



**SASKATCHEWAN FORMULARY COMMITTEE
BULLETIN
53rd Edition**

**NEW FULL FORMULARY
LISTINGS effective Oct. 1, 2003:**

- Perindopril erbumine/
Indapamide, tablet,
4mg/1.25mg (Coversyl Plus-
SEV)

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

*Effective June 12, 2003 the following
product is covered under the same
Exception Drug Status criteria as the
currently listed form/strength:*

**Sirolimus, tablet, 1mg
(Rapamune-WYA)**

*Effective October 1, 2003 the
following products will be covered
under the same Exception Drug
Status criteria as the currently listed
forms/strengths:*

**Somatropin, injection (vial), 10mg
(Nutropin-HLR)**

**Ursodiol, tablet, 500mg
(Urso DS-AXC)**

**NEW INTERCHANGEABLES OF
EXCEPTION DRUG STATUS
AGENTS**

*Effective October 1, 2003 the
following interchangeable products
will be covered under the same
Exception Drug Status criteria as the
currently listed dosage forms:*

- Amoxicillin trihydrate/potassium
clavulanate, tablet,
875mg/125mg
(ratio-Amoxi Clav-RTP)

- Bisoprolol fumarate, tablet, 5mg,
10mg (RhoXal-Bisoprolol-RHO)
- Calcitonin salmon, injection,
200IU/mL (2mL) (Apo-
Calcitonin-APX)
- Etidronate disodium, tablet,
200mg (Gen-Etidronate-GPM)
- Alendronate sodium, tablet,
10mg (Novo-Alendronate-NOP)
- Pamidronate disodium, injection,
30mg, 90mg (pms-Pamidronate-
PMS)
- Estradiol, transdermal
therapeutic patch (PKG), 50ug,
75ug, 100ug (RhoXal-Estradiol
Derm-RHO)(*Note:*
*interchangeable with Vivelle
only.*)

**NEW FULL FORMULARY
INTERCHANGEABLE
LISTINGS**

- Nefazodone, hydrochloride
tablet, 50mg, 100mg, 150mg,
200mg
(Nu-Nefazodone-NXP)
- Clomipramine hydrochloride,
tablets 10mg, 25mg, 50mg (Co-
Clomipramine-COB)
- Lovastatin, tablet, 20mg, 40mg
(RhoXal-Lovastatin-RHO)
- Fluvoxamine Maleate, tablet,
50mg, 100mg (RhoXal-
Fluvoxamine-RHO)
- Clobazam, tablet, 10mg (Dom-
Clobazam-DOM)
- Pimozide, tablet, 2mg, 4mg
(Apo-Pimozide-APX)
- Lamotrigine, tablet, 25mg,
100mg, 150mg (pms-
Lamotrigine-PMS)

- Verapamil HCl, sustained
release tablet, 120mg, 180mg,
240mg (Apo-Verap-APX)
- Diflunisal, tablet, 250mg, 500mg
(Novo-Diflunisal-NOP)
- Methylphenidate HCl, tablet,
5mg (ratio-methylphenidate-
RTP)
- Fluoxetine, capsule, 10mg,
20mg (Fluoxetine-PRM)
- Clonidine HCl, tablet, 0.1mg,
0.2mg (Dom-Clonidine-DOM)
- Levodopa/Carbidopa, tablet,
100mg/25mg (Dom-Levo-
Carbidopa-DOM)
- Diazepam, tablet, 2mg, 5mg,
10mg (Bio-Diazepam-BMD)
- Salbutamol, oral solution,
0.4mg/mL (pms-Salbutamol-
PMS)
- Atenolol, tablet, 50mg, 100mg
(Atenolol-PRM)
- Sotalol HCl, tablet, 80mg,
160mg, 240mg (Sotalol-PRM)
- Glyburide, tablet, 2.5mg, 5mg
(Glyburide-PRM)
- Lovastatin, tablet, 20mg, 40mg
(Lovastatin-PRM)
- Metformin, tablet, 500mg,
850mg (Metformin-PRM)
- Temazepam, capsule, 15mg,
30mg (Temazepam-PRM)
- Ranitidine, tablet, 150mg,
300mg (Ranitidine-PRM)

