



SASKATCHEWAN FORMULARY BULLETIN

Update to the 60th Edition of the Saskatchewan Formulary

New Full Formulary Listing Effective September 1, 2010:

Mezavant (mesalamine) 1.2g, delayed and extended release tablet (SCI)

Vagifem LD (estradiol) 10ug, vaginal tablet (NOO)

New Interchangeable Full Formulary Listings Effective September 1, 2010:

Apo-Atorvastatin (atorvastatin) 10mg, 20mg, 40mg, 80mg, tablet (APX)

Atorvastatin (atorvastatin) 10mg, 20mg, 40mg, 80mg, tablet (SAN)

CO Atorvastatin (atorvastatin) 10mg, 20mg, 40mg, 80mg, tablet (COB)

Dom-Atorvastatin (atorvastatin) 10mg, 20mg, 40mg, 80mg, tablet (DOM)

GD-Atorvastatin (atorvastatin) 10mg, 20mg, 40mg, 80mg, tablet (GDI)

pms-Atorvastatin (atorvastatin) 10mg, 20mg, 40mg, 80mg, tablet (PMS)

Ran-Atorvastatin (atorvastatin) 10mg, 20mg, 40mg, 80mg, tablet (RAN)

ratio-Atorvastatin (atorvastatin) 10mg, 20mg, 40mg, 80mg, tablet (RPH)

Sandoz Atorvastatin (atorvastatin) 10mg, 20mg, 40mg, 80mg, tablet (SDZ)

Teva-Atorvastatin (atorvastatin) 10mg, 20mg, 40mg, 80mg, tablet (NOP)

Mylan-Nifedipine Extended Release (nifedipine) 30mg, extended release tablet (MYL)

Sandoz Ramipril (ramipril) 1.25mg, 2.5mg, 5mg, 10mg, tablet (SDZ)

- **NOTE:** This previously listed product has been reactivated at the manufacturer's request.

RBX-Risperidone (risperidone) 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg, tablet (RBX)

ratio-Tamsulosin (tamsulosin HCl) 0.4mg, sustained release capsule (RPH)

- **NOTE:** This product is now interchangeable with Flomax CR, controlled release tablet, 0.4mg.
- Please note that this product was previously listed in the Formulary as interchangeable with the other generic brands of tamsulosin 0.4mg sustained release capsule. The manufacturer has provided additional information to support listing this product as also interchangeable with Flomax CR 0.4mg controlled release tablet, where it will now appear in the Formulary. At this time, the other brands of the capsule formulation remain non-interchangeable with Flomax CR.

New Exception Drug Status (EDS) Listings Effective September 1, 2010:

Advagraf (tacrolimus) 3mg, extended-release capsule, ampoule (APC)

For prophylaxis of graft rejection and to prevent rejection in post bone marrow/stem cell transplant patients.

Strattera (atomoxetine HCl) 80mg, 100mg, capsule (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 with Strattera.

Revised Exception Drug Status Criteria Effective October 1, 2010:

Accolate (zafirlukast) 20mg tablet (AST)

- (a) *For asthma patients who cannot manage the use of an inhalation device despite assistance with a spacer (eg. physically or mentally challenged patients or pediatric patients).*
- (b) *For adjunctive treatment in patients between the ages of 12 and 17 concurrently on an inhaled steroid who have failed a long acting beta-2 agonist (LABA).*

Note: This change in criteria will take effect on **October 1, 2010.**

Singulair (montelukast sodium) 4mg, 5mg chewable tablet; 10mg tablet; 4mg oral granules (MSD)

- (a) *For treatment of asthma in patients under the age of six years.*
- (b) *For asthma patients who cannot manage the use of an inhalation device despite assistance with a spacer (eg. physically or mentally challenged patients or pediatric patients).*
- (c) *For adjunctive treatment in patients up to age 18 concurrently on an inhaled steroid who have failed a long acting beta-2 agonist (LABA).*

Note: This change in criteria will take effect on **October 1, 2010.**

New Interchangeable Full Formulary Listing Effective August 1, 2010:

