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SASKATCHEWAN FORMULARY COMMITTEE BULLETIN UPDATE TO THE 57th EDITION OF THE SASKATCHEWAN FORMULARY

The following listings are effective **February 15, 2008** unless otherwise indicated.

NEW FULL FORMULARY LISTINGS:

- Blood Glucose Test Strip (Life Brand Blood Glucose Monitoring Test Strips-HOM)
- Losartan potassium/HCTZ, tablet, 100mg/12.5mg (Hyzaar-MSD)

EXCEPTION DRUG STATUS (EDS) DRUGS APPROVED FOR A NEW INDICATION:

- Adalimumab, pre-filled syringe, 40mg/0.8mL (Humira-ABB)

AND

- Etanercept, powder for injection (vial), 25mg/vial; pre-filled syringe, 50mg/mL (Enbrel-AMG)

The above 2 products have been recommended for coverage for the treatment of ankylosing spondylitis (A.S.) according to the following criteria:

(a) For patients who have already been treated conventionally with two or more NSAIDs taken sequentially at maximum tolerated or recommended doses for four weeks without symptom control**. and**

(b) Satisfy New York diagnostic criteria: a score ≥ 4 on the Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) AND a score of ≥4 cm on the 0-10cm spinal pain VAS on two occasions at least 12 weeks apart without any change of treatment. **and**

(c) Adequate response to treatment assessed at 12 weeks defined as at least 50% reduction in pre-treatment baseline BASDAI score or by ≥ 2 units AND a reduction of ≥ 2 cm in the spinal pain VAS.

NOTE:

Coverage will not be provided when a patient switches to another anti-TNF agent if the patient fails to respond or if there is loss of response to the first agent.

These products must be used in consultation with a specialist in this area.

A second application would also be required after 12 weeks to assess and would need to show an improvement to the patient's condition on either of these medications.

NEW EXCEPTION DRUG STATUS (EDS) DRUGS:

- Adefovir dipivoxil, tablet, 10mg (Hepsera-GSI)

For the treatment of hepatitis B when used in combination with lamivudine, in patients who have developed failure to lamivudine, as defined by an increase in HBV DNA of ≥1 $\log_{10}$ IU/mL above the nadir, measured on two separate occasions within an interval of at least 1 month, after the first three months of lamivudine therapy, and when failure to lamivudine is not due to poor adherence to therapy.

- Alglucosidase alfa, powder for solution, 50mg/vial (Myozyme-GZY)

For patients with infantile onset Pompe disease, as demonstrated by onset of symptoms and confirmed cardiomyopathy within the first 12 months of life.

The Committee approved the following monitoring and withdrawal criteria, which received approval from the Canadian Expert Drug Advisory Committee (CEDAC):

The *monitoring* of markers of disease severity and response to treatment must include at least:

- Weight, length and head circumference
- Need for ventilatory assistance, including supplementary oxygen, CPAP, BiPAP, or endotracheal intubation and ventilation.
- Left ventricular mass index (LVMI) as determined by echocardiography (not ECG alone).
- Periodic consultation with cardiology.
- Periodic consultation with respirology.

Withdrawal of therapy:

- Patients to be considered for reimbursement of drug costs for alglucosidase alfa treatment must be willing to participate in the long-term evaluation of the efficacy of treatment by periodic medical assessment. Failure to comply with recommended medical assessment and investigations may result in withdrawal of financial support of drug therapy.
- The development of the need for continuing invasive ventilatory support after the initiation of enzyme-replacement therapy (ERT) should be considered a treatment failure. Funding for ERT should not be continued for infants who fail to achieve ventilator-free status, or who deteriorate further, within 6 months after the initiation of ventilatory support.
- Deterioration of cardiac function, as shown by failure of LV hypertrophy (as indicated by LV mass index) to regress by more than Z=1 unit, or persistent clinical or echocardiographic findings of cardiac systolic or diastolic failure without evidence of improvement, in spite of 24 weeks of ERT, should be considered a treatment failure and

funding for ERT should be discontinued.

- Ciprofloxacin HCl / dexamethasone, otic suspension, 0.3% / 0.1% (Ciprodex-ALC)
  For patients with acute otitis media with otorrhea through tympanostomy tubes who require treatment and in patients with acute otitis externa in the presence of a tympanostomy tube or known perforation of the tympanic membrane.
- Entecavir, tablet, 0.5mg (Baraclude-BMY)
  For the treatment of chronic hepatitis B infection in patients with cirrhosis documented on radiologic or histologic grounds and a HBV DNA concentration above 2000IU/mL.

