



SASKATCHEWAN FORMULARY BULLETIN

Update to the 61st Edition of the Saskatchewan Formulary

Product	DIN	Pre-Markup (\$)	Unit Price (\$)
----------------	------------	------------------------	------------------------

New Non-Interchangeable Full Formulary Listings Effective January 1, 2012:

BGStar

Blood Glucose Test Strips (AVT)	97799465	0.6750	0.7324
---------------------------------	----------	--------	--------

BGStar

Lancet (AVT)	97799466	0.0650	0.0706
--------------	----------	--------	--------

Creon 6

Pancrelipase (Lipase/Amylase/Protease) (ABB) 6000U/30000U/19000U capsule	80025653	0.1703	0.1848
---	----------	--------	--------

New Exception Drug Status (EDS) Listings Effective January 1, 2012:

Effient tablet (prasugrel) (LIL)

10mg tablet	02349124	2.6596	2.8857
-------------	----------	--------	--------

For treatment initiated by a cardiologist in patients under 75 years of age and over 60kg with stent thrombosis while on clopidogrel in the preceding 28 days.

Janumet tablet (sitagliptin/metformin HCl) (MRK)

50mg/500mg tablet	02333856	1.5200	1.6492
50mg/850mg tablet	02333864	1.5200	1.6492
50mg/1000mg tablet	02333872	1.5200	1.6492

For the convenience of patients who have been stabilized on metformin and sitagliptin.

Please note: These product should be used in patients with diabetes who are not adequately controlled on or are intolerant to metformin and a sulfonylurea, and for whom insulin is not an option.

- *Due to greater evidence of long-term benefit and enhanced cost-effectiveness, patients should be tried on metformin, sulfonylureas, and insulin NPH before considering other agents.*
- *Patients intolerant to glyburide may try another sulfonylurea (e.g., gliclazide, which is available as a full formulary benefit).*
- *Drug Plan coverage is intended for sitagliptin as part of combination diabetes treatment (e.g., not as monotherapy).*

Product	DIN	Pre-Markup (\$)	Unit Price (\$)
Januvia tablet (sitagliptin phosphate) (MRK) 100mg tablet	02303922	2.8050	3.0435

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

Please note: These product should be used in patients with diabetes who are not adequately controlled on or are intolerant to metformin and a sulfonylurea, and for whom insulin is not an option.

- *Due to greater evidence of long-term benefit and enhanced cost-effectiveness, patients should be tried on metformin, sulfonylureas, and insulin NPH before considering other agents.*
- *Patients intolerant to glyburide may try another sulfonylurea (e.g., gliclazide, which is available as a full formulary benefit).*
- *Drug Plan coverage is intended for sitagliptin as part of combination diabetes treatment (e.g., not as monotherapy).*

Onglyza tablet (saxagliptin) (BMY) 5mg tablet	02333554	2.7560	2.9903
---	----------	--------	--------

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

Please note: These product should be used in patients with diabetes who are not adequately controlled on or are intolerant to metformin and a sulfonylurea, and for whom insulin is not an option.

- *Due to greater evidence of long-term benefit and enhanced cost-effectiveness, patients should be tried on metformin, sulfonylureas, and insulin NPH before considering other agents.*
- *Patients intolerant to glyburide may try another sulfonylurea (e.g., gliclazide, which is available as a full formulary benefit).*
- *Drug Plan coverage is intended for saxagliptin as part of combination diabetes treatment (e.g., not as monotherapy).*

Additional Formulation of a Current Exception Drug Status Effective January 1, 2012:

linezolid, oral suspension (Zyvoxam-PFI) 100mg/5ml	02243686	2.3994	2.6034
--	----------	--------	--------

Following consultation with an infectious disease specialist.
For treatment of:

- (a) Gram-positive infections in patients resistant to vancomycin.
- (b) Gram positive infections in patients intolerant to or experiencing severe adverse effects from vancomycin, and;
- (c) For completion of therapy initiated in hospital with intravenous vancomycin, quinupristin/dalfopristin or linezolid for patients who can be discharged on oral therapy.

Revised Exception Drug Status Criteria (see italicized portion) Effective January 1, 2012:

fluconazole, powder for oral suspension, 10mg/mL (Diflucan-PFI); tablet, 50mg, 100mg (Diflucan-PFI) (Novo-Fluconazole-NOP) (Apo-Fluconazole-APX) (Mylan-Fluconazole-MYL) (pms-Fluconazole-PMS) (Dom-Fluconazole-DOM) (CO Fluconazole-COB)

For treatment of:

- (a) Fungal meningitis in immunocompromised patients.
- (b) Severe or life-threatening fungal infections.
- (c) Severe dermatophytoses unresponsive to other forms of therapy including ketoconazole.
- (d) *For fungal prophylaxis in post bone marrow/stem cell transplant patients or severely immunocompromised malignant hematology patients (i.e. leukemia).*
Note: the 150mg capsule form of fluconazole is listed as a regular benefit in the Saskatchewan Formulary.

pioglitazone HCl, tablet, 15mg, 30mg, 45mg (Actos-TAK) (Apo-Pioglitazone-APX) (CO Pioglitazone-COB) (Mylan-Pioglitazone-MYL) (Novo-Pioglitazone-NOP) (pms-Pioglitazone-PMS) (ratio-Pioglitazone-RPH) (Sandoz Pioglitazone-SDZ) (Accel Pioglitazone-ACC) (Mint-Pioglitazone-MNT) (Pioglitazone-AHI) (Jamp-Pioglitazone-JPC) (Ava-Pioglitazone-AVA)

For 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, *and for whom insulin is not an option.*

- *Due to greater evidence of long-term benefit and enhanced cost-effectiveness, patients should be tried on metformin, sulfonylureas, and insulin NPH before considering other agents.*
- *Patients intolerant to glyburide may try another sulfonylurea (e.g., gliclazide, which is available as a full formulary benefit).*

New Hospital Benefit Drug Listings Effective January 1, 2012:

micafungin sodium, IV powder for solution, 50mg, 100mg (Mycamine-APC)

When administered in consultation with an infectious disease specialist.

lacosamide, injection, 10mg/ml (20ml vials) (Vimpat-UCB)

For the adjunctive treatment of refractory partial-onset seizures in patients who meet all of the following criteria:

- Are currently receiving two or more antiepileptic drugs; **AND**
- All other antiepileptic drugs are ineffective or not appropriate; **AND**
- The medication is being used under the direction of a neurologist.

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

- **Actonel DR** delayed release tablet, 35mg (risedronate) (WCI)
- **Nuycnta CR** controlled-release tablet, 50mg, 100mg, 200mg, 250mg (tapentadol) (JAN)
- **BuTrans** transdermal system, 5mcg/hr, 10mcg/hr, 20mcg/hr (buprenorphine) (PFR)
- **Victoza** solution for injection, 6mg/ml pre-filled pen (liraglutide) (NOO)
- **Zenhale** inhalation aerosol, 50mcg/5mcg (mometasone furoate/formoterol dehydrate) (MRK)
- **Toctino** capsule, 10mg, 30mg (alitretinoin) (ACT)

**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**

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.