



**SASKATCHEWAN FORMULARY COMMITTEE  
BULLETIN  
53rd Edition**

**NEW FULL FORMULARY LISTINGS**

*The following products will be listed effective February 1, 2004:*

- Ezetimibe, tablet, 10mg (Ezetrol-MSD)
- Levetiracetam, tablet, 250mg, 500mg, 750mg (Keppra-LUD)
- Dapsone, tablet, 100mg (Dapsone-JAC)

**NEW DOSAGE FORMS/STRENGTHS FOR FULL FORMULARY LISTINGS**

*The following products will be listed effective February 1, 2004:*

- Quinapril HCl/Hydrochlorothiazide, tablet, 20mg/25mg (Accuretic-PFI)
- Risperidone, orally disintegrating tablet, 0.5mg, 1mg, 2mg (Risiperdal M-Tab-JAN)
- Perindopril erbumine, tablet, 8mg (Coversyl-SEV)

**NEW FULL FORMULARY INTERCHANGEABLE LISTINGS**

*The following products were listed as interchangeable with currently listed brands effective November 15, 2003:*

- Paroxetine HCl, tablet, 20mg, 30mg (Apo-Paroxetine-APX)
- Paroxetine HCl, tablet, 20mg, 30mg (Gen-Paroxetine-GPM)
- Paroxetine HCl, tablet, 20mg, 30mg (pms-Paroxetine-PMS)
- Paroxetine HCl, tablet, 20mg, 30mg (ratio-Paroxetine-RPH)

*The following products will be listed as interchangeable with currently listed brands effective February 1, 2004:*

- Chloral hydrate syrup, 100mg/mL (Chloral Hydrate Syrup-ODN)
- Pravastatin, tablet, 10mg, 20mg, 40mg (pms-Pravastatin-PMS)
- Metoprolol Tartrate, tablet, 50mg, 100mg (RhoXal-metoprolol type L-RHO)
- Pravastatin, tablet, 10mg, 20mg, 40mg (RhoXal-Pravastatin-RHO)
- Amiodarone, tablet, 200mg (Apo-Amiodarone-APX)
- Simvastatin, tablet 5mg, 10mg, 20mg, 40mg, 80mg (Co-Simvastatin-COB)
- Furosemide, tablet, 20mg, 40mg (Dom-Furosemide-DOM)
- Simvastatin, tablet 5mg, 10mg, 20mg, 40mg, 80mg (ratio-Simvastatin-RPH)
- Fosinopril, tablet, 10mg, 20mg (Novo-Fosinopril-NOP)
- Mometasone furoate ointment 0.1% (ratio-Mometasone-RPH)
- Amcinonide, topical cream, 0.1% (ratio-Amcinonide-RPH)
- Gabapentin, capsule, 100mg, 300mg, 400mg, (Gen-Gabapentin-GPM)
- Simvastatin, tablet 5mg, 10mg, 20mg, 40mg, 80mg (RhoXal-Simvastatin-RHO)
- Glyburide, tablet, 2.5mg, 5mg (RhoXal-Glyburide-RHO)

**NEW EXCEPTION DRUG STATUS LISTINGS:**

*These products will be listed effective February 1, 2004:*

- **Pimecrolimus, topical cream, 1% (Elidel-NVR)**

For the treatment of atopic dermatitis in patients unresponsive or intolerant to topical steroids within the last 3 months.

- **Oxcarbazepine, tablet, 150mg, 300mg, 600mg; oral suspension, 60mg/mL (Trileptal-NVR)**  
For the treatment of partial seizures in patients intolerant to carbamazepine.
- **Valdecoxib, tablet, 10mg, 20mg (Bextra-PHU)**
  - 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.
- **Iron sucrose, injection, 20mg/mL (Venofer-GPM)**  
For the treatment of iron deficiency when patients are intolerant to oral iron replacement products and intravenous iron dextran.