NEW STRENGTHS/DOSAGE FORMS OF CURRENTLY LISTED EDS DRUGS-COVERAGE WILL BE PROVIDED ACCORDING TO THE CURRENT CRITERIA:

- Adalimumab, pre-filled pen 40mg/0.8mL, (Humira Pen-ABB)
- Darbepoetin alfa, 500ug/mL pre-filled syringe (0.4mL) (Aranesp-AMG)
- Desmopressin, orally disintegrating tablet, 60ug, 120ug (DDAVP Melt-FEI)
- Risedronate sodium, tablet, 75mg (Actonel-PGA)

REVISED EDS CRITERIA:

The EDS criteria has been revised as follows for the following products:

- Insulin aspart, injection solution, 100U/mL (5x3mL), 10mL (NovoRapid-NOO); Insulin lispro, injection solution, 100U/mL (5x1.5mL, 5x3mL) (Humalog- LIL)
  For the treatment of difficult to control diabetes in patients who have not responded to alternative agents listed in the Formulary.
- Levofloxacin, tablet, 250mg, 500mg (Levaquin-JAN) The following additional criteria has been approved:
  For the treatment of pelvic inflammatory disease.

SOME OF THE PRODUCTS CURRENTLY UNDER REVIEW WITH THE NATIONAL COMMON DRUG REVIEW PROCESS (as of the printing of this Bulletin):
Aclasta (osteoporosis), Adderall XR, Atripla, Invega, Isentress, Januvia, Lucentis, Ralivia, Rasilez, Tridural, Zeldox

OTHER PRODUCTS CURRENTLY UNDER REVIEW BY THE SASKATCHEWAN REVIEW COMMITTEES:

Sativex, Raptiva, Enbrel and Remicade (for plaque psoriasis)

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 and were not recommended for coverage under provincial drug plans. The CEDAC recommendations were supported by the Saskatchewan drug review process:

- Natalizumab, injection solution, 300mg/mL (Tysabri-BGN)
- Delta-9-tetrahydrocannabinol and cannabidiol, buccal spray, 27 mg/mL & 25mg/mL (Sativex-BAY)
  (for the treatment of neuropathic pain in Multiple Sclerosis in adults)
- Tramadol hydrochloride, controlled-release tablet, 150mg, 200mg, 300mg, 400mg (Zytram-XL-PFR)
- Telbivudine, tablet, 600mg (Sebivo-NVR)
- Varenicline, tablet, 0.5mg, 1mg (Champix-PFI)
  While CEDAC recommended coverage, the Saskatchewan review committees did not recommend this product as smoking cessation products are not benefits under the Drug Plan.
  For more information on the CDR, please visit the website: www.cadth.ca/index.php/en/cdr/recommendations/search.

OTHER PRODUCTS NOT RECOMMENDED BY THE SASKATCHEWAN REVIEW COMMITTEES:

- Infliximab, injection (mg),100mg/vial (Remicade-SCH)
  for the treatment of ankylosing spondylitis
  This supports the recommendation from the National Institutes for Health and Clinical Excellence (NICE) that evaluated the cost effectiveness of the product. Remicade is more expensive than alternatives.
- Amiodarone, tablet, 100mg (pms-Amiodarone-PMS)
  The Committee felt there was no need for this strength. The 200mg tablet is scored.
- Paroxetine HCl, tablet, 40mg (pms-Paroxetine-PMS)
  Not recommended as the cost of one 40mg tablet is greater than the cost of 2 X 20mg tablets of the SOC (generic) brand.
- Methylphenidate HCl, controlled-release capsule, 80mg (Biphentin-PFR)
  Not recommended as the other strengths of Biphentin are not listed.
- Testosterone, gel for transdermal application, 1% (Testim-PAL)
  Not recommended as the clinical benefit of this dosage form does not justify the incremental cost.
- Etonogestrel/ethinyl estradiol, slow-release vaginal ring, 120mcg/15mg (NuvaRing-ORG)
  Not recommended as it offers no therapeutic advantage and is more expensive than similar forms of birth control or similar products already listed in the Formulary.

RECOMMENDED FOR DELISTING EFFECTIVE JULY 1, 2008:

Propoxyphene, capsule, 100mg (Darvon-N-SQR), tablet, 65mg (642-PED)

Recommended for delisting due to availability of many other safer and more effective alternatives.

