



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

All listings are effective **January 1, 2006** unless otherwise indicated.

NEW FULL FORMULARY

LISTINGS:

- Blood Glucose Test Strip (Accu-Chek Aviva-HLR)
- Oxycodone HCl, controlled release tablet, 5mg (OxyContin-PFR)
- Candesartan cilexetil, tablet, 4mg (Atacand-AST)
- **NOTE: effective November 1, 2005** full listing for: Ethinyl Estradiol/ Drospirenone, 0.03mg/3mg (Yasmin 21-BEX, Yasmin 28-BEX)

NEW FULL FORMULARY

INTERCHANGEABLE LISTINGS:

- Mometasone furoate, topical ointment, 0.1% (Taro-Mometasone Ointment-TAR)
- Domperidone, tablet, 10mg (Ran-Domperidone-RAN)
- Lovastatin, tablet, 20mg, 40mg (Ran-Lovastatin-RAN)
- Atenolol, tablet, 50mg, 100mg (Ran-Atenolol-RAN)
- Citalopram hydrobromide, tablet, 20mg, 40mg (Ran-Citalopram-RAN)
- Metformin, tablet, 500mg, 850mg (Ran-Metformin-RAN)
- Simvastatin, tablet, 10mg, 20mg, 40mg (Taro-Simvastatin-TAR)
- Amiloride HCl/Hydrochlorothiazide, tablet, 5mg/50mg (Gen-Amilazide-GPM)
- Miconazole nitrate, vaginal cream, 2% (Micozole-TAR)

NOTE: listed effective November 1, 2005:

- Topiramate, tablet, 25mg, 100mg, 200mg (ratio-Topiramate-RPH)
- Topiramate, tablet, 25mg, 100mg, 200mg (pms-Topiramate-PMS)

- Topiramate, tablet, 25mg, 100mg, 200mg (Gen-Topiramate-GPM)
- Topiramate, tablet, 25mg, 100mg, 200mg (Novo-Topiramate-NOP)

NEW FULL FORMULARY NON-INTERCHANGEABLE LISTING:

- Timolol maleate, ophthalmic gel forming solution, 0.25%, 0.50% (pms-Timolol Maleate Ophthalmic Gel Forming Solution-PMS)

NEW EXCEPTION DRUG STATUS (EDS) LISTINGS:

- Mycophenolate sodium, enteric coated tablet, 180mg, 360mg (Myfortic-NVR)
For prevention of acute rejection in renal transplant patients.
- Galantamine hydrobromide, extended release capsule, 8mg, 16mg, 24mg (Reminyl ER-JAN)
For coverage according to the same criteria as with the immediate release products.
- Iron ferric sodium gluconate, injection solution, 12.5mg/mL (Ferrlecit-JAN)
 - (a) For treatment of iron deficiency anaemia in patients undergoing chronic hemodialysis who are receiving supplemental erythropoetin.
 - (b) For treatment of iron deficiency in patients intolerant to oral iron replacement products.

NEW INTERCHANGEABLE EXCEPTION DRUG STATUS LISTINGS:

- Ciprofloxacin, tablet, 250mg, 500mg, 750mg (Ran-Ciprofloxacin-RAN)
- Alendronate, tablet, 10mg (Gen-Alendronate-GPM)

- Alendronate sodium, tablet, 40mg (CO Alendronate-COB)
- Alendronate sodium, tablet, 70mg (CO Alendronate-COB)
- Carvedilol, tablet, 3.125mg, 6.25mg, 12.5mg, 25mg (Ran-Carvedilol-RAN)
- Ciprofloxacin, ophthalmic solution, 0.3% (Apo-Ciproflox-APX)
- Azithromycin, tablet, 250mg (Apo-Azithromycin-APX)
- Azithromycin, tablet, 250mg (Novo-Azithromycin-NOP)

Note: Listed effective November 1, 2005:

- Sumatriptan, tablet, 25mg, 50mg, 100mg (CO Sumatriptan-COB)
- Sumatriptan, tablet, 100mg (Novo-Sumatriptan-NOP)
- Sumatriptan, tablet, 25mg, 50mg, 100mg (pms-Sumatriptan-PMS)
- Sumatriptan, tablet, 50mg, 100mg (Apo-Sumatriptan-APX)
- Sumatriptan, tablet, 50mg, 100mg (RhoXal-Sumatriptan-RHO)
- Sumatriptan, tablet, 25mg, 50mg, 100mg (Gen-Sumatriptan-GPM)

EXCEPTION DRUG STATUS REVISED CRITERIA:

In addition to the current EDS criteria the following has been approved :

- Etanercept, powder for injection (vial) 25mg/vial (Enbrel-AMG)
For psoriatic arthritis in patients who have failed or are intolerant to methotrexate and leflunomide.