**NEW INTERCHANGEABLES OF EXCEPTION DRUG STATUS AGENTS**

*Effective February 1, 2004 the following interchangeable products will be covered under the same Exception Drug Status criteria as the currently listed dosage forms:*

- Carvedilol, tablet, 3.125mg, 6.25mg, 12.5mg, 25mg (Novo-Carvedilol-NOP)
- Ketorolac tromethamine, ophthalmic solution, 0.5% (ratio-Ketorolac-RPH)
- Iron Dextran, injection, 50mg/mL (2mL) (DexIron-GPM)
- Meloxicam, tablet, 7.5mg, 15mg (pms-Meloxicam-PMS)

*Effective November 15, 2003 the following interchangeable products were listed under EDS (same criteria as listed products):*

- Carvedilol, tablet, 3.125mg, 6.25mg, 12.5mg, 25mg (Apo-Carvedilol-APX)
- Carvedilol, tablet, 3.125mg, 6.25mg, 12.5mg, 25mg (pms-Carvedilol-PMS)
- Calcitonin salmon, nasal spray, 200IU/Dose (Apo-Calcitonin Nasal Spray-APX)

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

*Effective February 1, 2004 the following products are covered under the same Exception Drug Status criteria as the currently listed forms/strengths:*

- Lamivudine, tablet, 300mg (3TC-GSK)
- Olanzapine, tablet, 15mg orally disintegrating tablet, (Zyprexa Zydis-LIL)

The following product will be a benefit restricted to Drug Plan registered Palliative Care patients effective February 1, 2004. (Note Exception Drugs Status will not be required for these patients).

- **Methadone HCl, tablet, 1mg, 5mg, 10mg, 25mg; oral suspension, 1mg/mL (Metadol-PMS)**

#### **MODIFICATIONS TO CURRENT EXCEPTION DRUG STATUS CRITERIA**

*Effective February 1, 2004 the Exception Drug status criteria for the*

*following products is as indicated:*

- **Ciprofloxacin, tablet, 250mg, 500mg, 750mg; oral suspension, 100mg/mL (Cipro-BAY)**  
Criteria c) has been revised to: Infections known to be resistant to alternative antibiotics. Resistance must be determined by culture and sensitivity (C&S) testing.
- **Levofloxacin, tablet, 250mg, 500mg (Levaquin-JAN); moxifloxacin HCl, tablet, 400mg (Avelox-BAY); gatifloxacin, tablet, 400mg (Tequin-BMY)**  
Exception Drug Status criteria c) has been revised to the following:  
Infections known to be resistant to alternative antibiotics. Resistance must be determined by C & S testing. Where a C & S cannot be obtained coverage will be approved when a patient has failed at least 2 other classes of antibiotics.
- **Lansoprazole, delayed release capsule, 15mg, 30mg (Prevacid-ABB); Omeprazole, delayed release tablet, 20mg (Losec-AST); Pantoprazole, enteric coated tablet, 40mg (Pantoloc-SLV); Rabeprazole sodium tablet, 10mg (Pariet – JAN)**  
Exception Drug Status criteria b) has been revised to: for the treatment 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.*  
Criteria c) has been revised to: for treatment of severe erosive esophagitis and Zollinger-Ellison syndrome.
- **Etanercept, powder for injection (vial), 25mg/vial (Enbrel-AMG)**  
The following additional criteria:  
For treatment of paediatric patients with active juvenile rheumatoid arthritis who have failed one DMARD.

- **Tacrolimus, topical ointment, 0.03%, 0.1% (Protopic-FUJ)**  
The criteria has been revised to: Treatment of atopic dermatitis in patients unresponsive or intolerant to topical steroids within the last 3 months.
- **Olanzapine, tablet, 2.5mg, 5mg, 7.5mg, 10mg, 15mg (Zyprexa-LIL); oral disintegrating tablet, 5mg, 10mg, 15mg (Zyprexa Zydis-LIL)**  
Criteria c) has been revised to: For treatment of patients with acute mania of bi-polar affective disorder for an additional 4 weeks following hospital discharge.