NEW INTERCHANGEABLE LISTINGS EFFECTIVE NOVEMBER 1, 2007:

- Citalopram hydrobromide, tablet, 20mg (Novo-Citalopram-NOP)
- Enalapril, tablet, 2.5mg, 5mg, 10mg, 20mg (Apo-Enalapril-APX), (CO

Enalapril-COB), (Gen-Enalapril-GPM), (Novo-Enalapril-NOP), (pms-Enalapril-PMS), (ratio-Enalapril-RPH), Sandoz Enalapril-SDZ)
- Ethinyl Estradiol/l-Norgestrel, tablet, 0.03mg/0.15mg (21 tablet) (28 tablet) (Portia-APX)
- Lisinopril, tablet, 5mg, 10mg, 20mg (Apo-Lisinopril-APX), (CO Lisinopril-COB), (Gen-Lisinopril-GPM), (Novo-Lisinopril-NOP), (pms-Lisinopril-PMS), (Ran-Lisinopril-RAN), (ratio-Lisinopril-RPH), (Sandoz-Lisinopril-SDZ)
- Lisinopril/Hydrochlorothiazide, tablet, 10mg/12.5mg (Apo-Lisinopril/HCTZ-APX)
- Ramipril, tablet 1.25mg, 2.5mg, 5mg, 10mg (Sandoz Ramipril-SDZ), capsule, 1.25mg, 2.5mg, 5mg, 10mg (CO Ramipril-COB)
- Tamsulosin HCl, sustained release capsule, 0.4mg (Ran Tamsulosin-RAN)
- Venlafaxine HCl, capsule, 37.5mg, 75mg, 150mg (pms-Venlafaxine XR-PMS)

NEW INTERCHANGEABLE EDS LISTINGS EFFECTIVE NOVEMBER 1, 2007 ACCORDING TO CURRENT CRITERIA:

Approved as Exception Drug Status interchangeable listing according to the current criteria.

- Amoxicillin trihydrate/potassium clavulanate, oral suspension, 80mg/11.4mg/mL (Apo-Amoxi Clav-APX)
- Omeprazole, capsule, 10mg, 20mg (Sandoz-Omeprazole-SDZ)

NEW INTERCHANGEABLE LISTINGS EFFECTIVE DECEMBER 1, 2007:

- Enalapril, tablet, 2.5, 5mg, 10mg, 20mg (Taro-Enalapril-TAR)
- Lisinopril/HCTZ, tablet, 10mg/12.5mg (Gen Lisinopril/HCTZ-GPM), (Novo-Lisinopril/HCTZ-NOP), (Sandoz Lisinopril/HCTZ-SDZ); Lisinopril/HCTZ, tablet 20mg/12.5mg (Apo-Lisinopril/HCTZ-APX),) (Gen Lisinopril/HCTZ-GPM), (Novo-Lisinopril/HCTZ-NOP), (Sandoz Lisinopril/HCTZ-SDZ); Lisinopril HCTZ, tablet, 20mg/25mg (Apo-Lisinopril HCTZ-APX), (Gen Lisinopril/HCTZ-GPM), (Novo-Lisinopril/HCTZ-NOP), (Sandoz Lisinopril/HCTZ-SDZ)

NEW INTERCHANGEABLE EDS LISTINGS EFFECTIVE DECEMBER 1, 2007 ACCORDING TO CURRENT EDS CRITERIA:

- Cabergoline, tablet, 0.5mg (CO Cabergoline-COB)
- Omeprazole, capsule, 20mg (Losec-AST)
- Rabeprazole sodium, enteric tablet, 10mg, 20mg (Novo-Rabeprazole-NOP), (Ran-Rabeprazole-RAN)

NEW INTERCHANGEABLE EDS LISTINGS EFFECTIVE FEBRUARY 15, 2008:

- Atenolol/chlorthalidone, tablet, 50mg/25mg, 100mg/25mg (Novo-Atenolthalidone-NOP)
- Citalopram hydrobromide, tablet, 40mg (Novo-Citalopram-NOP)
- Hydromorphone HCl, suppository 3mg (pms-Hydromorphone-PMS)
- Temazepam, capsule, 15mg, 30mg (pms-Temazepam-PMS)

NEW INTERCHANGEABLE EDS LISTINGS EFFECTIVE FEBRUARY 15, 2008 ACCORDING TO CURRENT EDS CRITERIA:

- Bisprolol fumarate, tablet, 5mg, 10mg (pms-Bisoprolol-PMS)
- Cefprozil, tablet, 250mg, 500mg (Sandoz Cefprozil-SDZ)
- Pioglitazone, tablet, 15mg, 30mg, 45mg (Gen-Pioglitzone-GPM), (Apo-Pioglitazone-APX), (CO Pioglitazone-COB), (Novo-Pioglitazone-NOP), (ratio-Pioglitazone-RPH), (Sandoz Pioglitazone-SDZ), (pms-Pioglitazone-PMS)

THE FOLLOWING PRODUCT HAS BEEN WITHDRAWN FROM THE MARKET BY HEALTH CANADA

Pergolide mesylate, tablet, 0.05mg, 0.25mg, 1mg (Permax-RBP)
This product has been withdrawn from the market due to reports of valvulopathy.

