

SASKATCHEWAN FORMULARY BULLETIN

Update to the 62nd Edition of the Saskatchewan Formulary

New Full Formulary Listing Effective October 1, 2015:

• brinzolamide/brimonidine tartrate, ophthalmic suspension, 1%/0.2% (Simbrinza-ALC)

<u>New Exception Drug Status (EDS) Listings Effective October 1, 2015 according to the following criteria:</u>

• abacavir/dolutegravir/lamivudine, tablet, 600mg/50mg/300mg (Triumeq-VII)

For management of HIV disease in adult patients.

This drug, as with other antivirals in the treatment of HIV, should be used under the direction of an infectious disease specialist.

• canagliflozin, tablet, 100mg, 300mg (Invokana-JAN)

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

This product should not be used in combination with dipeptidyl peptidase-4 inhibitors.

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

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

• apixaban, tablet, 2.5mg, 5mg (Eliquis-BMY)

For treatment of deep vein thrombosis (DVT) or pulmonary embolism (PE). Approval Period: Up to six (6) months.

Notes:

- The recommended dose of apixaban for patients initiating acute DVT or PE treatment is 10 mg taken orally twice daily for seven days, followed by 5 mg taken orally twice daily (for treatment up to six months).
- Drug Plan coverage of apixaban for the treatment of DVT or PE is an alternative to heparin/warfarin for up to six months. When used for longer than six months, apixaban is more costly than heparin/warfarin. As such, patients with an intended duration of therapy longer than six months should be considered for initiation on heparin/warfarin.

- The recommended dose for the continued prevention of recurrent DVT or PE is 2.5 mg taken orally twice daily (e.g. for treatment beyond six months, this falls outside of criteria for coverage). As previously noted, patients with an intended duration of therapy longer than six 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).
- ustekinumab, solution for injection, 45mg/0.5mL, 90mg/1.0mL (Stelara-JAN)

For treatment of psoriatic arthritis in patients who have had an inadequate response to, or are intolerant to methotrexate and one other DMARD.

Note: Exceptions can be considered in cases where methotrexate or leflunomide are contraindicated.

This product should be used in consultation with a specialist in this area.

<u>Drugs Reviewed and Not Approved for Listing in the Saskatchewan Formulary:</u>

- azelastine/fluticasone propionate, metered spray, 137mcg/50mcg (Dymista-MPL)
- apremilast, tablet, 10mg, 20mg, 30mg (Otezla-CLG) for treatment of patients with moderate to severe psoriasis
- collagenase, ointment, 250units/g (Santyl-HPC)

New forms for Alzheimer Exception Drug Status (EDS) requests have been updated and posted on the formulary website: http://formulary.drugplan.health.gov.sk.ca/AppForms.aspx
Physicians and pharmacies should submit requests using the new forms.

If you have questions, please contact the Drug Plan at 1-800-667-2549 or 1-800-667-7581.

Changes to Approved Quantities of Blood Glucose Test Strips

As of October 15, 2015, the number of blood glucose test strips that are reimbursed every 365 days will be based on the type of diabetes treatment that a person receives. These changes are aligned with Canadian Diabetes Association guidelines concerning blood glucose testing. For further information, please visit the "What's New" section of the Drug Plan and Extended Benefits Branch website http://formulary.drugplan.health.gov.sk.ca

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