



**SASKATCHEWAN FORMULARY COMMITTEE
BULLETIN TO THE
56th EDITION OF THE
SASKATCHEWAN FORMULARY**

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

NEW FULL FORMULARY INTERCHANGEABLE LISTINGS:

- Isosorbide-5 mononitrate, extended-release tablet, 60mg (Apo-ISMN-APX)
- Fosinopril, tablet, 10mg & 20mg (ratio-Fosinopril-RPH)
- Clonazepam, tablet, 0.5mg, 1mg, 2mg (CO Clonazepam-COB)
- Gabapentin, capsule, 300mg (Gabapentin-GPM)
- Metformin, tablet, 850mg (Glycon-VAE)

CHANGE FROM NON-INTERCHANGEABLE LISTING TO INTERCHANGEABLE WITH CURRENTLY LISTED BRAND:

- Timolol maleate gel forming solution, 0.25%, 0.5% (pms-Timolol maleate-PMS)

NEW EXCEPTION DRUG STATUS (EDS) LISTINGS:

- Tenofovir disoproxil fumarate, tablet, 300mg (Viread-GSI)
For the treatment of HIV in patients who have failed or are intolerant to an alternative nucleoside reverse transcriptase inhibitor.

NEW STRENGTHS/FORMS OF CURRENTLY LISTED EDS PRODUCTS:

The current EDS criteria applies to these new products.

- Bupropion hydrochloride, extended-release tablet, 150mg, 300mg (Wellbutrin XL-BVL)

- Interferon beta-1A, 30ug, pre-filled syringe (Avonex PS-BGN)
- Lansoprazole, delayed-release tablet, 30mg (Prevacid FasTab-ABB). This product is subject to the Maximum Allowable Cost policy.

NEW INTERCHANGEABLE EXCEPTION DRUG STATUS LISTINGS SUBJECT TO CURRENT CRITERIA:

- Zidovudine, capsule, 100mg (Apo-Zidovudine-APX)
- Alendronate sodium, tablet, 70mg (ratio-Alendronate-RPH)
- Azithromycin, tablet, 250mg (ratio-Azithromycin-RPH)
- Ciprofloxacin, tablet, 250mg, 500mg (Taro-Ciprofloxacin-TAR)
- Pamidronate disodium, injection, 90mg (Pamidronate Disodium Omega-OMG)

CURRENTLY UNDER REVIEW WITH THE COMMON DRUG REVIEW PROCESS (as of the printing of this Bulletin):

Aptivus, Caduet, Hepsera, Levemir, Macugen, Raptiva, Somavert, Trelstar, Trosec

OTHER PRODUCTS CURRENTLY UNDER REVIEW in Saskatchewan include:

Novomix-30, Advicor

PRODUCTS NOT RECOMMENDED FOR COVERAGE VIA THE COMMON DRUG REVIEW (CDR) PROCESS:

- Omalizumab, powder for solution, 150mg/vial (Xolair-NVR)
This drug was not recommended by the Common Drug Review (CDR) process. The

Saskatchewan review committees support the CDR recommendation. For more information on the CDR please visit the website:
www.cadth.ca/index.php/en/cdr/recommendations/search

OTHER PRODUCTS NOT RECOMMENDED FOR COVERAGE BY THE SASKATCHEWAN REVIEW COMMITTEES ARE:

- Pravastatin sodium/acetylsalicylic acid, delayed-release tablet, 10mg/81mg, 20mg/81mg, 40mg/81mg (PravASA-PAL)
- Calcium acetate, tablet, 667mg (PhosLo-PRM) as the clinical benefit does not justify the incremental cost.

RECOMMENDED FOR DELISTING:

- Bupropion HCl, tablet, 100mg, 150mg (Novo-Bupropion SR-NOP). This product has been recommended for delisting due to stability issues **effective October 1, 2006**.
- Gatifloxacin, tablet, 400mg (Tequin-BMY) The manufacturer has **discontinued** this product and it will therefore be delisted.

FROM THE ADVISORY COMMITTEE ON INSTITUTIONAL PHARMACY PRACTICE:

- Nitric Oxide Inhalation gas, 100ppm & 800ppm (Inomax-INO Therapeutic Inc)
Recommended for addition to the Hospital Benefit Drug List with the restriction "for the pediatric population".

TWO NEW DRUG PLAN INITIATIVES

ONLINE CRITERIA ADJUDICATION

Recent Drug Plan computer system changes will allow for online criteria adjudication of two medications: Actos and Avandia. With this system change, patients without current coverage of either Actos or Avandia will be automatically approved for coverage when a claim is transmitted and the system finds a Drug Plan benefit alternative on the online profile and/or expired Actos or Avandia coverage. **Please Note:** Requests for Actos and Avandia coverage will still be accepted in the traditional way for those patients that are not able to trigger the online criteria adjudication process (e.g. where the patient has an incomplete online medication profile).

