

One Island Health System

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



Un système de santé unique

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

PEI Pharmacare Bulletin

Issue (2022 - 11) December 12, 2022

NEW PRODUCT(S) ADDED TO THE PEI PHARMACARE FORMULARY (EFFECTIVE DATE: (DECEMBER 28, 2022)

Product (Generic name)	Product (Brand name)	Strength	Dosage Form	DIN	MFR			
Acalabrutinib	Calquence	100 mg	Capsule	02491788	AZE			
Criteria	For treatment of chronic lymphoctic leukemia (CLL)/small lymphocytic lymphoma (SLL);							
	see the online formulary for criteria							
Program Eligibility	High Cost Drug Program, Catastrophic Drug Program							
Brolucizumab	Beovu	6 mg/0.05 ml	Prefilled syringe	02496976	NVR			
Criteria	For treatment of neovaso	cular (wet) age-rel	ated macular degene	eration (AMD);	see the			
	online formulary for crite	ria						
Program Eligibility	High Cost Drug Program,	Catastrophic Drug	g Program					
Cetirizine	Various generics	20 mg	Tablet	02517353	JPC			
				02427141	MAR			
Criteria	Open benefit							
Program Eligibility	Family Health Benefit Drug Program, Financial Assistance Drug Program, Generic Drug							
	Program, Nursing Home Drug Program, Seniors Drug Program, Catastrophic Drug							
	Program							
Entrectinib	Rozlytrek	100 mg	Capsule	02495007	HLR			
		200 mg		02495015				
Criteria	For the first-line treatment of patients with ROS-1 positive locally advanced (not							
Citteria			amenable to curative therapy) or metastatic non-small cell lung cancer (NSCLC).					
Criteria	amenable to curative the	rapy) or metastat	ic non-small cell lung	cancer (NSCLC				
Program Eligibility	amenable to curative the High Cost Drug Program,			cancer (NSCLC				
				cancer (NSCLC				
				00727369				
Program Eligibility	High Cost Drug Program,	Catastrophic Drug	g Program).			
Program Eligibility Estrone	High Cost Drug Program, Estragyn	Catastrophic Drug	Program Vaginal cream	00727369). SLP			