SOME OF THE PRODUCTS CURRENTLY UNDER REVIEW:

- Cyclosporine, liquid, 100mg/mL (Apo-Cyclosporine-APX)
- Cyclosporine, capsule, 25mg, 50mg, 100mg (RhoXal-Cyclosporine-RHO)
- Clozapine, tablet, 25mg, 100mg

- (Apo-Clozapine-APX)
- Peginterferon alfa-2A, pre-filled syringe, 180ug/0.5mL; injection (vial), 180ug/1mL (Pegasys-HLR)

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

- Xolair, Kivexa, Lyrica, Tarceva, Viread, Advicor, Macugen, Raptiva, Novomix 30

PRODUCTS NOT RECOMMENDED FOR COVERAGE:

- Insulin glargine, solution for injection, 100IU/mL (Lantus-AVT)
- Quinagolide HCl, tablet, 0.025mg, 0.05mg, 0.075mg, 0.15mg (Norprolac-FEI)
- Atomoxetine hydrochloride, capsule, 10mg, 18mg, 25mg, 40mg, 60mg (Strattera-LIL)

Regarding the above products:

The Canadian Expert Drug Advisory Committee (CEDAC) recommended that the above products not be listed. Details of these recommendations can be found on the CCOHTA website at www.ccohta.ca/CDR/CEDACRecommendations.

The Saskatchewan review committees support the recommendations of CEDAC.

Other products not recommended for coverage by the Saskatchewan review committees are:

- Fenofibrate, tablet, 48mg, 145mg (Lipidil EZ-FFR) was not recommended as this product offers no clinical advantage and is more expensive than the currently listed generic product.

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- Testosterone, topical gel, 1% (Androgel-SLV) was not recommended as the convenience of this product does not justify the incremental cost over listed products.
- Medroxyprogesterone acetate, tablet, 100mg (Apo-Medroxy-APX) was not recommended as the 100mg strength of the innovator brand is not listed.
- Alendronate sodium, tablet, 5mg (Gen-Alendronate-GPM) was not recommended as the innovator brand of the 5mg tablet is not listed.
- Zopiclone, tablet, 5mg, 7.5mg (Ran-Zopiclone-RAN) was not recommended as the innovator brand of this product is not listed.

FROM THE ADVISORY COMMITTEE ON INSTITUTIONAL PHARMACY PRACTICE:

Additions to the Hospital Benefit Drug List:

There were no additions for this update.

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FORMULARY AND EDS UPDATES EFFECTIVE NOVEMBER 1, 2005

<u>GENERIC & TRADE</u>			<u>UNIT</u>	
<u>NAME</u>	<u>STRENGTH & FORM</u>	<u>DIN</u>	<u>PRICE</u>	<u>LEGEND</u>
<u>NAME</u>	<u>STRENGTH & FORM</u>	<u>DIN</u>	<u>PRICE</u>	<u>LEGEND</u>
Ethinyl Estradiol/Drospirenone				
Yasmin 21	3.0mg/0.030mg (21 tablet)	02261723	12.5900	
Yasmin 28	3.0mg/0.030mg (28 tablet)	02261731	12.5900	
Sumatriptan				
CO Sumatriptan	25mg tablet	02257882	9.7542	I/C EDS
Gen-Sumatriptan	25mg tablet	02268906	9.7542	I/C EDS
pms-Sumatriptan	25mg tablet	02256428	9.7542	I/C EDS
Apo-Sumatriptan	50mg tablet	02268388	9.8356	I/C EDS
CO Sumatriptan	50mg tablet	02257890	9.8356	I/C EDS
Gen-Sumatriptan	50mg tablet	02268914	9.8356	I/C EDS
pms-Sumatriptan	50mg tablet	02256436	9.8356	I/C EDS
Rhoxal-Sumatriptan	50mg tablet	02263025	9.8356	I/C EDS
Apo-Sumatriptan	100mg tablet	02268396	10.8356	I/C EDS
CO Sumatriptan	100mg tablet	02257904	10.8356	I/C EDS
Gen-Sumatriptan	100mg tablet	02268922	10.8356	I/C EDS
Novo-Sumatriptan	100mg tablet	02239367	10.8356	I/C EDS
pms-Sumatriptan	100mg tablet	02256444	10.8356	I/C EDS
Rhoxal-Sumatriptan	100mg tablet	02263033	10.8356	I/C EDS
Topiramate				
Gen-Topiramate	25mg tablet	02263351	0.7975	I/C
Novo-Topiramate	25mg tablet	02248860	0.7975	I/C
pms-Topiramate	25mg tablet	02262991	0.7975	I/C
ratio-Topiramate	25mg tablet	02256827	0.7975	I/C
Gen-Topiramate	100mg tablet	02263378	1.5114	I/C
Novo-Topiramate	100mg tablet	02248861	1.5114	I/C
pms-Topiramate	100mg tablet	02263009	1.5114	I/C
ratio-Topiramate	100mg tablet	02256835	1.5114	I/C
Gen-Topiramate	200mg tablet	02263386	2.3925	I/C
Novo-Topiramate	200mg tablet	02248862	2.3925	I/C
pms-Topiramate	200mg tablet	02263017	2.3925	I/C
ratio-Topiramate	200mg tablet	02256843	2.3925	I/C

