Saskatchewan Ministry of Health
Drug Plan and Extended Benefits Branch

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SASKATCHEWAN FORMULARY BULLETIN

Update to the 60th Edition of the Saskatchewan Formulary

Product	DIN	Pre-Markup ($)	Unit Price ($)
Full Formulary Listings Effective April 1, 2011:			
Diamicron MR modified release tablet (gliclazide) (SEV)			
60mg tablet	02356422	0.2529	0.2744
Niaspan FCT extended release film coated tablet (niacin) (SEP)			
500mg tablet	02309254	1.2214	1.3253
750mg tablet	02309262	1.2214	1.3253
1000mg tablet	02309289	1.2214	1.3253
Finacea topical gel (azelaic acid) (BAY)			
15% topical gel	02270811	0.6000	0.6510
pms-Quetiapine tablet (quetiapine) (PMS)			
50mg tablet	02361892	0.6342	0.6342
Interchangeable Full Formulary Listings Effective April 1, 2011:			
pms-Irbesartan tablet (irbesartan) (PMS)			
75mg tablet	02317060	0.5445	0.5445
150mg tablet	02317079	0.5445	0.5445
300mg tablet	02317087	0.5445	0.5445
ratio-Irbesartan tablet (irbesartan) (RPH)			
75mg tablet	02316390	0.5445	0.5445
150mg tablet	02316404	0.5445	0.5445
300mg tablet	02316412	0.5445	0.5445
Sandoz Irbesartan tablet (irbesartan) (SDZ)			
75mg tablet	02328461	0.5445	0.5445
150mg tablet	02328488	0.5445	0.5445
300mg tablet	02328496	0.5445	0.5445
Teva-Irbesartan tablet (irbesartan) (TEV)			
75mg tablet	02315971	0.5445	0.5445
150mg tablet	02315998	0.5445	0.5445
300mg tablet	02316005	0.5445	0.5445

pms-Irbesartan HCTZ tablet (irbesartan/hydrochlorothiazide) (PMS)

150/12.5mg tablet	02328518	0.5445	0.5445
300/12.5mg tablet	02328526	0.5445	0.5445
300/25mg tablet	02328534	0.5408	0.5408

ratio-Irbesartan HCTZ tablet (irbesartan/ hydrochlorothiazide) (RPH)

150/12.5mg tablet	02330512	0.5445	0.5445
300/12.5mg tablet	02330520	0.5445	0.5445
300/25mg tablet	02330539	0.5408	0.5408

Sandoz Irbesartan HCT tablet (irbesartan/ hydrochlorothiazide) (SDZ)

150/12.5mg tablet	02337428	0.5445	0.5445
300/12.5mg tablet	02337436	0.5445	0.5445
300/25mg tablet	02337444	0.5408	0.5408

Teva-Irbesartan HCTZ tablet (irbesartan/ hydrochlorothiazide) (TEV)

150/12.5mg tablet	02316013	0.5445	0.5445
300/12.5mg tablet	02316021	0.5445	0.5445
300/25mg tablet	02316048	0.5408	0.5408

Interchangeable Full Formulary Listings Effective March 1, 2011:

Apo-Dorzolamide ophthalmic solution (mL) (dorzolamide HCl) (APX)

2% ophthalmic solution (mL)	02296055	1.6875	1.6875

Apo-Dorzo-Timop ophthalmic solution (mL) (dorzolamide HCl/timolol maleate) (APX)

2%/0.5% ophthalmic solution (mL)	02299615	2.5569	2.5569

Ran-Valsartan tablet (valsartan) (RAN)

40mg tablet	02363062	0.5239	0.5239
80mg tablet	02363100	0.5325	0.5325
160mg tablet	02363119	0.5325	0.5325

Sandoz Valsartan tablet (valsartan) (SDZ)

