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PEI Pharmacare Bulletin

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NEW PRODUCT(S) ADDED TO THE PEI PHARMACARE FORMULARY (EFFECTIVE DATE: MARCH 25, 2025)

Product (Generic name)	Product (Brand name)	Strength	Dosage Form	DIN	MFR		
Alirocumab	Praluent	300mg/2mL	Pre-filled pen	02547732	SAV		
Criteria	See online Formulary for Alirocumab criteria.						
Program Eligibility	Family Health Benefit Drug Program, Financial Assistance Drug Program, Nursing Home						
	Drug Program, Catastrophic Drug Program, Seniors Drug Program						

Cysteamine	Cystadrops	3.8 mg/mL	Vial	02485605	RRD		
Criteria	For the treatment of corneal cystine crystal deposits (CCCDs) in patients 2 years of age and older with cystinosis. Clinical Note: Diagnosis of cystinosis confirmed by cystinosin (lysosomal cystine transporter)						
	gene mutation or elevated white blood cell cystine levels. Documentation must be provided. Claim Note:						
	Must be prescribed by an ophthalmologist experienced in the treatment of CCCDs.						
Program Eligibility	Financial Assistance Drug Catastrophic Drug Prograr		t Drug Program, Nurs	ing Home Drug	Program,		