Saskatchewan
Ministry of
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Drug Plan and Extended Benefits Branch

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SASKATCHEWAN FORMULARY BULLETIN

Update to the 62nd Edition of the Saskatchewan Formulary

Product	DIN	Pre-Markup ($)

New Full Formulary Listings Effective July 1, 2013:

Jurnista (hydromorphone HCl (JAN)		
4mg extended release tablet	02337266	1.0860
8mg extended release tablet	02337274	2.1720
16mg extended release tablet	02337282	4.3440
32mg extended release tablet	02337290	8.6880

Recommended as a change from Exception Drug Status benefit to Full Formulary Effective July 1, 2013:

- **duloxetine hydrochloride, delayed release capsule, 30mg, 60mg (Cymbalta-LIL)**
- **pregabalin, capsule, 25mg, 50mg, 75mg, 150mg, 300mg (Lyrica-PFI)**

Additional Formulation of current Full Formulary Listings Effective July 1, 2013:

Pentasa, (5-aminosalicylic acid) (FEI)		
1g extended release tablet	02399466	1.1432

Revised Exception Drug Status Criteria (see italicised portion) Effective May 15, 2013:

ranibizumab, injection solution, 10mg/ml (Lucentis-NVR)

(a) For the treatment of neovascular (wet) age-related macular degeneration (AMD) if all of the following circumstances apply to the eye to be treated:
(i) The best corrected visual acuity (BCVA) is between 6/12 and 6/96
(ii) The lesion size is less than or equal to 12 disc areas in greatest linear dimension
(iii) There is evidence of recent (< 3 months) presumed disease progression (blood vessel growth, as indicated by fluorescein angiography, optical coherence tomography (OCT) or recent visual acuity changes)
(iv) Injection will be by a qualified ophthalmologist with experience in intravitreal injections

Coverage will not be provided for patients:
(a) With permanent structural damage to the central fovea or no active disease (as defined in the Royal College of Ophthalmology guidelines).
(b) Receiving concurrent verteporfin PDT treatment.

The interval between the doses should be no shorter than one month.
Treatment with ranibizumab should be continued only in people who maintain adequate response to therapy.

Ranibizumab should be permanently discontinued if any one of the following occurs:
(a) Reduction in BCVA in the treated eye to less than 15 letters (absolute) on 2 consecutive visits in the treated eye, attributed to AMD in the absence of other pathology.
(b) Reduction in BCVA of 30 letters or more compared to either baseline and/or best recorded level since baseline and/or best recorded level since baseline as this may indicate either poor treatment effect or adverse event or both.
(c) There is evidence of deterioration of the lesion morphology despite optimum treatment over 3 consecutive visits.

(b) *For the treatment of visual impairment due to Diabetic Macular Edema (DME) for patients meeting all of the following:*

(a) Diffuse DME involving the central fovea with central fovea thickness of 300 microns or greater on optical coherence tomography (OCT) and vision less than 20/32.
(b) Patients with focal macular edema for which laser photocoagulation is indicated should be treated with laser, except in situations where focal laser therapy treatment can not be safely performed due to the proximity of microaneurysms to the fovea.
(c) A haemoglobin A1c of less than 11%.
(d) Treatment to be given monthly for three consecutive treatments. Treatment should be discontinued if there is no improvement of retinal thickness on OCT or if there is no improvement in visual acuity after three consecutive treatments.
(e) Patients responding to treatment should be monitored at regular intervals up to monthly for visual acuity AND retinal thickness.
(f) Treatment should be resumed with monthly injections when monitoring indicates a loss in visual acuity and increase in retinal thickness and continued until stable visual acuity and improvement in retinal thickness is reached again for three consecutive monthly assessments.
(g) Treatment should be discontinued if there is no improvement of retinal thickness or visual acuity after three consecutive treatments.
(h) Injection will be by a qualified ophthalmologist with experience in intravitreal injections.