Saskatchewan Formulary Committee
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Saskatchewan
Health

Drug Plan and
Extended Benefits

Pharmacy Information Bulletin # 430
February 15, 2008

Formulary & EDS Updates

Effective ***February 15, 2008*** the following products will be listed as benefits:

Adalimumab				
Humira Pen	40mg/0.8mL pf pen	97799757	714.6500	EDS
Adefovir dipivoxil				
Hepsera	10mg tablet	02247823	23.0000	EDS
Alglucosidase alfa				
Myozyme	50mg/vial pdr for sol	02284863	876.8800	EDS
***Atenolol/Chlorthalidone**				
Novo-Atenolthalidone	50mg/25mg tablet	02302918	0.4713	I/C
Novo-Atenolthalidone	100mg/25mg tablet	02302926	0.7723	I/C
***Bisoprolol fumarate**				
pms-Bisoprolol	5mg tablet	02302632	0.2393	I/C EDS
pms-Bisoprolol	10mg tablet	02302640	0.3965	I/C EDS
Blood Glucose Test Strip				
Life Brand	strip	97799594	0.6508	Not I/C
***Cefprozil**				
Sandoz Cefprozil	250mg tablet	02302179	1.2292	I/C
Sandoz Cefprozil	500mg tablet	02302187	2.4103	I/C
Ciprofloxacin HCL/Dexamethasone				
Ciprodex	0.3%/0.1% otic susp	02252716	3.6456	EDS
***Citalopram Hydrobromide**				
Novo-Citalopram	40mg tablet	02293226	0.9494	I/C
Darbepoetin alfa				
Aranesp	500ug/mL pf syringe	02246360	566.0000	EDS
Desmopressin				
DDAVP Melt	60ug orally dis tablet	02284995	1.0756	EDS
DDAVP Melt	120ug orally dis tablet	02285002	2.1512	EDS
Entecavir				
Baraclude	0.5mg tablet	02282224	23.0000	EDS
***Hydromorphone HCL**				
pms-Hydromorphone	3mg suppository	01916394	2.4467	I/C

Losartan Potassium/HCTZ				
Hyzaar	100mg/12.5mg tablet	02297841	1.2784	
***Pioglitazone HCL**				
Apo-Pioglitazone	15mg tablet	02302942	1.7052	I/C EDS
CO Pioglitazone	15mg tablet	02302861	1.7052	I/C EDS
Gen-Pioglitazone	15mg tablet	02298279	1.7052	I/C EDS
Novo-Pioglitazone	15mg tablet	02274914	1.7052	I/C EDS
pms-Pioglitazone	15mg tablet	02303124	1.7052	I/C EDS
ratio-Pioglitazone	15mg tablet	02301423	1.7052	I/C EDS
Sandoz Pioglitazone	15mg tablet	02297906	1.7052	I/C EDS
Apo-Pioglitazone	30mg tablet	02302950	2.3889	I/C EDS
CO Pioglitazone	30mg tablet	02302888	2.3889	I/C EDS
Gen-Pioglitazone	30mg tablet	02298287	2.3889	I/C EDS
Novo-Pioglitazone	30mg tablet	02274922	2.3889	I/C EDS
pms-Pioglitazone	30mg tablet	02303132	2.3889	I/C EDS
Ratio-Pioglitazone	30mg tablet	02301431	2.3889	I/C EDS
Sandoz Pioglitazone	30mg tablet	02297914	2.3889	I/C EDS
Apo-Pioglitazone	45mg tablet	02302977	3.5919	I/C EDS
CO Pioglitazone	45mg tablet	02302896	3.5919	I/C EDS
Gen-Pioglitazone	45mg tablet	02298295	3.5919	I/C EDS
Novo-Pioglitazone	45mg tablet	02274930	3.5919	I/C EDS
pms-Pioglitazone	45mg tablet	02303140	3.5919	I/C EDS
ratio-Pioglitazone	45mg tablet	02301458	3.5919	I/C EDS
Sandoz Pioglitazone	45mg tablet	02297922	3.5919	I/C EDS
Risedronate sodium				
Actonel	75mg tablet	02297787	20.5771	EDS
***Temazepam**				
pms-Temazepam	15mg capsule	02273039	0.1196	I/C
pms-Temazepam	30mg capsule	02273047	0.1439	I/C

* - indicates interchangeable product

Exception Drug Status Criteria

Effective ***February 15, 2008*** the following products will be available for coverage under Exception Drug Status (EDS):

Adalimumab, 40mg/0.8mL pre-filled syringe (Humira Pen-ABB)
Same criteria as other form listed in Appendix A, page 219.