FORMULARY AND EDS UPDATES EFFECTIVE JANUARY 1, 2006

<u>GENERIC & TRADE</u>			<u>UNIT</u>	
<u>NAME</u>	<u>STRENGTH & FORM</u>	<u>DIN</u>	<u>PRICE</u>	<u>LEGEND</u>
Alendronate sodium				
Gen-Alendronate	10mg tablet	02270129	1.1997	I/C EDS
CO Alendronate	40mg tablet	02258102	2.8316	I/C EDS
CO Alendronate	70mg tablet	02258110	6.7216	I/C EDS
Atenolol				
Ran-Atenolol	50mg tablet	02267985	0.3814	I/C
Ran-Atenolol	100mg tablet	02267993	0.6268	I/C
Amiloride HCl/Hydrochlorothiazide				
Gen-Amilazide	5mg/50mg tablet	02257378	0.2080	I/C
Azithromycin				
Apo-Azithromycin	250mg tablet	02247423	3.7469	I/C EDS
Novo-Azithromycin	250mg tablet	02267845	3.7469	I/C EDS
Blood Glucose Test Strip				
Accu-Chek Aviva	strip	00950949	0.8680	
Candesartan cilexetil				
Atacand	4mg tablet	02239090	0.7378	
Carvedilol				
Ran-Carvedilol	3.125mg tablet	02268027	0.8681	I/C EDS
Ran-Carvedilol	6.25mg tablet	02268035	0.8681	I/C EDS
Ran-Carvedilol	12.5mg tablet	02268043	0.8681	I/C EDS
Ran-Carvedilol	25mg tablet	02268051	0.8681	I/C EDS
Ciprofloxacin				
Ran-Ciprofloxacin	250mg tablet	02267934	1.6869	I/C EDS
Ran-Ciprofloxacin	500mg tablet	02267942	1.9032	I/C EDS
Ran-Ciprofloxacin	750mg tablet	02267950	3.5894	I/C EDS
Ciprofloxacin				
Apo-Ciprofloxx	0.3% ophthalmic solution	02263130	1.2239	I/C EDS
Citalopram				
Ran-Citalopram	20mg tablet	02268000	0.9494	I/C
Ran-Citalopram	40mg tablet	02268019	0.9494	I/C
Domperidone maleate				
Ran-Domperidone	10mg tablet	02268078	0.1624	I/C
Galantamine hydrobromide				
Reminyl ER	8mg extended release capsule	02266717	4.9802	EDS
Reminyl ER	16mg extended release capsule	02266725	4.9802	EDS
Reminyl ER	24mg extended release capsule	02266733	4.9802	EDS
Iron ferric sodium gluconate				
Ferrlecit	12.5mg/mL injection solution	02243333	25.4400	EDS

FORMULARY AND EDS UPDATES EFFECTIVE JAN. 1, 2006 CON'T.