Note:

- *Fluorescein Angiography (FA) should be considered prior to initiation of treatment to assess perfusion and characterize the leakage, and should also be considered if the patient is not responding to treatment as expected.*

(c) For the treatment of visual impairment due to clinically significant macular edema secondary to non-ischemic branch retinal vein occlusion (BRVO) or central retinal vein occlusion (CRVO) for patients meeting all of the following:

(a) Diffuse RVO with macular thickness of 300 microns or greater on Optical Coherence Tomography (OCT) and a vision of 20/40 or less.
(b) Treatment is to be given monthly until edema is resolved or there is no further improvement with three consecutive treatments.
(c) Patients should be monitored at regular intervals up to monthly for retinal thickness and visual acuity.
(d) Treatment should be resumed if there is a recurrence of macular edema with macular thickness greater than 300 microns or loss of visual acuity, and continued until stable visual acuity and improvement in retinal thickness is reached again for three consecutive assessments.
(e) Treatment should be discontinued if there is no improvement after 6 months of initial treatment.
(f) Injection will be by a qualified ophthalmologist with experience in administering intravitreal injections.

Note:

- *Fluorescein Angiography (FA) should be considered prior to initiation of treatment to assess perfusion and characterize the leakage, and should also be considered if the patient is not responding to treatment as expected.*
- *Grid Laser photocoagulation can also be considered for BRVO at the discretion of the treating ophthalmologist.*

Product	**DIN**	**Pre-Markup ($)**

New Exception Drug Status (EDS) Listings Effective July 1, 2013:

Onbrez Breezhaler (indacaterol maleate) (NVR)

75mcg inhalation powder hard capsules	02376938	1.5500

For treatment of:

COPD unresponsive to short-acting beta agonists or short-acting anticholinergic bronchodilators

New Interchangeable Exception Drug Status (EDS) Listings Effective July 1, 2013:

Zofran ODT (ondansetron) (GSK)

4mg orally disintegrating tablet	02239372	13.0867
8mg orally disintegrating tablet	02239373	19.9687

Ondissolve (ondansetron) (TAK)

4mg orally disintegrating tablet	02389983	4.5810
8mg orally disintegrating tablet	02389991	6.9900

a) Severe nausea in patients refractory to other anti-emetics. All of the following must be on the profile or have a reason why they are not appropriate for the patient: prochlorperazine, dimenhydrinate, dexamethasone, metoclopramide
(b) Hyperemesis gravidarum

Additional Formulations of current Exception Drug Status (EDS) Listing Effective July 1, 2013 according to the following criteria:

- **sitagliptin, tablet, 25mg, 50mg (Januvia-MRK)**
  For the treatment of patients with Type 2 diabetes **with reduced renal function** who are not adequately controlled on or intolerant to metformin **AND** a sulfonylurea, and in whom insulin is not an option.

Additional Formulations of current Exception Drug Status (EDS) Listings Effective July 1, 2013 according to existing criteria:

- **estradiol, gel, 0.1% (Divigel-FEI)**
  For treatment of patients:
  (a) Intolerant to oral estrogen.
  (b) With a fasting plasma triglyceride level of 4.5 mmol/L or more.

- **darunavir, tablet, 800mg (Prezista-JAN)**
  For the management of HIV disease. This drug, as with other antivirals in the treatment of HIV, should be used under the direction of an infectious disease specialist.

- **ustekinumab, sterile solution for injection, 90mg/1.0mL (Stelara-JAN)**
  For the treatment of adult patients with severe debilitating plaque psoriasis who meet all of the following criteria:
  (i) Failure to respond to, contraindications to, or intolerant of methotrexate and cyclosporine and
  (ii) Failure to respond to, intolerant to, or unable to access phototherapy.

Coverage will be approved initially for the induction phase of up to 16 weeks.
Coverage can be renewed in patients who have responded to therapy. This product should be used in consultation with a specialist in the area.

- **clostridium botulinum neurotoxin Type A, powder for solution for injection, 50U/vial (Xeomin-MRZ)**
  (a) For treatment of blepharospasm.
  (b) For treatment of cervical dystonia, that is spasmodic torticollis.

