

PEI Pharmacare Bulletin (revised)

Issue (2024 - 4)

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NEW PRODUCT(S) ADDED TO THE PEI PHARMACARE FORMULARY (EFFECTIVE DATE: APRIL 9, 2024)

Product (Generic name)	Product (Brand name)	Strength	Dosage Form	DIN	MFR
Amifampridine Phosphate	Firdapse	10 mg	Tablet	02502984	KYE
Criteria	<p>For the treatment of Lambert-Eaton myasthenic syndrome (LEMS) in patients 18 years of age and older.</p> <p>Initial Renewal Criteria:</p> <ul style="list-style-type: none"> An improvement of at least 30% on the Triple Timed Up and Go (3TUG) test compared to baseline measurement. <p>Subsequent Renewal Criteria:</p> <ul style="list-style-type: none"> The patient continues to maintain an improvement of at least 30% on the 3TUG test compared to baseline measurement. <p>Clinical Note:</p> <ol style="list-style-type: none"> The 3TUG test score must be provided with initial and renewal requests. <p>Claims Notes:</p> <ol style="list-style-type: none"> Must be prescribed by a neurologist. Approvals will be up to a maximum daily dose of 80mg. Initial Approval: 3 months. Renewal approval period: 1 year. 				
Program Eligibility	Financial Assistance Drug Program, High Cost Drug Program, Nursing Home Drug Program, Catastrophic Drug Program				

CHANGE IN BENEFIT STATUS (effective immediately)

Budesonide (Entocort®) 3 mg extended-release capsules will no longer require Special Authorization, and will be open benefit in Family Health Benefits Drug Program, Financial Assistance Drug Program, Nursing Home Drug Program, Seniors Drug Program, and Catastrophic Drug Program.

Dapagliflozin & Metformin (Xigduo® and various generics) 5 mg/850 mg and 5 mg/1000 mg tablets will no longer require Special Authorization and will be open benefits in Diabetes Drug Program, Financial Assistance Drug Program, Nursing Home Drug Program, and Catastrophic Drug Program.

Fosfomycin (Monurol® and generic) 3 g sachets will no longer require Special Authorization for up to 3 doses per 12 month period in eligible programs (Family Health Benefits Drug Program, Financial Assistance Drug Program, Generic Drug Program for generic product only, Seniors Drug Program, and Catastrophic Drug Program).

- Written Special Authorization requests for additional doses may be submitted for patients with an intolerance or contraindication to other first line agents, OR if there is microbiological resistance to other first line agents.
- Pharmacists prescribing for uncomplicated urinary tract infections for women 19 and over are reminded to refer to Health PEI's Antimicrobial Treatment Guidelines for drug choice/dosing recommendations.

PEDIATRIC CLAIMS

For Pharmacare patients who are 12 and under, and who are enrolled in programs where these medications are benefits, the following will not require a written Special Authorization:

- Amlodipine 1 mg/ml oral solution – for patients in Family Health Benefits Drug Program, Financial Assistance Drug Program, Generic Drug Program, Catastrophic Drug Program
- Fluoxetine 20 mg/5 ml oral solution - for patients in Family Health Benefits Drug Program, Financial Assistance Drug Program, Generic Drug Program, Catastrophic Drug Program
- Levetiracetam 100 mg/ml oral solution - for patients in Family Health Benefits Drug Program, Financial Assistance Drug Program, Generic Drug Program, Catastrophic Drug Program
- Prevacid Fastabs 15 and 30 mg - for patients in Family Health Benefits Drug Program, Financial Assistance Drug Program, Catastrophic Drug Program