Saskatchewan
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SASKATCHEWAN FORMULARY BULLETIN

Update to the 62nd Edition of the Saskatchewan Formulary

New Full Formulary Listing Effective April 1, 2014:

- **adapalene/benzoyl peroxide, topical gel, 0.1%/2.5% (Tactuo-GAC)**

Change from Exception Drug Status Listing to Full Formulary Benefit:

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

New Exception Drug Status (EDS) Listings Effective April 1, 2014 according to the following criteria:

- **linagliptin/metformin, tablet, 2.5/500 mg, 2.5/850 mg, 2.5/1000 mg (Jentadueto-BOE)**
  For the convenience of patients who have been stabilized on metformin and linagliptin.
  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.

Non-Interchangeable Exception Drug Status (EDS) Listing Effective April 1, 2014 according to existing criteria:

- **somatropin, injection, pen, 5.3 mg, 12 mg; (Genotropin GoQuick-PFI); syringe, 0.6 mg, 0.8 mg, 1.0 mg, 1.2 mg, 1.4 mg, 1.6mg, 1.8 mg, 2.0 mg (Genotropin MiniQuick-PFI)**
  For treatment of children who have growth failure due to inadequate secretion of normal endogenous growth hormone. (Note: These products are not interchangeable)

Revised Exception Drug Status Criteria:

- **atomoxetine HCl, capsule, 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg (Strattera-LIL)**
  For treatment of Attention Deficit Hyperactivity Disorder (ADHD) in patients who meet all of the following criteria:
  - Has failed, or is intolerant to treatment with methylphenidate and an amphetamine.
  - Treatment with atomoxetine must be recommended by or in consultation with a specialist in psychiatry, pediatrics or a general practitioner with expertise in ADHD.

Revised Exception Drug Status Criteria (see bold italicized portion):

- **formoterol fumarate dihydrate/budesonide, powder for inhalation (package), 6ug/100ug, 6ug/200ug (Symbicort Turbuhaler-AST)**
  For treatment of:
  (a) Asthma in patients uncontrolled on inhaled steroid therapy
  (b) COPD in patients where there has been concurrent or past use of ***a long-acting muscarinic receptor antagonist (LAMA) or a long-acting beta-2 agonist (LABA)***.

- **lisdexamfetamine dimesylate, capsule, 20mg, 30mg, 40mg, 50mg, 60mg (Vyvanse-SCI)**
  For ***treatment of*** Attention Deficit Hyperactivity Disorder (ADHD) in patients:
  (a) Where the use of methylphenidate (short or long-acting formulations), or the use of dexamphetamine has not properly controlled the symptoms of the disease; OR
  (b) Who cannot swallow tablets/capsules whole and require a dissolvable form of a long-acting ADHD medication.

- **salmeterol xinafoate/fluticasone propionate, metered dose inhaler (package), 25ug/125ug, 25ug/250ug (Advair-GSK); powder for inhalation (package), 50ug/100ug, 50ug/250ug, 50ug/500ug (Advair Diskus-GSK)**
  For treatment of:
  (a) Asthma in patients uncontrolled on inhaled steroid therapy. It is important that these patients also have access to a short-acting beta-2 agonist for symptomatic relief.
  (b) COPD in patients where there has been concurrent or past use of ***a long-acting muscarinic receptor antagonist (LAMA) or a long-acting beta-2 agonist (LABA).***

- **vancomycin HCl, capsule, 125mg, 250mg (Vancocin-LIL); injection, 500mg, 1g (pms-Vancomycin-PMS) (Val-Vanco-VAL) (AJ-Vancomycin-AJC)**
  For treatment of Clostridium difficile infections for up to two consecutive two week periods after no response, allergies or intolerance to a course of metronidazole. Repeat approvals will only be granted with laboratory evidence of C. difficile toxin.
  Note: For treatment of second or later recurrence for Clostridium difficile infections, further coverage may be considered for up to 8 weeks.

New Exception Drug Status Criteria (in addition to existing criteria):

- **apixaban, tablet, 2.5mg (Eliquis-BMY)**
  (a) For prophylaxis of venous thromboembolism (VTE) following total knee arthroplasty for up to 14 days following the procedure.
  (b) For prophylaxis of venous thromboembolism (VTE) in patients undergoing total hip replacement for up to 35 days following the procedure.

- **adalimumab, pre-filled syringe, 40mg/0.8mL (Humira-ABB); pre-filled pen, 40mg/0.8mL (Humira Pen-ABB) – Effective March 1, 2014**
  (h) For treatment of active polyarticular juvenile idiopathic arthritis in pediatric patients who have failed one DMARD.
  This medication should be prescribed by a rheumatologist.

Recommended for listing on the Hospital Benefit Drug List:

- **mycophenolate mofetil, injection, 500 mg/20 mL**

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

- **everolimus, tablet, 2.5mg, 5mg, 10mg (Afinitor-NVR)** for renal angiomyolipoma associated with tuberous sclerosis complex

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