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PEI Pharmacare Bulletin

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NEW PRODUCT(S) ADDED TO THE PEI PHARMACARE FORMULARY (EFFECTIVE DATE: MARCH 10, 2026)

Product (Generic name)	Product (Brand name)	Strength	Dosage Form	DIN	MFR
Denosumab	**Osenvelt**	**120mg/1.7mL**	**Pre-filled syringe**	**02560895**	**CLT**
Criteria	See online Formulary for Denosumab criteria.				
Program Eligibility	Family Health Benefit Drug Program, Nursing Home Drug Program, Catastrophic Drug Program, Seniors Drug Program, Financial Assistance Drug Program				
Denosumab	**Stoboclo**	**60mg/mL**	**Pre-filled syringe**	**02560917**	**CLT**
Criteria	See online Formulary for Denosumab criteria.				
Program Eligibility	Family Health Benefit Drug Program, Nursing Home Drug Program, Catastrophic Drug Program, Seniors Drug Program, Financial Assistance Drug Program				
Glatiramer Acetate	**-**	**20mg/mL**	**Pre-filled syringe**	**02541440**	**MYL**
Criteria	See online Formulary for Glatiramer criteria.				
Program Eligibility	High Cost Drug Program, Financial Assistance Drug Program, Nursing Home Drug Program, Catastrophic Drug Program				
Tildrakizumab	**Ilumya**	**100mg/mL**	**Pre-filled pen**	**02558904**	**SUN**
Criteria	See online Formulary for Tildrakizumab criteria.				
Program Eligibility	High Cost Drug Program, Financial Assistance Drug Program, Nursing Home Drug Program, Catastrophic Drug Program				

CRITERIA UPDATES

Effective immediately, special authorization criteria for currently listed darolutamide (Nubeqa) oral tablets have been amended to include the following:

For the treatment of patients with metastatic castration-sensitive prostate cancer (mCSPC) when used:

- In combination with androgen deprivation therapy (ADT); or
- In combination with docetaxel and ADT.

Renewal Criteria:

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

Clinical Notes:

- Patients must have had either no prior ADT or are within six months of beginning ADT in the metastatic setting.
- Patients should have a good performance status.
- Treatment should continue until disease progression or unacceptable toxicity.

Claim notes:

- Requests will not be considered for patients who are within 1 year of completing adjuvant ADT in the nonmetastatic setting.
- Darolutamide will not be funded for patients who experience disease progression on apalutamide or enzalutamide.
- Approval period: 1 year

Effective immediately, special authorization criteria for currently listed hydromorphone (Hydromorph Contin) controlled-release capsules have been amended to the following:

For the treatment of patients with documented severe chronic pain that is not well controlled by long-acting morphine products. Maximum reimbursable coverage is for twice daily dosing.

Effective immediately, special authorization criteria for currently listed risperidone (Risperdal Consta) long-acting injectables have been amended to the following:

For the treatment of patients who are:

- not adherent to an oral antipsychotic, OR
- currently receiving a long-acting injectable antipsychotic and require an alternative long-acting injectable antipsychotic.

Claim Notes:

- 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 50 mg every 2 weeks will be considered.
- For Community Mental Health Drug Program, no Special Authorization is required.