**Saskatchewan Ministry of Health**

**Drug Plan and Extended Benefits Branch**

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# SASKATCHEWAN FORMULARY BULLETIN
# UPDATE TO THE
# 58th EDITION OF THE
# SASKATCHEWAN FORMULARY

The following listings are effective **January 1, 2009**, unless otherwise indicated.

## NEW FULL FORMULARY LISTINGS:

- Candesartan cilexetil, tablet, 32mg (Atacand-AST)
- Gliclazide, modified release tablet, 30mg (Diamicron MR-SEV) (Apo-Gliclazide-APX)
- Levodopa/carbidopa/entacapone, tablet, 50mg/12.5mg/200mg, 100mg/25mg/200mg, 150mg/37.5mg/200mg (Stalevo-NVR)
- Quetiapine, extended release tablet, 50mg, 200mg, 300mg, 400mg (Seroquel XR-AST)
- Topiramate, tablet, 50mg (pms-Topiramate-PMS)
- Travoprost, ophthalmic solution, 0.004% (Travatan Z-ALC)
- Ziprasidone, capsule, 20mg, 40mg, 60mg, 80mg (Zeldox-PFI)

## NEW EXCEPTION DRUG STATUS LISTINGS:

- Etravirine, tablet, 100mg (Intelence-JAN)

For use in combination with other antiretroviral agents for the treatment of HIV-1 strains resistant to multiple antiretroviral agents, including non-nucleoside reverse transcriptase inhibitors. *This drug, as with other antivirals in the treatment of HIV, should be used under the direction of an infectious disease specialist.*

- Insulin glargine, injection solution, 100U/ml (Lantus-AVT) (Lantus SoloStar-AVT)

For the treatment of patients who have been diagnosed with Type 1 or Type 2 diabetes requiring insulin and are currently taking insulin NPH and/or pre-mix daily at optimal dosing **AND**
a) Have experienced unexplained nocturnal hypoglycemia at least once a month despite optimal management
**OR**
b) Have documented severe or continuing systemic or local allergic reaction to existing insulin.

- Valganciclovir, powder for oral solution, 50mg/ml (Valcyte-HLR)

For coverage according to the current criteria for valganciclovir tablets.

## REVISED EXCEPTION DRUG STATUS CRITERIA:

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

**AND**

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

**AND**

- Infliximab, injection (mg), 100mg/vial (Remicade-SCH)

For the treatment of adult patients with severe debilitating plaque psoriasis who meet all of the following criteria:
i) Failure to respond to, contraindication to, or intolerant of methotrexate, and cyclosporine **AND**
ii) Failure to respond to, intolerant to or unable to access photo therapy.
**Coverage will be approved initially for the induction phase of up to 16 weeks.** Coverage can be renewed in patients who have responded to therapy. Should be used in consultation with a specialist in this area.

- Efalizumab, powder for solution, 150mg/vial (Raptiva-SRO)

For the treatment of adult patients with severe debilitating plaque psoriasis who meet all of the following criteria:
i) Failure to respond to, contraindication to, or intolerant of methotrexate, and cyclosporine **AND**
ii) Failure to respond to, intolerant to or unable to access photo therapy **AND**
iii) Entry is encouraged into a registry, known as Restore, maintained by the manufacturer.
This Restore registry is designed to collect effectiveness and harm outcome information. This process will be managed between the patient's specialist and the manufacturer of the drug.
**Coverage will be approved initially for the induction phase of up to 16 weeks.** Coverage can be renewed in patients who have responded to therapy. Should be used in consultation with a specialist in this area.

- Atomoxetine HCl, capsule, 10mg, 18mg, 25mg, 40mg, 60mg (Strattera-LIL)

For treatment of Attention Deficit Hyperactivity Disorder (ADHD) in patients who meet all of the following criteria:

- Has failed or is intolerant to treatment with methylphenidate and **an amphetamine**.
- Treatment with Strattera must be recommended by or in consultation with a specialist in psychiatry, pediatrics or a general practitioner with expertise in ADHD.
- Evidence of benefit from a one-month trial of Strattera.

- Infliximab, injection (mg), 100mg/vial (Remicade-SCH)

a) Moderate to severe Crohn's Disease:

- For treatment of patients who demonstrate continuing symptoms despite the use of optimal conventional therapies such as 5-ASA agents,

glucocorticoids and immunosuppressive therapy.

- For treatment of patients who are intolerant to conventional therapy including 5-ASA agents, glucocorticoids and immunosuppressive therapy.

b) Fistulizing Crohn's Disease:

- For treatment of patients with symptomatic enterocutaneous or perineal fistulae, enterovaginal fistulae or enterovesical fistulae (i.e., any type of fistulizing Crohn's Disease).

**Clinical response should be assessed after the induction dose. Ongoing coverage will only be provided for those who respond to treatment. Patients undergoing this treatment should be reviewed every six months by a specialist in this area**.

