Health PEI
One Island Health System

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PEI Pharmacare Bulletin

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NEW PRODUCT(S) ADDED TO THE PEI PHARMACARE FORMULARY (EFFECTIVE DATE: January 22, 2024)

Product (Generic name)	Product (Brand name)	Strength	Dosage Form	DIN	MFR
17β-estradiol	**Imvexxy**	**4 mcg 10 mcg**	**Vaginal Insert**	**02503689 02503697**	**KNI**
Criteria	Open benefit				
Program Eligibility	Family Health Benefit Drug Program, Financial Assistance Drug Program, Nursing Home Drug Program, Seniors Drug Program, Catastrophic Drug Program				

Adalimumab	**Hadlima Hadlima PushTouch**	**40 mg/0.4 ml 40 mg/0.4 ml**	**Prefilled Syringe Autoinjector**	**02533472 02533480**	**MER**
Criteria	See online Formulary for adalimumab criteria				
Program Eligibility	Financial Assistance Drug Program, High Cost Drug Program, Nursing Home Drug Program, Catastrophic Drug Program				

Atogepant	**Qulipta**	**10 mg 30 mg 60 mg**	**Tablet**	**02533979 02533987 02533995**	**ABV**
Criteria	For the prevention of migraine in patients with a confirmed diagnosis of episodic migraine who have experienced an inadequate response, intolerance, or contraindication to at least two classes of oral prophylactic migraine medications. Renewal Criteria: • A reduction of at least 50% in the average number of migraine days per month at the time of initial renewal compared with baseline. • At subsequent renewals, the patient continues to maintain the reduction of at least 50% in average number of migraine days per month. Clinical Notes: • The average number of headache and migraine days per month must be provided on initial and renewal requests. • According to the International Headache Society criteria, episodic migraine is defined as: - migraine headaches on at least 4 days per month and less than 15 headache days per month for more than 3 months. - Atogepant should not be reimbursed for use in combination with other CGRP inhibitors				

	for the prevention of migraine in adult patients with episodic migraine. Claim Notes: • Initial approval period: 6 months. • Renewal approval period: 1 year.
Program Eligibility	Family Health Benefit Drug Program, Financial Assistance Drug Program, Nursing Home Drug Program, Seniors Drug Program, Catastrophic Drug Program

Elexacaftor/Tezacaftor/ Ivacaftor & Ivacaftor	**Trikafta**	**100 mg/50 mg/75 mg & 75 mg 80 mg/40 mg/60mg & 59.5 mg**	**Granules**	**02542277 02542285**	**VTX**
Criteria	For the treatment of cystic fibrosis (CF) in patients aged 2 to 5 years who have at least one F508del mutation in the cystic fibrosis transmembrane conductance regulator (CFTR) gene. Initiation Criteria: 1. Confirmed diagnosis of CF with at least one F508del mutation in the CFTR gene 2. Aged 2 to 5 years 3. Prescribed by a specialist affiliated with a Canadian cystic fibrosis centre 4. The following measurements must be completed prior to initiating treatment: • Number of days treated with oral and IV antibiotics for pulmonary exacerbations in the previous 6 months OR number of pulmonary exacerbations requiring oral and/or IV antibiotics in the previous 6 months; • Weight, height, and BMI Renewal Criteria: 1. For renewal after initial authorization, the physician must provide evidence of continuing benefit from treatment with ELZ-TEZ-IVA for subsequent renewal of reimbursement. Patients on therapy should be monitored for response (e.g., no decrease in BMI z-score) using clinical judgment and/or standard procedures. 2. Assessment for clinical response should occur every 12 months Exclusion Criteria: • Patient has undergone lung transplantation. • Patient is using Trikafta as combination therapy with another cystic fibrosis transmembrane conductance regulator (CFTR) modulator.				
Program Eligibility	Cystic Fibrosis Drug Program				

Infliximab	**Avsola**	**100 mg**	**Vial**	**02496933**	**AGA**
Criteria	See online Formulary for infliximab criteria.				
Program Eligibility	Financial Assistance Drug Program, High Cost Drug Program, Nursing Home Drug Program, Catastrophic Drug Program				

Larotrectinib ***Use PDIN when drug cost in excess of CPHA maximum**	**Vitrakvi**	**25 mg** **100 mg** **20 mg/mL**	**Capsule** **Capsule** **Oral Liquid**	**02490315 00900012*** **02490323 00900013*** **02490331 00900014***	**BAY**
Criteria	As monotherapy for the treatment of adult and pediatric patients with unresectable locally advanced or metastatic solid tumors who meet all of the following criteria: • Tumors have a NTRK gene fusion without a known acquired resistance mutation				

	• No other satisfactory treatment options • Not a candidate for surgery and/or radiation due to risk of substantial morbidity Clinical Notes: • Patients must have a good performance status. • If brain metastases are present, patients must be asymptomatic. • Treatment should be discontinued upon radiographic disease progression or unacceptable toxicity. • Patients with prior disease progression on a NTRK inhibitor are not eligible. Claim Notes: • Approval period: 6 months
Program Eligibility	Financial Assistance Drug Program, High Cost Drug Program, Nursing Home Drug Program, Catastrophic Drug Program