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Programmes provinciaux de médicaments
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PEI Pharmacare Bulletin

Issue (2025-25) **December 16, 2025**

NEW PRODUCT(S) ADDED TO THE PEI PHARMACARE FORMULARY (EFFECTIVE DATE: DECEMBER 30, 2025)

Product (Generic name)	Product (Brand name)	Strength	Dosage Form	DIN	MFR
Relugolix	**Orgovyx**	**120mg**	**Tablet**	**02542137**	**KNI**
Criteria	Open benefit				
Program Eligibility	Family Health Benefit Drug Program, Nursing Home Drug Program, Catastrophic Drug Program, Seniors Drug Program, Financial Assistance Drug Program				

CRITERIA UPDATES

Effective immediately, special authorization criteria for currently listed dasatinib tablets have been amended to the following:

1. For the treatment of adult patients with Philadelphia chromosome-positive chronic myeloid leukemia (Ph+ CML) in chronic, accelerated, or blast phase.
2. For the treatment of patients with Philadelphia chromosome-positive acute lymphoblastic leukemia (Ph+ ALL).

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

Claim Note:
- Approval period: 1 year.

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

Effective immediately, special authorization criteria for currently listed granisetron tablets have been amended to the following:

- For the prevention of nausea and vomiting in patients receiving:
  - highly or moderately emetogenic chemotherapy / radiation therapy, or

- chemotherapy / radiation therapy who have had inadequate symptom control with other available antiemetics.

- Prescriptions written by PEI oncologists do not require written Special Authorization. Requests for coverage for quantities greater than 10 tablets per fill require the submission of a special authorization request.

Effective immediately, currently listed <u>imatinib</u> tablets will no longer require Special Authorization and will be open benefit in existing eligible Pharmacare Drug Programs.

Effective immediately, special authorization criteria for currently listed <u>nilotinib</u> capsules have been amended to the following:

1. For the first-line treatment of adult patients with Philadelphia chromosome positive chronic myeloid leukemia (Ph+ CML) in chronic phase.
2. For the treatment of adult patients with Philadelphia chromosome-positive chronic myeloid leukemia (Ph+ CML) in chronic or accelerated phase who have resistance or intolerance to tyrosine kinase inhibitor therapy.

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

   Claim Note:
   - Approval period: 1 year.

Effective immediately, special authorization criteria for currently listed <u>ondansetron</u> tablets, oral disintegrating tablets, films, and oral solution have been amended to the following:

- For the prevention of nausea and vomiting in patients receiving:
  - highly or moderately emetogenic chemotherapy / radiation therapy, or
  - chemotherapy / radiation therapy who have had inadequate symptom control with other available antiemetics.
- For the treatment of nausea and vomiting in pediatric patients (under 18 years of age) receiving chemotherapy (e.g., methotrexate) for chronic non-oncology conditions who have experienced an episode of nausea and vomiting.

  - Prescriptions written by PEI oncologists do not require written Special Authorization. Requests for coverage for quantities greater than 10 tablets per fill require the submission of a special authorization request.