Revised Exception Drug Status Criteria (see italicized portion) Effective July 1, 2013:

- **aztreonam, inhalation powder for solution, 75mg/vial (Cayston-GSI)**
  For the treatment of Pseudomonas aeruginosa infections when used as cyclic treatment *(28 days of treatment, followed by a 28 days without aztreonam)* 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.

- **denosumab, solution for injection, pre-filled syringe, 60mg/1.0mL (Prolia-AMG)**
  a)For the treatment of osteoporosis in postmenopausal women who have experience a futher significant decline in BMD after 1 year continuous bisphosphonate therapy and meet at least two of the following criteria:
  i) age > 75 years
  ii) a bone mineral density (BMD) T-score ≤ -2.5
  iii)) a prior fragility fracture
  b)For the treatment of osteoporosis in postmenopausal women who would otherwise be eligible for funding for oral bisphosphonates, but for who bisphosphonates are contraindicated due to hypersensitivity or abnormalities of the esophagus (e.g; esophageal stricture or achalasia), AND have at least two of the following criteria:
  i) age > 75 years
  ii) a bone mineral density (BMD) T-score ≤ -2.5
  iii) a prior fragility fracture
  Note: In all cases, patients receiving Prolia must not be receiving concomitant bisphosphonate therapy. The recommended dose of Prolia (denosumab) is single SC injection of 60mg, once very 6 months.

- **fingolimod hydrochloride, capsule, 0.5mg (Gilenya-NVO)**

Application form has been revised. Please replace any previous forms with the new version available on the website at: http://formulary.drugplan.health.gov.sk.ca/

Initial request:
For the treatment of patients with Relapsing Remitting Multiple Sclerosis (RRMS) who meet all of the following criteria:

- *Failure to respond to full and adequate courses* of at least one interferon **OR** glatiramer acetate; **OR** documented intolerance** to both therapies*
- *One or more clinically disabling relapses in the previous year*
- Significant increase in T2 lesion load compared with that from a previous MRI scan (i.e. 3 or more new lesions) or at least one gadolinium-enhancing lesion
- *Requested and followed by a neurologist experienced in the management of RRMS*
- *Recent Expanded Disability Status Scale (EDSS) score****

Dosage: 0.5 mg once daily

Approval period: 1 year

Exclusion Criteria:

- *Patients on combination therapy of Gilenya with other disease modifying therapies (e.g. Avonex, Betaseron, Copaxone, Rebif, Extavia, Tysabri) nor in combination with Fampyra.*
- *Patients with EDSS > 5.5*
- *Patients who have had a heart attack or stroke in the last 6 months of funding request, history of sick sinus syndrome, atrioventricular block, significant QT prolongation, bradycardia, ischemic heart disease, or congestive heart failure*
- *Patients taking class 1A or 111 anti-arrhythmic drugs, immunocompromised due to immunosuppressant or cancer or AIDS, severe hepatic impairment, concurrent malignancies, pregnancy/anticipated pregnancy/breast feeding, or active infectious disease such as TB or hepatitis.*
- *Patients < 18 years of age*
- *Needle phobia or preference for oral therapy over injection in patients without clinical contraindication to interferon or glatiramer therapy*
- *Skin reactions at the site of injection do NOT qualify as a contraindication to interferon or glatiramer therapy*

Renewal:

- *Date and details of the most recent neurological examination and EDSS scores must be provided (exam must have occurred within that last 90 days).*
- *Patients must be stable or have experienced no more than 1 disabling attack/relapse in the past year; AND*
- *Recent Expanded Disability Status Scale (EDSS) score ****

Dosage: 0.5 mg once daily

Renewal period: 1 year

Renewal requests where patients have experienced more than 1 disabling attack in the past year are to be externally reviewed.

