Saskatchewan
Ministry of
Health

Drug Plan and Extended Benefits Branch

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# SASKATCHEWAN FORMULARY BULLETIN

## Update to the 61st Edition of the Saskatchewan Formulary

| Product | DIN | Pre-Markup ($) | Unit Price ($) |
|---|---|---|---|
| ***New Full Formulary Listings Effective April 1, 2012:*** | | | |
| **Twynsta** tablet (telmisartan/amlodipine) (BOE) | | | |
| 40mg/5mg tablet | 02371022 | 0.6819 | 0.7399 |
| 40mg/10mg tablet | 02371030 | 0.6819 | 0.7399 |
| 80mg/5mg tablet | 02371049 | 0.6819 | 0.7399 |
| 80mg/10mg tablet | 02371057 | 0.6819 | 0.7399 |
| ***New Exception Drug Status (EDS) Listings Effective April 1, 2012:*** | | | |
| **Brilinta** tablet (ticagrelor) (AST) | | | |
| 90mg tablet | 02368544 | 1.4800 | 1.6058 |

For treatment initiated by cardiologists and internists in patients with stent thrombosis while on clopidogrel in the preceding 28 days.

| | | | |
|---|---|---|---|
| **Victrelis** capsule (boceprevir) (MRK) | | | |
| 200mg capsule | 02370816 | 12.5000 | 12.7977 |
| **Victrelis Triple** combination kit (boceprevir/ribavirin plus peginterferon alfa-2b) (MRK) | | | |
| 200mg/200mg capsule<br>80mcg/0.5ml powder for solution | 02371448 | 16.5800 | 16.8900 |
| 200mg/200mg capsule<br>100mcg/0.5ml powder for solution | 02371456 | 13.2700 | 13.5200 |
| 200mg/200mg capsule<br>120mcg/0.5ml powder for solution | 02371464 | 11.3600 | 11.5700 |
| 200mg/200mg capsule<br>150mcg/0.5ml powder for solution | 02371472 | 9.0900 | 9.2600 |

For the treatment of chronic hepatitis C genotype 1 infection in patients with compensated liver disease, in combination with peginterferon alpha/ribavirin when all of the following criteria are met:

- detectable levels of hepatitis C virus (HCV) RNA in the last six months
- a fibrosis stage of F2, F3, or F4
- patient not co-infected with HIV
- one course of treatment only (up to 44 weeks duration).

| Product | DIN | Pre-Markup ($) | Unit Price ($) |
|---|---|---|---|
| **Incivek** tablet (telaprevir) (VER) | | | |
| 375mg tablet | 02371553 | 69.3810 | 69.6786 |

For the treatment of chronic hepatitis C genotype 1 infection in patients with compensated liver disease, in combination with peginterferon alpha/ribavirin when all of the following criteria are met:

- detectable levels of hepatitis C virus (HCV) RNA in the last six months
- a fibrosis stage of F2, F3, or F4
- patient not co-infected with HIV
- one course of treatment only (12 weeks duration).

***New Exception Drug Status (EDS) ListingUnder the Saskatchewan MS Drugs Program Effective April 1, 2012:***

| | | | |
|---|---|---|---|
| **Gilenya** capsule (fingolimod hydrochloride) (NVR) | | | |
| 0.5mg capsule | 02365480 | 85.1648 | 86.9508 |

For the treatment of relapsing-remitting multiple sclerosis where there has been:

- *Failure to respond to full and adequate courses of at least one interferon beta formulation and glatiramer acetate, or contraindications to these therapies.*
- *Two or more disabling relapses in the previous year.*
- *Significant increase in T2 lesion load compared with that from a previous magnetic resonance imaging (MRI) scan or at least one gadolinium-enhancing lesion.*

In addition, fingolimod treatment should be stopped in patients with relapsing remitting MS who meet either of the following criteria:

- *Failure to achieve at least a 50% reduction from baseline in the average annual relapse rate after two years.*
- *Attainment of an Expanded Disability Status Scale (EDSS) score of greater than 5.0.*

***Additional Formulation of a Current Exception Drug Status (EDS) Listing Effective April 1, 2012:***

| | | | |
|---|---|---|---|
| **Intelence** tablet (etravirine) (JAN) | | | |
| 200mg tablet | 02375931 | 10.9000 | 11.7334 |

For use in combination with other antiretroviral agents for the treatment of HIV-1 strains resistant to multiple antiretroviral agents, including non-nucleoside reverse transcriptase inhibitors. *This drug, as with other antivirals in the treatment of HIV, should be used under the direction of an infectious disease specialist.*

**Tobi Podhaler** inhalation powder (tobramycin) (NVR)

| | | | |
|---|---|---|---|
| 28mg capsule | 02365154 | 12.8588 | 13.0820 |

For the treatment of cystic fibrosis patients intolerant to injectable tobramycin when used for inhalation.

***Revised Hospital Benefit Drug Listings Effective April 1, 2012:***

- **fomepizole, injection, 1.5ml (1g/ml) (Antizol-JAZ)**

  *Restricted Coverage: This product should be used to initiate therapy for methanol and ethylene glycol poisonings, and restricted to use in patients with known or suspected toxic alcohol (e.g. methanol, ethylene glycol) poisoning meeting at least one of the following criteria:*

  - *Plasma concentration of either ethylene glycol > 3 mmol/L or methanol > 6 mmol/L.*
  - *Documented recent history of ingestion of toxic amounts of methanol or ethylene glycol and an osmol gap > 10 mosm/L.*
  - *Suspected ingestion of either methanol or ethylene glycol with at least two of the following: serum pH < 7.3, osmol gap > 10 mosm/L, serum carbon dioxide < 20 mmol/L, presence of oxalate crystalluria.*

  *This product should be used in consultation with the Poison and Drug Information Service (PADIS). A contact number for PADIS is 1-866-454-1212.*

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

- **Abstral** sublingual tablet, 100mcg, 200mcg, 300mcg, 400mcg, 600mcg, 800mcg (fentanyl citrate) (PAL)
- **Nplate** powder for solution, 250mcg/0.5mL vial, 500mcg/mL vial (romiplostim) (AMG)
- **Revolade** tablet, 25mg, 50mg (eltrombopag) (GSK)

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