**NEW FULL FORMULARY NON-
INTERCHANGEABLE LISTING**

- Hydroxychloroquine SO₄, tablet,
200mg (Apo-Hydroxyquine-
APX)

**MODIFICATIONS TO
CURRENT EXCEPTION DRUG
STATUS CRITERIA**

Effective June 12, 2003 the Exception Drug status criteria for the following product is as indicated:

Valganciclovir HCl, tablet, 450mg (Valcyte-HLR)

- For treatment of retinitis arising from CMV infection in patients with HIVinfection.
- For prophylaxis and treatment of CMV infection in solid organ transplant patients. *Coverage will be approved for a three month period.*

Effective October 1, 2003 the Exception Drug status criteria for the following products are modified as indicated:

Alendronate sodium, tablet 10mg, 70mg (Fosamax-MSD) AND Risedronate sodium, tablet, 5mg, 35mg (Actonel-PGA)

- For treatment of osteoporosis in patients who do not respond to etidronate disodium/calcium (Didrocal) after receiving it for one year.
- For treatment of osteoporosis in patients unable to tolerate etidronate disodium/calcium (Didrocal).
- For the treatment of osteoporosis in patients who have pre-existing and/or recent fractures.
- For treatment of glucocorticoid-induced osteoporosis in patients who have received systemic glucocorticoid treatment for at least 3 months.

Fentanyl, transdermal system, 25ug/hr, 50ug/hr, 75ug/hr, 100ug/hr (Duragesic-JAN)

- For treatment of patients who cannot tolerate, or are unable to take, oral sustained-release strong opioids, or as an alternative to subcutaneous narcotic infusion therapy.

Olanzapine, tablet, 2.5mg, 5mg, 7.5mg, 10mg, 15mg (Zyprexa-LIL); orally disintegrating tablet, 5mg, 10mg (Zyprexa Zydis-LIL)

- In addition to the current EDS criteria olanzapine dosage forms will be approved for the treatment of patients with acute mania of bipolar affective disorder for up to 4 weeks.

Carvedilol, tablet, 3.125mg, 6.25mg, 12.5mg, 25mg (Coreg-GSK) AND Bisoprolol fumarate, tablet, 5mg 10mg (Monacor-BVL)

- For treatment of patients with stable symptomatic congestive heart failure, who are taking an ACE inhibitor. Coverage will be also provided for patients with stable symptomatic congestive heart failure who are intolerant to an ACE inhibitor.

Salmeterol xinafoate, metered dose inhaler, 25ug/actuation; powder disk, 50ug/blister (Serevent-GSK); powder for inhalation (package), 50ug/dose (Serevent Diskus-GSK) AND

Formoterol fumarate, powder for inhalation (capsule), 12ug (Foradil-NVR); powder for inhalation (package), 6ug/dose, 12ug/dose (Oxeze Turbuhaler-AST)

- For treatment of asthma uncontrolled on concurrent inhaled steroid therapy. *It is important that these patients also have access to a short-acting beta-2 agonist for symptomatic relief.*
- For treatment of patients with COPD not responding to short-acting beta agonists or short-acting anticholinergic bronchodilators.