#### **PRODUCTS REVIEWED AND NOT RECOMMENDED FOR LISTING:**

- Ciprofloxacin, modified release tablet, 500mg (Cipro XL-BAY)  
This product does not offer significant clinical advantage over listed products for this indication.
- Methylphenidate HCl, extended-release tablet, 18mg, 36mg, 54mg (Concerta-JAN)  
The dosage regimen does not justify the incremental cost over other alternatives that are available.
- Tiotropium bromide monohydrate, powder capsule, 18ug/dose (Spiriva-BOE)  
The clinical advantage does not justify the incremental cost and other alternatives are available. The Committee was not convinced that if higher doses of the comparator drug had been used in the clinical trials that Spiriva would have shown an advantage.
- Diclofenac sodium, topical solution, 1.5% (Pennsaid-DHC)  
The clinical benefit does not justify the incremental cost.
- Paroxetine, tablet, 10mg, (Paxil-GSK) (Gen-Paroxetine-GPM) (pms-Paroxetine-PMS) and (Apo-Paroxetine-APX)  
The additional strength is not required and the cost is not proportional to the dose.

**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 (Rhoal-Cyclosporine-RHO)
- Telithromycin, film-coated tablet, 400mg (Ketek-AVT)
- Omeprazole, capsule, 20mg (Apo-omeprazole-APX)
- Peginterferon alfa-2a, injection (pre-filled syringe), 180ug/0.5mL, (vial) 180ug/1mL (Pegasys-HLR)

**EFFECTIVE NOVEMBER, 2003  
HEALTH CANADA  
ANNOUNCED THAT ALL  
BRANDS OF NEFAZODONE  
WERE WITHDRAWN FROM  
THE MARKET. ANY  
REMAINING STOCK SHOULD  
BE RETURNED TO THE  
WHOLESALE/  
MANUFACTURER.**

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

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## HOSPITAL BENEFIT DRUG LIST UPDATE

February 2004

See Appendix B of the Formulary for the Hospital Benefit Drug List. The following are revisions to the published criteria and additions to the list and were *effective October 1, 2003*. These recommendations were made by the Advisory Committee on Institutional Pharmacy Practice assisted by the Saskatchewan Drug Quality Assessment Committee and approved by the Department of Health.

### **Drotrecogin alfa injection (Xigris)**

Restricted coverage: when administered in a tertiary care facility on the recommendation of an intensivist.

### **Liposomal amphotericin B injection (AmBisome)**

Restricted coverage: when used in consultation with an infectious disease specialist under the following guidelines:

- Failure of Amphotericin B deoxycholate. For adults, this is normally defined as poor clinical response to >500mg cumulative dose;
- Nephrotoxicity due to conventional amphotericin B therapy as evidenced by doubling of baseline serum creatinine or a significant rise from baseline plus concomitant use of other potential nephrotoxins;
- Significant pre-existing renal failure—creatinine >220umol/L or CrCl <25mL/minute or special renal condition (e.g. transplant or single kidney);
- Severe dose-related toxicities which do not resolve with premedication (eg. Fever, rigors, hypotension).

### **Caspofungin injection (Cancidas)**

Restricted coverage: when administered in consultation with an infectious disease specialist.

### **Sodium Chloride 5% ophthalmic solution (SAB)**

### **Collagenase ointment (Santyl)**

### **Alteplase, recombinant powder for injection, 2mg/mL (Cathflo)**

Restricted coverage: for correction of catheter occlusions (powder for solution—2mg/vial only)

### **Tranexamic Acid injection, 100mg/mL (SAB)**

### **Moxifloxacin HCl, IV premixed bag, 400mg (Avelox-BAY)**

(see Appendix A—Saskatchewan Health Formulary)

Please note this product was approved as a hospital benefit sometime ago and was inadvertently missed from the previous list.

