



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

The following listings are effective **January 1, 2007** unless otherwise indicated.

NEW FULL FORMULARY LISTINGS:

- Dexamethasone, tablet, 2mg (pms-Dexamethasone-PMS)
- Irbesartan/hydrochlorothiazide, tablet, 300mg/25mg (Avalide-BMY)
- Travoprost/timolol maleate, ophthalmic solution, 0.004%/0.5% (2.5mL) (DuoTrav-ALC)

NEW FULL FORMULARY INTERCHANGEABLE LISTINGS:

- Anagrelide HCl, capsule, 0.5mg (Dom-Anagrelide-DOM)
- Cilazapril, tablet, 1mg, 2.5mg, 5mg (Gen-Cilazapril-GPM)
- Clobetasol propionate, ointment, 0.05% (ratio-Clobetasol-RPH)
- Fluconazole, capsule, 150mg (pms-Fluconazole-PMS)
- Hydrochlorothiazide, tablet, 12.5mg (Dom-Hydrochlorothiazide-DOM)
- Ipratropium Bromide/salbutamol SO₄, inhalation solution, 0.5mg/2.5mg (2.5mL) (Apo-Salvent Ipravent Sterules-APX)
- Medroxyprogesterone acetate, tablet, 10mg (Apo-Medroxy-APX)
- Mirtazapine, tablet, 15mg (Dom-Mirtazapine-DOM)
- Ranitidine, oral solution, 15mg/mL (Apo-Ranitidine-APX)
- Risperidone, tablet, 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg (Dom-Risperidone-DOM)
- Simvastatin, tablet, 5mg, 10mg, 20mg, 40mg, 80mg (Dom-Simvastatin-DOM)
- Sotalol HCl, tablet, 80mg, 160mg (CO Sotalol-COB)

**NEW DOSAGE FORMS/
STRENGTHS OF EXCEPTION
DRUG STATUS AGENTS**

Effective January 1, 2007 the following product will be covered under the same Exception Drug Status criteria as the currently listed forms/strengths:

- Fentanyl, transdermal system, 12ug/h (Duragesic-JAN)
- Interferon Beta-1A, pre-filled syringe, 8.8ug/0.2mL (6)/22ug/0.5mL (6) (Rebif Initiation Pack-SRO)
- Nabilone, capsule, 0.5mg (Cesamet-VAE)
- Rabeprazole sodium, tablet, 20mg (Pariet-JAN)

NEW INTERCHANGEABLE EDS LISTINGS SUBJECT TO CURRENT CRITERIA:

- Alendronate sodium, tablet 70mg (Dom-Alendronate-DOM)
 - Alendronate sodium, tablet, 70mg (Gen-Alendronate-GPM)
 - Clozapine, tablet, 25mg, 100mg (Apo-Clozapine-APX)
- NOTE: As with other clozapine brands, this product is subject to the monitoring program mandated by Health Canada.
- Leflunomide, tablet, 10mg, 20mg (Sandoz Leflunomide-SDZ)
 - Norfloxacin, tablet, 400mg (CO Norfloxacin-COB)
 - Ursodiol, tablet, 250mg, 500mg (Dom-Ursodiol C-DOM (pms-Ursodiol C-PMS)

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

Altace plus felodipine, Altace HCT, Alvesco, Azilect, Cipralext, Denavir, Exjade, Hepsera, Humira (psoriatic

arthritis), Myozyme, Nexavar, Nuvaring, Orenzia, Prezista, Revatio, Rituxan (rheumatoid arthritis), Sutent, Tramacet, Tysabri, Vantas, Vesicare

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

The following products were reviewed by the Canadian Expert Drug Advisory Committee (CEDAC) under the National Common Drug Review (CDR) process. The CEDAC recommendations to participating provinces were that the following products not be listed under provincial drug plans. The Saskatchewan Formulary Committee supports these recommendations and notes the following:

- Alendronate sodium/cholecalciferol, tablet, 70mg/70ug (Fosavance-MSD)
This combination offers no advantage over alendronate in the treatment of osteoporosis. The dose of Vitamin D in this combination is subtherapeutic for the treatment of osteoporosis. Both components of a combination product must make a contribution to the claimed effect. For more information on the CDR recommendations please visit the website: www.cadth.ca/index.php/en/cdr/recommendations/search.
- Insulin detemir, injection solution, 100u/mL (5x3mL) (Levemir-NOO). The clinical benefit does not justify the incremental cost.
- Pegvisomant, powder for solution, 10mg/vial, 15mg/vial, 20mg/vial (Somavert-PFI). The clinical benefit does not justify the incremental cost.

OTHER PRODUCTS NOT RECOMMENDED BY THE SASKATCHEWAN REVIEW COMMITTEES:

- Citalopram, tablet, 10mg (pms-Citalopram-PMS)
- Dorzolamide HCl/timolol maleate, preservative-free, ophthalmic solution, 2%,0.5%, (60 unit doses of 0.2mL each) (Cosopt-MSD)
- Fenofibrate, tablet, 48mg, 145mg (Lipidil EZ-FFR)
- Nabilone, capsule, 0.5mg, 1mg (Cesamet-VAE) (for the treatment of chronic pain)

OTHER PRODUCTS CURRENTLY UNDER REVIEW IN SASKATCHEWAN INCLUDE:
Altace 15mg-AVT; Biphentin-PFR; Ventolin Diskus 200ug-GSK; Remodulin-NTI; Sandoz-Bupropion-SDZ.

