



**SASKATCHEWAN FORMULARY COMMITTEE  
UPDATE BULLETIN  
52nd Edition**

**NEW LISTINGS**

**NEW EXCEPTION DRUG STATUS AGENTS**

Effective October 1, 2002 the following products are available under Exception Drug Status subject to the indicated criteria.

- **Alendronate sodium, tablet, 70mg (Fosamax-MSD)**  
**Exception Drug Status Criteria:**
  - a) For treatment of osteoporosis in patients who do not respond to etidronate disodium/calcium (Didrocal) after receiving it for one year.
  - b) For treatment of osteoporosis in patients unable to tolerate etidronate disodium/calcium (Didrocal).
  
- **Insulin (Regular) Aspart, injection solution (5x3ml), (10ml), 100U/mL (NovoRapid-NOO)**  
**Exception Drug Status Criteria:**  
For treatment of patients with difficult to control diabetes.
  
- **Nateglinide, tablet, 60mg, 120mg, 180mg (Starlix-NVR)**  
**Exception Drug Status Criteria:**  
For treatment of diabetes in patients who are not adequately controlled or are intolerant to sulfonylureas.
  
- **Rabeprazole sodium, tablet, 10mg (Pariet-JAN)**  
**Note: Only the 10mg strength of tablet is approved for coverage.**  
**Exception Drug Status Criteria:**
  - a) For a maximum of 8 weeks in treatment of peptic ulcer disease, which includes gastric and duodenal ulcers, in patients not responding or experiencing unusual or severe adverse reactions to a reasonable trial with H<sub>2</sub> blockers, sucralfate or misoprostol. *Coverage for a repeat treatment will be approved only after a 3-6 month period of no treatment or prophylaxis with an H<sub>2</sub> blocker, sucralfate or misoprostol.*
  - b) For one year in treatment of symptoms of gastroesophageal reflux disease (GERD). *It was noted that patients with non-erosive GERD could potentially be reduced to step-down therapy with an H<sub>2</sub> antagonist depending on symptom resolution.*
  - c) For one year in treatment of severe erosive esophagitis and Zollinger-Ellison Syndrome. *This is renewable on a yearly basis.*

- d) For one week for eradication of H. pylori-related infections in individuals with peptic ulcer disease. *Provision will be made for additional coverage in treatment failures.*
- e) For first-line prevention of gastroduodenal hemorrhage in high risk patients with prior history of gastroduodenal bleeds for whom anticoagulant, glucocorticosteroid or NSAID therapy cannot be avoided. *Coverage is renewable on a yearly basis for patients if discontinuation of offending agents or replacement with less damaging alternatives is not feasible.*

**PROTON PUMP COST COMPARISON**

	<b>Dosage</b>	<b>Rx cost (34 day)*</b>
Pariet 10mg tablet	2 tabs OD	\$59.97
Losec 20mg tablet	OD	\$96.61
Prevacid 30mg capsule	OD	\$88.38
Pantoloc 40mg tablet	OD	\$84.32

\* includes mark up and maximum allowable dispensing fee of \$7.22

**NEW FULL FORMULARY LISTINGS**

- Clindamycin phosphate/benzoyl peroxide, topical gel, 1%/5% (Clindoxyl-STI)
- Conjugated estrogens/medroxyprogesterone acetate, tablet (package) 0.625mg/5.0mg (Premplus-WYA)
- Erythromycin base, tablet, 250mg (Apo-Erythro-Base-APX)
- Estradiol vaginal tablets, 25ug (Vagifem-NOO)
- Glucagon (rDNA origin), injection powder, 1mg (Glucagon-LIL)
- Ketoprofen suppository, 50mg (pms-Ketoprofen-PMS)
- Quinidine SO<sub>4</sub>, tablet, 200mg (Apo-Quinidine-APX)

**NEW DOSAGE FORMS/ STRENGTHS OF EXCEPTION DRUG STATUS AGENTS**

Effective October 1, 2002 the following products will be covered under the same Exception Drug Status criteria as the currently listed forms/strengths.