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

- Clozapine, tablet, 25mg, 100mg (Gen-Clozapine-GPM)
- Cyclosporine, liquid, 100mg/mL (Apo-Cyclosporine-APX)
- Cyclosporine, capsule, 100mg (RhoXal-Cyclosporine-RHO)
- Telithromycin, film-coated tablet, 400mg (Ketek-AVT)
- Ciprofloxacin, modified release tablet, 500mg (Cipro XL-BAY)
- Peginterferon alfa-2a, injection (pre-filled syringe), 180ug/0.5mL, (vial) 180ug/1mL (Pegasys-HLR)
- Methylphenidate HCl, extended-release tablet, 18mg, 36mg, 54mg (Concerta-JAN)
- Levetiracetam, tablet, 250mg, 500mg, 750mg (Keppra-LUD)
- Ezetimibe, tablet, 10mg (Ezetrol-MSD)
- Pimecrolimus, topical cream, 1% (Elidel-NVR)

**FULL FORMULARY LISTING
JULY 1, 2003**

Rosuvastatin, tablet, 10mg, 20mg, 40mg (Crestor-AST)
(effective July 1, 2003)

**REQUESTS FOR
EDS ANTIBIOTICS**

When an EDS antibiotic criteria states “*known to be resistant to alternative antibiotics*” resistance must be demonstrated by culture and sensitivity results.

PRODUCTS REVIEWED AND NOT RECOMMENDED FOR LISTING

- **Trandolapril/Verapamil HCl SR, tablet, 1mg/240mg, 2mg/180mg, 2mg/240mg, 4 mg/240mg (Tarka-ABB)**
There are more appropriate combinations listed in the Formulary.
- **Tiotropium bromide monohydrate, powder capsule, 18ug/dose (Spiriva-BOE)**
This drug was not recommended for listing as the clinical benefit does not justify the incremental cost over other alternatives listed in the Formulary. It was noted that tiotropium significantly reduced the number of exacerbations compared to ipratropium at the dose used in the study, however, there were no significant differences between the treatments in the number of hospitalizations.
- **Pyridoxine HCl, tablet, 100mg (Vitamin B6-PHM)**
This dose is not required for the treatment of Vitamin B6 deficiency.
- **Folic Acid, tablet, 1mg (Folic Acid-PHM)**
Available over the counter without a prescription.
- **Cefaclor, oral suspension, 25mg/mL, 50mg/mL, 75mg/mL, capsule, 250mg, 500mg (Dom-Cefaclor-DOM)**
Not recommended as all forms and strengths of cefaclor were recommended for delisting effective April 1, 2003. In general the MIC's are better and resistance rates are lower for other cephalosporins especially for pneumococcal infections.
- **Hydromorphone HCl, controlled release capsules, 12mg, 16mg, 24mg (Palladone XL-PFR)** There were concerns about potential confusion regarding OD dosing with Palladone XL vs BID dosing with other hydromorphone controlled-release products. There is more flexibility with BID dosing.
- **Desmopressin, tablet, 0.1mg (Minirin-FEI)**
Not recommended because of the potential for inappropriate use in patients with incontinence, as well as safety concerns in elderly patients.
- **Tegaserod, tablet, 6mg (Zelnorm-NVR)**
This drug was not recommended as there is a lack of comparative studies and information as well as only modest therapeutic benefit provided by this drug.
- **Rosiglitazone maleate/metformin HCl, tablet, 1mg/500mg, 2mg/500mg, 4mg/500mg (Avandamet-GSK)**
This combination was not recommended as the review committees felt the clinical benefit does not justify the incremental cost. The Committee felt the only advantage that the product offers is the convenience of one tablet instead of two.
- **Fondaparinux sodium, injection solution, (pre-filled syringe) 2.5mg/0.5mL (Arixtra-SAW)**
This product was not recommended as it offers no clinical advantage relative to the incremental cost. This product is as good as low molecular weight heparins but no better. The Committee noted that this product is only indicated for prophylaxis. Patients who develop DVT's would need to be heparinized which leads to an increased risk of bleeding.

