

PEI Pharmacare Bulletin

Issue (2023 - 9)

September 11, 2023

NEW PRODUCT(S) ADDED TO THE PEI PHARMACARE FORMULARY (EFFECTIVE DATE: (SEPTEMBER 25, 2023))

Product (Generic name)	Product (Brand name)	Strength	Dosage Form	DIN	MFR
Edaravone	Radicava	105 mg/5 ml	Oral solution	02532611	BMT
Criteria	<p>For the treatment of patients with probable or definite amyotrophic lateral sclerosis (ALS) who meet all of the following criteria:</p> <p>Initiation criteria:</p> <ul style="list-style-type: none"> Scores of at least two points on each item of the ALS Functional Rating Scale-Revised (ALSFRRS-R). Forced vital capacity is greater than or equal to 80% of predicted. ALS symptoms for two years or less. Not currently requiring permanent non-invasive or invasive ventilation. <p>Discontinuation Criteria:</p> <ul style="list-style-type: none"> Patient becomes non-ambulatory (ALSFRRS-R score ≤ 1 for item 8) AND is unable to cut food and feed themselves without assistance, irrespective of whether a gastrostomy is in place (ALSFRRS-R score < 1 for item 5a or 5b); or Patient requires permanent non-invasive or invasive ventilation. <p>Clinical Note :</p> <ul style="list-style-type: none"> Patient must be under the care of a specialist with experience in the diagnosis and management of ALS. Approval period: 6 months 				
Program Eligibility	Financial Assistance Drug Program, High Cost Drug Program, Nursing Home Drug Program, Catastrophic Drug Program				

Estradiol	Estring	2mg	Vaginal Ring	02168898	PAL
Criteria	Open benefit				
Program Eligibility	Family Health Benefit Drug Program, Financial Assistance Drug Program, Nursing Home Drug Program, Seniors Drug Program, Catastrophic Drug Program				

Galcanezumab	Emgality	120 mg/1.0 ml 120 mg/1.0 ml	Prefilled pen Prefilled syringe	02491087 02491060	LIL
Criteria	<p>For the prevention of migraine in patients with a confirmed diagnosis of episodic or chronic migraine who have experienced an inadequate response, intolerance, or contraindication to at least two classes of oral prophylactic migraine medications.</p> <p><u>Renewal Criteria:</u></p> <ul style="list-style-type: none"> • A reduction of at least 50% in the average number of migraine days per month at the time of initial renewal compared with baseline. • At subsequent renewals, the patient continues to maintain the reduction of at least 50% in average number of migraine days per month. <p><u>Clinical Notes:</u></p> <ul style="list-style-type: none"> • The average number of headache and migraine days per month must be provided on initial and renewal requests. • According to the International Headache Society criteria, episodic or chronic migraine are defined as: <ul style="list-style-type: none"> ○ Episodic migraine: migraine headaches on at least 4 days per month and less than 15 headache days per month for more than 3 months. ○ Chronic migraine: headaches for at least 15 days per month for more than 3 months of which at least eight days per month are with migraine. <p><u>Claim Notes</u></p> <ul style="list-style-type: none"> • Combined use with other calcitonin gene-related peptide (CGRP) antagonists will not be reimbursed. • Initial approval: 6 months <p>Renewal approval: 1 year</p>				
Program Eligibility	Family Health Benefit Drug Program, Financial Assistance Drug Program, Nursing Home Drug Program, Seniors Drug Program, Catastrophic Drug Program				

DAY'S SUPPLY CHANGES

Nitroglycerin patches are now eligible for 90-day supply dispensing.