Adefovir Dipivoxil, tablet, 10mg (Hepsera-GSI)
For treatment of Hepatitis B when used in combination with lamivudine, in patients who have developed failure to lamivudine, as defined by an increase in HBV DNA of $\geq$ 1 $\log_{10}$ IU/mL above the nadir, measured on two occasions within an interval of at least 1 month, after the first three months of lamivudine therapy, and when failure to lamivudine is not due to poor adherence to therapy.

Alglucosidase alfa, powder for solution, 50mg/vial (Myozyme-GZY)
For patients with infantile onset Pompe disease, as demonstrated by onset of symptoms and confirmed cardiomyopathy within the first 12 months of life.
The Committee approved following monitoring and withdrawal criteria approved by Canadian Expert Drug Advisory Committee (CEDAC).
The *monitoring* of markers of disease severity and response to treatment must include at least:

- Weight, length and head circumference
- Need for ventilatory assistance, including supplementary oxygen, CPAP, BiPAP, or endotracheal intubation and ventilation.
- Left ventricular mass index (LVMI) as determined by echocardiography (not ECG alone).
- Periodic consultation with cardiology.
- Periodic consultation with respirology.
- *Withdrawal of therapy:*
- Patients to be considered for reimbursement of drug costs for alglucosidase alfa treatment must be willing to participate in the long-term evaluation of the efficacy of treatment by periodic medical assessment. Failure to comply with recommended medical assessment and investigations may result in withdrawal of financial support of drug therapy.
- The development of the need for continuing invasive ventilatory support after the initiation of enzyme-replacement therapy (ERT) should be considered a treatment failure. Funding for ERT should not be continued for infants who fail to achieve ventilator-free status, or who deteriorate further, within 6 months after the initiation of ventilatory support.
- Deterioration of cardiac function, as shown by failure of LV hypertrophy (as indicated by LV mass index) to regress by more than Z=1 unit, or persistent clinical or echocardiographic findings of cardiac systolic or diastolic failure without evidence of improvement, in spite of 24 weeks of ERT, should be considered a treatment failure and
- funding for ERT should be discontinued.

***Bisoprolol fumarate, tablet, 5mg, 10mg (pms-Bisoprolol-PMS)**
New interchangeable - same criteria as other brands listed in Appendix A, page 222.

Ciprofloxacin HCL/Dexamethasone, otic suspension, 0.3%/0.1% (Ciprodex-ALC)
For patients with acute otitis media with otorrhea through tympanostomy tubes who require treatment and in patients with acute otitis externa in the presence of a tympanostomy tube or known perforation of the tympanic membrane.

Darbepoetin alfa, pre-filled syringe, 500ug/mL (0.4mL) (Aranesp-AMG)
New strength, same criteria as other strengths listed in Appendix A, page 228.

Desmopressin, orally disintegrating tablet, 60ug, 120ug (DDAVP Melt-FEI)
New strength and form, same criteria as other strength and form listed in Appendix A, page 229.

Entecavir, tablet, 0. 5mg (Baraclude-BMY)
For treatment of chronic Hepatitis B infection in patients with cirrhosis documented on radiologic or histologic grounds and a HBV DNA concentration above 2000IU/mL.

***Pioglitazone HCL, tablet, 15mg, 30mg, 45mg (Apo-Pioglitazone-APX) (CO Pioglitazone-COB) (Gen-Pioglitazone-GPM) (Novo-Pioglitazone-NXP) (pms-Pioglitazone-PMS) (ratio-Pioglitazone-RPH) (Sandoz Pioglitazone-SDZ)**
New inter-changeable - see Appendix B for online adjudication criteria, page 257.
For treatment of patients who have had previous prescriptions for metformin or sulfonylureas (as indicated by prescription claims on their online Drug Plan profile).

Risedonrate sodium, tablet, 75mg (Actonel-PGA)
New strength, same criteria as other strengths listed in Appendix A, page 248.

Effective ***February 15, 2008*** the EDS criteria for the following products has been approved for a new indication:

Adalimumab, pre-filled syringe, pre-filled pen syringe; 40mg/0.8mL (Humira-ABB) (Humira Pen-ABB)

AND

Etanercept, powder for injection (vial), 25mg/vial; pre-filled syringe, 50mg/mL (Enbrel-AMG)

The above 2 products have been recommended for coverage for the treatment of ankylosing spondylitis (A.S.) according to the following criteria:

(a) For patients who have already been treated conventionally with two or more NSAIDs taken sequentially at maximum tolerated or recommended doses for four weeks without symptom control**. and**

(b) Satisfy New York diagnostic criteria: a score ≥ 4 on the Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) AND a score of ≥4 cm on the 0-10cm spinal pain VAS on two occasions at least 12 weeks apart without any change of treatment. **and**

(c) Adequate response to treatment assessed at 12 weeks defined as at least 50% reduction in pre-treatment baseline BASDAI score or by ≥ 2 units AND a reduction of ≥ 2 cm in the spinal pain VAS.

