
HOSPITAL BENEFIT DRUG LIST

January 2017

**NOTIFICATION OF UPDATES TO THE HOSPITAL BENEFIT DRUG LIST
WILL BE PROVIDED IN THE DRUG PLAN UPDATE BULLETINS**

**PLEASE DIRECT INQUIRIES REGARDING THIS LIST TO:
(306) 787- 3420**

1. This list of drug benefits under Saskatchewan Health is supplementary to the annual Saskatchewan Formulary (60th Edition, April 2010). It is intended to expand on the Formulary as required to meet the special requirements of hospitals and health centers.
2. The Benefit Drug List is published annually with periodic updates included in the Formulary Bulletins.
3. In summary, the government is accepting the following items as insured benefits when administered to patients in hospital and/or health centers. Institutional formularies put in place by Regional Health Authorities and affiliates may affect the availability of some insured drugs:
 - (a) All products listed in the Saskatchewan Formulary. (Brands other than those listed are not considered as interchangeable.)
 - (b) Unlisted strengths of products included in the Saskatchewan Formulary or approved for Exception Drug Status coverage (see item 5). [This applies only to brands manufactured by the same supplier(s).]
 - (c) Generally accepted nursing treatments, agents such as antiseptics, disinfectants, mouthwashes, lozenges, lubricants, soaps and emollients.
 - (d) All diagnostic agents.
 - (e) All irrigating solutions.
 - (f) All radioactive agents.
 - (g) All injectable vitamins and injectable multivitamin preparations when used to maintain or attain nutritional status.
 - (h) Alcoholic beverages such as beer, stout, brandy and whiskey.
 - (i) All dietary supplements.
 - (j) All antacids and laxatives marketed by approved manufacturers.
 - (k) All hemostatic agents.
 - (l) All agents appearing on the attached supplemental list including all dosage forms and strengths unless otherwise indicated in the list. Prolonged release, sustained release, and delayed release dosage forms are benefits only when specifically listed.
 - (m) New dosage forms, drug entities and other products released on the market after the effective date of this list are not insured hospital/health center benefits. They may be charged to hospital or health center clients until reviewed and approved as an insured benefit by the Drug Advisory Committee of Saskatchewan.
4. Formularies established by Regional Health Authorities and affiliates may not include all insured items. If an insured drug is not included in a health region/affiliate formulary, its provision will be subject to Regional Health Authority/affiliate policy. However if a benefit drug is provided within the guidelines of the Hospital Benefit

Drug List /Saskatchewan Formulary, it should be considered a benefit for that patient and paid for by the institution.

5. Only drugs listed in the Saskatchewan Formulary, and not those on the Benefit Drug List, are an insured benefit when dispensed to ambulatory patients, i.e. through retail pharmacies or an organized hospital dispensing service.
6. For certain patients, the Prescription Drug Services Branch may approve/has approved Exception Drug Status coverage, on an outpatient basis, for certain products which are not listed in the Saskatchewan Formulary or the Benefit Drug List. Patients with such coverage have been issued a letter of authorization which, upon presentation in a hospital or health center, also entitles the beneficiary to receive the specified drug as an inpatient benefit (notwithstanding Statement 4 above).

In cases where treatment with a product known to be eligible for Exception Drug Status Coverage is initiated in the hospital or health center, it will be recognized as an inpatient benefit providing the patient's case meets the eligibility criteria listed in the Saskatchewan Formulary. The drugs eligible for such coverage and the criteria for patient eligibility are published in the Saskatchewan Formulary as Appendix A.

7. Certain products are benefits only when used according to specific criteria. The usage criteria or restrictions that apply are shown for each product. When these products are ordered, the ordering physician and/or the pharmacist must determine if the conditions for coverage have been met. When the conditions are met, the patient receives the drug as a benefit. The cost is absorbed by the health region or affiliate. The region/affiliate may choose to charge the patient for administration of drugs in this section that fails to meet the criteria/restrictions listed.
8. Combination products are only benefits if they are specifically included in the Benefit Drug List. Listing of one ingredient included in a combination product does not make that product a benefit.
9. Products that are not listed in either the Saskatchewan Formulary or this supplementary benefit drug list, or which have not received special approval, are not insured and therefore are chargeable to a patient.
10. Certain products may be granted Restricted Coverage status for non-approved indications. This is the case only when the Drug Advisory Committee of Saskatchewan has reviewed evidence to demonstrate safety and efficacy and the prescriber is aware the drug is being prescribed for a non-approved indication.
11. Toxoids and Vaccines are to be provided by health regions and affiliates according to supply and guidelines established by Saskatchewan Health and Canadian Blood Services. Other such products will be reviewed and recommended for approval on a case by case basis by the health regions and affiliates. Serums are listed in Section 80:00.00.
12. EprexTM, AranespTM, InfuferTM and VenoferTM may be billed to the Drug Plan when used for the treatment of anemia of renal disease if patients receive these drugs in an institution's dialysis unit as an outpatient. In addition Pamidronate (all brands listed in the Saskatchewan Formulary), OreniciaTM, RemicadeTM, and RituxanTM may be billed to the Drug Plan via this process for patients meeting Exception Drug Status criteria. Payment for inpatient use of all of these drugs is the responsibility of the health region or affiliate.

