

SASKATCHEWAN FORMULARY BULLETIN

Update to the 62nd Edition of the Saskatchewan Formulary

New Full Formulary Listing Effective January 1, 2015:

- escitalopram, tablet, 10mg, 20mg (Apo-Escitalopram-APX) (Auro-Escitalopram-API) (Ran-Escitalopram-RAN)
- ipratropium/salbutamol SO₄, solution for inhalation, 20mcg/100mcg (Combivent Respimat-BOE)
- levonorgestrel, extended release intrauterine system, 13.5mg (Jaydess-BAY)

Change from Exception Drug Status Listing to Full Formulary Benefit:

- carvedilol, tablet, 3.125mg, 6.25mg, 12.5mg, 25mg (Apo-Carvedilol-APX) (Auro-Carvedilol-API) (Carvedilol-SAN) (Carvedilol-SIV) (Jamp-Carvedilol-JPC) (Mylan-Carvedilol-MYL) (pms-Carvedilol-PMS) (Ran-Carvedilol-RAN) (Ratio-Carvedilol-RPH)

New Exception Drug Status (EDS) Listings Effective January 1, 2015 according to the following criteria:

- **fidaxomicin, tablet, 200mg (Dificid-OPT)**

For the treatment of Clostridium difficile infection (CDI) in patients who:

- Have confirmed Clostridium difficile infection not improving after a course of metronidazole, and are allergic to, or are intolerant of oral vancomycin;

OR

- Patients with prior history of CDI after failure on other treatments* who are experiencing a recurrence of CDI**.

Notes:

- (i) A course of metronidazole is defined as at least 7 days of oral metronidazole therapy with a dose of at least 500 mg 3 times daily without acceptable clinical improvement.
- (ii) Fidaxomicin should not be used as add-on to existing therapy (metronidazole or vancomycin)
- (iii) Approved dose and duration: 200 mg twice a day for 10 days.

* Other treatments include metronidazole, vancomycin and vancomycin tapering regimen.

** A recurrence of CDI is defined as greater than 56 days since last medication dose for a previous CDI.

This medication should be prescribed in consultation with an infectious disease specialist.

- **ocriplasmin solution for intravitreal injection, 2.5mg/ml (Jetrea – ALL)**

For the treatment of **symptomatic** vitreomacular adhesion (VMA) if the following clinical criteria and conditions are met:

Clinical Criteria:

- Diagnosis of VMA should be confirmed through optical coherence tomography
- Patient does not have any of the following: large diameter macular holes (> 400 micrometre), high myopia (> 8 dioptre spherical correction or axial length > 28 millimetre), aphakia, history of retinal detachment, lens zonule instability, recent ocular surgery or intraocular injection (including laser therapy), proliferative diabetic retinopathy, ischemic retinopathies, retinal vein occlusions, exudative age-related macular degeneration, or vitreous hemorrhage.

Conditions:

- Ocriplasmin should be administered by a retinal specialist or by a qualified ophthalmologist experienced in intravitreal injections.
- Treatment with ocriplasmin should be limited to a single injection per eye (i.e. retreatments are not covered).

- **saxagliptin HCL/metformin HCL, tablet, 2.5/500 mg, 2.5/850 mg, 2.5/1000 mg (Komboglyze-AST)**

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

Note: This product should be used in patients with diabetes who are not adequately controlled on, or are intolerant to combination therapy of metformin and a sulfonylurea, and for whom insulin is not an option.

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

- **sitagliptin and metformin hydrochloride, tablet, 50mg/500mg, 50mg/850mg, 50mg/1000mg (Janumet-MRK); modified release tablet, 50mg/1000mg (Janumet XR-MRK)**

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

Note: This product should be used in patients with diabetes who are not adequately controlled on, or are intolerant to combination therapy of metformin and a sulfonylurea, and for whom insulin is not an option.

- **linagliptin/metformin, tablet, 2.5mg/500mg, 2.5mg/850mg, 2.5mg/1000mg (Jentadueto-BOE)**

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

Note: This product should be used in patients with diabetes who are not adequately controlled on, or are intolerant to combination therapy of metformin and a sulfonylurea, and for whom insulin is not an option.

Recommended for listing on the Hospital Benefit Drug List:

- **rasburicase, vial, 1.5mg (Fasturtec-AVT)**

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

- **onabotulinumtoxinA, injection, 100 IU/vial (Botox – ALL)** for chronic migraine
- **aripiprazole, tablet, 2 mg, 5 mg, 10 mg, 15 mg, 20 mg, 30 mg (Abilify- BMS)** for major depressive disorder
- **phleum pratense, orally disintegrating tablet, 2800BAU (Grastek-MRK)**
- **guanfacine hydrochloride, tablet 1mg, 2mg, 3mg, 4mg (Intuniv XR – SCI)**
- **betamethasone valerate, 0.12% foam (Luxiq – GSK)**
- **ingenol mebutate, 0.015%, 0.05% gel, (Picato-LEO)**

**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**

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