

PEI Pharmacare Bulletin

Issue (2024 - 2)**January 26, 2024**

NEW PRODUCT(S) ADDED TO THE PEI PHARMACARE FORMULARY (EFFECTIVE JANUARY 26, 2024)

Product (Generic name)	Product (Brand name)	Strength	Dosage Form	DIN	MFR
Semaglutide	Ozempic	0.25-0.5 mg Dose 2 mg/3 mL	Pen injector	02540258	NNO
Criteria	For the treatment of type 2 diabetes in combination with metformin and a sulfonylurea, when diet and exercise plus dual therapy with metformin and a sulfonylurea do not achieve adequate glycemic control.				
Program Eligibility	Diabetes Drug Program, Financial Assistance Drug Program, Nursing Home Drug Program, Catastrophic Drug Program				

Product (Generic name)	Product (Brand name)	Strength	Dosage Form	DIN	MFR
Semaglutide	Rybelsus	3 mg 7 mg 14 mg	Tablet Tablet Tablet	02497581 02497603 02497611	NNO
Criteria	For the treatment of type 2 diabetes in combination with metformin and a sulfonylurea, when diet and exercise plus dual therapy with metformin and a sulfonylurea do not achieve adequate glycemic control.				
Program Eligibility	Diabetes Drug Program, Financial Assistance Drug Program, Nursing Home Drug Program, Catastrophic Drug Program				

Ozempic Update

The above listed Ozempic DIN 02540258 (3 mL) is eligible as special authorization under listed Pharmacare programs effective January 26, 2024. Claims prior to this date are not eligible for reimbursement.

Clients previously approved under PEI Pharmacare for Ozempic DIN 02471477 (1.5 mL) will not be required to re-submit a special authorization request for the new product.

Owing to continued shortages and/or limited allocations, policies put in place November 3, 2023 will continue at this time:

- Continue to allow only 30-day access to Ozempic® under the Diabetes Drug Program.
- Ozempic® is not eligible under the Pharmacare Travel Supply Policy.
- New Special Authorization requests will not be approved for Ozempic®. Prescribers are encouraged to consider other formulary therapeutic options.

NEW PRODUCT(S) ADDED TO THE PEI PHARMACARE FORMULARY
(EFFECTIVE FEBRUARY 7, 2024)

Product (Generic name)	Product (Brand name)	Strength	Dosage Form	DIN	MFR
Alfuzosin	Apo-Alfuzosin	10 mg	ER Tablet	02315866	APO
	Alfuzosin	10 mg	ER Tablet	02447576	SIV
	Sandoz-Alfuzosin	10 mg	ER Tablet	02304678	SDZ
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				