<u>GENERIC & TRADE</u>			<u>UNIT</u>	
<u>NAME</u>	<u>STRENGTH & FORM</u>	<u>DIN</u>	<u>PRICE</u>	<u>LEGEND</u>
Lovastatin				
Ran-Lovastatin	20mg tablet	02267969	1.1834	I/C
Ran-Lovastatin	40mg tablet	02267977	2.1827	I/C
Metformin				
Ran-Metformin	500mg tablet	02269031	0.1320	I/C
Ran-Metformin	850mg tablet	02269058	0.2268	I/C
Miconazole nitrate				
Micozole	2% vaginal cream	02231106	0.1641	I/C
Mometasone furoate				
Taro-Mometasone	0.1% topical ointment	02264749	0.3790	I/C
Mycophenolate sodium				
Myfortic	180mg enteric coated tablet	02264560	2.1250	EDS
Myfortic	360mg enteric coated tablet	02264579	4.1670	EDS
Oxycodone hydrochloride				
OxyContin	5mg controlled release tablet	02258129	0.6510	
Simvastatin				
Taro-Simvastatin	10mg tablet	02265885	1.2168	I/C
Taro-Simvastatin	20mg tablet	02265893	1.5039	I/C
Taro-Simvastatin	40mg tablet	02265907	1.5039	I/C
Timolol maleate				
pms-Timolol Maleate Ophthalmic Gel	0.25% oph. gel forming solution	02242275	2.8297	Not I/C
pms-Timolol Maleate Ophthalmic Gel	0.50% oph. gel forming solution	02242276	3.3852	Not I/C

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 November 1, 2005 the following products will be available for coverage under Exception Drug Status subject to the indicated criteria.

***sumatriptan, tablet, 25mg (CO Sumatriptan-COB) (Gen-Sumatriptan-GPM) (pms-Sumatriptan-PMS); 50mg (Apo-Sumatriptan-APX) (CO Sumatriptan-COB) (Gen-Sumatriptan-GPM) (pms-Sumatriptan-PMS) (RhoXal-Sumatriptan-RHO); 100mg (Apo-Sumatriptan-APX) (CO Sumatriptan-COB) (Gen-Sumatriptan-GPM) (Novo-Sumatriptan-NOP) (pms-Sumatriptan-PMS) (RhoXal-Sumatriptan-RHO)**

New interchangeables - same criteria as other brand listed in Appendix A, page 251.

Effective January 1, 2006 the following products will be available for coverage under Exception Drug Status subject to the indicated criteria.

***alendronate sodium, tablet, 10mg (Gen-Alendronate-GPM); tablet, 70mg (CO Alendronate-COB)**
New interchangeable - same criteria as other brands listed in Appendix A, page 221.

***alendronate sodium, tablet, 40mg (CO Alendronate-COB)**
New interchangeable - same criteria as other brand listed in Appendix A, page 221.

***azithromycin, tablet, 250mg (Apo-Azithromycin-APX) (Novo-Azithromycin-NOP)**
New interchangeables - same criteria as other brand listed in Appendix A, page 223.

***carvedilol, tablet, 3.125mg, 6.25mg, 12.5mg, 25mg (Ran-Carvedilol-RAN)**
New interchangeable - same criteria as other brands listed in Appendix A, page 225.

***ciprofloxacin, tablet, 250mg, 500mg, 750mg (Ran-Ciprofloxacin-RAN)**
New interchangeable - same criteria as other brands listed in Appendix A, page 227.

***ciprofloxacin, ophthalmic solution, 0.3% (Apo-Ciproflox-APX)**
New interchangeable - same criteria as other brands listed in Appendix A, page 226.

galantamine hydrobromide, extended release capsule, 8mg, 16mg, 24mg (Reminyl ER-JAN)
New line extension - same criteria as immediate release product listed in Appendix A, page 235.

iron ferric sodium gluconate, injection solution, 12.5mg/mL (Ferrlecit-JAN)
(a) For treatment of iron deficiency anaemia in patients undergoing chronic hemodialysis who are receiving supplemental erythropoetin.
(b) For treatment of iron deficiency in patients intolerant to oral iron replacement products.

mycophenolate sodium, enteric coated tablet, 180mg, 360mg (Myfortic-NVR)
For prevention of acute rejection in renal transplant patients.

MODIFICATIONS TO CURRENT EXCEPTION DRUG STATUS (EDS) CRITERIA

Effective January 1, 2006 criteria for the following product is modified as indicated with the addition of:

etanercept, powder for injection (vial) 25mg/vial (Enbrel-AMG)
(c) For treatment of psoriatic arthritis in patients who have failed or are intolerant to methotrexate and leflunomide.