### **Danaparoid, injection (Orgaran HIT-ORG)**

Restricted criteria: for the treatment of heparin-induced thrombocytopenia.

**FORMULARY AND EDS UPDATES EFFECTIVE NOVEMBER 15, 2003**

<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>
<b>Calcitonin Salmon</b>				
Apo-Calcitonon Nasal Spray	200IU/Dose Nasal Spray	02247585	21.2700	I/C EDS
<b>Carvedilol</b>				
Apo-Carvedilol	3.125mg tablet	02247933	0.9646	I/C EDS
pms-Carvedilol	3.125mg tablet	02245914	0.9646	I/C EDS
Apo-Carvedilol	6.25mg tablet	02247934	0.9646	I/C EDS
pms-Carvedilol	6.25mg tablet	02245915	0.9646	I/C EDS
Apo-Carvedilol	12.5mg tablet	02247935	0.9646	I/C EDS
pms-Carvedilol	12.5mg tablet	02245916	0.9646	I/C EDS
Apo-Carvedilol	25mg tablet	02247936	0.9646	I/C EDS
pms-Carvedilol	25mg tablet	02245917	0.9646	I/C EDS
<b>Paroxetine HCl</b>				
Apo-Paroxetine	20mg tablet	02240908	1.2076	I/C
Gen-Paroxetine	20mg tablet	02248013	1.2076	I/C
pms-Paroxetine	20mg tablet	02247751	1.2076	I/C
ratio-Paroxetine	20mg tablet	02247811	1.2076	I/C
Apo-Paroxetine	30mg tablet	02240909	1.2836	I/C
Gen-Paroxetine	30mg tablet	02248014	1.2836	I/C
pms-Paroxetine	30mg tablet	02247752	1.2836	I/C
ratio-Paroxetine	30mg tablet	02247812	1.2836	I/C

**FORMULARY AND EDS UPDATES EFFECTIVE FEBRUARY 1, 2004**

<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>
<b>Amcinonide</b>				
ratio-Amcinonide	0.1% topical cream	02247098	0.2970	I/C
<b>Amiodarone</b>				
Apo-Amiodarone	200mg tablet	02246194	1.4074	I/C
<b>Carvedilol</b>				
Novo-Carvedilol	3.125mg tablet	02246529	0.9646	I/C EDS
Novo-Carvedilol	6.25mg tablet	02246530	0.9646	I/C EDS
Novo-Carvedilol	12.5mg tablet	02246531	0.9646	I/C EDS
Novo-Carvedilol	25mg tablet	02246532	0.9646	I/C EDS
<b>Chloral hydrate</b>				
Chloral Hydrate Syrup Odan	100mg/mL syrup	02247621	0.0471	I/C
<b>Dapsone</b>				
Dapsone	100mg tablet	02041510	0.4261	
<b>Ezetimibe</b>				
Ezetrol	10mg tablet	02247521	1.7143	
<b>Fosinopril</b>				
Novo-Fosinopril	10mg tablet	02247802	0.6000	I/C
Novo-Fosinopril	20mg tablet	02247803	0.7216	I/C
<b>Furosemide</b>				
Dom-Furosemide	20mg tablet	02248124	0.0507	I/C
Dom-Furosemide	40mg tablet	02248125	0.0764	I/C