- Clarithromycin, oral suspension, 50mg/mL (Biaxin-ABB)
- Clarithromycin, extended-release tablet, 500mg (Biaxin XL-ABB)
- Olanzapine, tablet, 15mg (Zyprexa-LIL)
- Tolterodine L-tartrate, extended release capsules, 2mg, 4mg (Unidet-PHU)

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

- Anakinra, subcutaneous injection (pre-filled syringe), 100mg/0.67mL (Kineret-AMG)
- Bimatoprost, ophthalmic solution, 0.03% (Lumigan-ALL)
- Darbepoetin alfa, pre-filled syringe, 25ug/mL (0.4mL), 40ug/mL (0.5mL), 100ug/mL (0.3mL, 0.4mL, 0.5mL), 200ug/mL (0.3mL, 0.4mL, 0.5mL), 500ug/mL (0.3mL) (Aranesp-AMG)
- Enoxaparin, syringe, 150mg/mL (0.8mL, 1mL) (Lovenox HP-AVT)
- Glimepiride, tablet, 1mg, 2mg, 4mg (Amaryl-AVT)
- Unoprostone isopropyl, ophthalmic solution, 0.15% (Rescula-NVO)

**MODIFICATIONS TO CURRENT  
EXCEPTION DRUG STATUS  
CRITERIA**

*Effective October 1, 2002 the Exception Drug status criteria for the following products will be as indicated.*

- **Alendronate sodium, tablet, 40mg (Fosamax-MSD)**  
Exception Drug Status criteria has been revised to:  
For treatment of symptomatic Paget's Disease of the bone.
- **Formoterol fumarate, powder for inhalation (capsule), 12ug (Foradil-NVR); powder for inhalation (package), 6ug/dose, 12ug/dose (Oxeze Turbuhaler-AST)**  
Exception Drug Status criteria has been revised to:
  - (a) For treatment of asthma uncontrolled on concurrent steroid therapy. *It is important that these patients also have access to a short-acting beta-2 agonist for symptomatic relief.*
  - (b) For treatment of chronic obstructive pulmonary disease (COPD).

- **Salmeterol xinafoate, metered dose inhaler, 25ug/actuation; powder disk, 50ug/blister (Serevent-GSK); powder for inhalation (package), 50ug/dose (Serevent Diskus-GSK)**  
Same Exception Drug Status criteria as for formoterol fumarate published in this bulletin.

**SASKATCHEWAN FORMULARY  
COMMITTEE (SFC) BULLETIN -  
SPECIAL REVIEW OF  
ANTIBIOTICS**

The SFC, assisted by the Drug Quality Assessment Committee, in consultation with provincial infectious disease experts, has completed a review of antibiotics currently covered under the Drug Plan. Included with this Formulary Bulletin is the SFC Bulletin - Special Review of Antibiotics and the Chart of Antibiotic Choices for Common Infectious Diseases. **Changes have been made to the Exception Drug Status (EDS) criteria for many of the EDS listed antibiotics. Please refer to the enclosed insert for changes to the previously published criteria.**

**Merck Frosst Canada - Paget's Allocation Program for Fosamax 40mg tablet**

The manufacturer of Fosamax 40mg tablets (Merck Frosst Canada) now requires patients to be enrolled in their Paget's Allocation Program in order to receive the 40mg strength of Fosamax tablets. Further information can be obtained by contacting Merck Frosst at 1-800-567-2594 (for consumer information) or 1-800-463-7251 (order desk).