REMINDER! (previously noted in the October 2006 Bulletin) : DELISTING EFFECTIVE JANUARY 1, 2007:

- **Insulin (regular/protamine) lispro, injection suspension, 100U/mL, 25%/75% (5x3mL) (Humalog Mix 25-LIL). For those patients currently taking the drug, coverage will continue i.e. they will be GRANDFATHERED.** CEDAC recommended that participating provincial drug plans review their listing decisions on insulin (regular insulin/protamine) lispro (Humalog Mix 25-LIL). The Saskatchewan Formulary Committee (SFC) have recommended that Humalog Mix 25 be delisted from the Formulary as new clinical evidence indicates this product offers no advantage over listed alternative insulin combination products.

**REMINDER!
INTERCHANGEABLE LISTING EFFECTIVE AUGUST 1, 2006 UNDER THE CURRENT EDS CRITERIA:**

- Omeprazole, capsule/tablet, 20mg (Apo-Omeprazole-APX) (Losec-AST)

FULL FORMULARY INTERCHANGEABLE LISTINGS EFFECTIVE NOVEMBER 1, 2006:

- Cilazapril/HCTZ 5mg/12.5mg tablet (Apo-Cilazapril/HCTZ-APX)
- Felodipine, tablet, 5mg, 10mg (Sandoz Felodipine-SDZ)
- Mupirocin, topical ointment, 2% (Taro-Mupirocin-TAR)

EXCEPTION DRUG STATUS INTERCHANGEABLE LISTINGS EFFECTIVE NOVEMBER 1, 2006 UNDER THE CURRENT CRITERIA:

- Fentanyl transdermal system, 25ug/hr 50ug/hr, 75ug/hr, 100ug/hr (Ran-Fentanyl-RAN)
- Fentanyl transdermal system, 25ug/hr, 50ug/hr, 75ug/hr, 100ug/hr (ratio-Fentanyl-RPH)

FULL FORMULARY INTERCHANGEABLE LISTINGS EFFECTIVE DECEMBER 1, 2006:

- Famciclovir, tablet, 125mg, 250mg, 500mg (Sandoz Famciclovir-SDZ)
- Venlafaxine HCl, extended release capsule, 37.5mg, 75mg, 150mg (Novo-Venlafaxine XR-NOP)

FROM THE ADVISORY COMMITTEE ON INSTITUTIONAL PHARMACY PRACTICE:

There are no new products recommended for listing.

Interchangeable Generic Drugs Streamlining of Process

Saskatchewan has long relied on the availability of generic drugs to reduce the direct costs of prescription drugs. As of January 1, 2007 the Drug Plan will implement monthly update listings of new interchangeable generic drugs to maximize patient access to the medications and subsequent savings to patients and government.

To facilitate this streamlining, the Minister has provided authority to the Executive Director of the Drug Plan & Extended Benefits Branch to approve new interchangeable generic drugs for coverage under the Drug Plan. This change has also been made possible by Saskatchewan's acceptance of the declaration of equivalence to the Canadian Reference product on the Notice of Compliance of the generic drug as a basis for interchangeability.

This new process means that the majority of interchangeable generic submissions will not need to undergo committee review, and the time from the Drug Plan's receipt of the company submission to product listing will be substantially decreased. Drug Plan will still forward a very small number of more complex submissions to the drug review committees for their consideration.

Pharmacies will be notified of the new listings via the Drug Plan Pharmacy Bulletin. In addition, the quarterly update stickers and SFC Formulary Bulletin will include these additions. Pharmacy clearing times will continue as currently set (60 days clearing).

**Saskatchewan Formulary Committee
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FORMULARY AND EDS UPDATES EFFECTIVE JANUARY 1, 2007

