

SASKATCHEWAN FORMULARY BULLETIN

Update to the 62nd Edition of the Saskatchewan Formulary

Recommended Additional Exception Drug Status criteria:

- **golimumab, solution for injection, 50mg/0.5ml, 100mg/1.0ml, pre-filled syringe; auto-injector (Simponi-JAN)**

For treatment of ulcerative colitis in patients unresponsive to high dose intravenous steroids.

Note: Clinical response should be assessed after three months of therapy. Ongoing coverage will only be provided for those who respond to therapy.

Patients undergoing this treatment should be reviewed every six months by a specialist in this area.

Recommended Additional Formulations of Existing EDS medications according to the following criteria:

- **golimumab, solution for infusion, 50mg/4.0mL (Simponi I.V.-JAN)**

For the treatment of active rheumatoid arthritis in patients who have failed or are intolerant to methotrexate and leflunomide.

Treatment should be combined with an immunosuppressant. This product should be used in consultation with a specialist in the area. (Note: Exceptions can be considered in cases where methotrexate or leflunomide are contraindicated).