



## SASKATCHEWAN FORMULARY BULLETIN

### Update to the 60th Edition of the Saskatchewan Formulary

| <u>Product</u> | <u>DIN</u> | <u>Unit Price (\$)</u> |
|----------------|------------|------------------------|
|----------------|------------|------------------------|

**Full Formulary Listings Effective January 1, 2011:**

**Champix** tablet (varenicline tartrate) (PFI)

|                               |          |        |
|-------------------------------|----------|--------|
| 0.5mg/mg tablet (starter kit) | 02298309 | 1.8341 |
| 0.5mg tablet                  | 02291177 | 1.8341 |
| 1mg tablet                    | 02291185 | 1.8341 |

**Coverage will be limited to 12 weeks (165 tablets) per person during a one-year period. The year starts on the date the first prescription is filled.**

**Zyban** sustained release tablet (bupropion HCl) (BVL)

|              |          |        |
|--------------|----------|--------|
| 150mg tablet | 02238441 | 0.9974 |
|--------------|----------|--------|

**Coverage is limited to 12 weeks (180 tablets) per person during a one-year period. The year starts on the date the first prescription is filled.**

*Patients are encouraged to use these products in conjunction with smoking cessation counselling and supports available through a variety of sources in Saskatchewan.*

**Moving from Exception Drug Status to Full Formulary Listing Effective January 1, 2011:**

**pms-Bupropion SR** sustained release tablet (bupropion HCl) (PMS)

|                 |          |        |
|-----------------|----------|--------|
| 100mg SR tablet | 02325373 | 0.3734 |
| 150mg SR tablet | 02313421 | 0.5040 |

**ratio-Bupropion SR** sustained release tablet (bupropion HCl) (RPH)

|                 |          |        |
|-----------------|----------|--------|
| 100mg SR tablet | 02285657 | 0.3734 |
| 150mg SR tablet | 02285665 | 0.5040 |

**Sandoz Bupropion SR** sustained release tablet (bupropion HCl) (SDZ)

|                 |          |        |
|-----------------|----------|--------|
| 100mg SR tablet | 02275074 | 0.3734 |
| 150mg SR tablet | 02275082 | 0.5040 |

**Wellbutrin SR** sustained release tablet (bupropion HCl) (BVL)

|                 |          |        |
|-----------------|----------|--------|
| 150mg SR tablet | 02237825 | 0.9974 |
|-----------------|----------|--------|

**Wellbutrin XL** extended release tablet (bupropion HCl) (BVL)

|                 |          |        |
|-----------------|----------|--------|
| 150mg XL tablet | 02275090 | 0.5801 |
| 300mg XL tablet | 02275104 | 1.1601 |

**Interchangeable Full Formulary Listings Effective January 1, 2011:**

|  |          |        |
|--|----------|--------|
| <b>Apo-Enalapril/HCTZ</b> tablet (enalapril/hydrochlorothiazide) (APX) |          |        |
| 5mg/12.5mg tablet  | 02352923 | 0.6417 |
| 10mg/25mg tablet   | 02352931 | 0.7714 |

|   |          |        |
|---|----------|--------|
| <b>Sandoz Dorzolamide</b> ophthalmic solution (dorzolamide HCl) (SDZ) |          |        |
| 2% ophthalmic solution (mL)   | 02316307 | 1.6875 |

|   |          |        |
|---|----------|--------|
| <b>Sandoz Dorzolamide-Timolol</b> ophthalmic sol. (dorzolamide HCl/timolol maleate) (SDZ) |          |        |
| 2%/0.5% ophthalmic solution (mL)  | 02344351 | 2.5569 |

**New Exception Drug Status (EDS) Listings Effective January 1, 2011:**

|   |          |         |
|---|----------|---------|
| <b>Simponi</b> (golimumab) solution for injection, pre-filled syringe; autoinjector (MSD) |          |         |
| 50mg/0.5mL pre-filled syringe   | 02324776 | 29.7400 |
| 50mg/0.5mL AutoInjector   | 02324784 | 29.7400 |

*The Exception Drug Status criteria for Simponi is the same as the criteria for Remicade for Ankylosing Spondylitis, Rheumatoid Arthritis, and Psoriatic Arthritis listed on page 242 of the Saskatchewan Formulary.*

**Non-Interchangeable Exception Drug Status (EDS) Listings Effective January 1, 2011:**

|  |          |          |
|--|----------|----------|
| <b>Extavia</b> (interferon beta-1B) powder for injection (NVR) |          |          |
| 0.3mg powder for injection                                     | 02337819 | 102.0300 |

*According to currently listed Exception Drug Status criteria for MS Drugs. Please refer to Item 1, Appendix G, page 285 of the Saskatchewan Formulary.*

**Drugs Reviewed and Not Approved for Listing in the Saskatchewan Formulary:**

**Silkis** (calcitriol) 3ug/g topical ointment (GAC)

**Santyl Ointment** (collagenase) 250u/g topical ointment (HPC)

**GlucaGen, GlucaGen HypoKit** (glucagon) 1mg/vial powder for solution (NOO)

**Drugs Reviewed and Not Approved for Inclusion in the Hospital Benefit List:**

**Doribax** (doripenem) 500mg/vial injection (JAN)

**Saskatchewan Ministry of Health  
Drug Plan and Extended Benefits Branch  
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Formulary & Exception Drug Status (EDS) Updates

