



**SASKATCHEWAN FORMULARY COMMITTEE  
UPDATE BULLETIN TO THE  
55th EDITION OF THE  
SASKATCHEWAN FORMULARY**

All listings are effective **October 1, 2005**

**NEW FULL FORMULARY LISTINGS:**

- Norgestimate/ethinyl estradiol, tablet, 0.180mg/0.025mg (7)  
0.215mg/0.025mg (7)  
0.250mg/0.025mg (7) (21 tablet);  
0.180mg/0.025mg (7)  
0.215mg/0.025mg (7)  
0.250mg/0.025mg (7) (28 tablet)  
(Tri-Cyclen LO-JAN)
- Methotrexate, tablet, 10mg  
(Methotrexate-DBU)
- Rosuvastatin calcium, tablet, 5mg  
(Crestor-AST)
- 5-Aminosalicylic acid  
(Mesalamine), delayed release  
tablet, 800mg (Asacol 800-PGA)
- Pancrelipase  
(Lipase/Amylase/Protease),  
4000U/11000U/11000U capsule  
containing enteric coated particles  
(Cotazyme ECS 4-ORG)

**NEW FULL FORMULARY INTERCHANGEABLE LISTINGS:**

- Paroxetine HCl, tablet, 10mg,  
20mg, 30mg (CO Paroxetine-  
COB)
- Lamotrigine, tablet, 25mg,  
125mg, 150mg, (Gen-  
Lamotrigine-GPM)
- Cilazapril, tablet, 1mg, 2.5mg,  
5mg (Novo-Cilazapril-NOP)
- Gabapentin, capsule, 100mg,  
300mg, 400mg (ratio-Gabapentin-  
RPH)
- Fosinopril, tablet, 10mg, 20mg  
(Apo-Fosinopril-APX)
- Pergolide mesylate, tablet, .05mg,  
.25mg, 1mg (Apo-Pergolide-APX)
- Anagrelide HCl, capsule, 0.5mg  
(Gen-Anagrelide-GPM)
- Atenolol, tablet, 25mg (Novo-  
Atenol-NOP)

- Mirtazapine, tablet, 30mg  
(RhoXal-Mirtazapine FC-RHO)
- Brimonidine tartrate, ophthalmic  
solution, 0.2% (Apo-Brimonidine-  
APX)
- Pravastatin, tablet, 10mg, 20mg,  
40mg (Gen-Pravastatin-GPM)
- Phenytoin, oral suspension,  
25mg/mL (Taro-Phenytoin-TAR)

**NEW FULL FORMULARY NON-INTERCHANGEABLE LISTING:**

- Ketoprofen, enteric coated tablet,  
50mg, 100mg (Apo-Keto E –  
APX)

**NEW EXCEPTION DRUG STATUS LISTINGS:**

- Voriconazole, tablet, 50mg, 200mg;  
powder for injection (vial), 200mg/  
vial (VFend-PFI)  
For step-down treatment of  
patients who have been treated in  
hospital for invasive aspergillosis  
and other serious fungal infections  
in consultation with an infectious  
disease specialist.
- Fosamprenavir calcium, tablet,  
700mg (Telzir-GSK)  
For the management of HIV  
disease in patients who have failed  
other protease inhibitor  
combinations. This drug, as with  
other antivirals in the treatment of  
HIV, should be used under the  
direction of an infectious disease  
specialist.
- Montelukast sodium, granules,  
4mg (Singulair-MSD)  
As per currently published  
criteria.
- Risperidone, powder for  
suspension sustained-release,  
25mg/vial, 37.5mg/vial,  
50mg/vial (Risperdal Consta-  
JAN)

For treatment of patients  
exhibiting a compliance problem  
with an oral antipsychotic and in  
whom the administration of a  
conventional injectable extended-  
action antipsychotic is ineffective  
or poorly tolerated.

- Epoetin alfa, prefilled syringe,  
5000IU/0.5mL (Eprex-JAN)  
As per currently published  
criteria.

