Health PEI

Provincial Drug Programs
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P.E.I. Pharmacare Bulletin

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NEW PRODUCT(S) ADDED TO THE PEI PHARMACARE FORMULARY (Effective Date: April 24, 2017)

Product (Generic Name)		Product (Brand Name)	Strength	Dosage Form	DIN	MFR
Celecoxib		Celebrex and Various Generics	100mg 200mg	Capsule Capsule	See MRP List	See MRP List
	Criteria	Open benefit				•
	Program Eligibility	Family Health Benefit Drug Program, Financial Assistance Drug Program, Generic Drug Program, Nursing Home Program, Seniors Drug Cost Assistance Program, Catastrophic Drug Program				
Dapagliflozin		<u>Forxiga</u>	5mg 10mg	Tablet Tablet	02435462 02435470	AZE
	Criteria	For the treatment of Type II diabetes as a third drug added on to metformin and a sulfonylurea for patien with inadequate glycemic control on optimal doses of metformin and a sulfonylurea, and for whom insulinot an option				
	Program Eligibility	Diabetes Drug Program, Financial Assist Drug Program	tance Drug Progra	m, Nursing Home Drug	Program, Catastr	ophic
Dextroamphetamine/amphetamine		Adderall XR and Various Generics	5mg 10mg 15mg 20mg 25mg 30mg	ER Capsule ER Capsule ER Capsule ER Capsule ER Capsule ER Capsule	See MRP List	See MRF List
	Criteria	Open benefit				
	Program Eligibility	Family Health Benefit Drug Program, Fir	ancial Assistance	Drug Program, Catastro	ophic Drug Progra	ım
Fluticasone Furoate		Arnuity Ellipta	100mcg 200mcg	Powder for Inh Powder for Inh	02446561 02446588	GSK
	Criteria	Open benefit				•
	Program Eligibility	Family Health Benefit Drug Program, Fir Drug Cost Assistance Program, Catastro			Home Program,	Seniors
Hydrocortisone Acetate/Urea		Dermaflex HC	1% 1%	Cream Lotion	00681989 00681997	PAL
	Criteria	Open benefit				_
	Program Eligibility	Family Health Benefit Drug Program, Fir Drug Cost Assistance Program, Catastro			Home Program,	Seniors

Nintedanib	<u>Ofev</u>	100mg 150mg	Capsule Capsule	02443066 02443074	BOE	
Criteria	For the treatment of mild to moderate idiopathic pulmonary fibrosis in adult patients confirmed by a respirologist and a high-resolution CT scan within the previous 24 months. All other causes of restrictive lung disease should be excluded. Mild to moderate IPF is defined as forced vital capacity (FVC) greater than or equal to 50% of predicted. Initial renewal criteria (at 6 months): Patients must not demonstrate progression of disease defined as an absolute decline in percent predicted forced vital capacity (FVC) of ≥10% from initiation of therapy until renewal (initial 6 month treatment period). If a patient has experienced progression as defined above, then the results should be validated with a confirmatory pulmonary function test conducted 4 weeks later. Second and subsequent renewals (12 months and thereafter): Patients must not demonstrate progression of disease defined as an absolute decline in percent predicted FVC of ≥10% within any 12 month period. If a patient has experienced progression as defined above, then the results should be validated with a confirmatory pulmonary function test conducted 4 weeks later. Combination therapy of Nindetanib and Perfenidone will not be reimbursed. Note: Patients who have experienced intolerance or failure to nintedanib or perfenidone will be considered for the alternate agent provided that the patient continues to meet the above coverage criteria.					
Program Eligibil	High Cost Drug Program, Catastrophic Drug Program					
Meloxicam	Mobicox and Various Generics	7.5mg 15mg	Tablet Tablet	See MRP List	See MRP List	
Criteria	Open benefit					
Program Eligibil	Program Eligibility Family Health Benefit Drug Program, Financial Assistance Drug Program, Generic Drug Program, Nursing Home Program, Seniors Drug Cost Assistance Program, Catastrophic Drug Program					
Peginterferon Beta-1a	Plegridy	63/94mcg/0.5 ml 125mcg/0.5ml	SC Injection	02444402 02444399	BGN	
Criteria		tment of patients 18 years of age or older, diagnosed with relapsing/remitting multiple sclerosis, ad two attacks within the last two years, and have an EDSS score of 6.5 or less.				
Program Eligibil			_			

CRITERIA UPDATE

Per	rfenidone	<u>Esbriet</u>	267mg	Capsule	02393751	HLR
	Criteria	Criteria for coverage has been updated to pulmonary fibrosis in adult patients configerevious 24 months. All other causes of defined as forced vital capacity (FVC) gradination of the provided for the provided f	rmed by a respirole restrictive lung disceptive lung lung lung lung lung lung lung lung	ogist and a high-resolution becase should be excluded to 50% of predicted. It to 50% of ≥10% from initial experienced progression unction test conducted 4 to 50 er): Patients must not do 1 to 50 er. It to 50 er. It to 60 er. It to	on CT scan within Mild to moderate disease defined attion of therapy uses defined above weeks later. Emonstrate progry 12 month perioalidated with a mild be considered	n the te IPF is as an ntil a, then the ression of d. If a
	Program Eligibility High Cost Drug Program, Catastrophic Drug Program					