QUARTERLY UPDATE TO THE 50th EDITION OF THE SASKATCHEWAN FORMULARY

NEW LISTINGS

FIRST ENTRY GENERIC:

- Pravastatin, tablet, 10mg, 20mg, 40mg (Lin-Pravastatin-LIN)

EXCEPTION DRUG STATUS:

Effective August 1, 2000 the following products will be available under Exception Drug Status subject to the indicated criteria.

- **Calcitonin salmon, nasal spray, 200IU/dose (Miacalcin-NVR)**

  Calcitonin possesses analgesic properties and can be used to manage the acute pain associated with recent nontraumatic osteoporotic vertebral crush fractures.

  Exception Drug Status Criteria:

  For the treatment of crush fracture with bone pain. Coverage will be provided for a maximum of 3 months as an alternative to the subcutaneous dosage form.

- **Tizanidine HCl, tablet, 4mg (Zanaflex-DPY)**

  Tizanidine is a short-acting drug for the management of spasticity.

  Exception Drug Status Criteria:

  For the treatment of patients with severe spasticity who are unresponsive or intolerant to baclofen or benzodiazepines.

- **Rosiglitazone maleate, tablet, 2mg, 4mg, 8mg (Avandia-SMJ)**

  This product is an oral antidiabetic agent, which acts primarily by increasing insulin sensitivity in type 2 diabetes. It is a member of the thiazolidinedione class of diabetic agents. Rosiglitazone is not chemically or functionally related to the sulfonylureas, the biguanides, or the alpha glucosidase inhibitors.

  Exception Drug Status Criteria:

  For the treatment of diabetes in patients who are not adequately controlled or are intolerant to metformin and sulfonylureas.

Cost Comparison

	Dosage	Rx cost (100 day)*
Avandia 4mg tablet	OD	$294.06
Avandia 8mg tablet	OD	$326.61
Glyburide 2.5mg tablet	TID	$13.35
Glyburide 5mg tablet	TID	$14.84
Metformin 500mg tablet	TID	$24.64

*includes mark up and maximum allowable dispensing fee of $7.15

- **Leflunomide, tablet, 10mg, 20mg, 100mg (Arava-AVT)**

  Leflunomide is a new disease modifying antirheumatic drug (DMARD). It is an immunomodulatory agent, which inhibits de novo pyrimidine synthesis and has antiproliferative activity.

  Exception Drug Status Criteria:

  For the treatment of rheumatoid arthritis in patients who have failed or are intolerant to at least two other DMARDs (e.g. gold, methotrexate, sulfasalazine, azathioprine).

Cost Comparison

	Dosage	Rx cost (34 day)*
Arava 10mg tablet	OD	$380.93
Arava 20mg tablet	OD	$380.93
Methotrexate 2.5mg tablet	3 tabs weekly	$20.51
Methotrexate 2.5mg tablet	6 tabs weekly	$32.72

*includes mark up and maximum allowable dispensing fee of $7.15

MODIFICATIONS TO CURRENT EXCEPTION DRUG STATUS CRITERIA:

Effective June 21, 2000, EDS requests for Celebrex & Vioxx will not be required for patients 65 years and over. A system modification allows pharmacies to submit claims for these drugs in the same manner as other Formulary benefit medications. Criteria has been changed as indicated below. (please note: EDS coverage for Vioxx oral suspension is effective July 1, 2000).

- **Celecoxib, capsule, 100mg, 200mg (Celebrex-SEA)**
  and
- **Rofecoxib, tablet, 12.5mg, 25mg; oral suspension, 2.5mg/mL (Vioxx-MSD)**

  1) For treatment in patients age 65 and over (approved automatically through the on-line computer system).
  2) For treatment of rheumatoid arthritis and osteoarthritis in patients who have one of the following factors:
     i) past history of ulcers
     ii) concurrent prednisone therapy
     iii) concurrent wafarin therapy
  3) For treatment of patients with an intolerance to other NSAIDs listed in the Formulary.

Effective August 1, 2000 the Exception Drug Status criteria for the following products will be as indicated.

- **Azithromycin, tablet, 250mg; oral suspension, 20mg/mL, 40mg/mL (Zithromax-PFI)**

  In addition to the criteria listed in Appendix A of the Sask Formulary: Step-down therapy following hospital separation in patients treated with intravenous azithromycin (guided by culture and sensitivity results).

- **Salmeterol xinafoate/fluticasone propionate, powder for inhalation (package) 50ug/100ug, 50ug/250ug, 50ug/500ug (Advair Diskus-GLA)**

  The Exception Drug Status criteria has been revised to:
  For the treatment of asthma in patients not adequately controlled on steroid therapy. It is important that these patients also have access to a short-acting beta-2 agonist for symptomatic relief.

SOME OF THE PRODUCTS CURRENTLY UNDER REVIEW BY THE FORMULARY COMMITTEE:

- Dipyridamole/acetylsalicylic acid, capsule, 200mg/25mg (Aggrenox-BOE)
- Etanercept, powder for injection, 25mg/vial (Enbrel-WYA)
- Ganciclovir SO4, capsule, 500mg (Cytovene-HLR)
- Infliximab, lyophilized concentrate for iv injection, 100mg/20mL vial (Remicade-SCH)
- Rizatriptan benzoate, wafer, 5mg (Maxalt RPD-MSD)

PRODUCTS REVIEWED AND NOT RECOMMENDED FOR LISTING:

- Bisoprolol fumarate, tablet, 5mg, 10mg (Monocor-BVL)
  This product offers no therapeutic advantage over currently listed beta-blockers for the treatment of hypertension and is more expensive.

