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## **PEI Pharmacare Bulletin**

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# NEW PRODUCT(S) ADDED TO THE PEI PHARMACARE FORMULARY (EFFECTIVE DATE: OCTOBER 7, 2025)

| Product (Generic name) | Product (Brand name)  | Strength            | Dosage Form          | DIN      | MFR |  |
|------------------------|---|---------------------|----------------------|----------|-----|--|
|                        |   |                     |                      |          |     |  |
| Cenobamate             | Xcopri  | 12.5 mg             | Tablet               | 02538652 | KNI |  |
|                        |   | 25 mg               |                      | 02538660 |     |  |
|                        |   | 50 mg               |                      | 02538725 |     |  |
|                        |   | 100 mg              |                      | 02538733 |     |  |
|                        |   | 150 mg              |                      | 02538741 |     |  |
|                        |   | 200 mg              |                      | 02538768 |     |  |
|                        |   |                     |                      |          |     |  |
|                        |   | Starter Kits        |                      |          |     |  |
|                        |   | 12.5-25 mg          |                      | 02538776 |     |  |
|                        |   | 50-100 mg           |                      | 02538784 |     |  |
|                        |   | 150-200 mg          |                      | 02538792 |     |  |
| Criteria               | For the adjunctive treatment of refractory partial-onset seizures (POS) in patients who are |                     |                      |          |     |  |
|                        | currently receiving two or more antiepileptic drugs and have had an inadequate response     |                     |                      |          |     |  |
|                        | or intolerance to at least three other antiepileptic drugs.                                 |                     |                      |          |     |  |
| Program Eligibility    | Financial Assistance Drug Program, Family Health Benefit Drug Program, Nursing Home         |                     |                      |          |     |  |
|                        | Drug Program, Catastrop   | hic Drug Program, S | Seniors Drug Progran | m        |     |  |

| Etrasimod | Velsipity  | 2 mg   | Tablet  | 02544903                                     | PFI    |
|-----------|--|--|---|--|--------|
| Criteria  | For the treatment of adult patients with moderately to severely active ulcerative colitis who have a partial Mayo score > 4, and a rectal bleeding subscore ≥ 2 and are: |  |   |  |        |
|           | minimum of four of equivalent for one  Corticosteroid depution disease recurrence  | weeks AND predni<br>e week) OR<br>pendent (i.e. canno<br>e; or have relapseo | onal therapy (i.e. amingsone ≥ 40mg daily for be tapered from conditional within three monthsore courses of cortice | two weeks or larticosteroids was of stopping | ithout |
|           | Renewal requests must in   | clude information  | demonstrating the be  | eneficial effects                            | of the |

|                     | treatment, specifically:   |
|---------------------|--|
|                     | <ul> <li>a decrease in the partial Mayo score ≥ 2 from baseline, and</li> <li>a decrease in the restal blooding subsects &gt; 1</li> </ul>               |
|                     | <ul> <li>a decrease in the rectal bleeding subscore ≥ 1.</li> </ul>  |
|                     | Clinical Notes:  |
|                     | <ul> <li>Refractory is defined as lack of effect at the recommended doses and for duration<br/>of treatments specified above.</li> </ul>                 |
|                     | <ul> <li>Intolerant is defined as demonstrating serious adverse effects or</li> </ul>  |
|                     | contraindications to treatments as defined in product monographs. The nature of intolerance(s) must be clearly documented.                               |
|                     | Patients with severe disease (partial Mayo > 6) do not require a trial of 5-ASA.   |
|                     | Claim Notes:   |
|                     | <ul> <li>Must be prescribed by a gastroenterologist or physician with a specialty in<br/>gastroenterology.</li> </ul>                                    |
|                     | <ul> <li>Combined use of etrasimod with a biologic DMARD, JAK inhibitor or sphingosine</li> <li>1-phosphate modulator will not be reimbursed.</li> </ul> |
|                     | <ul> <li>Approvals will be for a maximum dose of 2 mg daily.</li> </ul>  |
|                     | Initial Approval: 12 weeks   |
|                     | Renewal Approval: 1 year   |
| Program Eligibility | Financial Assistance Drug Program, High Cost Drug Program, Nursing Home Drug Program,  |
|                     | Catastrophic Drug Program  |

| Zanubrutinib        | Brukinsa  | 160 mg | Tablet               | 02554267       | BGN      |
|---------------------|---|--------|----------------------|----------------|----------|
| Criteria            | See online Formulary for Zanubrutinib criteria.     |        |                      |                |          |
| Program Eligibility | Financial Assistance Drug Catastrophic Drug Prograr |        | t Drug Program, Nurs | sing Home Drug | Program, |

### NATIONAL PHARMACARE REMINDERS

#### The following are excluded as benefits under PEI and National Pharmacare:

• All benefits a person is entitled to under any other provincial or federal program (e.g. Workers Compensation, Veterans Affairs Canada, Non-Insured Health Benefits, the Canadian Armed Forces Drug Benefit Program, Correctional Service Canada, Interim Federal Health Program, etc.) or legislation.

#### How to bill medication to National Pharmacare:

- All medications covered in National Pharmacare must be billed through PHIP AUTO.
- Payor of last resort legislation does not apply to medications in National Pharmacare (exception: blood glucose test strips); medications should only be billed using PHIP AUTO, even if the patient has private insurance.
- For blood glucose test strips billing, payor of last resort legislation does apply. If an individual has private insurance, their insurance must be billed followed by PHIP AUTO. For individuals without private insurance, test strips can be billed directly to PHIP AUTO.
- Individuals enrolled in a federal drug benefit plan (e.g. Non-Insured Health Benefit Plan, the Canadian Armed Forces, Veterans Affairs Canada, Correction Service Canada or Interim Federal Health Program) will continue to receive coverage from these plans.