**NEW INTERCHANGEABLE EXCEPTION DRUG STATUS LISTINGS:**

- Bisoprolol fumarate, tablet, 5mg,  
10mg (Novo-Bisoprolol-NOP)
- Pamidronate disodium, injection,  
30mg, 60mg, 90mg (RhoXal-  
Pamidronate-RHO)

NOTE: Coverage will be provided for  
these products according to the  
currently published criteria.

**EXCEPTION DRUG STATUS REVISED CRITERIA:**

- Olanzapine, tablet, 2.5mg, 5mg,  
7.5mg, 10mg, 15mg (Zyprexa-  
LIL); orally disintegrating tablet,  
5mg, 10mg, 15mg (Zyprexa  
Zydis-LIL)  
In addition to the currently  
published criteria coverage will be  
approved for maintenance  
treatment of bipolar disorder in  
patients who are unresponsive to  
lithium, valproate and one of the  
third-line agents (lamotrigine,  
topiramate or gabapentin).
- Low molecular weight heparins -  
dalteparin sodium, syringe,  
2,500IU (0.2mL), 5,000IU  
(0.2mL); injection solution,  
10,000IU/mL (1mL),  
25,000IU/mL (3.8mL) (Fragmin-  
PFI); enoxaparin, syringe,  
30mg/mL, 40mg/mL, 60mg/mL,

80mg/mL, 100mg/mL (Lovenox-AVT) (Enoxaparin Inj.-NOP); injection solution, 100mg/mL (3mL); 150mg/mL (Lovenox HP-AVT); nadroparin calcium, syringe, 9,500IU/mL (0.3mL, 0.4mL, 0.6mL, 0.8mL, 1.0mL) (Fraxiparine-AVT); syringe, 19,000IU/mL (0.6mL, 0.8mL, 1mL) (Fraxiparine Forte-AVT); tinzaparin sodium, syringe, 10,000IU/mL (0.35mL, 0.45mL), 20,000IU/mL (0.5mL, 0.7mL, 0.9mL); injection solution, 10,000IU/mL (2mL), 20,000IU/mL (2mL)(Innohep-LEO)

In addition to the currently published EDS criteria on these agents, coverage will be approved for prophylaxis in patients undergoing total hip replacement for up to 35 days following surgery.

- **Rifabutin, capsule, 150mg (Mycobutin-PFI)**

The criteria has been revised to: prevention and treatment of Mycobacterium avium complex (MAC) infection.

**SOME OF THE PRODUCTS CURRENTLY UNDER REVIEW BY THE FORMULARY COMMITTEE:**

- Cyclosporine, liquid, 100mg/mL (Apo-Cyclosporine-APX)
- Cyclosporine, capsule, 25mg, 50mg, 100mg (RhoXal-Cyclosporine-RHO)
- Clozapine, tablet, 25mg, 100mg (Apo-Clozapine-APX)
- Agalsidase beta, powder for solution, 5mg/mL (Fabrazyme-GZY)
- Agalsidase alfa, 1mg/mL, injection (Replagal-PAL)

**CURRENTLY UNDER REVIEW WITH THE COMMON DRUG REVIEW PROCESS (as of publication date of this Bulletin):**

- Lantus; Stratterra; Norprolac; Xolair; Kivexa, Lyrica, Tarceva, Viread; Ebixa

**PRODUCTS NOT RECOMMENDED FOR COVERAGE:**

- Niacin, extended release tablet, 500mg, 750mg, 1000mg (Niaspan-ORX)  
The convenience of once-a-day dosing does not justify the incremental cost.
- Alefacept, powder for solution, 15mg/0.5mL (Amevive-BGN)  
The Committee concurs with the recommendation of the Canadian Expert Drug Advisory Committee (CEDAC) that this product not be listed. The product was not compared to alternate therapies, only short-term studies were submitted and adverse effects, such as serious infection and malignancy were a concern.
- Etanercept, powder for injection (vial), 25mg/vial (Enbrel-AMG) – for treatment of ankylosing spondylitis AND Infliximab, injection, 100mg/vial (Remicade-SCH)  
The clinical benefit does not justify the incremental cost.
- Methylphenidate HCl, extended release tablet, 18mg, 36mg, 54mg Concerta-JAN)  
The clinical benefit does not justify the incremental cost.