- Chlorhexidine gluconate, oral rinse, 0.12% (Perichlor-PMS)
  There is limited need for this product and good oral hygiene is as effective.

DE-LISTING OF CISAPRIDE:
Cisapride, tablet, 5mg, 10mg, 20mg (Prepulsid-JAN) is being withdrawn from the market and therefore effective August 7, 2000 will be de-listed from the Saskatchewan Formulary.

FORMULARY CORRECTION:
Please note the following correction to page 21 of the 50th Edition of the Saskatchewan Formulary. The two products listed under Nitrofurantoin 50mg capsule (macrocrystals) are interchangeable.

ON-LINE FORMULARY

The Saskatchewan Health Drug Plan Formulary is now available on-line. It can be accessed via the Internet @ ***http://formulary.drugplan.health.gov.sk.ca****. Also available on this site is information regarding the Drug Plan & Extended Benefits Branch, branch programs, Formulary Committee bulletins, and program application forms. Your comments and suggestions regarding the on-line formulary are welcome. For more information or to submit any comments, click on the webmaster link located at the bottom of each page.*

Saskatchewan Formulary Committee
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Regina, Saskatchewan S4S 6X6

GENERIC & TRADE NAME	***STRENGTH & FORM***	***DIN***	***UNIT PRICE***	***LEGEND***
Calcitonin salmon				
Miacalcin	200IU/dose nasal spray (bottle)	02240775	26.5900	*EDS*
Desoximetasone				
Taro-Desoximetasone	0.05% topical gel	02241887	0.3350	*I/C*
Leflunomide				
Arava	10mg tablet	02241888	10.4052	*EDS*
Arava	20mg tablet	02241889	10.4052	*EDS*
Pravastatin				
Lin-Pravastatin	10mg tablet	02237373	1.1495	*I/C*
Lin-Pravastatin	20mg tablet	02237374	1.3560	*I/C*
Lin-Pravastatin	40mg tablet	02237375	1.6330	*I/C*
Rosiglitazone maleate				
Avandia	2mg tablet	02241112	1.3346	*EDS*
Avandia	4mg tablet	02241113	2.6691	*EDS*
Avandia	8mg tablet	02241114	2.9946	*EDS*
Salbutamol SO4				
Alti-Salbutamol Resp Sol P.F.	0.5mg/mL inh sol P.F. (2.5mL)	02239365	0.4047	*I/C*
Alti-Salbutamol Resp Sol P.F.	2mg/mL inh sol P.F. (2.5mL)	02239366	1.2538	*I/C*
Selegiline HCl				
pms-Selegiline	5mg tablet	02238102	1.3726	*I/C EDS*
Sucralfate				
Dom-Sucralfate	1g tablet	02239912	0.3352	*I/C*
Tizanidine HCl				
Zanaflex	4mg tablet	02239170	0.7387	*EDS*

LEGEND: EDS = Exception Drug Status
I/C = interchangeable

CRITERIA FOR NEW EXCEPTION DRUG STATUS ADDITIONS

Effective August 1, 2000, the following products will be available subject to the indicated criteria.

calcitonin salmon, nasal spray, 200IU/dose (Miacalcin-NVR)

For treatment of crush fracture with bone pain. *Coverage will be provided for a maximum of 3 months as an alternative to the subcutaneous dosage form.*

leflunomide, tablet, 10mg, 20mg (Arava-AVT)

For treatment of rheumatoid arthritis in patients who have failed or are intolerant to at least two other DMARDs (e.g. gold, methotrexate, sulfasalazine, azathioprine).

rosiglitazone maleate, tablet, 2mg, 4mg, 8mg (Avandia-SMJ)

For treatment of diabetes in patients who are not adequately controlled or are intolerant to metformin and sulfonylureas.

tizanidine HCl, tablet, 4mg (Zanaflex-DPY)

For treatment of patients with severe spasticity who are unresponsive or intolerant to baclofen or benzodiazepines.

MODIFICATIONS TO CURRENT EXCEPTION DRUG STATUS CRITERIA

*Effective **June 21, 2000**, the EDS criteria for the following products is as indicated. Please note however that EDS coverage of Vioxx oral suspension is effective July 1, 2000.*

celecoxib, capsule, 100mg, 200mg (Celebrex-SEA)
rofecoxib, tablet, 12.5mg, 25mg; oral suspension, 2.5mg/mL (Vioxx-MSD)

(a) For treatment in patients age 65 and over (approved automatically through the on-line computer system).
(b) For treatment of rheumatoid arthritis and osteoarthritis in patients who have one of the following factors:
- past history of ulcers;
- concurrent prednisone therapy;
- concurrent warfarin therapy.

(c) For treatment of patients with an intolerance to other NSAIDs listed in the Formulary.

*Effective **August 1, 2000**, the EDS criteria for the following products will be as indicated.*

azithromycin, tablet, 250mg; capsule, 250mg; oral suspension, 20mg/mL, 40mg/mL (Zithromax-PFI)

NOTE: criteria (a) to (f) unchanged. Addition of (g) as follows:

(g) For step-down care following hospital separation in patients treated with intravenous azithromycin (guided by culture and sensitivity results).

salmeterol xinafoate/fluticasone propionate, powder for inhalation (package) 50ug/100ug, 50ug/250ug, 50ug/500ug (Advair Diskus-GLA)

For the treatment of asthma in patients not adequately controlled on steroid therapy. *It is important that these patients also have access to a short-acting beta-2 agonist for symptomatic relief.*