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PEI Pharmacare Bulletin

Issue (2025-24) **December 2, 2025**

NEW PRODUCT(S) ADDED TO THE PEI PHARMACARE FORMULARY (EFFECTIVE DATE: DECEMBER 16, 2025)

Product (Generic name)	Product (Brand name)	Strength	Dosage Form	DIN	MFR
Faricimab	**Vabysmo**	**6 mg / 0.05 mL**	**Pre-filled Syringe**	**02554003**	**HLR**
Criteria	See online Formulary for Faricimab criteria.				
Program Eligibility	High Cost Drug Program, Financial Assistance Drug Program, Nursing Home Drug Program, Catastrophic Drug Program				

CRITERIA UPDATES

Effective immediately, currently listed abiraterone 250mg and 500mg tablets will no longer require Special Authorization and will be open benefit in existing eligible Pharmacare Drug Programs.

Effective December 12th, special authorization criteria for currently listed enzalutamide (Xtandi) 40mg capsules have been amended to include the following:

Non-Metastatic Castrate Sensitive Prostate Cancer

As monotherapy, or in combination with androgen deprivation therapy, for the treatment of patients with non-metastatic castration-sensitive prostate cancer with biochemical recurrence after radical prostatectomy (RP) or radiation therapy (RT) who are at high risk of metastasis and meet all of the following criteria:

- Prostate-specific antigen (PSA) doubling time of 9 months or less
- Screening PSA level of 1 mcg/L or higher after RP (with or without postoperative RT) or PSA level at least 2 mcg/L above nadir after RT
- Testosterone level of 5.2 nmol/L (150 ng/dL) or higher

Renewal Criteria:

- Written confirmation that the patient has responded to treatment and there is no evidence of radiographic disease progression.

Clinical Notes:

1. Patient must have a good performance status and no evidence of metastases on conventional imaging.
2. Patients who are candidates for salvage radiation therapy following RP are not eligible for enzalutamide.

3. Treatment should be held after 36 weeks if PSA level is suppressed to less than 0.2 mcg/L. Enzalutamide may be restarted if PSA increases to at least 5 mcg/L in patients with no prior RP or if PSA increases to at least 2 mcg/L in patients with prior RP.
4. Enzalutamide should be discontinued upon radiographic disease progression or unacceptable toxicity.

Effective immediately, criteria for currently listed faricimab (Vabysmo) vial have been amended to include the following indication:

Retinal Vein Occlusion (RVO)
For the treatment of visual impairment due to macular edema secondary to central retinal vein occlusion (CRVO) or branch retinal vein occlusion (BRVO).

Clinical Notes:
1. Treatment should be given monthly until maximum visual acuity is achieved (i.e. stable visual acuity for three consecutive months). Thereafter, visual acuity should be monitored monthly.
2. Treatment should be resumed when monitoring indicates a loss of visual acuity due to macular edema secondary to retinal vein occlusion and continued until stable visual acuity is reached again for three consecutive months.
3. Treatment should be discontinued if there is no improvement after 6 months of initial treatment.
4. Injection will be by a qualified ophthalmologist with experience in administering intravitreal injections.

Claim Notes:
- Approvals will be for a maximum of 1 vial/syringe per eye every 4 weeks.
- Approval Period: 1 year

Effective immediately, special authorization criteria for currently listed rituximab 10mg/mL vial biosimilars have been amended to the following:

For the treatment of patients with rheumatoid arthritis, vasculitis, or other autoimmune disease.

Claim Notes:
- Must be prescribed by a specialist.
- Initial approval period: 6 months.
- Renewal approval period: Long term. Confirmation of response is required.
- Claims that exceed the maximum claim amount of $9,999.99 must be divided and submitted as separate transactions using the DIN first, and then PDINs.

PHARMACY PLUS UPDATE – PHARYNGITIS

- Pharmacist-led assessment of pharyngitis and Strep A testing will begin with a soft launch in participating community pharmacies on December 4th.
- For billing guidance, please refer to the Pharmacare memo shared with community pharmacies on November 18th.
- Additional details can be found in the new Pharmacy Plus section of the Staff Resource Center Resources for Community Pharmacies.