**FORMULARY AND EDS UPDATES EFFECTIVE FEBRUARY 1, 2004**

<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>
<b>Gabapentin</b>				
Gen-Gabapentin	100mg capsule	02248259	0.2735	I/C
Gen-Gabapentin	300mg capsule	02248260	0.6651	I/C
Gen-Gabapentin	400mg capsule	02248261	0.7926	I/C
<b>Glyburide</b>				
Rhoxal-Glyburide	2.5mg tablet	02248008	0.0427	I/C
Rhoxal-Glyburide	5mg tablet	02248009	0.0741	I/C
<b>Iron dextran</b>				
DexIron	50mg/mL injection solution	02205963	29.8400	I/C EDS
<b>Iron sucrose</b>				
Venofer	20mg/mL injection solution	02243716	54.2500	EDS
<b>Ketorolac tromethamine</b>				
ratio-Ketorolac	0.5% ophthalmic solution	02247461	2.4304	I/C EDS
<b>Lamivudine</b>				
3TC	300mg tablet	02247825	9.5480	EDS
<b>Levetiracetam</b>				
Keppra	250mg tablet	02247027	1.6167	
Keppra	500mg tablet	02247028	1.9747	
Keppra	750mg tablet	02247029	2.8102	
<b>Meloxicam</b>				
pms-Meloxicam	7.5mg tablet	02248267	0.5925	I/C EDS
pms-Meloxicam	15mg tablet	02248268	0.6836	I/C EDS
<b>Methadone HCl</b>				
Metadol	1mg tablet	02247698	0.1628	PALL CARE
Metadol	5mg tablet	02247699	0.5425	PALL CARE
Metadol	10mg tablet	02247700	0.8680	PALL CARE
Metadol	25mg tablet	02247701	1.6275	PALL CARE
Metadol	1mg/mL oral suspension	02247694	0.0912	PALL CARE
<b>Metoprolol tartrate</b>				
Rhoxal-Metoprolol L	50mg tablet	02247875	0.1330	I/C
Rhoxal-Metoprolol L	100mg tablet	02247876	0.2412	I/C
<b>Mometasone furoate</b>				
ratio-Mometasone	0.1% topical ointment	02248130	0.4209	I/C
<b>Olanzapine</b>				
Zyprexa Zydis	15mg disintegrating tablet	02243088	10.9911	EDS
<b>Oxcarbazepine</b>				
Trileptal	150mg tablet	02242067	0.8138	EDS
Trileptal	300mg tablet	02242068	1.6275	EDS
Trileptal	600mg tablet	02242069	3.2550	EDS
Trileptal	60mg/mL oral suspension	02244673	0.3255	EDS
<b>Perindopril erbumine</b>				
Coversyl	8mg tablet	02246624	1.1393	
<b>Pimecrolimus</b>				
Elidel	1% topical cream	02247238	2.1266	EDS
<b>Pravastatin</b>				
pms-Pravastatin	10mg tablet	02247655	1.0340	I/C
Rhoxal-Pravastatin	10mg tablet	02247856	1.0340	I/C
pms-Pravastatin	20mg tablet	02247656	1.2199	I/C
Rhoxal-Pravastatin	20mg tablet	02247857	1.2199	I/C
pms-Pravastatin	40mg tablet	02247657	1.4695	I/C
Rhoxal-Pravastatin	40mg tablet	02247858	1.4695	I/C

**FORMULARY AND EDS UPDATES EFFECTIVE FEBRUARY 1, 2004**

<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>
<b>Quinapril HCl/hydrochlorothiazide</b>				
Accuretic	20mg/25mg tablet	02237369	0.8914	
<b>Risperidone</b>				
Risperdal M-Tab	0.5mg orally disintegrating tablet	02247704	0.7541	
Risperdal M-Tab	1mg orally disintegrating tablet	02247705	1.0416	
Risperdal M-Tab	2mg orally disintegrating tablet	02247706	2.0796	
<b>Simvastatin</b>				
CO Simvastatin	5mg tablet	02248103	0.6152	<i>I/C</i>
ratio-Simvastatin	5mg tablet	02247067	0.6152	<i>I/C</i>
Rhoxal-Simvastatin	5mg tablet	02247827	0.6152	<i>I/C</i>
CO Simvastatin	10mg tablet	02248104	1.2168	<i>I/C</i>
ratio-Simvastatin	10mg tablet	02247068	1.2168	<i>I/C</i>
Rhoxal-Simvastatin	10mg tablet	02247828	1.2168	<i>I/C</i>
CO Simvastatin	20mg tablet	02248105	1.5039	<i>I/C</i>
ratio-Simvastatin	20mg tablet	02247069	1.5039	<i>I/C</i>
Rhoxal-Simvastatin	20mg tablet	02247830	1.5039	<i>I/C</i>
CO Simvastatin	40mg tablet	02248106	1.5039	<i>I/C</i>
ratio-Simvastatin	40mg tablet	02247070	1.5039	<i>I/C</i>
Rhoxal-Simvastatin	40mg tablet	02247831	1.5039	<i>I/C</i>
CO Simvastatin	80mg tablet	02248107	1.5039	<i>I/C</i>
ratio-Simvastatin	80mg tablet	02247071	1.5039	<i>I/C</i>
Rhoxal-Simvastatin	80mg tablet	02247833	1.5039	<i>I/C</i>
<b>Valdecoxib</b>				
Bextra	10mg tablet	02246621	1.3563	<i>EDS</i>
Bextra	20mg tablet	02246622	1.3563	<i>EDS</i>