**FIRST ENTRY GENERIC**

- Betamethasone dipropionate/salicylic acid, topical lotion, 0.05%/2% (ratio-Topisalic-RTP)
- Brimonidine tartrate, ophthalmic solution, 0.2% (ratio-Brimonidine-RTP)
- Carbamazepine, chewable tablet, 100mg (Taro-Carbamazepine-TAR)
- Flavoxate HCl, tablet, 200mg (Apo-Flavoxate-APX)

- Ketoconazole, topical cream, 2% (Ketoderm-OPT)
- Prednisolone sodium phosphate, oral liquid, 1mg/mL (pms-Prednisolone-PMS)

**ANNUAL FORMULARY**

The Fifty-Second Edition of the Formulary is currently being printed. It is expected that pharmacies and physicians will receive their copy by mail at the beginning of November. As the contents of this bulletin will be contained in the Fifty-Second Edition of the Formulary, update stickers are not being provided. Prior to the paper version of the Formulary being available, complete up-to-date information can be accessed via the On-Line Formulary on the internet at <http://formulary.drugplan.health.gov.sk.ca>.

**PRODUCTS REVIEWED AND  
NOT RECOMMENDED FOR  
LISTING**

- **Calcipotriol/betamethasone dipropionate, ointment, 50ug/0.5mg/g (Dovobet-LEO)**  
The clinical benefit of this product does not justify the incremental cost.
- **Esomeprazole magnesium trihydrate, delayed release tablet, 20mg, 40mg (Nexium-AST)**  
This product offers no significant clinical advantage over listed alternatives.
- **Fenofibrate, tablet, 100mg, 160mg (Lipidil Supra-FFR)**  
This product offers no clinical or economic advantage over the listed formulation.
- **Fluoxetine, capsule, 40mg (FXT 40-ORX)**  
The clinical benefit of this product does not justify the incremental cost.
- **Morphine, sustained release capsule, 10mg (Kadian-ABB)**  
It was noted there is little need for or benefit from this strength of morphine.

**PRODUCTS REVIEWED AND NOT RECOMMENDED FOR LISTING (continued)**

- **Orlistat, capsule, 120mg (Xenical-HLR)**  
For the new indication, use in combination with antidiabetic agents to improve blood glucose control in overweight or obese type 2 diabetes patients, this product is not as effective as currently listed oral hypoglycemics.
- **Oxybutynin chloride, extended-release tablet, 5mg, 10mg (Ditropan XL-JAN)**  
The clinical benefit of this product does not justify the incremental cost. Also there is a lack of evidence to support an improved side effect profile in patients intolerant to the regular tablet.
- **Rabeprazole sodium, tablet, 20mg (Pariet-JAN)**  
The clinical benefit of the 20mg strength of this product does not justify the cost.
- **Testosterone, gel (2.5g packet), gel (5.0g packet), 1% (AndroGel-SLV)**  
The clinical benefit of this product does not justify the incremental cost.

**Verteporfin, injection, 2mg/mL (15mg/vial) (Visudyne-NVO)**

Visudyne will now be available through the Regina & Saskatoon Regional Health Authorities for a new indication, the treatment of pathologic myopia in patients with predominately classic subfoveal choroidal neovascularization. Visudyne coverage has been available since April 2001 for patients with age related macular degeneration with predominately classic subfoveal choroidal neovascularization.

Visudyne therapy is a two-stage process requiring administration of intravenous verteporfin followed by activation of the drug by a non-thermal laser. Patients should see their physician or ophthalmologist for a referral to a retinal specialist who provides Visudyne/laser therapy.

**PRODUCTS RECOMMENDED FOR DELISTING**

- ❖ *All strengths of cefaclor will be delisted effective April 1, 2003. The Special Review Committee on Antibiotics recommended delisting cefaclor because in general, the MIC's are better and resistance rates lower for other cephalosporins.*
- ❖ *Tolterodine L-tartrate, tablet, 1mg, 2mg (Detrol-PHU). This product will be delisted effective April 1, 2003. The extended release format of tolterodine (Unidet) is now listed as EDS and it offers the advantage of once daily dosing and fewer peak-dose side effects. Patients who have EDS for Detrol will continue to be covered.*

**TRIAMCINOLONE ACETONIDE, 100UG/DOSE NASAL SPRAY (NASACORT-AVT) CFC**

As a result of an international agreement to eliminate the use of CFC propellant in pharmaceutical products, there will be a gradual phasing out of CFC inhalers in Canada.