Mylan-Valacyclovir (valacyclovir) 500mg, tablet (MYL)

New Interchangeable EDS Listings Effective August 1, 2010 (according to the current EDS Criteria):

Mylan-Lansoprazole (lansoprazole) 15mg, 30mg, delayed release capsule (MYL)

Pioglitazone (pioglitazone) 30mg, 45mg, tablet (AHI)

The Committee supports the CEDAC recommendation that the following products not be listed:

Lotemax (loteprednol etabonate) 0.5%, ophthalmic suspension (BSH)

Jurnista (hydromorphone HCl) 4mg, 8mg, 16mg, 32mg, extended release tablet (JAN)

Multaq (dronedarone) 400mg, tablet (AVT)

Cimzia (certolizumab pegol) 200mg/mL pre-filled syringe, solution for injection (UCB)

**Saskatchewan Ministry of Health
Drug Plan and Extended Benefits Branch
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Saskatchewan Health

Drug Plan and
Extended Benefits Branch

*Pharmacy Information
Bulletin # 481
July 29, 2010*

Formulary & EDS Updates

Effective *August 1, 2010* the following products will be listed as benefits in Saskatchewan:

***Lansoprazole**

Mylan-Lansoprazole	15mg DR capsule	02353830	1.5000	I/C EDS
Mylan-Lansoprazole	30mg DR capsule	02353849	1.5000	I/C EDS

***Pioglitazone HCl**

Pioglitazone	30mg tablet	02339587	2.2017	I/C EDS
(Accord Healthcare)	45mg tablet	02339595	3.3105	I/C EDS

***Valacyclovir**

Mylan-Valacyclovir	500mg caplet	02351579	2.5443	I/C
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New Dispensing Fee - \$9.43

Effective *August 1, 2010*, the dispensing fee will increase to a maximum of \$9.43.

DRUG PLAN & EXTENDED BENEFITS HOLIDAY HOURS

Please note the office is closed on the following days:

MONDAY, AUGUST 2, 2010
MONDAY, SEPTEMBER 6, 2010



Formulary & Exception Drug Status (EDS) Updates

Effective *September 1, 2010*, the following products will be listed as benefits in Saskatchewan at the following prices:

Atomoxetine HCl

Strattera	80mg capsule	02279347	4.8717	EDS
Strattera	100mg capsule	02279355	5.3057	EDS

*Atorvastatin

Apo-Atorvastatin	10mg tablet	02295261	0.5824	I/C
Apo- Atorvastatin	20mg tablet	02295288	0.7280	I/C
Apo-Atorvastatin	40mg tablet	02295296	0.7825	I/C
Apo-Atorvastatin	80mg tablet	02295318	0.7825	I/C
Atorvastatin (Sanis)	10mg tablet	02348705	0.5824	I/C
Atorvastatin (Sanis)	20mg tablet	02348713	0.7280	I/C
Atorvastatin (Sanis)	40mg tablet	02348721	0.7825	I/C
Atorvastatin (Sanis)	80mg tablet	02348748	0.7825	I/C
CO Atorvastatin	10mg tablet	02310899	0.5824	I/C
CO Atorvastatin	20mg tablet	02310902	0.7280	I/C
CO Atorvastatin	40mg tablet	02310910	0.7825	I/C
CO Atorvastatin	80mg tablet	02310929	0.7825	I/C
Dom-Atorvastatin	10mg tablet	02355612	0.5824	I/C
Dom-Atorvastatin	20mg tablet	02355620	0.7280	I/C
Dom-Atorvastatin	40mg tablet	02355639	0.7825	I/C
Dom-Atorvastatin	80mg tablet	02355647	0.7825	I/C
GD-Atorvastatin	10mg tablet	02288346	0.5824	I/C
GD-Atorvastatin	20mg tablet	02288354	0.7280	I/C
GD-Atorvastatin	40mg tablet	02288362	0.7825	I/C
GD-Atorvastatin	80mg tablet	02288370	0.7825	I/C
pms-Atorvastatin	10mg tablet	02313448	0.5824	I/C
pms-Atorvastatin	20mg tablet	02313456	0.7280	I/C
pms-Atorvastatin	40mg tablet	02313464	0.7825	I/C
pms-Atorvastatin	80mg tablet	02313472	0.7825	I/C
Ran-Atorvastatin	10mg tablet	02313707	0.5824	I/C
Ran-Atorvastatin	20mg tablet	02313715	0.7280	I/C
Ran-Atorvastatin	40mg tablet	02313723	0.7825	I/C
Ran-Atorvastatin	80mg tablet	02313758	0.7825	I/C
ratio-Atorvastatin	10mg tablet	02350297	0.5824	I/C
ratio-Atorvastatin	20mg tablet	02350319	0.7280	I/C
ratio-Atorvastatin	40mg tablet	02350327	0.7825	I/C
ratio-Atorvastatin	80mg tablet	02350335	0.7825	I/C
Sandoz Atorvastatin	10mg tablet	02324946	0.5824	I/C
Sandoz Atorvastatin	20mg tablet	02324954	0.7280	I/C
Sandoz Atorvastatin	40mg tablet	02324962	0.7825	I/C
Sandoz Atorvastatin	80mg tablet	02324970	0.7825	I/C
Teva-Atorvastatin	10mg tablet	02302675	0.5824	I/C
Teva- Atorvastatin	20mg tablet	02302683	0.7280	I/C
Teva-Atorvastatin	40mg tablet	02302691	0.7825	I/C
Teva-Atorvastatin	80mg tablet	02302713	0.7825	I/C