**PRODUCTS LISTED SEPTEMBER 1, 2005 AS INTERCHANGEABLE WITH THE CURRENTLY LISTED BRAND UNDER EXCEPTION DRUG STATUS:**

- Alendronate sodium, tablet, 70mg (Novo-Alendronate-NOP) (Apo-Alendronate-APX)  
As per currently published EDS criteria.

**REMINDER--RECOMMENDED FOR DELISTING EFFECTIVE October 1, 2005:**

Liothyronine Sodium (Cytomel-THM) as this product offers no therapeutic-advantage over l-thyroxine.

**NOTICE FROM NOVOPHARM: THE LAUNCH OF THE NOVO BRAND OF ENOXAPARIN HAS BEEN DELAYED DUE TO LEGAL ISSUES. THIS PRODUCT IS CURRENTLY LISTED IN THE SASKATCHEWAN FORMULARY 55<sup>TH</sup> EDITION.**

**FROM THE ADVISORY COMMITTEE ON INSTITUTIONAL PHARMACY PRACTICE:**

**Additions to the Hospital Benefit Drug List:**

There were no additions for this update.

**NOTICE FROM HEALTH CANADA**

**Due to safety concerns regarding thioridazine, an anti-psychotic drug used to treat schizophrenia, it is being withdrawn from the market effective September 30, 2005.**

**Thioridazine will continue to be dispensed by pharmacies for a transition period after that date to allow patients sufficient time to consult their health care providers and switch to an alternate medication. Further information is available on the Health Canada website at <http://www.hc-sc.gc.ca/ahc-asc> under Media Advisories.**

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## FORMULARY AND EDS UPDATES EFFECTIVE SEPTEMBER 1, 2005

<u>GENERIC &amp; TRADE</u> <u>NAME</u>	<u>STRENGTH &amp; FORM</u>	<u>DIN</u>	<u>UNIT</u> <u>PRICE</u>	<u>LEGEND</u>
<b>Anagrelide HCl</b>				
Gen-Anagrelide	0.5mg capsule	02253054	3.6338	I/C
<b>Alendronate sodium</b>				
Apo-Alendronate	70mg tablet	02248730	6.0489	I/C EDS
Novo-Alendronate	70mg tablet	02261715	6.0489	I/C EDS

## FORMULARY AND EDS UPDATES EFFECTIVE OCTOBER 1, 2005

<u>GENERIC &amp; TRADE</u> <u>NAME</u>	<u>STRENGTH &amp; FORM</u>	<u>DIN</u>	<u>UNIT</u> <u>PRICE</u>	<u>LEGEND</u>
<b>Atenolol</b>				
Novo-Atenol	25mg tablet	02266660	0.1908	I/C
<b>Bisoprolol fumarate</b>				
Novo-Bisoprolol	5mg tablet	02267470	0.2393	I/C EDS
Novo-Bisoprolol	10mg tablet	02267489	0.3965	I/C EDS
<b>Brimonidine tartrate</b>				
Apo-Brimonidine	0.2% ophthalmic solution	02260077	2.2558	
<b>Cilazapril</b>				
Novo-Cilazapril	1mg tablet	02266350	0.4481	I/C
Novo-Cilazapril	2.5mg tablet	02266369	0.5165	I/C
Novo-Cilazapril	5mg tablet	02266377	0.6000	I/C
<b>Epoetin alfa</b>				
Epex	5000IU/0.5mL pre-filled syringe	02243400	76.2500	EDS
<b>Fosamprenavir calcium</b>				
Telzir	700mg tablet	02261545	8.2646	EDS
<b>Fosinopril</b>				
Apo-Fosinopril	10mg tablet	02266008	0.5400	I/C
Apo-Fosinopril	20mg tablet	02266016	0.6494	I/C
<b>Gabapentin</b>				
ratio-Gabapentin	100mg tablet	02260883	0.2735	I/C
ratio-Gabapentin	300mg tablet	02260891	0.6651	I/C
ratio-Gabapentin	400mg tablet	02260905	0.7926	I/C
<b>Ketoprofen</b>				
Apo-Keto-E	50mg enteric coated tablet	00790435	0.1804	Not I/C
Apo-Keto-E	100mg enteric coated tablet	00842664	0.3340	Not I/C

