

SASKATCHEWAN FORMULARY BULLETIN

Update to the 62nd Edition of the Saskatchewan Formulary

New Full Formulary Listing Effective July 1, 2016:

• levonorgestrel, tablet, 1.5mg (Plan B-PAL) (Backup Plan Onestep-APX)

<u>New Exception Drug Status (EDS) Listings Effective August 1, 2016 according to the following criteria:</u>

icatibant acetate, subcutaneous injection, 10mg/mL (Firazyr-SCI)

For the treatment of acute attacks of hereditary angioedema (HAE) in adults with lab confirmed C1-esterase inhibitor deficiency (type I or type II) if the following conditions are met:

- Treatment of non-laryngeal attacks of at least moderate severity, OR
- Treatment of acute laryngeal attacks

Notes:

- Limited to a single dose for self-administration per attack
- Prescribed by physicians with experience in the treatment of HAE
- Maximum quantity dispensed at one time is two (2) doses

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