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PEI Pharmacare Bulletin

Issue (2025-23) **November 18, 2025**

NEW PRODUCT(S) ADDED TO THE PEI PHARMACARE FORMULARY (EFFECTIVE DATE: DECEMBER 2, 2025)

Product (Generic name)	Product (Brand name)	Strength	Dosage Form	DIN	MFR
Eletriptan	**Apo-Eletriptan**	**20 mg**	**Tablet**	**02518015**	**APX**
	Auro-Eletriptan	**20 mg**		**02479451**	**ARO**
	Teva-Eletriptan	**20mg**		**02382091**	**TEV**
	Apo-Eletriptan	**40 mg**		**02518023**	**APX**
	Auro-Eletriptan	**40 mg**		**02479478**	**ARO**
	Teva-Eletriptan	**40mg**		**02382105**	**TEV**
Criteria	Open benefit Note: Coverage is limited to 6 tablets per 30 day period.				
Program Eligibility	Family Health Benefit Drug Program, Generic Drug Program, Nursing Home Drug Program, Catastrophic Drug Program, Seniors Drug Program, Financial Assistance Drug Program				

Inclisiran	Leqvio	284mg / 1.5mL	Pre-filled syringe	02518376	NVR

Criteria	For the treatment of heterozygous familial hypercholesterolemia (HeFH) in adult patients who require additional lowering of low-density lipoprotein cholesterol (LDL-C) if the following criteria are met:
	• Definite or probable diagnosis of HeFH using the Simon Broome or Dutch Lipid Network criteria or genetic testing; and
	• Patient is unable to reach LDL-C target (less than 2.0 mmol/L or at least a 50% reduction in LDL-C from untreated baseline) despite confirmed adherence to at least 3 months of continuous treatment with:
	  ○ high-dose statin (e.g., atorvastatin 80 mg, rosuvastatin 40 mg) in combination with ezetimibe; or
	  ○ ezetimibe alone if high dose statin is not possible due to rhabdomyolysis, contraindication or intolerance.
	
	Initial Renewal Criteria:
	• A reduction in LDL-C of at least 40% from baseline or has reached a target LDL-C less than 2.0 mmol/L.
	
	Subsequent Renewal Criteria:				

	• The patient continues to maintain a reduction in LDL- C of at least 40% from baseline or has reached a target LDL-C less than 2.0 mmol/L. Clinical Notes: • LDL-C levels must be provided. • Intolerance to high dose statin will be considered if patient has developed documented, myopathy or abnormal biomarkers (i.e. creatinine kinase greater than 5 times the upper limit of normal) after trial of at least two statins and o for each statin, dose reduction was attempted rather than statin discontinuation, and intolerance was reversible upon statin discontinuation, but reoccurred with statin re-challenge where clinically appropriate; and o at least one statin was initiated at the lowest daily starting dose; and o other known causes of intolerance have been ruled out. • For patients who cannot take a statin due to an intolerance or contraindication, details must be provided (i.e. confirmed rhabdomyolysis, active liver disease, unexplained persistent elevations of serum transaminases exceeding three times the upper limit of normal). • For patients who cannot take ezetimibe due to an intolerance or contraindication, details must be provided. Claim Notes: • Initial approval: 6 months • Renewal approval: 1 year • Maximum dose approved: 284 mg initially, at 3 months, then every 6 months thereafter • Inclisiran and PCSK9 inhibitors will not be insured in combination.
Program Eligibility	Family Health Benefit Drug Program, Nursing Home Drug Program, Catastrophic Drug Program, Seniors Drug Program, Financial Assistance Drug Program

BIOSIMILAR UPDATE – SWITCHING PERIOD FOR ANTI-VEGF PRODUCTS

For ranibizumab-naïve patients whose ranibizumab therapy is initiated after November 18, 2025, the ranibizumab biosimilar (Byooviz or Ranopto) will be the product approved. Patients with existing PEI Pharmacare coverage for Lucentis will need to switch to a currently listed biosimilar version before May 31, 2026, or by the renewal date of their current special authorization, whichever is earlier, to maintain coverage through PEI Pharmacare. In addition to existing programs, ranibizumab biosimilars will now also be included in the Seniors Drug Program and Family Health Benefit Program.

For aflibercept-naïve patients whose aflibercept therapy is initiated after November 18, 2025, the aflibercept biosimilar (Aflivu or Yesafili) will be the product approved. Patients with existing PEI Pharmacare coverage for Eylea will need to switch to a currently listed biosimilar version before May 31, 2026, or by the renewal date of their current special authorization, whichever is earlier, to maintain coverage through PEI Pharmacare.

CRITERIA UPDATES

(1) Effective immediately, currently listed **azithromycin** 250mg tablets, 20mg/mL oral suspension and 40mg/mL oral suspension will no longer require Special Authorization and will be open benefit in existing eligible Pharmacare Drug Programs.

Criteria for currently listed azithromycin 600mg tablets will be amended to the following:

- For the prevention of disseminated Mycobacterium avium complex (MAC) disease in patients with advanced HIV infections.

(2) Effective immediately, currently listed **mycophenolate** tablets and capsules will be included as open benefits in the Financial Assistance Drug Program, Generic Drug Program, Nursing Home Drug Program, Catastrophic Drug Program, Seniors Drug Program, and Family Health Benefit Drug Program. There will be no changes to the current coverage provided through the Transplant Drug Program.

(3) Effective immediately, special authorization criteria for currently listed **fentanyl** patches have been amended to the following:

- For the treatment of malignant or chronic non-malignant pain in adult patients who were previously receiving continuous long-acting opioid administration, or who are unable to take oral therapy.