NOTE:

Coverage will not be provided when a patient switches to another anti-TNF agent if the patient fails to respond or if there is loss of response to the first agent.
These products must be used in consultation with a specialist in this area.
A second application would also be required after 12 weeks to assess and would need to show an improvement to the patient's condition on either of these medications.

Effective ***February 15, 2008*** the EDS criteria for the following products has been ***revised*** as indicated:

Insulin aspart, injection solution, 100IU/mL (5x3mL), 10mL (NovoRapid-NOO); Insulin lispro, injection solution, 100IU/mL (5x1.5mL, 5x3mL) (Humalog-LIL)
For treatment of difficult to control diabetes in patients who have not responded to alternative agents listed in the Formulary.

Levofloxacin, tablet, 250mg, 500mg (Levofloxin-JAN)
The following additional criteria has been added:
(f) For treatment of pelvic inflammatory disease.

Effective **January 15, 2008** the following DIN was delisted at the manufacturers request due to a supply issue. This decision has no impact on all other strengths of Novo-Ramipril.

***Ramipril, capsule, 1.25mg (Novo-Ramipril-NOP)**

Novo-Ramipril	1.25mg capsule	02283891	0.4937	I/C

Effective **February 15, 2008** the following PINS will identify the form of syringe being dispensed:

Adalimumab, pre-filled syringe, pre-filled pen syringe; 40mg/0.8mL (Humira-ABB) (Humira Pen-ABB)

Humira	40mg/0.8mL pf syringe	97799756 02258595	706.3500	EDS
Humira Pen	40mg/0.8mL pf syringe	97799757 02258595	706.3500	EDS

REMINDER: New Low Cost Alternatives (LCA)

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

Losec (capsule)	20mg capsule	00846503	1.1935	I/C - Jan 1/08
Apo-Omeprazole	20mg tablet	02245058	1.1935	I/C - Feb 15/08

Saskatchewan
Health

Drug Plan and
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Pharmacy Information
Bulletin # 429
November 29, 2007

NEW INTERCHANGEABLES

Effective ***December 1, 2007*** the following products will be listed as ***interchangeable*** with the currently listed brand(s):

***Cabergoline**				
CO Cabergoline	0.5mg tablet	02301407	9.6077	I/C EDS
***Enalapril Maleate**				
Taro-Enalapril	2.5mg tablet	02300117	0.5887	I/C
Taro-Enalapril	5mg tablet	02300125	0.6964	I/C
Taro-Enalapril	10mg tablet	02300133	0.8368	I/C
Taro-Enalapril	20mg tablet	02300141	1.0096	I/C
***Lisinopril/Hydrochlorothiazide**				
Gen Lisinopril HCTZ	10mg/12.5mg tablet	02297736	0.6331	I/C
Novo-Lisinopril/HCTZ (P)	10mg/12.5mg tablet	02302136	0.6331	I/C
Novo-Lisinopril/HCTZ (Z)	10mg/12.5mg tablet	02301768	0.6331	I/C
Sandoz Lisinopril/HCT	10mg/12.5mg tablet	02302365	0.6331	I/C
Apo-Lisinopril/HCTZ	20mg/12.5mg tablet	02261987	0.7607	I/C
Gen Lisinopril HCTZ	20mg/12.5mg tablet	02297744	0.7607	I/C
Novo-Lisinopril/HCTZ (P)	20mg/12.5mg tablet	02302144	0.7607	I/C
Novo-Lisinopril/HCTZ (Z)	20mg/12.5mg tablet	02301776	0.7607	I/C
Sandoz Lisinopril/HCT	20mg/12.5mg tablet	02302373	0.7607	I/C
Apo-Lisinopril/HCTZ	20mg/25mg tablet	02261995	0.7607	I/C
Gen Lisinopril HCTZ	20mg/25mg tablet	02297752	0.7607	I/C
Novo-Lisinopril/HCTZ (P)	20mg/25mg tablet	02302152	0.7607	I/C
Novo-Lisinopril/HCTZ (Z)	20mg/25mg tablet	02301784	0.7607	I/C
Sandoz Lisinopril/HCT	20mg/25mg tablet	02302381	0.7607	I/C
***Omeprazole (MAC)**				
Losec (capsule)	20mg capsule	00846503	1.1935	I/C EDS
***Rabeprazole Sodium (MAC)**				
Novo-Rabeprazole EC	10mg EC tablet	02296632	0.4937	I/C EDS
Ran-Rabeprazole	10mg EC tablet	02298074	0.4937	I/C EDS
Novo-Rabeprazole EC	20mg EC tablet	02296640	0.9874	I/C EDS
Ran-Rabeprazole	20mg EC tablet	02298082	0.9874	I/C EDS

