



PEI Pharmacare
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Programmes provinciaux de médicaments
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PEI Pharmacare Bulletin

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NEW PRODUCT(S) ADDED TO THE PEI PHARMACARE FORMULARY
(EFFECTIVE DATE: DECEMBER 17, 2024)

Product (Generic name)	Product (Brand name)	Strength	Dosage Form	DIN	MFR										
Glecaprevir/Pibrentasvir	Maviret	50mg/20mg 100mg/40mg	Granules Tablet	02522470 02467550	ABV										
Criteria	For treatment-naïve or treatment-experienced adult patients with chronic hepatitis C virus (HCV) who meet the following criteria: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;"></th> <th style="width: 30%;">Approval Period</th> </tr> </thead> <tbody> <tr> <td> Genotypes 1, 2, 3, 4, 5 or 6 ▪ Treatment-naïve </td> <td>▪ 8 weeks</td> </tr> <tr> <td> Genotypes 1, 2, 4, 5 or 6 ▪ Treatment-experienced with regimens containing peginterferon/ribavirin (PR) and/or sofosbuvir (SOF) </td> <td>▪ 8 weeks (12 weeks with cirrhosis)</td> </tr> <tr> <td> Genotype 1 ▪ NS5A inhibitor treatment-naïve and treatment experienced with regimens containing: ▪ Boceprevir/PR; or ▪ Simeprevir (SMV)/SOF; or ▪ SMV/PR; or ▪ Telaprevir/PR </td> <td>▪ 12 weeks</td> </tr> <tr> <td> Genotype 1 ▪ NS3/4A inhibitor treatment-naïve and treatment experienced with regimens containing: ▪ Daclatasvir (DCV)/SOF; or ▪ DCV/PR; or ▪ Ledipasvir/SOF </td> <td>▪ 16 weeks</td> </tr> </tbody> </table>						Approval Period	Genotypes 1, 2, 3, 4, 5 or 6 ▪ Treatment-naïve	▪ 8 weeks	Genotypes 1, 2, 4, 5 or 6 ▪ Treatment-experienced with regimens containing peginterferon/ribavirin (PR) and/or sofosbuvir (SOF)	▪ 8 weeks (12 weeks with cirrhosis)	Genotype 1 ▪ NS5A inhibitor treatment-naïve and treatment experienced with regimens containing: ▪ Boceprevir/PR; or ▪ Simeprevir (SMV)/SOF; or ▪ SMV/PR; or ▪ Telaprevir/PR	▪ 12 weeks	Genotype 1 ▪ NS3/4A inhibitor treatment-naïve and treatment experienced with regimens containing: ▪ Daclatasvir (DCV)/SOF; or ▪ DCV/PR; or ▪ Ledipasvir/SOF	▪ 16 weeks
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	Genotype 3 ▪ Treatment-experienced with regimens containing PR and/or SOF	▪ 16 weeks
	The following information is also required: o Lab-confirmed hepatitis C genotype 1, 2, 3, 4, 5 or 6 o Quantitative HCV RNA value within the last 6 months <u>Claim Notes:</u> • Must be prescribed by a hepatologist, gastroenterologist, or infectious disease specialist (or other physician experienced in treating a patient with hepatitis C infection). • Sachets will only be considered for pediatric patients 3 years of age and older weighing between 12 kg and 45 kg.	
Program Eligibility	Hepatitis Drug Program	

TEMPORARY BENEFIT ADDITION

Health Canada allows certain drugs (designated as a Tier 3 Shortage) to be imported and sold in Canada; the drug listed below has been added as a temporary benefit.

Praziquantel	Biltricide	600 mg	Tablet	PDIN 90108977	BAY
Criteria	Open benefit				
Program Eligibility	Family Health Benefit Drug Program, Nursing Home Drug Program, Catastrophic Drug Program, Seniors Drug Program, Financial Assistance Drug Program				