Online Adjudication Medications

pioglitazone HCl, tablet, 15mg, 30mg, 45mg (Actos-LIL)

For treatment of patients who have had previous prescriptions for metformin or sulfonylureas (as indicated by prescription claims on their online Drug Plan profile).

rosiglitazone maleate, tablet, 2mg, 4mg, 8mg (Avandia-GSK)

For treatment of patients who have had previous prescriptions for metformin or sulfonylureas (as indicated by prescription claims on their online Drug Plan profile).

Please Note: *These products should be used in patients with diabetes who are not adequately controlled on or are intolerant to metformin or sulfonylureas.*

INDEFINITE EDS

As of July 1, 2006, the Drug Plan computer system will be changed to allow for indefinite EDS coverage on a large number of EDS medications that are used to treat chronic conditions that previously could only be approved for three years at a time. This change will affect 442 EDS DINs or 116 EDS drugs. Once a patient meets criteria for one of these chronic medications, coverage will be provided for an indefinite period of time and will never need to be renewed. EDS coverage for these patients will only expire when they cease to be a Saskatchewan Health beneficiary.

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FORMULARY AND EDS UPDATES EFFECTIVE JULY 1, 2006

<u>GENERIC & TRADE NAME</u>	<u>STRENGTH & FORM</u>	<u>DIN</u>	<u>UNIT PRICE</u>	<u>LEGEND</u>
Alendronate sodium				
ratio-Alendronate	70mg tablet	02275279	6.0495	I/C EDS
Azithromycin				
ratio-Azithromycin	250mg tablet	02275287	3.3722	I/C EDS
Bupropion hydrochloride				
Wellbutrin XL	150mg extended-release tablet	02275090	0.5632	EDS
Wellbutrin XL	300mg extended-release tablet	02275104	1.1263	EDS
Ciprofloxacin				
Taro-Ciprofloxacin	250mg tablet	02266962	1.5182	I/C EDS
Taro-Ciprofloxacin	500mg tablet	02266970	1.7129	I/C EDS
Clonazepam				
CO Clonazepam	0.5mg tablet	02270641	0.1266	I/C
CO Clonazepam	1mg tablet	02270668	0.2019	I/C
CO Clonazepam	2mg tablet	02270676	0.2181	I/C
Fenofibrate				
pms-Fenofibrate Micro	200mg capsule	02273551	1.1816	I/C
Fosinopril				
ratio-Fosinopril	10mg tablet	02275252	0.5400	I/C
ratio-Fosinopril	20mg tablet	02275260	0.6494	I/C
Gabapentin				
Gabapentin	300mg capsule	02273853	0.6651	I/C
Interferon beta-1A				
Avonex PS	30ug pre-filled syringe	02269201	347.3000	EDS
Isosorbide-5-mononitrate				
Apo-ISMN	60mg extended release tablet	02272830	0.5371	I/C
Lansoprazole				
Prevacid FasTab	30mg delayed-release tablet	02249472	2.1700	EDS
Metformin				
*Glycon	850mg tablet	02239214	0.1553	I/C
Pamidronate disodium				
Pam. Disodium Omega	90mg injection	02249685	480.0000	I/C EDS
Tenofovir disoproxil fumarate				
Viread	300mg tablet	02247128	17.6313	EDS
Zidovudine				
Apo-Zidovudine	100mg capsule	01946323	1.3260	I/C EDS

LEGEND: EDS = Exception Drug Status; I/C = Interchangeable; Not I/C - Not Interchangeable

* SOC (Standing Offer Contract)

CRITERIA FOR NEW EXCEPTION DRUG STATUS (EDS) ADDITIONS

NEW EXCEPTION DRUG STATUS AGENTS

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

***alendronate sodium, tablet, 70mg (ratio-Alendronate-RPH)**

New interchangeable - same criteria as other brands listed in Appendix A, page 219.

***azithromycin, tablet, 250mg (ratio-Azithromycin-RPH)**

New interchangeable - same criteria as other brands listed in Appendix A, page 222.

bupropion HCl, extended release tablet, 150mg, 300mg (Wellbutrin XL-BVL)

For treatment of depression.

***ciprofloxacin, tablet, 250mg, 500mg (Taro-Ciprofloxacin-TAR)**

New interchangeable - same criteria as other brands listed in Appendix A, page 225.

interferon beta-1A, pre-filled syringe, 30ug (Avonex PS-BGN)

Criteria for coverage of MS drugs - see Appendix G p. 271.

lansoprazole, delayed release tablet, 3mg (Prevacid FasTab-ABB)

New strength - same criteria as other strength listed in Appendix A, page 238.

***pamidronate disodium, injection, 90mg (Pamidronate Disodium Omega-OMG)**

New interchangeable - same criteria as other brands listed in Appendix A, page 245.

tenofovir disoproxil fumarate, tablet, 300mg (Viread-GSI)

For treatment of HIV in patients:

(a) Who failed an alternative nucleoside reverse transcriptase inhibitor.

(b) Intolerant to an alternative nucleoside reverse transcriptase inhibitor.

This drug as with other antivirals in the treatment of HIV, should be used under the direction of an infectious disease specialist.

***zidovudine, capsule, 100mg (Apo-Zidovudine-APX)**

New interchangeable - same criteria as other brand listed in Appendix A, page 255.