<u>GENERIC &amp; TRADE</u> <u>NAME</u>	<u>STRENGTH &amp; FORM</u>	<u>DIN</u>	<u>UNIT</u> <u>PRICE</u>	<u>LEGEND</u>
<b>Lamotrigine</b>				
Gen-Lamotrigine	25mg tablet	02265494	0.2266	I/C
Gen-Lamotrigine	100mg tablet	02265508	0.9064	I/C
Gen-Lamotrigine	150mg tablet	02265516	1.3595	I/C
<b>Methotrexate</b>				
Methotrexate	10mg tablet (Mayne Pharma Inc)	02182750	2.6627	
<b>Mirtazapine</b>				
Rhoxal-Mirtazapine FC	30mg tablet	02267292	0.8476	I/C
<b>Montelukast sodium</b>				
Singulair	4mg oral granule	02247997	1.4307	EDS
<b>Norgestimate/ethinyl estradiol</b>				
	0.180mg/0.025mg (7)			
Tri-Cyclen LO	0.215mg/0.025mg (7)	02258560	12.4800	
	0.250mg/0.025mg (7)			
	0.180mg/0.025mg (7)			
Tri-Cyclen LO	0.215mg/0.025mg (7)	02258587	12.4800	
	0.250mg/0.025mg (7) inert (7)			
<b>Pamidronate disodium</b>				
Rhoxal-Pamidronate	30mg injection	02264951	95.8600	I/C EDS
Rhoxal-Pamidronate	60mg injection	02264978	191.7200	I/C EDS
Rhoxal-Pamidronate	90mg injection	02264986	287.5800	I/C EDS
<b>Pancrelipase (Lipase/Amylase/Protease)</b>				
Cotazyme ECS 4	4000U/11000U/11000U) capsule	02181215	0.1892	
<b>Paroxetine HCl</b>				
CO Paroxetine	10mg tablet	02262746	1.1317	I/C
CO Paroxetine	20mg tablet	02262754	1.0869	I/C
CO Paroxetine	30mg tablet	02262762	1.1552	I/C
<b>Pergolide mesylate</b>				
Apo-Pergolide	0.05mg tablet	02266210	0.1884	I/C
Apo-Pergolide	0.25mg tablet	02266229	0.6918	I/C
Apo-Pergolide	1mg tablet	02266237	2.3583	I/C
<b>Phenytoin</b>				
Taro-Phenytoin	25mg/mL oral suspension	02250896	0.0338	I/C
<b>Pravastatin</b>				
Gen-Pravastatin	10mg tablet	02257092	1.0340	I/C
Gen-Pravastatin	20mg tablet	02257106	1.2199	I/C
Gen-Pravastatin	40mg tablet	02257114	1.4695	I/C

<u>GENERIC &amp; TRADE</u> <u>NAME</u>	<u>STRENGTH &amp; FORM</u>	<u>DIN</u>	<u>UNIT</u> <u>PRICE</u>	<u>LEGEND</u>
<b>Risperidone</b>				
Risperdal Consta	25mg/vial pwd for injection	02255707	263.6600	EDS
Risperdal Consta	37.5mg/vial pwd for injection	02255723	394.5000	EDS
Risperdal Consta	50mg/vial pwd for injection	02255758	516.0000	EDS
<b>Rosuvastatin calcium</b>				
Crestor	5mg tablet	02265540	1.3997	
<b>Voriconazole</b>				
VFend	50mg tablet	02256460	12.8800	EDS
VFend	200mg tablet	02256479	48.5000	EDS
VFend	200mg/vial powder for injection	02256487	151.9000	EDS
<b>5 Aminosalicyclic acid (Mesalamine)</b>				
Asacol 800	800mg delayed release tablet	02267217	1.0742	

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**LEGEND:** EDS = Exception Drug Status  
I/C = interchangeable  
not I/C = not interchangeable

## CRITERIA FOR NEW EXCEPTION DRUG STATUS (EDS) ADDITIONS

### NEW EXCEPTION DRUG STATUS AGENTS

*Effective October 1, 2005 the following products will be available for coverage under Exception Drug Status subject to the indicated criteria:*

**alendronate sodium, tablet, 70mg (Apo-Alendronate-APX) (Novo-Alendronate-NOP)**

New interchangeable - same criteria as other brand listed in Appendix A, page 221.

