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Programmes provinciaux de médicaments
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PEI Pharmacare Bulletin

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NEW PRODUCT(S) ADDED TO THE PEI PHARMACARE FORMULARY (EFFECTIVE DATE: OCTOBER 21, 2025)

Product (Generic name)	Product (Brand name)	Strength	Dosage Form	DIN	MFR
Cysteamine Bitartrate	**Procysbi**	**25mg 75mg**	**Capsule**	**02464705 02464713 00904354***	**AMG**
Criteria	For the treatment of infantile nephropathic cystinosis with documented cystinosin (lysosomal cystine transporter) gene mutation. Claim Note: • Must be prescribed by, or in consultation with, a prescriber with experience in the diagnosis and management of cystinosis. *Use when drug cost in excess of CPHA maximum				
Program Eligibility	Financial Assistance Drug Program, High Cost Drug Program, Nursing Home Drug Program, Catastrophic Drug Program				

Niraparib/Abiraterone Acetate	**Akeega**	**50mg/500mg 100mg/500mg**	**Tablet**	**02538555 02538563**	**JAN**
Criteria	In combination with prednisone for the first-line treatment of adult patients with deleterious or suspected deleterious germline and/or somatic BRCA-mutated metastatic castration-resistant prostate cancer (mCRPC) in whom chemotherapy is not clinically indicated. Clinical Notes: • Patients should have a good performance status. • Treatment should continue until disease progression or unacceptable toxicity. • Eligible patients must have a confirmed germline and/or somatic BRCA1 or BRCA2 gene alteration prior to starting treatment. • Patients should not have received prior treatment with a poly - (ADP ribose) polymerase (PARP) inhibitor, or with androgen-receptor-axis-targeted (ARAT) therapy (e.g., apalutamide, darolutamide, enzalutamide).				

	• Patients should not have received prior treatment with abiraterone, or are within 4 months of initiating abiraterone in the mCRPC setting with no disease progression.
Program Eligibility	Financial Assistance Drug Program, High Cost Drug Program, Nursing Home Drug Program, Catastrophic Drug Program

CRITERIA UPDATE

Effective immediately, special authorization criteria for currently listed **lisdexamfetamine** capsules and chewable tablets have been amended to the following:

For the treatment of attention deficit hyperactivity disorder.

Claim Notes:

- The maximum dose reimbursed is 60 mg daily.
- Pediatric patients 12 and under will not require written Special Authorization.