Exception Drug Status Criteria

Effective ***December 1, 2007*** the following products will be listed as ***interchangeable*** and will be available for coverage under Exception Drug Status (EDS) according to the same criteria as the currently listed product:

***Cabergoline, tablet, 0.5mg (CO Cabergoline-COB)**
New inter-changeable - same criteria as other brand listed in Appendix A, page 223.

***Omeprazole, capsule, 20mg (Losec-AST)**
New inter-changeable - same criteria as other brand listed in Appendix A, page 244.
See Appendix I for Maximum Allowable Cost (MAC) Policy, page 276.

***Rabeprazole Sodium, tablet, 10mg, 20mg (Novo-Rabeprazole EC-NOP) (Ran-Rabeprazole-RAN)**
New inter-changeable - same criteria as other brand listed in Appendix A, page 247.
See Appendix I for Maximum Allowable Cost (MAC) Policy, page 276.

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

Saskatchewan
Health

Drug Plan and
Extended Benefits

Pharmacy Information
Bulletin # 428
October 31, 2007

NEW GENERICS

Effective ***November 1, 2007*** the following products will be listed as ***interchangeable*** with the currently listed brand(s):

*** Amoxicillin Trihydrate/Potassium Clavulanate**				
Apo-Amoxi Clav	80mg/11.4mg/mL oral suspension	02288559	0.2137	I/C EDS
***Citalopram Hydrobromide**				
Novo-Citalopram	20mg tablet	02293218	0.9494	I/C
***Enalapril Maleate**				
Apo-Enalapril	2.5mg tablet	02020025	0.5887	I/C
Apo-Enalapril	5mg tablet	02019884	0.6964	I/C
Apo-Enalapril	10mg tablet	02019892	0.8368	I/C
Apo-Enalapril	20mg tablet	02019906	1.0096	I/C
CO Enalapril	2.5mg tablet	02291878	0.5887	I/C
CO Enalapril	5mg tablet	02291886	0.6964	I/C
CO Enalapril	10mg tablet	02291894	0.8368	I/C
CO Enalapril	20mg tablet	02291908	1.0096	I/C
Gen-Enalapril	2.5mg tablet	02300036	0.5887	I/C
Gen-Enalapril	5mg tablet	02300044	0.6964	I/C
Gen-Enalapril	10mg tablet	02300052	0.8368	I/C
Gen-Enalapril	20mg tablet	02300060	1.0096	I/C
Novo-Enalapril	2.5mg tablet	02300680	0.5887	I/C
Novo-Enalapril	5mg tablet	02233005	0.6964	I/C
Novo-Enalapril	10mg tablet	02233006	0.8368	I/C
Novo-Enalapril	20mg tablet	02233007	1.0096	I/C
pms-Enalapril	2.5mg tablet	02300079	0.5887	I/C
pms-Enalapril	5mg tablet	02300087	0.6964	I/C
pms-Enalapril	10mg tablet	02300095	0.8368	I/C
pms-Enalapril	20mg tablet	02300109	1.0096	I/C
ratio-Enalapril	2.5mg tablet	02299984	0.5887	I/C
ratio-Enalapril	5mg tablet	02299992	0.6964	I/C
ratio-Enalapril	10mg tablet	02300001	0.8368	I/C
ratio-Enalapril	20mg tablet	02300028	1.0096	I/C
Sandoz Enalapril	2.5mg tablet	02299933	0.5887	I/C
Sandoz Enalapril	5mg tablet	02299941	0.6964	I/C
Sandoz Enalapril	10mg tablet	02299968	0.8368	I/C
Sandoz Enalapril	20mg tablet	02299976	1.0096	I/C
***Enalapril Maleate/Hydrochlorothiazide**				
Novo-Enalapril/HCTZ	5mg/12.5mg tablet	02300222	0.6964	I/C
Novo-Enalapril/HCTZ	10mg/25mg tablet	02300230	0.8368	I/C
***Ethinyl Estradiol/L-Norgestrel**				
Portia	0.3mg/0.15mg tab(21)	02295946	10.5700	I/C
Portia	0.3mg/0.15mg tab (28)	02295954	10.5700	I/C
***Lisinopril**				
Apo-Lisinopril	5mg tablet	02217481	0.5846	I/C
Apo-Lisinopril	10mg tablet	02217503	0.7025	I/C
Apo-Lisinopril	20mg tablet	02217511	0.8441	I/C