Estradiol

Vagifem LD 10ug vaginal tablet 02325462 3.3300

5-Aminosalicylic acid (Mesalamine)

Mezavant 1.2g delayed & extended release tablet 02297558 1.6245

***Nifedipine**

Adalat XL (Bayer) 30mg XR tablet 02155907 0.6171 I/C
(distributed by TEVA)

Mylan-Nifedipine Extended Release 30mg XR tablet 02349167 0.6171 I/C

***Risperidone**

RBX-Risperidone 0.25mg tablet 02328305 0.2615 I/C

RBX-Risperidone 0.5mg tablet 02328313 0.4379 I/C

RBX-Risperidone 1mg tablet 02328321 0.6048 I/C

RBX-Risperidone 2mg tablet 02328348 1.2075 I/C

RBX-Risperidone 3mg tablet 02328364 1.8113 I/C

RBX-Risperidone 4mg tablet 02328372 2.4150 I/C

Tacrolimus

Advagraf 3mg XR capsule 02331667 8.1356 EDS

***Tamsulosin**

ratio-Tamsulosin 0.4mg SR capsule 02294265 0.4500 I/C (Flomax CR)

- Please note that this product was previously listed in the Formulary as interchangeable with the other generic brands of tamsulosin 0.4mg sustained release capsule. The manufacturer has provided additional information to support listing this product as also interchangeable with Flomax CR 0.4mg controlled release tablet, where it will now appear in the Formulary. At this time, the other brands of the capsule formulation remain non-interchangeable with Flomax CR.

Effective September 1, 2010, the following DINS that were previously benefits will be reactivated at the manufacturer's request:

***Ramipril**

Sandoz Ramipril 1.25mg tablet 02291398 0.4550 I/C

Sandoz Ramipril 2.5mg tablet 02291401 0.5250 I/C

Sandoz Ramipril 5mg tablet 02291428 0.5250 I/C

Sandoz Ramipril 10mg tablet 02291436 0.6650 I/C

Exception Drug Status (EDS) Criteria

To access the criteria for drugs listed under the EDS program, please refer to the Saskatchewan Formulary available in print or online at <http://formulary.drugplan.health.gov.sk.ca/> .

DRUG PLAN & EXTENDED BENEFITS HOLIDAY HOURS

Please note the office is closed on the following dates:

MONDAY, SEPTEMBER 6, 2010 and MONDAY, OCTOBER 11, 2010