- Dalteparin sodium, syringe, 2,500IU/ml (0.2ml), 25,000IU/ml, (0.2ml, 0.3ml, 0.4ml, 0.5ml, 0.6ml, 0.72ml); injection solution, 10,000IU/ml (1ml), 25,000IU/ml (3.8ml) (Fragmin-PFI)

**AND**

- 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)

**AND**

- 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)

a) For treatment of venous thromboembolism for up to 10 days.
b) **For prophylaxis following total knee arthroplasty for up to 35 days**.
c) For major orthopedic trauma for up to 10 days (treatment duration may be reassessed).
d) For long-term outpatient prophylaxis in patients who are pregnant.
e) For long-term outpatient prophylaxis in patients who are intolerant to, or have failed, warfarin therapy.
f) For long-term outpatient prophylaxis in patients who have lupus anticoagulant syndrome.
g) Prophylaxis in patients undergoing total hip replacement or following hip fracture surgery for up to 35 days following the procedure.

- Enoxaparin, syringe, 30mg/ml, 40mg/ml, 60mg/ml, 80mg/ml, 100mg/ml (Lovenox-AVT); injection solution, 100mg/ml (3ml); 150mg/ml (Lovenox HP-AVT)

a) For treatment of venous thromboembolism for up to 10 days.
b) **For prophylaxis following total knee arthroplasty for up to 35 days**.
c) For major orthopedic trauma for up to 10 days (treatment duration may be reassessed).
d) For long-term outpatient prophylaxis in patients who are pregnant.
e) For long-term outpatient prophylaxis in patients who are intolerant to, or have failed, warfarin therapy.
f) For long-term outpatient prophylaxis in patients who have lupus anticoagulant syndrome.
g) For treatment of pediatric patients where anticoagulant therapy is required and warfarin therapy cannot be administered.
h) Prophylaxis in patients undergoing total hip replacement or following hip fracture surgery for up to 35 days following the procedure.

**NEW INTERCHANGEABLE FULL FORMULARY OR EDS LISTINGS EFFECTIVE NOVEMBER 1, 2008:**

- Alfuzosin, extended release tablet, 10mg (Sandoz Alfuzosin-SDZ)
- Citalopram hydrobromide, tablet, 20mg, 40mg (Jamp-Citalopram-JPC)
- Diclofenac sodium, suppository, 50mg, 100mg (Sandoz Diclofenac-SDZ)
- Pantoprazole, EC tablet, 20mg (Apo-Pantoprazole-APX), (Novo-Pantoprazole-NOP), (Ran-Pantoprazole-RAN) (**EDS—** according to current criteria)
- Topiramate, tablet, 25mg, 100mg, 200mg (Mint-Topiramate-MNT)

**NEW INTERCHANGEABLE FULL FORMULARY OR EDS LISTINGS EFFECTIVE JANUARY 1, 2009:**

- Famciclovir, tablet, 125mg, 250mg, 500mg (CO Famciclovir-COB)
- Lactulose, solution, 667mg/ml, (Jamp-Lactulose-JPC) (**EDS—** according to current criteria)
- Leflunomide, tablet, 10mg, 20mg (Gen-Leflunomide-GPM) (**EDS—** according to current criteria)
- Oxycodone HCl, immediate release tablet, 5mg, 10mg, 20mg (pms-Oxycodone-PMS)
- Pamidronate disodium, injection, 30mg, 60mg (Pamidronate Disodium Omega-OMG) (**EDS—** according to current criteria)
- Ramipril, capsule, 1.25mg, 2.5mg, 5mg, 10mg (Ran-Ramipril-RAN)
- Super-Fine Pen Needle, diabetic needle, 31G-5mm (Micro 31-PMS), 31G-8mm (Xtra 31-PMS), 29G-12.7mm (Standard 29-PMS).

**DRUGS RECENTLY REVIEWED AND NOT RECOMMENDED:**

- Nifedipine/acetylsalicylic acid, (co-packaged tablets) extended-release tablet, 20mg, 30mg, 60mg/delayed-release tablet, 81mg (Adalat XL Plus-BAY)
- Duloxetine hydrochloride, delayed release capsule, 30mg, 60mg (Cymbalta-LIL) (for depression)
- Delta- 9-tetrahydrocannabinol/cannabidiol, buccal spray, 27mg/ml/25mg/ml (Sativex-BAY) (for adjunctive analgesic treatment in adult patients with advanced cancer)
- Mixed salts amphetamine, extended release capsule, 5mg, 10mg, 15mg, 20mg, 25mg, 30mg (Adderall XR-RBP)

**Saskatchewan Ministry of Health**
**Drug Plan and Extended Benefits Branch**
**2nd Floor, 3475 Albert Street**
**Regina, Saskatchewan S4S 6X6**
**(306) 787-3317**
**1-800-667-7581**