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Programmes provinciaux de médicaments  
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# PEI Pharmacare Bulletin

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## CRITERIA UPDATE

**Effective immediately, special authorization criteria for currently listed Nirmatrelvir & Ritonavir (Paxlovid) tablets have been amended to include the following:**

For the treatment of mild to moderate coronavirus disease 2019 (COVID-19) in adult patients with a positive COVID-19 test who are within 5 days of symptom onset and meet one of the following criteria:

- Severely immunosuppressed due to one or more of the following conditions:
  - Solid organ transplant
  - Receiving treatment for a malignant hematologic condition
  - Bone marrow transplant, stem cell transplant or transplant-related immunosuppressant use
  - Received an anti-CD20 therapy or B-cell depleting therapy (such as rituximab) in the previous two years
  - Severe primary immunodeficiencies
- Moderately immunosuppressed due to one or more of the following conditions:
  - Receiving treatment for cancer, including solid tumors
  - Receiving treatment with significantly immunosuppressing drugs (e.g., biologic in the past three months, oral immune-suppressing drug in the past month, oral steroid [20 mg per day of prednisone equivalent taken on an ongoing basis] in the past month, or immune-suppressing infusion or injection in the past three months)
  - Advanced HIV infection
  - Moderate primary immunodeficiencies
  - Renal conditions (i.e., hemodialysis, peritoneal dialysis, glomerulonephritis treated with a steroid, eGFR less than 15 mL/min/1.73m<sup>2</sup>)
- Patients aged 65 years or older with at least one of the following chronic high-risk conditions:
  - Diabetes treated with insulin
  - Severe or end-stage lung conditions (eg. cystic fibrosis, severe chronic obstructive pulmonary disease, asthma)
  - Rare blood and genetic disorders such as sickle cell disease, thalassemia, urea cycle defects
  - Severe intellectual or developmental disability
  - Glomerular Filtration Rate less than 30

### Clinical Notes:

- COVID-19 testing to confirm diagnosis can be performed by polymerase chain reaction (PCR) or point-of-care test (POCT).
- Treatment should be initiated as soon as possible after a diagnosis of COVID-19 is confirmed.
- Patients are not eligible for coverage if they are asymptomatic or if more than 5 days have elapsed since symptom onset.
- Requests for patients who are moderately or severely immunosuppressed due to other conditions may be considered.

Claim Notes:

- Pharmacists must verify eligibility criteria prior to dispensing and provide a copy of the Pharmacist Initiated Treatment of COVID-19 Paxlovid Special Authorization form to Pharmacare.
- Approval period: 5 days.

Pharmacist Prescribers:

- Completion of the Pharmacist Initiated Treatment of Covid-19 Paxlovid Special Authorization Form is required. The completed form must be faxed to Pharmacare the day of dispensing.
- Pharmacies do not have to wait for special authorization approval by Pharmacare prior to dispensing.
- Please contact Pharmacare if considering Paxlovid coverage for patients who are moderately or severely immunosuppressed due to other conditions not defined above.

Note: Non-pharmacist prescribers are not required to submit a Special Authorization form when prescribing Paxlovid.

**CHANGE IN BENEFIT STATUS**

Effective immediately, the following products will be delisted as a benefit under the Pharmacare Programs.

Product (Generic name)	Product (Brand name)	Strength	Dosage Form	DIN	MFR
Alemtuzumab	Lemtrada	12 mg/ 1.2 mL	Vial	02418320	GZY
Prasugrel	Jamp-Prasugrel	10 mg	Tablet	02502429	JPC