This summer, the Drug Plan received notification from Aventis Pharma that Nasacort Nasal Spray, which contains CFC propellant, would no longer be available as of July 1, 2002.

Therefore Nasacort (CFC) has been delisted from the Formulary and is no longer a benefit under the Drug Plan. Pharmacies were notified of this change in July 2002, via the Drug Plan pharmacy information bulletin. The aqueous form of Nasacort nasal spray is still available and is listed in the Formulary.

**Saskatchewan Formulary Committee  
2nd Floor, 3475 Albert Street  
Regina, Saskatchewan S4S 6X6**

This Bulletin is not to be reproduced or republished except with the approval of the Saskatchewan Formulary Committee. Inquiries should be directed to the address shown at left.

**FORMULARY AND EDS UPDATES EFFECTIVE OCTOBER 1, 2002**

<b><u>GENERIC &amp; TRADE NAME</u></b>	<b><u>STRENGTH &amp; FORM</u></b>	<b><u>DIN</u></b>	<b><u>UNIT PRICE</u></b>	<b><u>LEGEND</u></b>
Alendronate sodium				
<b>Fosamax</b>	70mg tablet	02245329	9.6030	<i>EDS</i>
Amoxicillin trihydrate/potassium clavulanate				
<b>ratio-Amoxi Clav</b>	25mg/6.25mg/mL oral suspension	02244646	0.0786	<i>I/C EDS</i>
<b>ratio-Amoxi Clav</b>	50mg/12.5mg/mL oral suspension	02244647	0.1321	<i>I/C EDS</i>
Betamethasone dipropionate/salicylic acid				
<b>ratio-Topisalic</b>	0.05%/2% topical lotion	02245688	0.3824	<i>I/C</i>
Brimonidine Tartrate				
<b>ratio-Brimonidine</b>	0.2% ophthalmic solution	02243026	2.5064	<i>I/C</i>
Carbamazepine				
<b>Taro-Carbamazepine</b>	100mg chewable tablet	02244403	0.0929	<i>I/C</i>
Clarithromycin				
<b>Biaxin</b>	50mg/mL oral suspension	02244641	0.5632	<i>EDS</i>
<b>Biaxin XL</b>	500mg extended-release tablet	02244756	2.7282	<i>EDS</i>
Clindamycin phosphate/benzoyl peroxide				
<b>Clindoxyl Gel</b>	1%/5% topical gel	02243158	0.9353	
Clobetasol Propionate				
<b>Clobetasol Propionate</b>	0.05% topical cream	02245523	0.4414	<i>I/C</i>
<b>Clobetasol Propionate</b>	0.05% topical ointment	02245524	0.4414	<i>I/C</i>
<b>Clobetasol Propionate</b>	0.05% scalp application	02245522	0.3868	<i>I/C</i>
Clobazam				
<b>Apo-Clobazam</b>	10mg tablet	02244638	0.2336	<i>I/C</i>
Conjugated estrogens/medroxyprogesterone acetate				
<b>Premplus</b>	0.625mg/5mg tablet	02242879	7.6000	
Divalproex SO4				
<b>Dom-Divalproex</b>	125mg tablet	02245751	0.1744	<i>I/C</i>
<b>Dom-Divalproex</b>	250mg tablet	02245752	0.3134	<i>I/C</i>
<b>Dom-Divalproex</b>	500mg tablet	02245753	0.6270	<i>I/C</i>
Erythromycin base				
<b>Apo-Erythro-Base</b>	250mg tablet	00682020	0.1107	
Estradiol				
<b>Vagifem</b>	25ug vaginal tablet	02241332	2.3900	
Flavoxate HCl				
<b>Apo-Flavoxate</b>	200mg tablet	02244842	0.3752	<i>I/C EDS</i>