Payment Policy Statement:

- The Drug Plan will reimburse hospital pharmacies the actual acquisition cost (AAC) of the dose of Eprex™, Aranesp™, Infufer™, Venofer™, Pamidronate (brands listed in the Saskatchewan Formulary), Orencia™, Remicade™, and Rituxan™ that is administered plus a 10% mark-up for each month's supply. The mark-up will be capped at \$20.00 per month, unless there are dosage changes. Where new generic brands are approved by the Saskatchewan drug review process as interchangeable with the above drugs, payment will be provided only up to the cost of the generic brand.

How to bill the Drug Plan:

- To ensure consistency in billing for these agents, hospital pharmacy departments are asked to use their specific DRUG PLAN WEB CERTIFICATE to submit claims online. Please contact (306) 787-3315 or toll free 1-800-667-7578 with any questions.

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04:00.00 ANTIHISTAMINE AGENTS

CYPROHEPTADINE
Tablet 4mg
Syrup 0.4mg/mL
DIPHENHYDRAMINE (injection only)
Injection 50mg/mL
PROMETHAZINE
Injection 25mg/mL

08:00.00 ANTI-INFECTIVE AGENTS

08:12.00 ANTIBIOTICS

08:12.02 AMINOGLYCOSIDES

AMIKACIN
Injection 250mg/mL
TOBRAMYCIN
Injection 10mg/mL, 40mg/mL

08:12.04 ANTIFUNGALS

AMPHOTERICIN B
Injection 50mg
AMPHOTERICIN B LIPID COMPLEX INJECTION (Abelcet) and
LIPOSOMAL AMPHOTERICIN B (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 doses;
- 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 (e.g. fever, rigors, hypotension).

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

Injection 50mg, 70mg

FLUCONAZOLE

Restricted Coverage: Injection

Injection 2mg/mL

FLUCYTOSINE (Health Canada - Special Access Programme)

Injection 1g, 5g, 10g

Capsules 500mg

08:12.06 CEPHALOSPORINS

CEFAZOLIN
Injection 500mg, 1g
CEFOTAXIME

Restricted Coverage: Benefit status is automatic for first 72 hours in severe infections. Long-term use is covered when supported by sensitivity tests.

Injection 500mg, 1g, 2g

CEFOTETAN

Injection 1g, 2g

CEFOXITIN SODIUM

Injection 1g, 2g

CEFTAZIDIME

Restricted Coverage: Benefit status is automatic for first 72 hours in severe infections. Long-term use is covered when supported by sensitivity tests.

Injection 500mg, 1g, 2g

CEFTOBIPROLE MEDOCARIL

Restricted Coverage: For use as a second/third line agent for suspected or proven MRSA infections, or as a second/third line agent for suspected or proven mixed infections. This agent should be reserved for use by an infectious disease specialist.

Injection 500mg

CEFTOLOZANE SULFATE/TAZOBACTAM SODIUM

Restricted Coverage: For treatment of severe infections on the recommendation of an infectious disease specialist.

Injection 1g/0.5g (1.5g vial)

CEFTRIAZONE

Restricted Coverage: Benefit status is automatic for first 72 hours in severe infections. Long-term use is covered when supported by sensitivity tests.

Injection 250mg, 1g, 2g

CEFUROXIME (see Appendix A – Saskatchewan Health Drug Plan Formulary)

Injection 750mg, 1.5g

CEPHALOTHIN

Injection

08:12.07 MISCELLANEOUS BETA LACTAM ANTIBIOTICS

ERTAPENEM

Restricted coverage: For the treatment of severe infections on the recommendation of an infectious disease specialist, internist or microbiologist.

