

One Island Health System

PEI Pharmacare P.O. Box 2000 Charlottetown, PE C1A 7N8 www.healthpei.ca



Programmes provinciaux de medicaments C.P. 2000 Charlottetown, PE C1A 7N8 www.healthpei.ca

## **PEI Pharmacare Bulletin**

Issue (2022 - 5) May 9, 2022

## NEW PRODUCT(S) ADDED TO THE PEI PHARMACARE FORMULARY (EFFECTIVE DATE: (MAY 23, 2022)

Product (Generic name)	Product (Brand name)	Strength	Dosage Form	DIN/PDIN	MFR	
Budesonide	Mylan-Budesonide AQ	64 mcg	Nasal Spray	02241003	MYL	
		100 mcg	Nasal Spray	02230648		
Criteria	Open benefit					
Program Eligibility	Family Health Benefit Drug Program, Financial Assistance Drug Program, Generic Drug					
	Program, Nursing Home Drug Program, Seniors Drug Program, Catastrophic Drug					
	Program					
Cabotegravir	Vocabria	30 mg	Tablet	02497204	VII	
Criteria	For the treatment of adult patients with HIV-1 infection who are virologically stable and					
	suppressed (HIV-1 RNA less than 50 copies per mL)					
Program Eligibility	HIV Drug Program					
Cabotegravir-rilpivirine	Cabenuva	400 mg-600 mg	Vial	02497220	VII	
		600 mg-900 mg	Vial	02497247		
Criteria	For the treatment of adult patients with HIV-1 infection who are virologically stable and					
	suppressed (HIV-1 RNA less than 50 copies per mL)					
Program Eligibility	HIV Drug Program	· · ·	•			
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Rituximab	Riabni	10 mg/ml	Vial	02513447	AMG	
Criteria	For the treatment of adult patients with severe active Rheumatoid Arthritis who have					
	failed to respond to an adequate trial with an anti-TNF agent.					

a) Rituximab will NOT be considered in combination with other biologic agents.

	b) Approval for re-treatment with rituximab will only be considered for patients who have achieved a response, followed by a subsequent loss of effect and, after an interval of no less than six months from the previous dose.
	For the induction of remission in patients with severely active granulomatosis with polyangitis (GPA) or microscopic polyangitis (MPA) who have severe intolerance or other contraindication to cyclophosphamide, or who have failed an adequate trial of cyclophosphamide
	Maximum adult dose is 1000 mg by IV infusion followed two weeks later by the second 1000 mg IV infusion.
	For Rituximab-naive adult patients whose rituximab therapy is initiated after August 30, 2021, a rituximab biosimilar will be the product approved.
Program Eligibility	High Cost Drug Program, Catastrophic Drug Program

## **NOTICE**

Regulations changes are expected to occur June 1, 2022, creating a Substance Use Harm Reduction Drug Program. This will replace the previous Opioid Replacement Therapy Program.

Program details will be provided via Pharmacare Bulletins and website updates in the coming weeks.