**FORMULARY AND EDS UPDATES EFFECTIVE OCTOBER 1, 2002**

<b><u>GENERIC &amp; TRADE NAME</u></b>	<b><u>STRENGTH &amp; FORM</u></b>	<b><u>DIN</u></b>	<b><u>UNIT PRICE</u></b>	<b><u>LEGEND</u></b>
Fluconazole				
<b>Gen-Fluconazole</b>	50mg tablet	02245292	3.5719	<i>I/C EDS</i>
<b>Gen-Fluconazole</b>	100mg tablet	02245293	6.3354	<i>I/C EDS</i>
<b>Gen-Fluconazole</b>	150mg capsule	02245697	11.0779	<i>I/C</i>
<b>pms-Fluconazole</b>	50mg tablet	02245643	3.7693	<i>I/C EDS</i>
<b>pms-Fluconazole</b>	100mg tablet	02245644	6.6867	<i>I/C EDS</i>
Gabapentin				
<b>Novo-Gabapentin</b>	100mg capsule	02244513	0.3038	<i>I/C</i>
<b>Novo-Gabapentin</b>	300mg capsule	02244514	0.7390	<i>I/C</i>
<b>Novo-Gabapentin</b>	400mg capsule	02244515	0.8807	<i>I/C</i>
Insulin aspart				
<b>NovoRapid</b>	100U/mL injection solution (5x3mL)	02244353	48.2700	<i>EDS</i>
<b>NovoRapid</b>	100U/mL injection solution (10mL)	02245397	24.1200	<i>EDS</i>
Ketoconazole				
<b>Ketoderm</b>	2% topical cream	02245662	0.3437	<i>I/C</i>
Ketoprofen				
<b>pms-Ketoprofen</b>	50mg suppository	02148773	0.9513	<i>I/C</i>
Levodopa/Carbidopa				
<b>Novo-Levocarbidopa</b>	100mg/10mg tablet	02244494	0.2745	<i>I/C</i>
<b>Novo-Levocarbidopa</b>	100mg/25mg tablet	02244495	0.4107	<i>I/C</i>
<b>Novo-Levocarbidopa</b>	250mg/25mg tablet	02244496	0.4585	<i>I/C</i>
Lorazepam				
<b>Dom-Lorazepam</b>	0.5mg tablet	02245784	0.0409	<i>I/C</i>
<b>Dom-Lorazepam</b>	1mg tablet	02245785	0.0509	<i>I/C</i>
<b>Dom-Lorazepam</b>	2mg tablet	02245786	0.0797	<i>I/C</i>
Lovastatin				
<b>pms-Lovastatin</b>	20mg tablet	02246013	1.5028	<i>I/C</i>
<b>pms-Lovastatin</b>	40mg tablet	02246014	2.7717	<i>I/C</i>
<b>ratio-Lovastatin</b>	20mg tablet	02245822	1.5028	<i>I/C</i>
<b>ratio-Lovastatin</b>	40mg tablet	02245823	2.7717	<i>I/C</i>
Medroxyprogesterone acetate				
<b>Apo-Medroxy</b>	2.5mg tablet	02244726	0.0862	<i>I/C</i>
<b>Apo-Medroxy</b>	5mg tablet	02244727	0.1703	<i>I/C</i>
Morphine SO4				
<b>pms-Morphine Sulphate SR</b>	15mg tablet	02245284	0.4523	<i>I/C to MS Contin</i>
<b>pms-Morphine Sulphate SR</b>	30mg tablet	02245285	0.6828	<i>I/C to MS Contin</i>
<b>pms-Morphine Sulphate SR</b>	60mg tablet	02245286	1.2037	<i>I/C to MS Contin</i>