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**LEGEND:** EDS = Exception Drug Status  
I/C = Interchangeable  
Not I/C = Not Interchangeable  
Pall Care = Only Palliative Care patients

## **EDS UPDATE EFFECTIVE FEBRUARY 1, 2004**

### **CRITERIA FOR NEW EXCEPTION DRUG STATUS (EDS) ADDITIONS**

*Effective November 15, 2003 the following products will be available for coverage under Exception Drug Status subject to the indicated criteria.*

**calcitonin salmon, nasal spray, 200IU/dose (bottle) (Apo-Calcitonin-APX)**

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

**carvedilol, tablet, 3.125mg, 6.25mg, 12.5mg, 25mg (Apo-Carvedilol-APX)  
(pms-Carvedilol-PMS)**

New interchangeable - same criteria as other brand listed in Appendix A, page 223.

*Effective February 1, 2004 the following products will be available for coverage under Exception Drug Status subject to the indicated criteria.*

**carvedilol, tablet, 3.125mg, 6.25mg, 12.5mg, 25mg (Novo-Carvedilol-NOP)**

New interchangeable - same criteria as other brand listed in Appendix A, page 223.

**iron sucrose, injection, 20mg/mL (Venofer-GPM)**

For treatment of iron deficiency when patients are intolerant to oral iron replacement products and intravenous iron dextran.

**iron dextran, injection, 50mg/mL (DexIron-GPM)**

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

**ketorolac tromethamine, ophthalmic solution, 0.5% (ratio-Ketorolac-RPH)**

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

**lamivudine, tablet, 300mg (3TC-GSK)**

New strength only - same criteria as other forms listed in Appendix A, page 235.

**meloxicam, tablet, 7.5mg, 15mg (pms-Meloxicam-PMS)**

New interchangeable - same criteria as other brands listed in Appendix A, page 237.

**olanzepine, orally disintegrating tablet, 15mg (Zyprexa Zydis-LIL)**

New strength only - same criteria as other tablets listed in Appendix A, page 240.

**oxcarbazepine, tablet, 150mg, 300mg, 600mg; oral suspension, 60mg/mL (Trileptal-NVR)**

For the treatment of partial seizures in patients intolerant to carbamazepine.

**pimecrolimus, topical cream, 1% (Elidel-NVR)**

For treatment of atopic dermatitis in patients unresponsive or intolerant to topical steroids within the last 3 months.



**valdecoxib, tablet, 10mg, 20mg (Bextra-PHU)**

- (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.

**MODIFICATIONS TO CURRENT EXCEPTION DRUG STATUS (EDS) CRITERIA**

*Effective February 1, 2004 the EDS criteria for the following product was modified as indicated:*

**ciprofloxacin, tablet, 250mg, 500mg, 750mg; oral suspension, 100mg/mL (Cipro-BAY)**

Exception Drug Status criteria has been revised as follows:

- (c) Infections known to be resistant to alternative antibiotics. Resistance must be determined by culture and sensitivity testing (C & S).