PRODUCT TO BE DELISTED
As previously noted in the April 2003 bulletin the following product will be delisted effective October 1, 2003.
Metronidazole, capsule, 500mg (Flagyl-RHO) (Triakacide-PMS)

**Saskatchewan Formulary Committee
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DIABETIC SUPPLIES EFFECTIVE JULY 1, 2003

<u>GENERIC & TRADE NAME</u>	<u>PIN/DIN</u>	<u>UNIT PRICE</u>
Isopropyl Alcohol Swab		
BD Alcohol Swab	02240759	0.0170
Monoject Alcohol Swab	99438102	0.0172
Webcol Alcohol Prep	00795232	0.0180
Alcohol Prep	00480452	0.0212
Lancet		
Soft Touch	00905917	0.0426
Comfort Touch	00977051	0.0449
Precision Thin	00906190	0.0452
Monolet Thin	99401055	0.0484
Ames	00930610	0.0515
Equate Thin	00950913	0.0546
Monolet Original	00977543	0.0566
Equate Ultrathin	00950914	0.0598
Freestyle	99401063	0.0605
BD Ultra Fine II	00977659	0.0636
Microlet	00906239	0.0666
Lifescan Fine Point	00977853	0.0702
One Touch Ultra Soft	00901359	0.0702
BD Latitude	99401068	0.0778
Softclix	00000165	0.0832
Gluculet Fingerstix	00995965	0.1232
Softclix Pro	00950915	0.1400
Saf-T-Pro	00905916	0.1944
Needle		
Unifine 31G	00964220	0.2120
BD Ultrafine 5MM, 8MM	00977011	0.2311

DIABETIC SUPPLIES EFFECTIVE JULY 1, 2003 - continued

<u>GENERIC & TRADE NAME</u>	<u>PIN/DIN</u>	<u>UNIT PRICE</u>
Syringe		
0.3cc Syringe		
UltiCare 29G	00964018	0.2099
UltiCare 30G	00964174	0.2205
Monoject Plus 29G	99254011	0.2375
BD Ultra Fine II Short	00977977	0.2626
BD Ultra Fine	00920193	0.2626
BD Microfine 29G	00920169	0.2626
0.5cc Syringe		
UltiCare 29G	00963941	0.2099
UltiCare 30G	00964115	0.2205
Monoject Ultra Comfort	00920355	0.2331
Monoject Plus 29G	99432799	0.2375
BD Microfine 28G	00920177	0.2478
BD Ultra Fine II Short	00977985	0.2626
BD Ultra Fine 29G	00950207	0.2626
1cc Syringe		
UltiCare 29G	00963895	0.2099
UltiCare 30G	00964069	0.2205
Monoject Ultra Comfort	00920045	0.2331
Monoject Plus 29G	99433383	0.2375
BD Microfine 28G	99767467	0.2478
BD Ultra Fine	00920215	0.2626
BD Ultra Fine II Short	00909238	0.2626

