

PEI Pharmacare Bulletin

Issue (2023 - 8)

August 14, 2023

NEW PRODUCT(S) ADDED TO THE PEI PHARMACARE FORMULARY (EFFECTIVE DATE: (AUGUST 28, 2023))

| Product (Generic name) | Product (Brand name) | Strength | Dosage Form | DIN | MFR |
|-------------------------|---|--------------|--------------------|-----------------|------------|
| Metronidazole | Nidagel | 0.75% | Vaginal Gel | 02125226 | BLO |
| Criteria | Open benefit | | | | |
| Program Eligibility | Family Health Benefit Drug Program, Financial Assistance Drug Program, Nursing Home Drug Program, Seniors Drug Program, Catastrophic Drug Program | | | | |
| Propylthiouracil | Halycil | 50 mg | Tablet | 02521059 | ARN |
| 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 | | | | |
| Propylthiouracil | Propylthiouracil | 50 mg | Tablet | 02523019 | PCI |
| 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 | | | | |

CRITERIA UPDATE

| Brolucizumab | Beovu | 6 mg/0.05 ml | Prefilled syringe | 02496976 | NVR |
|---------------------|---|---------------------|--------------------------|-----------------|------------|
| Criteria | <p>Effective immediately, the special authorization criteria has been updated to include the following:</p> <p>Diabetic Macular Edema</p> <p>Initial coverage:</p> <p>For the treatment of visual impairment due to diabetic macular edema (DME) in patients who meet all of the following criteria:</p> <ul style="list-style-type: none"> • clinically significant center-involving macular edema for whom laser photocoagulation is also indicated • hemoglobin A1C test in the past 6 months with a value of less than or equal to 11% • best corrected visual acuity of 20/32 to 20/400 • central retinal thickness greater than or equal to 250 micrometers | | | | |

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|---------------------|--|
| | <p>Renewal Criteria:</p> <ul style="list-style-type: none"> • confirm that a hemoglobin A1C test in the past 6 months had a value of less than or equal to 11% • date of last visit and results of best corrected visual acuity at that visit • date of last OCT and central retinal thickness on that examination <p>Clinical Notes:</p> <ol style="list-style-type: none"> 1. Treatment should be given monthly until maximum visual acuity is achieved (i.e. stable visual acuity for three consecutive months). Thereafter, visual acuity should be monitored monthly. 2. Treatment should be resumed when monitoring indicates a loss of visual acuity due to DME and continued until stable visual acuity is reached again for three consecutive months. 3. Treatment should be discontinued if there is no improvement of retinal thickness or visual acuity after five consecutive treatments. 4. Injection will be by a qualified ophthalmologist with experience in administering intravitreal injections. <p>Approval Period: 1 year</p> |
| Program Eligibility | Financial Assistance Drug Program, High Cost Drug Program, Nursing Home Drug Program, Catastrophic Drug Program |

CLAIM SUBMISSIONS

Some out of province physicians have been assigned a PEI billing number. When provided, this billing number must be used when submitting a prescription for reimbursement.

If a prescription has been written by an out of province clinician and does not contain a PEI billing number, continue to use 999 as a billing number.

The use of 999 for PEI based clinicians is not permitted; please ensure you are submitting the correct billing number to enable claims to adjudicate properly.