**FORMULARY AND EDS UPDATES EFFECTIVE OCTOBER 1, 2002**

<b><u>GENERIC &amp; TRADE NAME</u></b>	<b><u>STRENGTH &amp; FORM</u></b>	<b><u>DIN</u></b>	<b><u>UNIT PRICE</u></b>	<b><u>LEGEND</u></b>
Nabumetone				
<b>Gen-Nabumetone</b>	500mg tablet	02244563	0.5453	<i>I/C EDS</i>
<b>Rhoxal-Nabumetone</b>	500mg tablet	02242912	0.5453	<i>I/C EDS</i>
Nateglinide				
<b>Starlix</b>	60mg tablet	02245438	0.5859	<i>EDS</i>
<b>Starlix</b>	120mg tablet	02245439	0.5859	<i>EDS</i>
<b>Starlix</b>	180mg tablet	02245440	0.5859	<i>EDS</i>
Nefazodone				
<b>Gen-Nefazodone</b>	50mg tablet	02245202	0.5570	<i>I/C</i>
<b>Gen-Nefazodone</b>	100mg tablet	02245203	0.6076	<i>I/C</i>
<b>Gen-Nefazodone</b>	150mg tablet	02245204	0.6076	<i>I/C</i>
<b>Gen-Nefazodone</b>	200mg tablet	02245205	0.7089	<i>I/C</i>
Nitroglycerin				
<b>Rho-Nitro Pumpspray</b>	0.4mg/dose lingual spray	02238998	9.8500	<i>I/C</i>
Nizatidine				
<b>Gen-Nizatidine</b>	150mg capsule	02246046	0.5737	<i>I/C</i>
<b>Gen-Nizatidine</b>	300mg capsule	02246047	1.0395	<i>I/C</i>
Olanzapine				
<b>Zyprexa</b>	15mg tablet	02238850	10.6250	<i>EDS</i>
Pamidronate disodium				
<b>Pamidronate Disodium</b>	30mg injection	02244550	108.4800	<i>I/C</i>
<b>Pamidronate Disodium</b>	60mg injection	02244551	216.9500	<i>I/C</i>
<b>Pamidronate Disodium</b>	90mg injection	02244552	325.4300	<i>I/C</i>
Prednisolone sodium phosphate				
<b>pms-Prednisolone</b>	1mg/mL oral liquid	02245532	0.0832	<i>I/C</i>
Propafenone HCl				
<b>Gen-Propafenone</b>	150mg tablet	02245372	0.7395	<i>I/C</i>
<b>Gen-Propafenone</b>	300mg tablet	02245373	1.3037	<i>I/C</i>
Quinidine SO4				
<b>Apo-Quinidine</b>	200mg tablet	00441740	0.1194	
Rabeprazole sodium				
<b>Pariet</b>	10mg tablet	02243796	0.7053	<i>EDS</i>

**FORMULARY AND EDS UPDATES EFFECTIVE OCTOBER 1, 2002**

<b><u>GENERIC &amp; TRADE NAME</u></b>	<b><u>STRENGTH &amp; FORM</u></b>	<b><u>DIN</u></b>	<b><u>UNIT PRICE</u></b>	<b><u>LEGEND</u></b>
Sertraline HCl				
<b>ratio-Sertraline</b>	25mg capsule	02245787	0.5469	<i>I/C</i>
<b>ratio-Sertraline</b>	50mg capsule	02245788	1.0937	<i>I/C</i>
<b>ratio-Sertraline</b>	100mg capsule	02245789	1.1963	<i>I/C</i>
<b>Rhoxal-Sertraline</b>	25mg capsule	02245159	0.5469	<i>I/C</i>
<b>Rhoxal-Sertraline</b>	50mg capsule	02245160	1.0937	<i>I/C</i>
<b>Rhoxal-Sertraline</b>	100mg capsule	00245161	1.1963	<i>I/C</i>
Tolterodine L-tartrate				
<b>Unidet</b>	2mg extended-release capsule	02244612	1.8988	<i>EDS</i>
<b>Unidet</b>	4mg extended-release capsule	02244613	1.8988	<i>EDS</i>
Warfarin				
<b>Apo-Warfarin</b>	3mg tablet	02245618	0.2536	<i>I/C</i>