Injection 1g

IMIPENEM/CILASTATIN

Restricted Coverage: For the treatment of severe infections on the recommendation of an infectious disease specialist; internist or medical microbiologist.

Injection 250mg/250mg; 500mg/500mg

MEROPENEM

Restricted Coverage: For the treatment of severe infections on the recommendation of an infectious disease specialist; internist or medical microbiologist.

Injection

08:12.08 CHLORAMPHENICOL

CHLORAMPHENICOL

Injection 1g

08:12.12 MACROLIDES

AZITHROMYCIN (see Appendix A - Saskatchewan Health Drug Plan Formulary)

Injection

ERYTHROMYCIN

Injection (lactobionate) 500mg, 1g

08:12.16 PENICILLINS

AMPICILLIN

Injection 125mg, 250mg, 500mg, 1g, 2g

PIPERACILLIN

Injection 2g, 3g, 4g

PIPERACILLIN/TAZOBACTAM

Restricted Coverage: For the treatment of severe infections on the recommendation of an infectious disease specialist; internist or medical microbiologist.

Injection 2g/0.25g; 3g/0.375g; 4g/0.5g

TICARCILLIN

Injection 3g

08:12.24 TETRACYCLINES

08:12.24.12 GLYCYLCYCLINES

TIGECYCLINE

Restricted Coverage: Reserved for the treatment of infections resistant to first-line agents and on the recommendation of an infectious disease specialist.

08:12.28 MISCELLANEOUS ANTIBIOTICS

BACITRACIN STERILE

Vial 50,000 units

POLYMYXIN B SULFATE (injection only) (Health Canada - Special Access Programme)

QUINUPRISTIN/DALFOPRISTIN

Restricted Coverage: Reserved for use against multi-resistant gram positive organisms, including Methicillin Resistant Staph. Aureus (MRSA) and vancomycin resistant E.faecium, on the recommendation of an infectious disease specialist.

Injection

VANCOMYCIN

Injection

08:14.00 ANTIFUNGAL AGENTS

VORICONAZOLE

Restricted Coverage: When prescribed by an infectious disease specialist.

Injection

08:16.00 ANTITUBERCULOSIS AGENTS

ETHAMBUTOL

Tablet 100mg, 400mg

ISONIAZID

Tablet 50mg, 100mg, 300mg

Syrup 10mg/mL

PYRAZINAMIDE

Tablet 500mg

RIFAMPIN

Capsule 150mg, 300mg

08:18.00 ANTIVIRALS

ACYCLOVIR

Restricted Coverage:

- a) *IV form only when used for treatment of initial and recurrent mucosal and cutaneous herpes simplex infections in immunocompromised patients and;*
- b) *IV form when used for severe initial episodes of herpes simplex infections in patients who may not be immunocompromised.*

Suspension 40mg/mL

Injection 500mg, 1g

FOSCARNET (Health Canada - Special Access Programme)

Injection 24mg/mL

GANCICLOVIR (see Appendix A - Saskatchewan Health Drug Plan Formulary)

Vial 500mg

RIBAVIRIN

Restricted Coverage: When used in a Pediatric Intensive Care Unit, preferably on the basis of consultation with an infectious disease specialist, and for proven or seriously ill cases during an outbreak of the Respiratory Syncytial Virus (RSV).

Powder for inhalation solution 6g

08:22.00 QUINOLONES (see Appendix A - Saskatchewan Health Drug Plan Formulary)

CIPROFLOXACIN

Injection 10mg/mL

LEVOFLOXACIN

Injection 5mg/mL, 25mg/mL

MOXIFLOXACIN

Injection, 400mg

08:30.92 MISCELLANEOUS ANTIPROTOZOALS

METRONIDAZOLE

Injection, 5mg/mL

08:40.00 MISCELLANEOUS ANTI INFECTIVES

LINEZOLID (see Appendix A - Saskatchewan Health Drug Plan Formulary)

Injection

PENTAMIDINE ISETHIONATE

Injection

Oral inhalation solution 300mg

10:00.00 ANTINEOPLASTIC AGENTS (Agents used for non-cancer indications. Contact the Saskatchewan Cancer Agency for information regarding drugs for cancer indications.)