FORMULARY AND EDS UPDATES EFFECTIVE OCTOBER 1, 2003

<u>GENERIC & TRADE NAME</u>	<u>STRENGTH & FORM</u>	<u>DIN</u>	<u>UNIT PRICE</u>	<u>LEGEND</u>
Alendronate sodium				
Novo-Alendronate	10mg tablet	02247373	1.3330	<i>I/C EDS</i>
Amoxicillin trihydrate/potassium clavulanate				
ratio-Amoxi Clav	875mg/125mg tablet	02247021	1.5203	<i>I/C EDS</i>
Atenolol				
Atenolol (PremPharm)	50mg tablet	02230076	0.3814	<i>I/C</i>
Atenolol (PremPharm)	100mg tablet	02230077	0.6268	<i>I/C</i>
Bisoprolol fumarate				
Rhoxal-Bisoprolol	5mg tablet	02247439	0.2659	<i>I/C EDS</i>
Rhoxal-Bisoprolol	10mg tablet	02247440	0.4406	<i>I/C EDS</i>
Calcitonin salmon				
Apo-Calcitonin	200IU/mL injection (2mL)	02246058	31.6500	<i>I/C EDS</i>
Clobazam				
Dom-Clobazam	10mg tablet	02247230	0.2960	<i>I/C</i>
Clomipramine HCl				
CO-Clomipramine	10mg tablet	02244816	0.1765	<i>I/C</i>
CO-Clomipramine	25mg tablet	02244817	0.2404	<i>I/C</i>
CO-Clomipramine	50mg tablet	02244818	0.4425	<i>I/C</i>
Clonidine HCl				
Dom-Clonidine	0.1mg tablet	02247607	0.2011	<i>I/C</i>
Dom-Clonidine	0.2mg tablet	02247608	0.3587	<i>I/C</i>
Diazepam				
Bio-Diazepam	2mg tablet	02247173	0.0662	<i>I/C</i>
Bio-Diazepam	5mg tablet	02247174	0.0977	<i>I/C</i>
Bio-Diazepam	10mg tablet	02247176	0.1129	<i>I/C</i>
Diflunisal				
Novo-Diflunisal	250mg tablet	02048493	0.4595	<i>I/C</i>
Novo-Diflunisal	500mg tablet	02048507	0.5621	<i>I/C</i>
Estradiol				
Rhoxal-Estradiol Derm	50ug transdermal patch (pkg)	02246967	14.8000	<i>I/C EDS to Vivelle</i>
Rhoxal-Estradiol Derm	75ug transdermal patch (pkg)	02246968	15.8900	<i>I/C EDS to Vivelle</i>
Rhoxal-Estradiol Derm	100ug transdermal patch (pkg)	02246969	16.7100	<i>I/C EDS to Vivelle</i>
Etidronate disodium				
Gen-Etidronate	200mg tablet	02245330	1.0668	<i>I/C EDS</i>
Fluoxetine				
Fluoxetine (PremPharm)	10mg capsule	02247528	1.2774	<i>I/C</i>
Fluoxetine (PremPharm)	20mg capsule	02247529	1.0972	<i>I/C</i>

FORMULARY AND EDS UPDATES EFFECTIVE OCTOBER 1, 2003 - continued

<u>GENERIC & TRADE NAME</u>	<u>STRENGTH & FORM</u>	<u>DIN</u>	<u>UNIT PRICE</u>	<u>LEGEND</u>
Fluvoxamine maleate				
Rhoxal-Fluvoxamine	50mg tablet	02247054	0.5373	I/C
Rhoxal-Fluvoxamine	100mg tablet	02247055	0.9659	I/C
Glyburide				
Glyburide (PremPharm)	2.5mg tablet	02230036	0.0428	I/C
Glyburide (PremPharm)	5mg tablet	02230037	0.0741	I/C
Hydroxychloroquine SO4				
Apo-Hydroxyquine	200mg tablet	02246691	0.3980	Not I/C
Lamotrigine				
pms-Lamotrigine	25mg tablet	02246897	0.2266	I/C
pms-Lamotrigine	100mg tablet	02246898	0.9064	I/C
pms-Lamotrigine	150mg tablet	02246899	1.5107	I/C
Levodopa/Carbidopa				
Dom-Levo-Carbidopa	100mg/25mg tablet	02247606	0.4313	I/C
Lovastatin				
Lovastatin (PremPharm)	20mg tablet	02247536	1.1834	I/C
Rhoxal-Lovastatin	20mg tablet	02247056	1.1834	I/C
Lovastatin (PremPharm)	40mg tablet	02247537	2.1828	I/C
Rhoxal-Lovastatin	40mg tablet	02247057	2.1828	I/C
Metformin				
Metformin (PremPharm)	500mg tablet	02230026	0.1320	I/C
Metformin (PremPharm)	850mg tablet	02230027	0.2268	I/C
Methylphenidate HCl				
ratio-Methylphenidate	5mg tablet	02247364	0.1028	I/C
Nefazadone				
Nu-Nefazadone	50mg tablet	02247246	0.5570	I/C
Nu-Nefazadone	100mg tablet	02247247	0.5469	I/C
Nu-Nefazadone	150mg tablet	02247248	0.5469	I/C
Nu-Nefazadone	200mg tablet	02247249	0.6380	I/C
Pamidronate disodium				
pms-Pamidronate	30mg injection	02245998	108.4800	I/C EDS
pms-Pamidronate	90mg injection	02245999	325.4300	I/C EDS
Perindopril erbumine/indapamide				
Coversyl Plus	4mg/1.25mg tablet	02246569	1.0199	
Pimozide				
Apo-Pimozide	2mg tablet	02245432	0.2696	I/C
Apo-Pimozide	4mg tablet	02245433	0.4892	I/C

