



PEI Pharmacare  
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Programmes provinciaux de médicaments  
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# PEI Pharmacare Bulletin

**Issue (2024 - 11) June 18, 2024**

**NEW PRODUCT(S) ADDED TO THE PEI PHARMACARE FORMULARY**  
**(EFFECTIVE DATE: JULY 2, 2024)**

Product (Generic name)	Product (Brand name)	Strength	Dosage Form	DIN	MFR
<b>Betamethasone</b>	<b>Celestone Soluspan</b>	<b>6mg/mL</b>	<b>Injection</b>	<b>00028096</b>	<b>ORG</b>
Criteria	Open benefit				
Program Eligibility	Family Health Benefit Drug Program, Financial Assistance Drug Program, Catastrophic Drug Program, Nursing Home Drug Program, Seniors Drug Program				

Product (Generic name)	Product (Brand name)	Strength	Dosage Form	DIN	MFR
<b>Canakinumab</b> *Use PDIN when drug cost in excess of CPHA maximum	<b>Ilaris</b>	<b>150mg/mL</b>	<b>Injection</b>	<b>02460351</b> <b>00904405*</b>	<b>NVR</b>
Criteria	<p>For the treatment of active systemic juvenile idiopathic arthritis, in patients 2 years of age or older, who have an inadequate response or intolerance to systemic corticosteroids (with or without methotrexate) and tocilizumab.</p> <p>Clinical Note:</p> <ul style="list-style-type: none"> <li>• Intolerance is defined as a serious adverse effect as described in the product monograph. The nature of the intolerance(s) must be clearly documented.</li> </ul> <p>Claim Notes:</p> <ul style="list-style-type: none"> <li>• Must be prescribed by, or in consultation with, a rheumatologist, who is familiar with the use of biologic DMARDs in children.</li> <li>• Combined use of more than one biologic DMARD will not be reimbursed.</li> <li>• Approvals will be for 4 mg/kg for patients &gt; 9 kg, to a maximum of 300mg, administered every four weeks.</li> <li>• Initial approval period: 16 weeks.</li> <li>• Renewal approval period: 1 year. Confirmation of continued response is required.</li> </ul>				
Program Eligibility	Financial Assistance Drug Program, High Cost Drug Program, Nursing Home Drug Program, Catastrophic Drug Program				

<b>Etanercept</b>	<b>Rymti</b>	<b>50mg/mL 50mg/mL</b>	<b>Pre-filled syringe Auto-Injector</b>	<b>02530295 02530309</b>	<b>LUP</b>
Criteria	See online Formulary for etanercept criteria				
Program Eligibility	Financial Assistance Drug Program, High Cost Drug Program, Nursing Home Drug Program, Catastrophic 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.

<b>Abatacept</b>	<b>Orencia</b>	<b>125mg/mL</b>	<b>Pre-filled syringe</b>	<b>PDIN 09858343</b>	<b>BMS</b>
Criteria	See online Formulary for abatacept criteria				
Program Eligibility	Financial Assistance Drug Program, High Cost Drug Program, Nursing Home Drug Program, Catastrophic Drug Program				

### **PEI BIOSIMILAR INITIATIVE REMINDERS**

**This is a final reminder that effective July 1, 2024, Humalog®, Lantus® and NovoRapid® products will no longer be eligible benefits (unless approved under the Biosimilar Exemption policy) under any PEI Pharmacare drug program.**

The ongoing PEI Biosimilar Initiative requires patients who have coverage for any of the following originator drugs through PEI Pharmacare to switch to a biosimilar version before the end of the switching period for that drug to maintain coverage.

**For patients prescribed Humalog®, Lantus® and NovoRapid® - the switching period ends June 30, 2024.**

- **During the switching period**, pharmacies will be reimbursed for a biosimilar insulin therapeutic substitution by a pharmacist. Details about the fee can be found under the “Biosimilars” section on the [HPEI Staff Resource Centre -Resources for Pharmacists](#) page.
- Please note: the **reimbursement fee** for switching originator insulin to a biosimilar insulin ends **June 30, 2024**.
- Some patients may require continued access to an originator insulin because their insulin pump has not yet been approved for use with the biosimilar version of their insulin. Coverage of the originator insulin will be extended beyond the end of the switching period (June 30, 2024) if compatibility has not yet been confirmed.
  - The [online](#) or [paper](#) version of the Biosimilar Switching Exemption form must be completed by the patient or *any* health care provider (including pharmacists) to identify those patients who require continued access to NovoRapid for their insulin pump.
  - Insulin pump and biosimilar insulin compatibility information was previously shared in a [PEI Pharmacare Memo](#) which can be found under the “Biosimilars” section on the [HPEI Staff Resource Centre -Resources for Pharmacists](#) page
- Links to patient information on biosimilar insulins:
  - [Biosimilar Patient Information - Admelog](#)
  - [Biosimilar Patient Information - Basaglar and Semglee](#)
  - [Biosimilar Patient Information - Trurapi and Kirsty](#)

For further information about the PEI Biosimilar Initiative, please refer to:

- [PEI Biosimilar Initiative webpage](#)
- [HPEI Staff Resource Centre Biosimilar Initiative Information for Health Care Providers](#)
- Email: [pei-biosimilar-initiative@gov.pe.ca](mailto:pei-biosimilar-initiative@gov.pe.ca)
- Call: 902-218-4653