CO Lisinopril	5mg tablet	02271443	0.5846	I/C
CO Lisinopril	10mg tablet	02271451	0.7025	I/C
CO Lisinopril	20mg tablet	02271478	0.8441	I/C
Gen-Lisinopril	5mg tablet	02274833	0.5846	I/C
Gen-Lisinopril	10mg tablet	02274841	0.7025	I/C
Gen-Lisinopril	20mg tablet	02274868	0.8441	I/C
Novo-Lisinopril (Type P)	5mg tablet	02285061	0.5846	I/C
Novo-Lisinopril (Type P)	10mg tablet	02285088	0.7025	I/C
Novo-Lisinopril (Type P)	20mg tablet	02285096	0.8441	I/C
Novo-Lisinopril (Type Z)	5mg tablet	02285118	0.5846	I/C
Novo-Lisinopril (Type Z)	10mg tablet	02285126	0.7025	I/C
Novo-Lisinopril (Type Z)	20mg tablet	02285134	0.8441	I/C
pms-Lisinopril	5mg tablet	02292203	0.5846	I/C
pms-Lisinopril	10mg tablet	02292211	0.7025	I/C
pms-Lisinopril	20mg tablet	02292238	0.8441	I/C
Ran-Lisinopril	5mg tablet	02294230	0.5846	I/C
Ran-Lisinopril	10mg tablet	02294249	0.7025	I/C
Ran-Lisinopril	20mg tablet	02294257	0.8441	I/C
Ratio-Lisinopril P	5mg tablet	02256797	0.5846	I/C
Ratio-Lisinopril P	10mg tablet	02256800	0.7025	I/C
Ratio-Lisinopril P	20mg tablet	02256819	0.8441	I/C
Ratio-Lisinopril Z	5mg tablet	02299879	0.5846	I/C
Ratio-Lisinopril Z	10mg tablet	02299887	0.7025	I/C
Ratio-Lisinopril Z	20mg tablet	02299895	0.8441	I/C
Sandoz Lisinopril	5mg tablet	02289199	0.5846	I/C
Sandoz Lisinopril	10mg tablet	02289202	0.7025	I/C
Sandoz Lisinopril	20mg tablet	02289229	0.8441	I/C
***Lisinopril/Hydrochlorothiazide**				
Apo-Lisinopril/HCTZ	10mg/12.5mg tablet	02261979	0.6331	I/C
***Lithium Carbonate**				
Apo-Lithium Carbonate SR	300mg SR tablet	02266695	0.1449	I/C
***Omeprazole (MAC)**				
Sandoz Omeprazole	10mg capsule	02296438	1.4240	I/C EDS
Sandoz Omeprazole	20mg capsule	02296446	1.3563	I/C EDS
***Ramipril**				
CO Ramipril	1.25mg capsule	02295482	0.4937	I/C
CO Ramipril	2.5mg capsule	02295490	0.5697	I/C
CO Ramipril	5mg capsule	02295504	0.5697	I/C
CO Ramipril	10mg capsule	02295512	0.7216	I/C
Sandoz Ramipril	1.25mg tablet	02291398	0.4937	I/C
Sandoz Ramipril	2.5mg tablet	02291401	0.5697	I/C
Sandoz Ramipril	5mg tablet	02291428	0.5697	I/C
Sandoz Ramipril	10mg tablet	02291436	0.7216	I/C
***Tamsulosin HCL**				
Ran-Tamsulosin	0.4mg SR capsule	02294885	0.6510	I/C
***Venlafaxine HCL**				
pms-Venlafaxine XR	37.5mg capsule	02278545	0.6379	I/C
pms-Venlafaxine XR	75mg capsule	02278553	1.2758	I/C
pms-Venlafaxine XR	150mg caspule	02278561	1.3470	I/C

Exception Drug Status Criteria

Effective ***November 1, 2007*** the following products will be listed as ***interchangeable*** and will be available for coverage under Exception Drug Status (EDS) according to the same criteria as the currently listed product:

***Amoxicillin Trihydrate/Potassium Clavulanate, oral suspension 80mg/11.4mg/mL (Apo-Amoxi Clav-APX)**
New inter-changeable - same criteria as other brand(s) listed in Appendix A, page 220.

***Omeprazole, tablet, 10mg, 20mg (Sandoz Omeprazole-SDZ)**
New interchangeable - same criteria as other brand listed in Appendix A, page 244.
MAC policy also applies - see Appendix I, page 276.

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