



PEI Pharmacare  
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Programmes provinciaux de médicaments  
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# PEI Pharmacare Bulletin

**Issue (2024 - 18) November 5, 2024**

**NEW PRODUCT(S) ADDED TO THE PEI PHARMACARE FORMULARY**  
**(EFFECTIVE DATE: NOVEMBER 19, 2024)**

Product (Generic name)	Product (Brand name)	Strength	Dosage Form	DIN	MFR
<b>Romosozumab</b>	<b>Evenity</b>	<b>105mg/1.17mL</b>	<b>Prefilled Syringe</b>	<b>02489597</b>	<b>AMG</b>
Criteria	<p>For the treatment of osteoporosis in postmenopausal women who meet all of the following criteria:</p> <ul style="list-style-type: none"> <li>History of osteoporotic fracture</li> <li>High fracture risk</li> <li>Treatment naive to osteoporosis medications, except for calcium and vitamin D</li> </ul> <p>Clinical Note:</p> <ul style="list-style-type: none"> <li>High fracture risk is defined as a 10-year fracture risk (<math>\geq 20\%</math>) as defined by the Fracture Risk Assessment (FRAX) tool.</li> </ul> <p>Claim Notes:</p> <ul style="list-style-type: none"> <li>Combined use of romosozumab with other osteoporosis medications will not be reimbursed.</li> <li>Approvals will be for a maximum of 210 mg monthly.</li> <li>Maximum approval period: 1 year.</li> </ul>				
Program Eligibility	Family Health Benefit Drug Program, Nursing Home Drug Program, Catastrophic Drug Program, Seniors Drug Program, Financial Assistance Drug Program				