**bisoprolol fumarate, tablet, 5mg, 10mg (Novo-Bisoprolol-NOP)**

New interchangeable - same criteria as other brand listed in Appendix A, page 224.

**epoetin alfa, pre-filled syringe, 5000IU/0.5mL (Eprex-JAN)**

New strength only - same criteria as other pre-filled syringes listed in Appendix A, page 232.

**fosamprenavir calcium, tablet, 700mg (Telzir-GSK)**

For the management of HIV disease in patients who have failed other protease inhibitor combinations. *This drug, as with other antivirals in the treatment of HIV, should be used under the direction of an infectious disease specialist.*

**montelukast sodium, granules, 4mg (Singulair-MSD)**

For adjunctive treatment of asthma in patients not well controlled on inhaled steroids.

**pamidronate disodium, injection, 30mg, 60mg, 90mg (RhoXal-Pamidronate-RHO)**

New strength only - same criteria as other injections listed in Appendix A, page 245.

**risperidone, powder for suspension sustained-release, 25mg/vial, 37.5mg/vial, 50mg/vial (Risperdal Consta-JAN)**

For treatment of patients exhibiting a compliance problem with an oral antipsychotic and in whom the administration of a conventional injectable extended action antipsychotic is ineffective or poorly tolerated.

**voriconazole, tablet, 50mg, 200mg; powder for injection (vial), 200mg/vial (VFend-PFI)**

For step-down treatment of patients treated in hospital for invasive aspergillosis and other serious fungal infections in consultation with an infectious disease specialist.

### MODIFICATIONS TO CURRENT EXCEPTION DRUG STATUS (EDS) CRITERIA

*Effective October 1, 2005 criteria for the following products are modified as indicated:*

**olanzapine, tablet, 2.5mg, 5mg, 7.5mg, 10mg, 15mg (Zyprexa-LIL); orally disintegrating tablet, 5mg, 10mg, 15mg (Zyprexa Zydis-LIL)**

- d) For maintenance treatment of bipolar disorder in patients who are unresponsive to lithium, valproate and one of the third-line agents (lamotrigine, topiramate or gabapentin).

**MODIFICATIONS TO CURRENT EXCEPTION DRUG STATUS (EDS) CRITERIA –  
cont.**

**Low molecular weight heparins - dalteparin sodium, syringe, 2,500IU (0.2mL), 5,000IU (0.2mL); injection solution, 10,000IU/mL (1mL), 25,000IU/mL (3.8mL) (Fragmin-PFI); enoxaparin, syringe, 30mg/mL, 40mg/mL, 60mg/mL, 80mg/mL, 100mg/mL (Lovenox-AVT) (Enoxaparin Inj.-NOP); injection solution, 100mg/mL (3mL); 150mg/mL (Lovenox HP-AVT); nadroparin calcium, syringe, 9,500IU/mL (0.3mL, 0.4mL, 0.6mL, 0.8mL, 1.0mL) (Fraxiparine-AVT); syringe, 19,000IU/mL (0.6mL, 0.8mL, 1mL) (Fraxiparine Forte-AVT); tinzaparin sodium, syringe, 10,000IU/mL (0.35mL, 0.45mL), 20,000IU/mL (0.5mL, 0.7mL, 0.9mL); injection solution, 10,000IU/mL (2mL), 20,000IU/mL (2mL) (Innohep-LEO)**

g) For prophylaxis in patients undergoing total hip replacement for up to 35 days following surgery.

**rifabutin, capsule, 150mg (Mycobutin-PFI)**

For prevention and treatment of Mycobacterium avium (MAC) disease