40mg tablet	02356740	0.5239	0.5239
80mg tablet	02356759	0.5325	0.5325
160mg tablet	02356767	0.5325	0.5325
320mg tablet	02356775	0.5118	0.5118

Teva-Valsartan tablet (valsartan) (TEV)

40mg tablet	02356643	0.5239	0.5239
80mg tablet	02356651	0.5325	0.5325
160mg tablet	02356678	0.5325	0.5325
320mg tablet	02356686	0.5118	0.5118

Sandoz Valsartan HCT tablet (valsartan/hydrochlorothiazide) (SDZ)

80/12.5mg tablet	02356694	0.5325	0.5325
160/12.5mg tablet	02356708	0.5325	0.5325
160/25mg tablet	02356716	0.5325	0.5325
320/12.5mg tablet	02356724	0.5242	0.5242
320/25mg tablet	02356732	0.5242	0.5242

Teva-Valsartan/HCTZ tablet (valsartan/hydrochlorothiazide) (TEV)

80/12.5mg tablet	02356996	0.5325	0.5325
160/12.5mg tablet	02357003	0.5325	0.5325
160/25mg tablet	02357011	0.5325	0.5325
320/12.5mg tablet	02357038	0.5242	0.5242
320/25mg tablet	02357046	0.5242	0.5242

Interchangeable Full Formulary Listings Effective February 15, 2011:

Sandoz Tamsulosin CR controlled release tablet (tamsulosin HCl) (SDZ)

0.4mg tablet	02340208	0.2700	0.2700

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

Actemra IV solution for infusion (tocilizumab) (HLR)

80mg/4mL vial	02350092	194.40	210.97
200mg/10mL vial	02350106	486.08	527.40
400mg/20mL vial	02350114	972.16	1022.10

For the treatment of moderate to severely active rheumatoid arthritis, in combination with methotrexate or other disease-modifying antirheumatic drugs (DMARDs), in patients who have failed to respond to an adequate trial of both DMARDs and a tumor necrosis factor (TNF) alpha inhibitor.

Patients should be assessed after 16 weeks of treatment and therapy continued only if there is a clinical response to treatment.

Actemra should not be used concomitantly with TNF alpha inhibitors.
This product should be used in consultation with a specialist in this area.

Additional Formulation of a Current Exception Drug Status (EDS) Listing Effective April 1, 2011:

Saizen solution for injection in a cartridge (somatropin) (SRO)

6mg cartridge	02350122	261.00	283.19
12mg cartridge	02350130	522.00	567.00
20mg cartridge	02350149	870.00	915.00

For treatment of:
(a) Children who have growth failure due to inadequate secretion of normal endogenous growth hormone.
(b) Children who have growth failure associated with chronic renal insufficiency.

Note: Exception Drug Status coverage is not required for S.A.I.L. patients. Coverage is provided under Saskatchewan Aids to Independent Living (S.A.I.L.) Program.

Revised Current Exception Drug Status (EDS) Criteria Effective April 1, 2011:

Actos and generic formulations 15mg, 30mg and 45mg tablet (pioglitazone HCl) (LIL and generics)

- **This criteria will appear in Appendix B for Online EDS Adjudication**

For the treatment of patients with Type 2 diabetes who have had previous prescriptions for metformin **and** a sulfonylurea.

Please note: *These products should be used in patients with diabetes who are not adequately controlled on or are intolerant to metformin* ***and*** *a sulfonylurea.*

Avandia 2mg, 4mg and 8mg tablet (rosiglitazone maleate) (GSK)

For the treatment of patients with Type 2 diabetes who are not adequately controlled on or are intolerant to metformin **and** a sulfonylurea.

Note: Prescribers are reminded to ensure that the Patient Informed Consent form is completed prior to prescribing this information.

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

Ilaris 150mg lyophilized powder for solution for injection; corresponding to a concentration of 150mg/mL after reconstitution (canakinumab) (NVR)

Kuvan 100mg tablet (sapropterin dihydrochloride) (BPC)

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