Health PEI
One Island Health System

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PEI Pharmacare Bulletin

Issue (2023 - 4) **April 11, 2023**

NEW PRODUCT(S) ADDED TO THE PEI PHARMACARE FORMULARY (EFFECTIVE DATE: APRIL 27, 2023)

Product (Generic name)	Product (Brand name)	Strength	Dosage Form	DIN	MFR
Azacitidine	**Onureg**	**200 mg 300 mg**	**Tablet Tablet**	**02510197 02510200**	**CEL**
Criteria	As maintenance therapy for adult patients with acute myeloid leukemia (AML) who meet all of the following criteria: • Intermediate or poor risk cytogenetics • Complete remission (CR) or complete remission with incomplete blood count recovery (CRi) following induction therapy, with or without consolidation treatment. • Not eligible for hematopoietic stem cell transplantation (HSCT) Clinical Notes: 1. Newly diagnosed includes patients with AML de novo or secondary to prior myelodysplastic syndrome (MDS) or chronic myelomonocytic leukemia (CMML). 2. Last dose of chemotherapy should be within 4 months of starting azacitidine maintenance. 3. Treatment should be discontinued upon disease relapse (i.e., appearance of greater than 5% blasts in the bone marrow or peripheral blood), unacceptable toxicity, or if patient becomes eligible for allogeneic bone marrow or stem cell transplant during the treatment period.				
Program Eligibility	High Cost Drug Program, Catastrophic Drug Program				

Decitabine and Cedazuridine	**Inqovi**	**35mg / 100mg**	**Tablet**	**02501600**	**TAI**
Criteria	For the treatment of patients with myelodysplastic syndromes (MDS), including previously treated and untreated, who meet all of the following criteria: • De novo or secondary MDS including all French-American-British subtypes (i.e., refractory anemia, refractory anemia with ringed sideroblasts, refractory anemia with excess blasts, refractory anemia with excess blasts in transformation, and chronic myelomonocytic leukemia) • Intermediate-1, intermediate-2, or high-risk MDS, according to the International Prognostic Scoring System				

	• Have not experienced disease progression on a hypomethylating agent Clinical Notes: 1. Patients should have a good performance status. 2. Treatment should be discontinued upon disease progression or unacceptable toxicity.
Program Eligibility	High Cost Drug Program, Catastrophic Drug Program

Febratinib	**Inrebic**	**100 mg**	**Capsule**	**02502445**	**CEL**
Criteria	For the treatment of splenomegaly and/or disease-related symptoms in adult patients with intermediate-2 or high-risk primary myelofibrosis, post-polycythemia vera myelofibrosis, or post-essential thrombocythemia myelofibrosis, who have a contraindication or intolerance to ruxolitinib. Clinical Notes: 1. Patients should have a good performance status. 2. Treatment should be discontinued upon disease progression or unacceptable toxicity.				
Program Eligibility	High Cost Drug Program, Catastrophic Drug Program				

Omeprazole	**Sandoz-Omeprazole**	**10 mg**	**Tablet**	**02296438**	**SDZ**
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				

Satralizumab	**Enspryng**	**120mg/mL**	**Prefilled Syringe**	**02499681**	**HLR**
Criteria	For the treatment of patients 12 years of age and older with neuromyelitis optica spectrum disorder (NMOSD) who meet all of the following criteria: • Are anti–aquaporin4 (AQP4) seropositive • Must have had at least one relapse of NMOSD in the previous 12 months: o despite an adequate trial of other accessible preventive treatments[1] for NMOSD, OR o because the patient cannot tolerate other preventive treatments[1] for NMOSD • Patients must have an EDSS score of 6.5 points or less. • Satralizumab should not be initiated during a NMOSD relapse episode. Renewal: • Requests for renewal will be considered for patients who maintain an EDSS score of less than 8 points. Clinical Notes: • Must be prescribed by a neurologist with expertise in treating NMOSD. Claim Notes: 1. Combined use of more than one biologic drug will not be reimbursed. 2. Approvals will be for a maximum of 120mg at week 0, 2 and 4, then 120 mg every four weeks thereafter. [1]Other accessible preventative treatments include, but are not limited to, monoclonal antibodies and other immunosuppressants.				
Program Eligibility	High Cost Drug Program, Catastrophic Drug Program				

Sucroferric oxyhydroxide	**Velphoro**	**500 mg**	**Chewable tablet**	**02471574**	**VFM**

Criteria	For the treatment of hyperphosphatemia (>1.8 mmol/L) in patients with end stage renal disease (eGFR<15ml/min) who have: • Inadequate control of phosphate levels on a calcium based phosphate binder, or • Hypercalcemia (corrected for albumin), or • Calciphylaxis (calcific arteriolopathy) Clinical Notes: • Initial approval for 6 months, renewed at 1 year intervals with demonstration of clinically meaningful improvement of phosphate levels (lab values must be provided).
Program Eligibility	Family Health Benefit Drug Program, Financial Assistance Drug Program, Nursing Home Drug Program, Seniors Drug Program, Catastrophic Drug Program

Trientine	**Waymade-Trientine** **MAR-Trientine**	**250 mg**	**Capsule**	**02515067** **02504855**	**WMD** **MAR**
Criteria	For the treatment of Wilson's disease in patients who have experienced intolerance or have a contraindication to d-penicillamine. Clinical Notes: • Intolerance is defined as demonstrating serious adverse effects to treatments. The nature of intolerance(s) must be clearly documented. Claims Notes: 1. Treatment must be initiated by clinicians experienced in the management of Wilson's disease for adult patients 18 years of age or older. 2. Treatment must be initiated and renewed by clinicians experienced in the management of Wilson's disease for patients less than 18 years of age.				
Program Eligibility	High Cost Drug Program, Catastrophic Drug Program				

CRITERIA UPDATE
(EFFECTIVE IMMEDIATELY)

Galantamine and Rivastigmine criteria has been updated as outlined below.

Product (Generic name)	Product (Brand name)	Strength	Dosage Form	DIN	MFR

Galantamine	**Various Generics**	**8 mg** **16 mg** **24 mg**	**ER Capsule** **ER Capsule** **ER Capsule**	**Various DIN's**	**Various Manufacturers**
Criteria	For the treatment of patients with mild to moderate dementia who have had an intolerance to donepezil and who meet the following criteria: • Mini-Mental State Exam (MMSE) score of 10 to 30 Clinical Notes: 1. Requests must contain an updated MMSE and FAST score completed within 6 months of the request. 2. The nature of the intolerance must be described. Claim Note: Approval period: 1 year				
Program Eligibility	Family Health Benefit Drug Program, Financial Assistance Drug Program, Generic Drug Program, Nursing Home Drug Program, Seniors Drug Program, Catastrophic Drug Program				

Rivastigmine	**Various Generics**	**1.5 mg** **3 mg** **4.5 mg** **6 mg**	**Capsule** **Capsule** **Capsule** **Capsule**	**Various DIN's**	**Various Manufacturers**
Criteria	For the treatment of patients with mild to moderate dementia who have had an intolerance to donepezil and who meet the following criteria: • Mini-Mental State Exam (MMSE) score of 10 to 30 Clinical Notes: 1. Requests must contain an updated MMSE and FAST score completed within 6 months of the request. 2. The nature of the intolerance must be described. Claim Note: Approval period: 1 year				
Program Eligibility	Family Health Benefit Drug Program, Financial Assistance Drug Program**,** Generic Drug Program, Nursing Home Drug Program, Seniors Drug Program, Catastrophic Drug Program				