**etanercept, powder for injection (vial) 25mg/vial (Enbrel-AMG)**

Exception Drug Status criteria has been revised to include:

- (b) For treatment of paediatric patients with active juvenile rheumatoid arthritis who have failed one DMARD.

**gatifloxacin, tablet, 400mg (Tequin-BMY)**

Exception Drug Status criteria has been revised as follows:

- (b) Infections known to be resistant to alternative antibiotics. Resistance must be determined by C & S. Where a C & S cannot be obtained coverage will be approved when a patient has failed at least 2 other classes of antibiotics.

**lansoprazole, delayed release capsule, 15mg, 30mg (Prevacid-ABB)**

Exception Drug Status criteria has been revised to include:

- (b) For 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 treatment of severe erosive esophagitis and Zollinger-Ellison Syndrome.

**levofloxacin, tablet, 250mg, 500mg (Levaquin-JAN)**

Exception Drug Status criteria has been revised as follows:

- (b) Infections known to be resistant to alternative antibiotics. Resistance must be determined by C & S. Where a C & S cannot be obtained coverage will be approved when a patient has failed at least 2 other classes of antibiotics.

**moxifloxacin HCl, tablet, 400mg (Avelox-BAY)**

Exception Drug Status criteria has been revised as follows:

- (b) Infections known to be resistant to alternative antibiotics. Resistance must be determined by C & S. Where a C & S cannot be obtained coverage will be approved when a patient has failed at least 2 other classes of antibiotics.

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

Exception Drug Status criteria has been revised to include:

- (c) For treatment of patients with acute mania or bi-polar affective disorder for an additional 4 weeks following hospital discharge.

**omeprazole, delayed release tablet, 20mg (Losec-AST)**

Exception Drug Status criteria has been revised to include:

- (b) For 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 treatment of severe erosive esophagitis and Zollinger-Ellison Syndrome.

**pantoprazole, enteric coated tablet, 40mg (Pantoloc-SLV)**

Exception Drug Status criteria has been revised to include:

- (b) For 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 treatment of severe erosive esophagitis and Zollinger-Ellison Syndrome.

**rabeprazole sodium, tablet, 10mg (Pariet-JAN)**

Exception Drug Status criteria has been revised to include:

- (b) For 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 treatment of severe erosive esophagitis and Zollinger-Ellison Syndrome.

**tacrolimus, topical ointment, 0.03%, 0.1% (Protopic-FUJ)**

For treatment of atopic dermatitis in patients unresponsive or intolerant to topical steroids within the last 3 months.

**OTHER IMPORTANT NOTES:**

Effective *November 28, 2003* the following products were delisted from the Saskatchewan Formulary due to the manufacturer recall as a result of reports of hepatic toxicity:

- **nefazodone, tablet, 50mg, 100mg, 150mg, 200mg (Apo-Nefazodone-APX) (Dom-Nefazodone-DOM) (Gen-Nefazodone-GPM) (Lin-Nefazodone-LIN) (Novo-Nefazodone-NOP) (pms-Nefazodone-PMS) (Serzone-BMY)**

Effective *November 21, 2003* the price of the following Standing Offer Contract (SOC) products were reduced by the manufacturer as follows:

- **simvastatin, 5mg, 10mg, 20mg, 40mg, 80mg (Simvastatin-PRM)**

<b>02247531</b>	<b>\$ 0.5109</b>
<b>02247532</b>	<b>\$ 1.0104</b>
<b>02247533</b>	<b>\$ 1.2342</b>
<b>02247534</b>	<b>\$ 1.2342</b>
<b>02247535</b>	<b>\$ 1.2342</b>

Effective *February 1, 2004* the following product will be a benefit restricted to registered Palliative Care patients only. (Note: Exception Drug Status **will not be** required for these patients).

- **methadone HCl, tablet, 1mg, 5mg, 10mg, 25mg; oral suspension 1mg/mL (Metadol-PMS)**