FORMULARY AND EDS UPDATES EFFECTIVE OCTOBER 1, 2003 - continued

<u>GENERIC & TRADE NAME</u>	<u>STRENGTH & FORM</u>	<u>DIN</u>	<u>UNIT PRICE</u>	<u>LEGEND</u>
Ranitidine				
Ranitidine (PremPharm)	150mg tablet	02230003	0.4386	<i>I/C</i>
Ranitidine (PremPharm)	300mg tablet	02230004	0.8449	<i>I/C</i>
Salbutamol SO4				
pms-Salbutamol	0.4mg/mL oral liquid	02091186	0.0591	<i>I/C</i>
Somatropin				
Nutropin	10mg injection (vial)	02216191	411.8000	<i>Not I/C EDS</i>
Sotalol HCl				
Sotalol (PremPharm)	80mg tablet	02230068	0.6437	<i>I/C</i>
Sotalol (PremPharm)	160mg tablet	02230069	0.7044	<i>I/C</i>
Temazepam				
Temazepam (PremPharm)	15mg capsule	02247526	0.1196	<i>I/C</i>
Temazepam (PremPharm)	30mg capsule	02247527	0.1439	<i>I/C</i>
Ursodiol				
Urso DS	500mg tablet	02245894	2.5389	<i>EDS</i>
Verapamil HCl				
Apo-Verap SR	120mg sustained release tablet	02246893	0.7487	<i>I/C</i>
Apo-Verap SR	180mg sustained release tablet	02246894	0.8463	<i>I/C</i>
Apo-Verap SR	240mg sustained release tablet	02246895	0.9462	<i>I/C</i>

LEGEND: EDS = Exception Drug Status

I/C = interchangeable

not I/C = not interchangeable

EDS UPDATE EFFECTIVE OCTOBER 1, 2003

CRITERIA FOR NEW EXCEPTION DRUG STATUS (EDS) ADDITIONS

Effective June 12, 2003 the following products is available for coverage under Exception Drug Status subject to the indicated criteria.

sirolimus, tablet, 1mg (Rapamune-WYA)

New strength only - same criteria as oral solution listed in Appendix A, page 246.

Effective July 1, 2003 the following product is available for coverage under Exception Drug Status subject to the indicated criteria.

ketorolac tromethamine, ophthalmic solution, 0.5% (Apo-Ketorolac-APX)

New interchangeable - same criteria as other brand listed in Appendix A, page 235.

Effective October 1, 2003 the following products will be available for coverage under Exception Drug Status subject to the indicated criteria.

amoxicillin trihydrate/potassium clavulanate, tablet, 875mg/125mg (ratio-Amoxi-Clav-RPH)

New interchangeable - same criteria as other brands listed in Appendix A, pages 219/220.

calcitonin salmon, injection, 200iu/mL (Apo-Calcitonin-APX)

New interchangeable - same criteria as other brands listed in Appendix A, page 222.

estradiol, transdermal patch (PKG), 50ug, 75ug, 100ug (RhoXal-Estradiol Derm-RHO)

New interchangeable (with Vivelle-NVR) - same criteria as other brand listed in Appendix A, page 229.

etidronate disodium, tablet, 200mg (Gen-Etidronate-GPM)

New interchangeable - same criteria as other brand listed in Appendix A, page 230.

pamidronate disodium, injection, 30mg, 90mg (pms-Pamidronate-PMS)

New interchangeable, same criteria as other brands listed in Appendix A, page 241.

somatropin, injection (vial), 10mg (Nutropin-HLR)

New non-interchangeable - same criteria as other brand listed in Appendix A, page 247.

ursodiol, tablet, 500mg (Urso DS-AXC)

New strength only - same criteria as other tablets listed in Appendix A, page 249.