Of Note Section:

Failure to respond to full and adequate courses: defined as a trial of at least 6 months of interferon or glatiramer therapy **AND experienced at least one disabling relapse (attack) while on interferon or glatiramer therapy (MRI report does not need to be submitted with the request)*
***Intolerance is defined as: documented serious adverse effects or contraindications that are incompatible with further use of that class of drug.*
***Recent Expanded Disability Status Scale (EDSS) score less than or equal to 5.5 (i.e. patients must be able to ambulate at least 100 meters without assistance)

Requirements for Initial Requests:

The patient's physician provides documentation setting out the details of the patient's most recent neurological examination within ninety (90) days of the submitted request. This must include a description of any recent attacks, the dates, and the neurological findings.

- **natalizumab, injection solution, 20mg/ml (Tysabri-BGN)**

Application form has been revised. Please replace any previous forms with the new version available on the website at: http://formulary.drugplan.health.gov.sk.ca/

Initial Request:
For the treatment of Relapsing-Remitting Multiple Sclerosis (RRMS) according to the following criteria:

- The patient's physician is a neurologist experienced in the management of relapsing-remitting multiple sclerosis (RRMS); AND

The patient:

- *Has a current Expanded Disability Status Scale (EDSS) less than or equal to 5.0; AND*
- *Has failed to respond to a full and adequate course* (i.e. at least six months) of at least ONE disease modifying therapy OR has contraindications/intolerance to at least TWO disease modifying therapies; AND*
- *Has had ONE of the following types of relapses in the past year:*
  - *The occurrence of one relapse with partial recovery during the past year AND has at least ONE gadolinium-enhancing lesion on brain MRI, OR significant increase in T2 lesion load compared to a previous MRI; OR*
  - *The occurrence of two or more relapses with partial recovery during the past year; OR*
  - *The occurrence of two or more relapses with complete recovery during the past year AND has at least ONE gadolinium-enhancing lesion on brain MRI, OR significant increase in T2 lesion load compared to a previous MRI.*

Approval period: 1 year

Notes:
** Failure to respond to a full and adequate course: defined as a trial of at least 6 months of interferon or glatiramer therapy **AND** experienced at least one disabling relapse (attack) while on interferon or glatiramer therapy.*

Requirements for Initial Requests:

- *The patient's physician provides documentation setting out the details of the patient's most recent neurological examination within ninety (90) days of the submitted request. This must include a description of any recent attacks, the dates, and the neurological findings.*
  - *MRI reports do NOT need to be submitted with the initial request.*

Renewal:

- *Date and details of the most recent neurological examination and EDSS scores must be provided (exam must have occurred within the last 90 days); AND*
- *Patients must be stable or have experienced no more than 1 disabling attack/relapse in the past year; AND*
- *Recent EDSS score is less than or equal to 5.0.*

Approval period: 1 year

- **rivaroxaban, tablet, 15mg, 20mg (Xarelto-BAY)**

- At-risk patients with non-valvular atrial fibrillation who require rivaroxaban for the prevention of stroke and systemic embolism **AND** in whom:

  (a) Anticoagulation is inadequate following a reasonable trial on warfarin;
  OR
  (b) Anticoagulation with warfarin is contraindicated or not possible due to inability to regularly monitor via International Normalized Ratio (INR) testing (i.e. no access to INR testing services at a laboratory, clinic, pharmacy, and at home).

Exclusion Criteria:
Patients with impaired renal function (creatinine clearance or estimated glomerular filtration rate <30 mL/min) **OR** ≥ 75 years of age and **without** documented stable renal function **OR** hemodynamically significant rheumatic valvular heart disease, especially mitral stenosis; **OR** prosthetic heart valves.

