

PEI Pharmacare Bulletin

Issue (2023 - 7)

July 10, 2023

NEW PRODUCT(S) ADDED TO THE PEI PHARMACARE FORMULARY (EFFECTIVE DATE: JULY 24, 2023)

Product (Generic name)	Product (Brand name)	Strength	Dosage Form	DIN	MFR
Faricimab	Vabysmo	6 mg/0.05 ml	Vial	02527618	HLR
Criteria	<p>Neovascular Age-Related Macular Degeneration (AMD) Criteria for Initial Coverage: For the treatment of patients with neovascular (wet) age-related macular degeneration (AMD) where all the following apply:</p> <ul style="list-style-type: none"> • Best Corrected Visual Acuity (BCVA) is between 6/12 and 6/96 AND • The lesion size is less than or equal to 12 disc areas in greatest linear dimension AND • There is evidence of recent (< 3 months) presumed disease progression (blood vessel growth, as indicated by fluorescein angiography, optical coherence tomography (OCT), or recent visual acuity changes. <p>Diabetic Macular Edema (DME) Criteria for Initial Coverage: For the treatment of visual impairment due to diabetic macular edema (DME) where all the following apply:</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 				
Program Eligibility	Financial Assistance Drug Program, High Cost Drug Program, Nursing Home Drug Program, Catastrophic Drug Program				
Halobetasol propionate	Bryhali	0.01%	Lotion	02506262	BAU
Criteria	Open benefit				
Program Eligibility	Family Health Benefit Drug Program, Financial Assistance Drug Program, Nursing Home Drug Program, Seniors Drug Program, Catastrophic Drug Program				
Mometasone	Elocom	0.1%	Lotion	00871095	ORG
Criteria	Open benefit				
Program Eligibility	Family Health Benefit Drug Program, Financial Assistance Drug Program, Nursing Home Drug Program, Seniors Drug Program, Catastrophic Drug Program				

Ranibizumab	Byooviz	2.3 mg/0.23 ml	Vial	02525852	BGN
Criteria	Coverage as per currently listed ranibizumab for the conditions of neovascular age-related macular degeneration, diabetic macular edema, retinal vein occlusion, and choroidal neovascularization. Please refer to the online Formulary for criteria details.				
Program Eligibility	Financial Assistance Drug Program, High Cost Drug Program, Nursing Home Drug Program, Catastrophic Drug Program				

Tazarotene	Arazlo	0.045%	Lotion	02517868	BAU
Criteria	Open benefit				
Program Eligibility	Family Health Benefit Drug Program, Financial Assistance Drug Program, Nursing Home Drug Program, Seniors Drug Program, Catastrophic Drug Program				

PRODUCTS DELISTED EFFECTIVE AUGUST 28, 2023

Effective August 28, 2023 the following products will no longer be eligible for reimbursement under any PEI Pharmacare Program:

PRODUCT NAME	STRENGTH	DIN
Chloral Hydrate ODAN	100 mg/ml syrup	02247621
Neupogen	300 mcg/ml injection	01968017
Lovenox	30 mg/0.3 ml prefilled syringe	02012472
Lovenox	40 mg/0.4 ml prefilled syringe	02236883
Lovenox	60 mg/0.6 ml prefilled syringe	02378426
Lovenox	80 mg/0.8 ml prefilled syringe	02378434
Lovenox	100 mg/ml prefilled syringe	02378412
Lovenox	120 mg/0.8 ml prefilled syringe	02242696
Lovenox	150 mg/ml prefilled syringe	02378469
Lovenox	300 mg/3 ml vial	02236564