BLEOMYCIN

Injection 15 unit

CYCLOPHOSPHAMIDE

Tablet 25mg, 50mg

Injection 200mg, 1g

DAUNORUBICIN

Injection 20mg

DOXORUBICIN
Injection 2mg/mL
FLUOROURACIL
Injection 50mg/mL
METHOTREXATE
Injection 10mg/mL (2mL), 25mg/mL (2mL, 4mL, 8mL, 20mL, 40mL,
200mL)
Powder for injection 20mg
RITUXIMAB
*Restricted Coverage: For treatment of antibody-mediated rejection in kidney
transplant patients.*
Injection 10mg/mL

12:00.00 AUTONOMIC DRUGS

12:04.00 PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS

NEOSTIGMINE
Injection 0.5mg/mL (1:2000), 1mg/mL (1:1000)
Injection 2.5mg/mL (5mL)

12:08.00 ANTICHOLINERGIC AGENTS

12:08.08 ANTIMUSCARINIC/ANTISPASMODICS

HYOSCINE BUTYLBROMIDE Also known as SCOPOLAMINE BUTYLBROMIDE
Injection 20mg/ML
HYOSCINE HYDROBROMIDE Also known as SCOPOLAMINE HYDROBROMIDE
Injection 0.4mg/mL, 0.6mg/mL

12:12.00 SYMPATHOMIMETIC (ADRENERGIC) AGENTS

DOBUTAMINE
Injection 12.5mg/mL
DOPAMINE
Injection 40mg/mL (20mL)
IV premixed bag 0.8mg/mL (250mL, 500mL) D5W
EPHEDRINE
Injection 50mg/1mL
Tablet 8mg, 15mg, 25mg, 30mg
Capsule 25mg
ISOPROTERENOL
Injection 0.2mg/mL (1:5000)
NOREPINEPHRINE
Injection 1mg/mL
PHENYLEPHRINE
Injection 10mg/mL
PSEUDOEPHEDRINE
Tablet 60mg
Syrup 6mg/mL

12:16.00 SYMPATHOLYTICS

PHENTOLAMINE MESYLATE
Injection

12:20.00 SKELETAL MUSCLE RELAXANTS

ATRACURIUM BESYLATE
Injection 10mg/mL (5mL, 10mL)
PANCURONIUM
Injection 2mg/mL
ROCURONIUM
Injection 10mg/mL (10mL)
SUCCINYLCHOLINE
Injection 20mg/mL
VECURONIUM
Injection 10mg

20:00.00 BLOOD FORMATION AND COAGULATION

20:04.00 ANTIANEMIA DRUGS

20:04.04 IRON PREPARATIONS

FERROUS FUMARATE
Capsule
FERROUS GLUCONATE
Tablet
FERROUS SULPHATE
Tablet
Syrup
Oral drops
Oral solution
IRON DEXTRAN
Injection 50mg/mL elemental iron

20:12.00 COAGULANTS AND ANTICOAGULANTS

20:12.04 ANTICOAGULANTS

ARGATROBAN
Restricted Coverage: For treatment of heparin-induced thrombocytopenia in consultation with a hematologist or internist. It is suggested that a heparin-induced thrombocytopenia (H.I.T) assay be completed.
Injection
DALTEPARIN
Restricted Coverage: See Appendix A - Saskatchewan Health Drug Plan Formulary. For in-hospital treatment of acute coronary syndrome to a maximum of eight (8) days.
Injection
DANAPAROID
Restricted Coverage: For treatment of heparin-induced thrombocytopenia in consultation with a hematologist or internist. It is suggested that a heparin-induced thrombocytopenia (H.I.T) assay be completed.
Injection
ENOXAPARIN
Restricted Coverage: See Appendix A - Saskatchewan Health Drug Plan Formulary. For in-hospital treatment of acute coronary syndrome to a maximum of eight (8) days.
For in-hospital treatment of ST-segment elevation myocardial infarction.

Injection
FONDAPARINUX SODIUM
Restricted Coverage: For the treatment of heparin induced thrombocytopenia (HIT).

Injection
HEPARIN (not including low molecular weight formulations)
Injection 1,000 IU/mL (1mL, 10mL, 30mL)
Injection (subcutaneous) 25000 IU/mL (0.2mL, 2mL)
Injection (heparin lock flush) 100 IU/mL (2mL, 10mL)
IV premixed bags all strengths mixed in D5W and 0.9% NaCl

LEPIRUDIN
Restricted Coverage: For treatment of heparin-induced thrombocytopenia in consultation with a hematologist or internist. It is suggested that a heparin-induced thrombocytopenia (H.I.T) assay be completed.

Injection
NADROPARIN
Restricted Coverage: See Appendix A - Saskatchewan Health Drug Plan Formulary. For in-hospital treatment of acute coronary syndrome to a maximum of eight (8) days.

