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SASKATCHEWAN FORMULARY BULLETIN

Update to the 62nd Edition of the Saskatchewan Formulary

Recommended as Exception Drug Status benefit according to the following criteria:

- **sacubitril/valsartan, 24.3/25.7 mg, 48.6/51.4 mg, 97.2/102.8 mg, combination tablets (Entresto – NVR)**

For the treatment of heart failure (HF) with reduced ejection fraction in patients with New York Heart Association (NYHA) class II or III to reduce the incidence of cardiovascular (CV) death and HF hospitalization, if all of the following clinical criteria are met:

Reduced left ventricular ejection fraction (LVEF) (<40%)

Patient has NYHA class II-III symptoms despite at least four weeks of treatment with a stable dose of an angiotensin-converting-enzyme inhibitor (ACEI) or an angiotensin II receptor antagonist (ARB) in combination with a beta-blocker and other recommended therapies, including an aldosterone antagonist (if tolerated).

Plasma B-type natriuretic peptide (BNP) ≥ 150 pg/mL or N-terminal prohormone-B-type natriuretic peptide (NT-proBNP) ≥ 600 pg/mL; or plasma BNP ≥ 100 pg/mL or NT-proBNP ≥ 400 pg/mL levels if the patient has been hospitalized for HF within the past 12 months.

Patients should be under the care of a specialist experienced in the treatment of HF for patient selection, titration, follow-up and monitoring.

- **peginterferon beta-1a, prefilled syringe, 63mcg/94mcg/0.5mL (starter pack), 125mcg/0.5mL (Plegridy-BGN)**

Approval for coverage will be given to patients who are assessed and meet the following criteria:

have clinical definite relapsing and remitting multiple sclerosis;

have had at least two documented attacks of MS during the previous two years (an attack is defined as the appearance of new symptoms or worsening of old symptoms, lasting at least 24 hours in the absence of fever, preceded by stability for at least one month);

are fully ambulatory for 100 meters without aids (canes, walkers or wheelchairs)
- Extended Disability Status Scale (EDSS) 5.5 or less;

are age 18 or older (Note: Applications for patients under 18 will be considered.)

Physicians should also forward the following information:
documentation of attacks, date of onset, date of diagnosis;
neurological findings, Extended Disability Status Scale (EDSS);
MRI reports or other significant information;
List of current medications.

- **vedolizumab, solution for infusion, 300mg/vial (Entyvio-TAK)**

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

  Note: Clinical response should be assessed after the three dose induction phase. 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.

- **hydroxyurea, capsule, 500mg (Hydrea-BMYand generics)**

  For non-oncology conditions.

- **cyclophosphamide, tablet, 25mg, 50mg (Procytox-BAX)**

  For non-oncology conditions.

- **acyclovir, oral suspension, 40mg/mL (Zovirax-GSK)**

  For patients unable to swallow the listed tablet formulation.

The following products were NOT RECOMMENDED for Formulary Listing:

- tesamorelin, injection, 1mg/vial (Egrifta-THE) – lipodystrophy, HIV-infected patients
- canakinumab, subcutaneous injection, 150 mg/vial lyophilized powder for solution for injection (Ilaris-NVR) – for systemic juvenile idiopathic arthritis

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