Fremanezumab	Ajovy	225 mg/1.5 ml	Prefilled Syringe	02497859	TEV	
		225 mg/1.5 ml	Autoinjector	02509474		
Criteria	· ·	For the prevention of migraine in patients with a confirmed diagnosis of episodic or				
	chronic migraine who ha	ve experienced an	inadequate respons	e, intolerance,	or	
	contraindication to at lea	ast two classes of c	oral prophylactic mig	raine medicatio	ns; see	
	the online formulary for	criteria.				
Program Eligibility	Family Health Benefit Dr	ug Program, Finan	cial Assistance Drug I	Program, Nursii	ng Home	
	Drug Program, Seniors D	rug Program, Cata	strophic Drug Progra	m		
	•					
Gilteritinib	Xospata	40 mg	Tablet	02495058	AST	
Criteria	For the treatment of FMS	S-like tyrosine kina	se 3 (FLT3)-mutated	acute myeloid	leukemia	
	see the online formulary for criteria					
Program Eligibility	High Cost Drug Program,	Catastrophic Drug	rogram Program			
Granisetron	Jamp Granisetron	1 mg	Tablet	02472686	JPC	
Criteria	For the prevention of na	usea and vomiting	in patients receiving	highly/modera	tely	
	emetogenic chemotherapy/radiation or patients receiving radiation therapy who have					
	inadequate control with other available antiemetics					
Program Eligibility	Family Health Benefit Drug Program, Financial Assistance Drug Program, Generic Drug					
0 0 ,	Program, Nursing Home Drug Program, Seniors Drug Program, Catastrophic Drug					
	Program					
		T				
Leucovorin	Riv-Leucovorin	5 mg	Tablet	02493357	RIV	
Leucovorin Criteria	Riv-Leucovorin Open benefit	5 mg	Tablet	02493357	RIV	
		-				
Criteria	Open benefit	ug Program, Finan	cial Assistance Drug I	Program, Gener	ic Drug	
Criteria	Open benefit Family Health Benefit Dr	ug Program, Finan	cial Assistance Drug I	Program, Gener	ic Drug	
Criteria	Open benefit Family Health Benefit Dr Program, Nursing Home	ug Program, Finan	cial Assistance Drug I	Program, Gener	ic Drug	
Criteria	Open benefit Family Health Benefit Dr Program, Nursing Home	ug Program, Finan	cial Assistance Drug I	Program, Gener	ic Drug	
Criteria Program Eligibility	Open benefit Family Health Benefit Dr. Program, Nursing Home Program	ug Program, Finan Drug Program, Ser 100 mg	cial Assistance Drug I niors Drug Program, (Capsule	Program, Gener Catastrophic Dr 02489783	ric Drug ug GSK	
Criteria Program Eligibility Niraparib	Open benefit Family Health Benefit Dr Program, Nursing Home Program Zejula	ug Program, Finand Drug Program, Ser 100 mg	cial Assistance Drug I niors Drug Program, (Capsule d epithelial ovarian,	Program, Gener Catastrophic Dr 02489783	ric Drug ug GSK	
Criteria Program Eligibility Niraparib	Open benefit Family Health Benefit Dr. Program, Nursing Home Program Zejula For treatment of newly of peritoneal cancer; see the	ug Program, Finand Drug Program, Ser 100 mg liagnosed advance e online formulary	cial Assistance Drug I niors Drug Program, (Capsule d epithelial ovarian,	Program, Gener Catastrophic Dr 02489783 fallopian tube c	ric Drug ug GSK or primar	
Criteria Program Eligibility Niraparib	Open benefit Family Health Benefit Dr Program, Nursing Home Program Zejula For treatment of newly of peritoneal cancer; see th For relapsed, platinum see	ug Program, Finand Drug Program, Ser 100 mg liagnosed advance e online formulary	cial Assistance Drug I niors Drug Program, (Capsule d epithelial ovarian, r for criteria epithelial ovarian, fal	Program, Gener Catastrophic Dr 02489783 fallopian tube c	ric Drug ug GSK or primar	
Criteria Program Eligibility Niraparib Criteria	Open benefit Family Health Benefit Dr. Program, Nursing Home Program Zejula For treatment of newly of peritoneal cancer; see the For relapsed, platinum see peritoneal cancer; see the	ug Program, Finand Drug Program, Ser 100 mg liagnosed advance e online formulary ensitive advanced of	cial Assistance Drug I niors Drug Program, (Capsule d epithelial ovarian, ofor criteria epithelial ovarian, fal	Program, Gener Catastrophic Dr 02489783 fallopian tube c	ric Drug ug GSK or primar	
Criteria Program Eligibility Niraparib	Open benefit Family Health Benefit Dr Program, Nursing Home Program Zejula For treatment of newly of peritoneal cancer; see th For relapsed, platinum see	ug Program, Finand Drug Program, Ser 100 mg liagnosed advance e online formulary ensitive advanced of	cial Assistance Drug I niors Drug Program, (Capsule d epithelial ovarian, ofor criteria epithelial ovarian, fal	Program, Gener Catastrophic Dr 02489783 fallopian tube c	ric Drug ug GSK or primar	
Criteria Program Eligibility Niraparib Criteria	Open benefit Family Health Benefit Dr. Program, Nursing Home Program Zejula For treatment of newly of peritoneal cancer; see the For relapsed, platinum see peritoneal cancer; see the	ug Program, Finand Drug Program, Ser 100 mg liagnosed advance e online formulary ensitive advanced of	cial Assistance Drug I niors Drug Program, (Capsule d epithelial ovarian, ofor criteria epithelial ovarian, fal	Program, Gener Catastrophic Dr 02489783 fallopian tube c	ric Drug ug GSK or primar	
Criteria Program Eligibility Niraparib Criteria Program Eligibility Ocrelizumab	Open benefit Family Health Benefit Dr. Program, Nursing Home Program Zejula For treatment of newly of peritoneal cancer; see the For relapsed, platinum see peritoneal cancer; see the High Cost Drug Program, Ocrevus	ug Program, Finand Drug Program, Ser 100 mg liagnosed advance e online formulary ensitive advanced of e online formulary Catastrophic Drug	Capsule d epithelial ovarian, for criteria program for criteria program representation ovarian, fal representation ovarian, fal representation ovarian, fal	Program, Gener Catastrophic Dr 02489783 fallopian tube or lopian tube or 02467224	GSK or primary	
Criteria Program Eligibility Niraparib Criteria Program Eligibility	Open benefit Family Health Benefit Dr Program, Nursing Home Program Zejula For treatment of newly of peritoneal cancer; see the For relapsed, platinum see peritoneal cancer; see the High Cost Drug Program,	ug Program, Finand Drug Program, Ser 100 mg liagnosed advance e online formulary ensitive advanced e online formulary Catastrophic Drug 300 mg	Capsule d epithelial ovarian, for criteria epithelial ovarian, fal for criteria program Vial Vial Ultiple sclerosis and p	Program, Gener Catastrophic Dr 02489783 fallopian tube or lopian tube or 02467224	GSK or primary	

