

P.E.I. Pharmacare Bulletin

2018-2

March 12, 2018

NEW PRODUCT(S) ADDED TO THE PEI PHARMACARE FORMULARY (Effective Date: March 26, 2018)

Product (Generic Name)	Product (Brand Name)	Strength	Dosage Form	DIN	MFR
dapagliflozin/metformin hcl	Xigduo	5 mg/850 mg 5 mg/1000 mg	tablet tablet	02449935 02449943	AZE
Criteria	For the treatment of type II diabetes for patients for whom insulin is not an option and who are already stabilized on therapy with metformin, a sulfonylurea and dapagliflozin, to replace the individual components of dapagliflozin and metformin in these patients.				
Program Eligibility	Diabetes Drug Program, Financial Assistance Program, Nursing Home Program, Catastrophic Drug Program				
methadone	Metadol-D	10 mg/mL	oral solution	02244290	PAL
Criteria	For the treatment of patients with opioid use disorder.				
Program Eligibility	Family Health Benefit Drug Program, Financial Assistance Program, Seniors Drug Program, Nursing Home Program, Opioid Replacement Drug Therapy Program, Catastrophic Drug Program				
mirabegron	Myrbetriq	25 mg 50 mg	ER tablet ER tablet	02402874 02402882	AST
Criteria	For the treatment of overactive bladder (not stress incontinence) in patients who cannot tolerate or have an insufficient response to an adequate trial (eg. 3 months) of immediate release oxybutynin, solifenacin, tolterodine, or tolterodine XL.				
Program Eligibility	Family Health Benefit Drug Program, Financial Assistance Program, Seniors Drug Program, Nursing Home Program, Catastrophic Drug Program				
secukinumab	Cosentyx	150 mg/mL	inj	02438070	NVR
Criteria	For the treatment of ankylosing spondylitis and psoriatic arthritis in the PEI Pharmacare Formulary (https://www.princeedwardisland.ca/sites/default/files/publications/pei_pharmacare_formulary.pdf)				
Program Eligibility	High Cost Drug Program, Catastrophic Drug Program				
sevelamer carbonate	Accel Sevelamer	800 mg	tablet	02461501	ACC
Criteria	For the treatment of hyperphosphatemia (>1.8 mmol/L) in patients with end stage renal disease (eGFR<15ml/min) who have: - Inadequate control of phosphate levels on a calcium based phosphate binder, or - Hypercalcemia (corrected for albumin), or - Calciphylaxis (calcific arteriopathy) Initial approval for 6 months, renewed at 1 year intervals with demonstration of clinically meaningful improvement of phosphate levels (lab values must be provided). Note: This product is not considered interchangeable with currently listed sevelamer hcl (Renagel).				
Program Eligibility	Family Health Benefit Drug Program, Financial Assistance Program, Generic Drug Program, Seniors Drug Program, Nursing Home Program, Catastrophic Drug Program				

somatropin	<u>Omnitrope</u>	15 mg/1.5 mL	cartridge	02459647	SDZ
Criteria	Open benefit for children who qualify for the Growth Hormone Program				
Program Eligibility	Growth Hormone Program				

IMPORTANT NOTICES

Effective immediately, Capecitabine 150mg and 500mg tablets (Xeloda and various generics) have become open benefits and no longer require Special Authorization.

Please note, as per the PEI Pharmacist Bulletin July 2017; **Alvesco 100mcg and 200mcg inhalers are open benefits in the Generic Drug Program.**

Special Authorization Requests for Extensions

Many Special Authorization approvals are processed with a lifelong approval. However, a number of approvals have an expiry date for clinical reasons (require reassessment to continue) or are approved for a treatment time. When approvals are processed, a letter is sent to both the patient and the physician, and includes information regarding the approval being open ended, or having a specific expiry date.

In the past, issues occurred when the patient presented for a refill after the Special Authorization expired. The pharmacist, in many cases, would contact Help Desk to see if a one time extension could be granted, as the pharmacy would not be aware the approval time frame had ended. This was time consuming for the pharmacy, both making calls and then waiting to hear back on the outcome of the request.

Several years ago, Pharmacare implemented messaging to alert retail pharmacy that a Special Authorization drug was approaching the end of the approval period. The purpose of this was to allow the patient time to access their practitioner before their approval ended, and to eliminate the need for pharmacy to have to contact Help Desk to request extensions and then wait to hear from Pharmacare whether or not an extension was possible.

The message will appear if the medication is dispensed within 45 days of the Special Authorization expiring. An example of the messaging returned is as follows;

"SA for Methadone will expire in 41 days, on 4-27-2018"

The message will repeat at each dispense up to and including the day of expiry.

Effective May 2, 2018, telephone requests for extensions past a Special Authorization approval expiry date will not be granted.