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PEI Pharmacare Bulletin

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NEW PRODUCT(S) ADDED TO THE PEI PHARMACARE FORMULARY (EFFECTIVE DATE: MARCH 24, 2026)

Product (Generic name)	Product (Brand name)	Strength	Dosage Form	DIN	MFR
Risankizumab	**Skyrizi**	**180mg/1.2mL**	**Prefilled Cartridge**	**02552507**	**ABV**
Criteria	See online Formulary for Risankizumab criteria.				
Program Eligibility	High Cost Drug Program, Financial Assistance Drug Program, Nursing Home Drug Program, Catastrophic Drug Program				

Testosterone Enanthate	**-**	**200mg/mL**	**Vial**	**02536315**	**HIK**
Criteria	Open benefit				
Program Eligibility	Family Health Benefit Drug Program, Catastrophic Drug Program, Financial Assistance Drug Program				

CRITERIA UPDATE

Effective immediately, special authorization criteria for currently listed risankizumab (Skyrizi) products have been amended to include the following:

Ulcerative Colitis

For the treatment of adult patients with moderately to severely active ulcerative colitis who have a partial Mayo score > 4, and a rectal bleeding subscore ≥ 2 and are:

- Refractory or intolerant to conventional therapy (i.e. aminosalicylates for a minimum of four weeks AND prednisone ≥ 40mg daily for two weeks or IV equivalent for one week) OR
- Corticosteroid dependent (i.e. cannot be tapered from corticosteroids without disease recurrence; or have relapsed within three months of stopping corticosteroids; or require two or more courses of corticosteroids within one year.

Clinical Notes:

- Refractory is defined as lack of effect at the recommended doses and for duration of treatments specified above.

- Intolerant is defined as demonstrating serious adverse effects or contraindications to treatments as defined in product monographs. The nature of intolerance(s) must be clearly documented.
- Patients with severe disease (partial Mayo > 6) do not require a trial of 5-ASA.

Claim Notes:

- Must be prescribed by a gastroenterologist or physician with a specialty in gastroenterology.
- Combined use with other biologic drugs or janus kinase (JAK) inhibitors will not be reimbursed.
- Approvals will be for a maximum of 1200mg intravenously at Weeks 0, 4 and 8, with clinical response to be assessed prior to Week 12, followed by a maximum maintenance dose of 360mg subcutaneously at Week 12 and every 8 weeks thereafter.
- Initial Approval: 6 months
- Renewal Approval: 1 year