509113			
	Redesca	300 mg/3 ml	Vial	02509121			
	Redesca HP	120 mg/0.8 ml	Prefilled syringe	02509148			
	Redesca HP	150 mg/1 lm	Prefilled syringe	02509156			
Criteria	Open benefit						
Program Eligibility	Family Health Benefit Drug Program, Financial Assistance Drug Program, Nursing Home						
	Drug Program, Seniors Drug Program, Catastrophic Drug Program						

BENEFIT STATUS CHANGE

Effective June 15, 2021, the following currently listed products will move from Special Authorization to Open Benefit, and will no longer require a Special Authorization Request;

- Atropine/diphenoxylate (Lomotil) tablets
- Ezetimibe 10mg tablets
- Montelukast 4mg granules and chew tablets, 5mg chew tablets, 10mg tablets
- Fluconazole 50mg tablets, 100mg tablets, 150mg tablets

• Ketoconazole 200 mg tablets

Please refer to the online Formulary for information on currently listed products and applicable program coverage.

CRITERIA UPDATE

Effective June 28, 2021, the Special Authorization criteria for all currently listed Lovenox products has been updated to include the following note;

• Special Authorization for Lovenox will considered for patients who have used all eligible open benefit enoxaparin products and have had documented serious intolerance or allergic reaction.