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One Island Health System

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PEI Pharmacare Bulletin

Issue (2022 - 9) **September 12, 2022**

NEW PRODUCT(S) ADDED TO THE PEI PHARMACARE FORMULARY (EFFECTIVE DATE: (SEPTEMBER 26, 2022)

Product (Generic name)	Product (Brand name)	Strength	Dosage Form	DIN	MFR
Brigatinib	Alunbrig	30 mg 90 mg 180 mg 7 x 90mg & 21 x 180 mg (kit)	Tablet Tablet Tablet Starter Kit	02479206 02479214 02497222 02479230	TAK
Criteria	For the treatment of adult patients with anaplastic lymphoma kinase (ALK)-positive locally advanced (not amenable to curative therapy) or metastatic non-small cell lung cancer who have not been previously treated with an ALK inhibitor. Renewal Criteria • Written confirmation that the patient is responding to treatment. Clinical Note: • Treatment should be discontinued upon clinically meaningful disease progression or unacceptable toxicity. Claim Notes: • No further ALK inhibitor will be reimbursed following disease progression on brigatinib. • Initial approval period: 1 year. • Renewal approval period: 1 year				
Program Eligibility	High Cost Drug Program, Catastrophic Drug Program				

Cefixime	Auro-Cefixime	100 mg/5 ml	Oral suspension	02468689	ARO
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				

Ceritinib	Zykadia	150 mg	Capsule	02436779	NVR
Criteria	As monotherapy treatment for patients with anaplastic lymphoma kinase (ALK)-positive locally advanced (not amenable to curative therapy) or metastatic non-small cell lung cancer who experience disease progression on, or intolerance to, crizotinib. Renewal Criteria: • Confirmation that the patient is responding to treatment. Clinical Note: • Treatment should be discontinued upon clinically meaningful disease progression or unacceptable toxicity.				
Program Eligibility	High Cost Drug Program, Catastrophic Drug Program				

Risankizumab	Skyrizi	150 mg/ml 150 mg/ml	Auto-injector Prefilled syringe	02519291 02519283	ABV
Criteria	For the treatment of patients with chronic moderate to severe plaque psoriasis who meet all of the following criteria: • 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: - 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 Clinical notes: • 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. Claim notes: • Combined use of more than one biologic DMARD will not be reimbursed • Maximum dosages as per existing 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				