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Olaparib	Lynparza	100 mg	Tablet	02475200	AZE		
		150 mg	Tablet	02475219			
Criteria	For treatment of metastatic, castration-resistant prostate cancer, see the online						
	formulary for criteria						
	For newly diagnosed advanced, BRCA-mutated, high grade epithelial ovarian, fallopian						
	tube, or primary peritoneal cancer see the online formulary for criteria						
	For relapsed, BRCA-mutated, high grade serous epithelial ovarian, fallopian tube or						
	primary peritoneal cancer; see the online formulary for criteria						
Program Eligibility	High Cost Drug Program, Catastrophic Drug Program						
Tazarotene and Halobetasol	Duobrii	0.01%/ 0.045%	Lotion	02499967	BLO		
propionate							
Criteria	Patients must have a clinical diagnosis of moderate to severe plaque psoriasis and an						
	inadequate response to a topical high-potency corticosteroid						
Program Eligibility	Family Health Benefit Drug Program, Financial Assistance Drug Program, Nursing Home						
	Drug Program, Seniors Drug Program, Catastrophic Drug Program						
Desiccated thyroid	Thyroid	30 mg	Tablet	00023949	ERF		
·	,	60 mg	Tablet	00023957			
		125 mg	Tablet	00023965			
Criteria	Open benefit						
Program Eligibility	Family Health Benefit Drug Program, Financial Assistance Drug Program, Nursing Home						
5 5 ,	Drug Program, Seniors Drug Program, Catastrophic Drug Program						
		<u> </u>					
Tranexamic acid	Mar-Tranexamic Acid	500 mg	Tablet	02496232	MAR		
Criteria	Open benefit	300 1118	140100	02 13 02 02			
Program Eligibility	Family Health Benefit Drug Program, Financial Assistance Drug Program, Generic Drug						
1 1061 am Englishing	Program, Nursing Home Drug Program, Seniors Drug Program, Catastrophic Drug						
	Program						
	1						
Valacyclovir	Apo-valacyclovir	1000 mg	Tablet	02354705	APX		
Criteria	Open benefit	1000 Hig	Tablet	02334703	AFA		
	ragram Canar	is Drug					
Program Eligibility	Family Health Benefit Drug Program, Financial Assistance Drug Program, Generic Drug Program, Nursing Home Drug Program, Seniors Drug Program, Catastrophic Drug						
	Program Program						
	Flogialli						
Adalimumab	Abrilada	10mg/0.0ml	Profilled surings	02511053	PFI		
Audiiiiuliidb	AUIIIdUd	40mg/0.8ml 40mg/0.8ml	Prefilled syringe Prefilled pen	02511053			
Criteria	For the treatment of anky						
Cittella		•	• •				
	arthritis, ulcerative colitis, rheumatoid arthritis, hidradenitis suppurativa and uveitis; see the online formulary for criteria						
Drogram Eligibility			Drogram				
Program Eligibility	High Cost Drug Program,	catastrophic brug	riogialli				