Injection
RIVAROXABAN
Restricted Coverage: See Appendix A - Saskatchewan Health Drug Plan Formulary.
a) *prophylaxis following total knee arthroplasty for up to 14 days following the procedure.*
b) *prophylaxis in patients undergoing total hip replacement for up to 14 days following the procedure.*
tablet

20:12.08 ANTIHEPARIN AGENTS

PROTAMINE SULPHATE
Injection 10mg/mL

20:12.16 HEMOSTATICS

ANTIHEMOPHILIC FACTOR VIII (HUMAN)
APROTININ
Injection 10,000 Kallikrein Inhibitory Units/mL
FACTOR IX
TRANEXAMIC ACID
Injection 100mg/mL

20:12.18 PLATELET AGGREGATION INHIBITORS

CLOPIDOGREL
Tablet 300mg

20:40.00 THROMBOLYTIC AGENTS

STREPTOKINASE
Injection 250,000 IU, 750000 IU, 1.5 million IU
TENECTEPLASE (TNK)
*Restricted Coverage: For the treatment of patients with:
larger acute myocardial infarction and presenting within twelve (12) hours;
high risk inferior wall myocardial infarctions;
patients with significant hypotension or cardiogenic shock.*

Injection

ALTEPLASE (TISSUE PLASMINOGEN ACTIVATOR or tPA)

Restricted Coverage:

- c) *for the treatment of patients with:
larger acute myocardial infarction and presenting within twelve (12) hours.
high risk inferior wall myocardial infarctions.
patients with significant hypotension or cardiogenic shock.
Injection 50mg, 100mg*
- b) *for the treatment of strokes when all the following circumstances are present:
within three (3) hours of the onset of symptoms;
under the guidance of a neurologist and a neuro-radiologist;
after a CT scan to rule out hemorrhage; and
in conjunction with established treatment protocols.*
- c) *Injection, powder for solution, 2mg/vial (Cathflo)
For correction of catheter occlusions.*

24:00.00 CARDIOVASCULAR DRUGS

24.04.00 CARDIAC DRUGS

ADENOSINE

Restricted Coverage: When used as an antiarrhythmic – for conversion to sinus rhythm of paroxysmal supraventricular tachycardia, including those associated with accessory bypass tracts (Wolf-Parkinson-White Syndrome).

Injection 3mg/mL

AMIODARONE HCl

Injection 50mg/mL

BRETYLIUM TOSYLATE

Injection 50mg/mL

DIGOXIN

Injection 0.05mg/mL (1mL), 0.25mg/mL (2mL)

DILTIAZEM

Injection 5mg/mL (5mL, 10mL)

ESMOLOL (Health Canada – Special Access Program)

Restricted Coverage: For use in Operating Room or Critical Care Areas only for: the perioperative management of tachycardia and hypertension in patients with atrial fibrillation or atrial flutter in acute situations.

Injection 10mg/mL (10mL)

Infusion bag 10mg/ml (250ml size)

MILRINONE

Restricted Coverage:

- a) *When used in the short-term management of ventricular dysfunction unresponsive to digitalis, diuretics and vasodilators or as an aid to weaning off an intra-aortic balloon pump when other inotropes have failed.*
- b) *Must be administered in a critical care setting capable of invasive cardiac monitoring including cardiac output, pulmonary capillary wedge pressures and systemic vascular resistance.*

Injection 1mg/mL (10mL, 20mL)

PROCAINAMIDE

Injection 100mg/mL (10mL)

24:08.00 HYPOTENSIVE AGENTS

LABETALOL

Injection 5mg/mL

SODIUM NITROPRUSSIDE
Injection 50mg

24:12.00 VASODILATING AGENTS

ALPROSTADIL
Injection 0.5mg/mL
NIMODIPINE
Injection 0.2mg/mL (250mL)
NITROGLYCERIN
Injection 5mg/mL (10mL)
PAPAVERINE
Injection 32.5mg/mL (2mL)
NITRIC OXIDE
Restricted Coverage: For use in the pediatric population
Inhalation Gas

28:00.00 CENTRAL NERVOUS SYSTEM AGENTS

28:04.00 GENERAL ANESTHETICS

DESFLURANE
Inhalation solution 1mL/mL (240mL)
ENFLURANE
Solution 250mL
HALOTHANE
Solution 250mL
ISOFLURANE
Solution 100mL
KETAMINE
Injection 10mg/mL, 50mg/mL
PROPOFOL
Injection 10mg/mL (20mL, 50mL, 100mL)
SEVOFLURANE
Solution 250mL
THIOPENTAL
Injection kit 1 g kit and 500mg /2.5% kit