Effective **December 1, 2010**, the following products are listed as benefits in Saskatchewan:

**\*Alfuzosin**

|                   |             |          |        |     |     |
|-------------------|-------------|----------|--------|-----|-----|
| Novo-Alfuzosin PR | 10mg tablet | 02314282 | 0.7450 | NOP | I/C |
|-------------------|-------------|----------|--------|-----|-----|

**\*Finasteride**

|                         |            |          |        |     |     |
|-------------------------|------------|----------|--------|-----|-----|
| Finasteride Tablets USP | 5mg tablet | 02355043 | 0.9265 | AHI | I/C |
| Mylan-Finasteride       | 5mg tablet | 02356058 | 0.9265 | MYL | I/C |

**\*Gabapentin**

|                |               |          |        |     |     |
|----------------|---------------|----------|--------|-----|-----|
| Ran-Gabapentin | 100mg capsule | 02319055 | 0.2520 | RAN | I/C |
| Ran-Gabapentin | 300mg capsule | 02319063 | 0.6130 | RAN | I/C |
| Ran-Gabapentin | 400mg capsule | 02319071 | 0.7305 | RAN | I/C |

**\*Lactulose**

|                |                   |          |        |     |         |
|----------------|-------------------|----------|--------|-----|---------|
| Teva Lactulose | 667mg/mL oral sol | 02331551 | 0.0145 | TEV | I/C EDS |
|----------------|-------------------|----------|--------|-----|---------|

**\*Omeprazole**

|                 |                |          |        |     |         |
|-----------------|----------------|----------|--------|-----|---------|
| Novo-Omeprazole | 20mg DR tablet | 02295415 | 1.1000 | NOP | I/C EDS |
|-----------------|----------------|----------|--------|-----|---------|

**\*Potassium Chloride**

|           |               |          |        |     |         |
|-----------|---------------|----------|--------|-----|---------|
| Jamp K-8  | 600mg tablet  | 80013005 | 0.0899 | JPC | Non-I/C |
| Odan K-8  | 600mg tablet  | 80008214 | 0.0899 | ODN | Non-I/C |
| Jamp K-20 | 1500mg tablet | 80013007 | 0.1995 | JPC | Non-I/C |
| Odan K-20 | 1500mg tablet | 80004415 | 0.1995 | ODN | Non-I/C |

**\*Ranitidine**

|                |              |          |        |     |     |
|----------------|--------------|----------|--------|-----|-----|
| Ran-Ranitidine | 150mg tablet | 02336480 | 0.4042 | RAN | I/C |
| Ran-Ranitidine | 300mg tablet | 02336502 | 0.7787 | RAN | I/C |

**\*Topiramate**

|            |              |          |        |     |     |
|------------|--------------|----------|--------|-----|-----|
| Topiramate | 25mg tablet  | 02356856 | 0.6615 | SAN | I/C |
| Topiramate | 100mg tablet | 02356864 | 1.2537 | SAN | I/C |
| Topiramate | 200mg tablet | 02356872 | 1.9845 | SAN | I/C |

The following diabetic supplies will be added effective December 1, 2010:

**Diabetic Pen Needle**

|                     |                 |          |        |     |         |
|---------------------|-----------------|----------|--------|-----|---------|
| UltiCare Pen Needle | 29G 12mm Needle | 97799543 | 0.2659 | ULT | Non-I/C |
| UltiCare Pen Needle | 31G 8mm Needle  | 97799544 | 0.2659 | ULT | Non-I/C |
| UltiCare Pen Needle | 31G 6mm Needle  | 97799545 | 0.2659 | ULT | Non-I/C |

**Diabetic Syringe**

|          |                         |          |        |     |         |
|----------|-------------------------|----------|--------|-----|---------|
| UltiCare | 0.3cc Syringe 29G ½"    | 97799509 | 0.2832 | ULT | Non-I/C |
| UltiCare | 0.5cc Syringe 29G ½"    | 97799508 | 0.2832 | ULT | Non-I/C |
| UltiCare | 1cc Syringe 29G ½"      | 97799507 | 0.2832 | ULT | Non-I/C |
| UltiCare | 0.3cc Syringe 30G 5/16" | 97799506 | 0.2983 | ULT | Non-I/C |
| UltiCare | 0.5cc Syringe 30G 5/16" | 97799505 | 0.2983 | ULT | Non-I/C |
| UltiCare | 1cc Syringe 30G 5/16"   | 97799504 | 0.2983 | ULT | Non-I/C |
| UltiCare | 0.3cc Syringe 30G ½"    | 97799551 | 0.2832 | ULT | Non-I/C |
| UltiCare | 0.5cc Syringe 30G ½"    | 97799550 | 0.2983 | ULT | Non-I/C |
| UltiCare | 1cc Syringe 30G ½"      | 97799549 | 0.2983 | ULT | Non-I/C |
| UltiCare | 0.3cc Syringe 31G 5/16" | 97799548 | 0.3093 | ULT | Non-I/C |
| UltiCare | 0.5cc Syringe 31G 5/16" | 97799547 | 0.3093 | ULT | Non-I/C |
| UltiCare | 1cc Syringe 31G 5/16"   | 97799546 | 0.3093 | ULT | Non-I/C |