Notes:
(a) Documented stable renal function is defined as creatinine clearance or estimated glomerular filtration rate of 30-49 mL/min for 15 mg once daily dosing or ≥ 50 mL/min for 20 mg once daily dosing that is maintained for at least 3 months.
(b) At-risk patients with atrial fibrillation are defined as those with a CHADS2 score of ≥ 1. Although the ROCKET-AF trial included patients with higher CHADS2 scores (≥ 2), other landmark studies with the other newer oral anticoagulants demonstrated a therapeutic benefit in patients with a CHADS2 score of 1. Prescribers may consider an antiplatelet regimen or oral anticoagulation for patients with a CHADS2 score of 1.
(c) Inadequate anticoagulation is defined as INR testing results that are outside the desired INR range for at least 35% of the tests during the monitoring period (i.e. adequate anticoagulation is defined as INR test results that are within the desired INR range for at least 65% of the tests during the monitoring period).
(d) A reasonable trial on warfarin is defined as at least 2 months of therapy.
(e) Since renal impairment can increase bleeding risk, renal function should be regularly monitored. Other factors that increase bleeding risk should also be assessed and monitored (see rivaroxaban product monograph).
(f) Patients starting rivaroxaban should have ready access to appropriate medical services to manage a major bleeding event.
(g) There is currently no data to support that rivaroxaban provides adequate anticoagulation in patients with rheumatic valvular disease or those with prosthetic heart valves, so rivaroxaban is not recommended in these populations.

- *Treatment of deep vein thrombosis (DVT) without symptomatic pulmonary embolism (PE)*

Approval Period: Up to six (6) months
Notes:
- *The recommended dose of rivaroxaban for patients initiating DVT treatment is 15 mg twice daily for 3 weeks, followed by 20 mg once daily.*
- *Drug plan coverage for rivaroxaban is an alternative to heparin/warfarin for up to 6 months. When used for greater than 6 months, rivaroxaban is more costly than heparin/warfarin. As such, patients with an intended duration of therapy greater than 6 months should be considered for initiation on heparin/warfarin.*
- *Since renal impairment can increase bleeding risk, it is important to monitor renal function regularly. Other factors that increase bleeding risks should also be assessed and monitored (see product monograph).*

- **zoledronic acid, solution for injection, 5mg/100ml (Aclasta-NVR)**
(a) For symptomatic treatment of Paget's disease of the bone.
(b) *For the treatment of patients with osteoporosis who would otherwise meet the current EDS criteria for oral bisphosphonates, but are unable to take oral bisphosphonates due to abnormalities of the esophagus (e.g., esophageal stricture or achalasia) or the development of severe intolerance following at least a three month trial of an oral bisphosphonate.*

AND have at least two of the following:
i) Age > 75 years;
ii) A prior fragility fracture;
iii) A bone mineral density (BMD) T-score ≤ -2.5

Note: Only one treatment per year is required.

Recommended as change from a Full Formulary Benefit to Exception Drug Status Listing according to the following criteria:

- **ezetimibe, tablet, 10mg (Ezetrol-MRK)**
  - For the treatment of hypercholesterolemia, as adjunctive therapy with HMG-CoA reductase inhibitor ('statin'), in patients who have not reached treatment goals on maximum tolerated statin therapy alone
    OR
    For treatment of hypercholesterolemia, as monotherapy, in patients who are intolerant to statins, OR when appropriate, fibrates.

    Note:
    Statin intolerance will be determined by evidence of a trial of 2 different statins.

Exception Drug Status will be automatically approved for Drug Plan beneficiaries with recent claims for ezetimibe on their drug profile.

The following products were RECOMMENDED to be DELISTED from the Formulary Listing:

- **meperidine, tablet, 50mg (Demerol-AVT)**
- **meperidine, injection, 50mg/ml, 75mg/ml, 100mg/ml (Meperidine Hydrochloride-SDZ)**
- **pentazocine, tablet, 50mg (Talwin-AVT)**

The above products will be delisted as benefits under the Saskatchewan Drug Plan effective **December 31, 2013.**

Recommended for Listing on the Hospital Benefit Drug List:

- **meperidine, injection, 50mg/ml, 75mg/ml, 100mg/ml (Meperidine Hydrochloride-SDZ)**

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

- **Latuda, tablet, 40mg, 80mg, 120mg (lurasidone hydrochloride) (SNV)**
- **Samsca, tablet, 15mg, 30mg (tolvaptan) (OTS)**

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