<u>UPDATE OF SPECIAL AUTHORIZATION CRITERIA</u> <u>(EFFECTIVE DATE: DECEMBER 12, 2022)</u>

Product (Generic name)	Product (Brand name)	Strength	Dosage Form	DIN	MFR	
Dapagliflozin	Forxiga	5 mg 10 mg	Tablet	02435462 02435470	AZE	
Criteria	The indication considered for coverage has expanded to include treatment of adult patients with New York Heart Association (NYHA) class II or III heart failure with reduced ejection fraction (left ventricular ejection fraction ≤ 40%) as an adjunct to standard of care therapies; see the online formulary for criteria					
Program Eligibility	Family Health Benefit Drug Program, Financial Assistance Drug Program, Nursing Home Drug Program, Seniors Drug Program, Catastrophic Drug Program					
Enzalutamide	Xtandi	40 mg	Capsule	02407329	AST	
Criteria	The indications considered for coverage have expanded to include treatment for metastatic castration-sensitive prostate cancer and non-metastatic castration-resistant prostate cancer (high metastases risk); see the online formulary for criteria					
Program Eligibility	High Cost Drug Program	, Catastrophic Drug	Program			
Etanercept	Brenzys	50mg/ml	Prefilled pen injector Prefilled syringe	02455331	ORG	
Criteria	The indications considered for coverage have been expanded to include plaque psoriasis and psoriatic arthritis; see the online formulary for criteria					
Program Eligibility	High Cost Drug Program,	Catastrophic Drug F	Program			
Etanercept	Erelzi	25mg/0.5ml 50mg/ml 50mg/ml	Prefilled syringe Prefilled pen injector Prefilled syringe	02462877 02462850 02462869	SDZ	
Criteria	The indications considered for coverage have been expanded to include plaque psoriasis; see the online formulary for criteria					
Program Eligibility	High Cost Drug Program, Catastrophic Drug Program					
Venetoclax	Venclexta	10 mg 50 mg 100 mg	Tablet	02458039 02458047 02458055	ABV	
Criteria	The indications considered for coverage have been expanded to include combination with obinutuzumab for previously untreated chronic lymphocytic leukemia or small lymphocytic lymphoma and in combination with azacitidine for newly diagnosed acute myeloid leukemia; see the online formulary for criteria					
Program Eligibility	High Cost Drug Program,					
			T		1	
Adalimumab	Simlandi	40mg/0.4ml	Prefilled syringe Prefilled autoinjector	02523949 02523957	JPC	
		80mg/0.8ml	Prefilled syringe	02523965		

Criteria	The indications considered for coverage have been expanded to include hidradenitis suppurativa and uveitis; see the online formulary for criteria					
Program Eligibility	High Cost Drug Program, Catastrophic Drug Program					
			_			
Adalimumab	Amgevita	20mg/0.4ml	Prefilled syringe	02459310	AMG	
		40mg/0.8ml	Prefilled syringe	02459299		
		40mg/0.8ml	Prefilled	02459302		
			autoinjector			
Criteria	The indications consider	ed for coverage have	e been expanded to i	nclude hidrade	nitis	
	suppurativa and uveitis; see the online formulary for criteria					
Program Eligibility	High Cost Drug Program,	Catastrophic Drug F	Program			
		-	-			
Adalimumab	Hulio	20mg/0.4ml	Prefilled syringe	02502380	BGP	
		40mg/0.8ml	Prefilled syringe	02502399		
		40mg/0.8ml	Prefilled pen	02502402		
Criteria	The indications consider			1	nitis	
	suppurativa and uveitis; see the online formulary for criteria					
Program Eligibility	High Cost Drug Program, Catastrophic Drug Program					
-0 - 07	0 1111 10 101 /	- 10	-0 -			
Adalimumab	Hyrimoz	20mg/0.4ml	Prefilled syringe	02505258	SND	
7 (3.3	,	40mg/0.8ml	Prefilled syringe	02492164		
		40mg/0.8ml	Prefilled	02492156		
		401116/ 0.01111	autoinjector	02432130		
Criteria	The indications consider	⊥ ed for coverage have	•	⊥ nclude hidrade	nitis	
Citeria	The indications considered for coverage have been expanded to include hidradenitis suppurativa and uveitis; see the online formulary for criteria					
Program Eligibility	High Cost Drug Program, Catastrophic Drug Program					
1 TOGICATI Eligibility	Thigh cost brug i rogram,	Catastropine Drug i	ТОВГИПП			
Adalimumab	Hadlima	40mg/0.8ml	Prefilled syringe	02473097	ORG	
Addillidillab	Tradiii i	40mg/0.8ml	Prefilled	02473037	00	
		40116/0.0111	autoinjector	32473100		
Criteria	The indications consider	ed for coverage have		ı nclude hidrade	nitis	
Critciia	The indications considered for coverage have been expanded to include hidradenitis suppurativa and uveitis; see the online formulary for criteria					
Program Eligibility	High Cost Drug Program, Catastrophic Drug Program					
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Holiday Hours

Please be advised that the Pharmacare office will be closed:

- December 23, 2022 at noon
- December 26, 2022
- December 27, 2022
- January 2, 2023