



PEI Pharmacare
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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: JANUARY 13, 2026)**

Product (Generic name)	Product (Brand name)	Strength	Dosage Form	DIN	MFR
Aripiprazole	Abilify Asimtufii	720 mg/2.4 mL 960 mg/3.2 mL	Pre-filled syringe	02554569 02554577	OTS
Criteria	<p>For the treatment of patients who are:</p> <ul style="list-style-type: none">• not adherent to an oral antipsychotic, OR• currently receiving a long-acting injectable antipsychotic and require an alternative long-acting injectable antipsychotic. <p>Claim Notes:</p> <ul style="list-style-type: none">• Requests will not be considered for the treatment of psychotic symptoms related to dementia.• Must be requested and prescribed by a psychiatrist.• Only doses up to 960 mg every 8 weeks will be considered.• For Community Mental Health Drug Program, no Special Authorization is required. <p>In accordance with the manufacturer's product monograph: For patients who have never taken aripiprazole, establish tolerability with oral aripiprazole prior to initiating treatment with Abilify Asimtufii.</p>				
Program Eligibility	Community Mental Health Drug Program, Family Health Benefit Drug Program, Nursing Home Drug Program, Catastrophic Drug Program, Seniors Drug Program, Financial Assistance Drug Program				