

P.E.I. Pharmacare Bulletin

Issue (2017-2)

April 10, 2017

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	<u>Celebrex and Various Generics</u>	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 patients with inadequate glycemic control on optimal doses of metformin and a sulfonylurea, and for whom insulin is not an option				
Program Eligibility	Diabetes Drug Program, Financial Assistance Drug Program, Nursing Home Drug Program, Catastrophic Drug Program				
Dextroamphetamine/amphetamine	<u>Adderall XR and Various Generics</u>	5mg 10mg 15mg 20mg 25mg 30mg	ER Capsule ER Capsule ER Capsule ER Capsule ER Capsule ER Capsule	See MRP List	See MRP List
Criteria	Open benefit				
Program Eligibility	Family Health Benefit Drug Program, Financial Assistance Drug Program, Catastrophic Drug Program				
Fluticasone Furoate	<u>Arnuity Ellipta</u>	100mcg 200mcg	Powder for Inh Powder for Inh	02446561 02446588	GSK
Criteria	Open benefit				
Program Eligibility	Family Health Benefit Drug Program, Financial Assistance Drug Program, Nursing Home Program, Seniors Drug Cost Assistance Program, Catastrophic Drug Program				
Hydrocortisone Acetate/Urea	<u>Dermaflex HC</u>	1% 1%	Cream Lotion	00681989 00681997	PAL
Criteria	Open benefit				
Program Eligibility	Family Health Benefit Drug Program, Financial Assistance Drug Program, Nursing Home Program, Seniors Drug Cost Assistance Program, Catastrophic Drug Program				

Nintedanib	<u>Ofev</u>	100mg 150mg	Capsule Capsule	02443066 02443074	BOE
Criteria	<p>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.</p> <p>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 $\geq 10\%$ 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.</p> <p>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 $\geq 10\%$ 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.</p> <p>Combination therapy of Nintedanib and Perfenidone will not be reimbursed.</p> <p>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.</p>				
Program Eligibility	High Cost Drug Program, Catastrophic Drug Program				

Meloxicam	<u>Mobicox and Various Generics</u>	7.5mg 15mg	Tablet Tablet	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				

Peginterferon Beta-1a	<u>Plegridy</u>	63/94mcg/0.5 ml 125mcg/0.5ml	SC Injection SC Injection	02444402 02444399	BGN
Criteria	For the treatment of patients 18 years of age or older, diagnosed with relapsing/remitting multiple sclerosis, who have had two attacks within the last two years, and have an EDSS score of 6.5 or less.				
Program Eligibility	High Cost Drug Program, Catastrophic Drug Program				

CRITERIA UPDATE

Perfenidone	<u>Esbriet</u>	267mg	Capsule	02393751	HLR
Criteria	<p>Criteria for coverage has been updated to the following: 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.</p> <p>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 $\geq 10\%$ 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.</p> <p>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 $\geq 10\%$ 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.</p> <p>Combination therapy of Nintedanib and Perfenidone will not be reimbursed.</p> <p>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.</p>				
Program Eligibility	High Cost Drug Program, Catastrophic Drug Program				