



## SASKATCHEWAN FORMULARY BULLETIN

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

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

#### New Non-Interchangeable Full Formulary Listings Effective October 1, 2011:

**Nova Max Plus Ketone Test Strips** Blood Ketone Test Strips (NBC)  
**Bionime Righest GS100** Blood Glucose Test Strips (BNM)

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

**Abilify** tablet (aripiprazole) (BMY)

2mg tablet	02322374	2.9140	3.1617
5mg tablet	02322382	3.2800	3.5588
10mg tablet	02322390	3.7800	4.1013
15mg tablet	02322404	3.7800	4.1013
20mg tablet	02322412	3.7800	4.1013
30mg tablet	02322455	3.7800	4.1013

For the treatment of schizophrenia.

**Cayston** inhalation powder for solution (aztreonam) (GSI)

75mg/vial	02329840	48.1600	48.7600
-----------	----------	---------	---------

For the treatment of Pseudomonas aeruginosa infections when used as cyclic treatment (28 day cycles) in patients with moderate to severe cystic fibrosis (CF) and deteriorating clinical condition despite treatment with inhaled tobramycin.

#### **Notes:**

- This product has not been studied in patients under the age of six.
- Previous EDS approvals for inhaled tobramycin will be discontinued prior to authorizing EDS approval of Cayston.
- This product should not be used in mild CF disease.

**Invega Sustenna** prolonged release IM suspension (paliperidone palmitate) (JAN)

50mg/0.5ml pre-filled syringe	02354217	304.10	329.95
75mg/0.75ml pre-filled syringe	02354225	456.18	494.96
100mg/1ml pre-filled syringe	02354233	456.18	494.96
150mg/1.5ml pre-filled syringe	02354241	608.22	658.22

For the treatment of patients exhibiting a compliance problem with an oral antipsychotic and in whom the administration of a conventional injectable extended action antipsychotic is ineffective or poorly tolerated.

**Revised Exception Drug Status Criteria (see italicized portion) Effective October 1, 2011:**

- **Aldara**, topical cream (single-use packet), 5% (imiquimod) (MDA)  
For the treatment of:
    - (a) Genital warts in patients unresponsive to podofilox.
    - (b) Genital warts in patients with a large wart area.
    - (c) *Biopsy-confirmed primary superficial basal cell carcinoma (sBCC) in patients meeting the following criteria:*
      - *Tumour diameter of  $\leq 2$  cm, AND*
      - *Tumour location on the trunk, neck or extremities (excluding hands and feet), AND*
      - *Surgery or irradiation therapy is not medically indicated (e.g. recurrent lesions in previously irradiated area, number of lesions too numerous to irradiate or remove surgically).*
- Notes for the sBCC criteria:**
- *Renewals for the same tumour will not be considered.*
  - *Requests approved for sBCC will be approved for six weeks.*
  - *Surgical management should be considered first-line for superficial basal cell carcinoma in most patients, especially for isolated lesions.*

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

- **Restasis** ophthalmic emulsion 0.05% w/v (cyclosporine) (ALL)
- **Celsentri** tablet, 150mg, 300mg (mariviroc) (VII)
- **Daxas** tablet, 500mg (roflumilast) (NYC)

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

This Bulletin is not to be reproduced or republished except with the approval of the Saskatchewan Ministry of Health. Inquiries should be directed to the address or telephone numbers shown at left.