<u>GENERIC & TRADE NAME</u>	<u>STRENGTH & FORM</u>	<u>DIN</u>	<u>UNIT PRICE</u>	<u>LEGEND</u>
Alendronate sodium				
Gen-Alendronate	70mg tablet	02286335	6.0489	I/C EDS
Dom-Alendronate	70mg tablet	02282763	6.3527	I/C EDS
Anagrelide HCl				
Dom-Anagrelide	0.5mg capsule	02281287	3.8154	I/C
Cilazapril				
Gen-Cilazapril	1mg tablet	02283778	0.4033	I/C
Gen-Cilazapril	2.5mg tablet	02283786	0.4649	I/C
Gen-Cilazapril	5mg tablet	02283794	0.5400	I/C
Clobetasol propionate				
ratio-Clobetasol	0.05% topical ointment	01910280	0.4414	I/C
Clozapine				
Apo-Clozapine	25mg tablet	02248034	0.7155	I/C EDS
Apo-Clozapine	100mg tablet	02248035	2.8694	I/C EDS
Dexamethasone				
pms-Dexamethasone	2mg tablet	02279363	0.4164	
Fentanyl				
Duragesic	12ug/hr transdermal patch	02280345	4.6200	EDS
Fluconazole				
pms-Fluconazole	150mg capsule	02282348	9.9712	I/C
Hydrochlorothiazide				
Dom-Hydrochlorothiazide	12.5mg tablet	02282879	0.0361	I/C
Interferon Beta 1-A				
Rebif Initiation Pack	8.8ug/0.2mL (6)/22ug/0.5mL (6) pre-filled syringe	02277492	117.5000	EDS
Ipratropium bromide/salbutamol SO4				
Apo-Salvent Ipravent Sterules	0.5mg/2.5mg inh. sol. (2.5mL)	02266393	1.0037	I/C
Irbesartan/HCTZ				
Avalide	300mg/25mg tablet	02280213	1.2397	
Leflunomide				
Sandoz Leflunomide	10mg tablet	02283964	6.5553	I/C EDS
Sandoz Leflunomide	20mg tablet	02283972	6.5553	I/C EDS
Medroxyprogesterone acetate				
Apo-Medroxy	10mg tablet	02277298	0.3439	I/C
Mirtazapine				
Dom-Mirtazapine	15mg tablet	02281716	0.4272	I/C
Nabilone				
Cesamet	0.5mg capsule	02256193	3.3663	EDS
Norfloxacin				
CO Norfloxacin	400mg tablet	02269627	1.4882	I/C EDS
Rabeprazole sodium				
Pariet	20mg tablet	02243797	1.4105	EDS
Ranitidine				
Apo-Ranitidine	15mg/mL oral solution	02280833	0.1275	I/C

Risperidone

Dom-Risperidone	0.25mg tablet	02278421	0.3310	I/C
Dom-Risperidone	0.5mg tablet	02278448	0.5543	I/C
Dom-Risperidone	1mg tablet	02278456	0.7656	I/C
Dom-Risperidone	2mg tablet	02278464	1.5285	I/C
Dom-Risperidone	3mg tablet	02278472	2.2928	I/C
Dom-Risperidone	4mg tablet	02278480	3.0570	I/C
Simvastatin				
Dom-Simvastatin	5mg tablet	02281619	0.6460	I/C
Dom-Simvastatin	10mg tablet	02281627	1.2776	I/C
Dom-Simvastatin	20mg tablet	02281635	1.5790	I/C
Dom-Simvastatin	40mg tablet	02281643	1.5790	I/C
Dom-Simvastatin	80mg tablet	02281651	1.5790	I/C
Sotalol HCl				
CO Sotalol	80mg tablet	02270625	0.6437	I/C
CO Sotalol	160mg tablet	02270633	0.7044	I/C
Travoprost/timolol maleate				
Duo Trav	0.004%/0.5% oph sol (2.5mL)	02278251	33.21	
Ursodiol				
pms-Ursodiol C	250mg tablet	02273497	0.9369	I/C EDS
Dom-Ursodiol C	250mg tablet	02281295	1.1243	I/C EDS
pms-Ursodiol C	500mg tablet	02273500	1.7773	I/C EDS
Dom-Ursodiol C	500mg tablet	02281309	2.1327	I/C EDS

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

CRITERIA FOR NEW EXCEPTION DRUG STATUS (EDS) ADDITIONS

EDS UPDATE EFFECTIVE JANUARY 1, 2007

Effective January 1, 2007 the following products will be available for coverage under Exception Drug Status subject to the indicated criteria.

***alendronate sodium, tablet, 70mg (Dom-Alendronate-DOM) (Gen-Alendronate-GPM)**

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

***clozapine, tablet, 25mg, 100mg (Apo-Clozapine-APX)**

For treatment of patients:

- (a) intolerant to, or unable to take, oral sustained-release strong opioids.
- (b) as an alternative to subcutaneous narcotic infusion therapy.

fentanyl, transdermal system, 12ug/hr (Duragesic-JAN)

For treatment of patients:

- (a) intolerant to, or unable to take, oral sustained-release strong opioids.
- (b) as an alternative to subcutaneous narcotic infusion therapy.

interferon beta-1A, pre-filled syringe, 8.8mg/0.2mL (6), 22ug/0.5mL (6) (Rebif Intitiation Pack-SRO)

See Appendix G - page 271.

***leflunomide, tablet, 10mg, 20mg (Sandoz Leflunomide-SDZ)**

New interchangeable - same criteria as other brands listed in Appendix A, page 239.

nabilone, capsule, 0.5mg (Cesamet-VAE)

For the treatment of nausea and anorexia in AIDS patients.

***norfloxacin, tablet, 400mg (CO Norfloxacin-NOP)**

New interchangeable - same criteria as other brands listed in Appendix A, page 243.

rabeprazole sodium, tablet, 20mg (Pariet-JAN)

New strength, same criteria as other strength listed in Appendix A, page 247.

***ursodiol, tablet, tablet, 250mg, 500mg (Dom-Ursodiol C-DOM) (pms-Ursodiol C-PMS)**

New interchangeable - same criteria as other brand listed in Appendix A, page 254.