MODIFICATIONS TO CURRENT EXCEPTION DRUG STATUS (EDS) CRITERIA

Effective June 12, 2003 the Exception Drug Status criteria for the following product was modified as indicated.

valganciclovir HCl, tablet, 450mg (Valcyte-HLR)

- (a) For treatment of retinitis arising from CMV infection in patients with HIV infection.
- (b) For prophylaxis and treatment of CMV infection in solid organ transplant patients. Coverage will be approved for a three month period.

Effective **October 1, 2003** the Exception Drug Status criteria for the following product was modified as indicated.

alendronate sodium, tablet, 10mg, 70mg (Fosamax-MSD)

- (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).
- (c) For treatment of osteoporosis in patients who have pre-existing and/or recent fractures.

For the treatment of glucocorticoid-induced osteoporosis in patients who have received systemic glucocorticoid treatment for at least 3 months.

bisoprolol fumarate, tablet, 5mg, 10mg (Monacor-BVL) (RhoXal-Bisoprolol-RHO)

For treatment of patients with stable symptomatic congestive heart failure, who are taking an ACE inhibitor. Coverage will also be provided for patients with stable symptomatic congestive heart failure who are intolerant to an ACE inhibitor.

carvedilol, tablet, 3.125mg, 6.25mg, 12.5mg (Coreg-GSK)

For treatment of patients with stable symptomatic congestive heart failure, who are taking an ACE inhibitor.

fentanyl, transdermal system, 25ug/hr., 50ug/hr., 75ug/hr., 100ug/hr. (Duragesic-JAN)

For treatment of patients who cannot tolerate, or are unable to take, oral sustained-release strong opioids, or as an alternative to subcutaneous narcotic infusion therapy.

formoterol fumarate, powder for inhalation (capsule), 12ug (Foradil-NVR); powder for inhalation (package), 6ug/dose, 12ug/dose (Oxeze Turbuhaler-AST)

- (a) For treatment of asthma uncontrolled on concurrent inhaled 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 patients with COPD not responding to short-acting beta agonists or short-acting anticholinergic bronchodilators.

olanzapine, tablet, 2.5mg, 5mg, 7.5mg, 10mg, 15mg (Zyprexa-LIL); orally disintegrating tablet, 5mg, 10mg (Zyprexa Zydis-LIL)

- (a) For treatment of schizophrenia.
- (b) For treatment of other psychotic conditions where there has been treatment failure or intolerance to other atypical anti-psychotic agents.
- (c) For treatment of patients with acute mania of bi-polar affective disorder for up to 4 weeks.

risedronate sodium, tablet, 5mg, 35mg (Actonel-PGA)

- (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).
- (c) For treatment of osteoporosis in patients who have pre-existing and/or recent fractures.
- (d) For treatment of glucocorticoid-induced osteoporosis in patients who have received systemic glucocorticoid treatment for at least 3 months.

salmeterol xinafoate, metered dose inhaler, 25ug/actuation; powder disk, 50ug/blister (Serevent-GSK); powder for inhalation (package), 50ug/dose (Serevent Diskus-GSK)

- (a) For treatment of asthma uncontrolled on concurrent inhaled 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 patients with COPD not responding to short-acting beta agonists or short-acting anticholinergic bronchodilators.

valganciclovir HCl, tablet, 450mg (Valcyte-HLR)

- (a) For treatment of retinitis arising from CMV infection in patients with HIV infection.
- (b) For prophylaxis and treatment of CMV infection in solid organ transplant recipients. Coverage will be granted for a period of 3 months.

CHANGE IN STATUS FOR THE FOLLOWING PRODUCTS:

Effective ***October 1, 2003*** the following products will be **delisted** from the Saskatchewan Formulary:

- **Metronidazole, tablet, 500mg (Triacide-PMS) (Flagyl-RHO)**