28:08.00 ANALGESICS AND ANTIPYRETICS

28:08.04 NON-STEROIDAL ANTI-INFLAMMATORY AGENTS

ACETYLSALICYLIC ACID
Tablet
Enteric coated tablet
Suppository

28:08.08 OPIATE AGONISTS

ALFENTANIL
Injection 0.05mg/mL, 0.5mg/mL
FENTANYL
Injection 50ug/mL
METHADONE

Powder for oral solution
(Use of methadone is restricted to Health Protection Branch authorized prescribers)
SUFENTANIL
Injection 50ug/mL

28:08.12 OPIATE PARTIAL AGONISTS

NALBUPHINE
Ampoule 10mg/mL

28:08.92 MISCELLANEOUS ANALGESICS AND ANTIPYRETICS

ACETAMINOPHEN
Tablet (chewable)
Tablet
Oral liquid
Elixir
Suppository

28:10.00 OPIATE ANTAGONISTS

NALOXONE
Injection 0.4mg/mL

28:12.00 ANTICONVULSANTS

28:12.12 HYDANTOINS

FOSPHENYTOIN
Restricted coverage: for the treatment of status epilepticus.
Injection 25mg (50 PE)

28:12.92 MISCELLANEOUS ANTICONVULSANTS

MAGNESIUM SULFATE
Injection 50mg/mL

28:16.00 PSYCHOTHERAPEUTIC AGENTS (see the Saskatchewan Formulary)

28:20.00 RESPIRATORY AND CEREBRAL STIMULANTS

DOXAPRAM (FDA – Special Access Program)
Restricted Coverage: When used for approved indications.
Injection 20mg/mL (20mL)

28:24.00 ANXIOLYTICS, SEDATIVES AND HYPNOTICS

28:24.04 BARBITURATES (see the Saskatchewan Formulary)

28:24.08 BENZODIAZEPINES

MIDAZOLAM
Injection 1mg/mL (2mL, 5mL, 10mL), 5mg/mL (1mL, 2mL, 10mL)

28:24.92 MISCELLANEOUS ANXIOLYTICS, SEDATIVES, HYPNOTICS

DROPERIDOL

Injection 2.5mg/mL

PARALDEHYDE

Injection 5mL ampoule (1mL is equivalent to approximately 1g)

28:92.00 MISCELLANEOUS CENTRAL NERVOUS SYSTEM AGENTS

FLUMAZENIL

injection

40:00.00 ELECTROLYTIC, CALORIC AND WATER BALANCE

40:08.00 ALKALINIZING AGENTS

SODIUM BICARBONATE injectable preparations

Injection 0.5mEq/mL (4.2%), 1mEq/mL (8.4%) pre-load syringe

Injection 5g/100mL (5%) (500mL)

Injection 75mg/mL (7.5%)

Injection 1mEq/mL (8.4%)

TROMETHAMINE injection

Injection 36mg/mL (0.3 Molar)

40:12.00 ELECTROLYTE AND FLUID REPLACEMENT

CALCIUM CHLORIDE

Injection 10% - 100mg/mL (27mg elemental calcium/mL)

CALCIUM GLUCONATE

Injection 10% - 100mg/mL (9mg elemental calcium/mL)

CALCIUM ORAL DOSAGE FORMS

Note: 500mg elemental calcium = 12.5mmol or 25mEq elemental calcium

DEXTRAN 40

Solution 10% in D5W 500mL

Solution 10% in Saline 0.9% 500mL

DEXTRAN 70

Solution 32% in D10W 100mL

Solution 6% in D5W 500mL

Solution 6% in Saline 0.9% 500mL

MAGNESIUM ORAL DOSAGE FORMS

MAGNESIUM SULPHATE

Injection 50% - 500mg/mL (50mg elemental magnesium/mL)

Note: 5mg elemental magnesium = 0.2mmol or 0.4mEq elemental magnesium

PHOSPHATE

Injection potassium phosphate dibasic 236mg/mL

Injection potassium phosphate monobasic 224mg/mL

Effervescent tablet 500mg

POTASSIUM ACETATE

Injection 392mg/mL
POTASSIUM CHLORIDE
Injection 2mEq elemental potassium/mL
POTASSIUM PHOSPHATE
Vial 3mmol/mL
SODIUM CHLORIDE
Injection 2.5mEq/mL
Injection 4mEq/mL
SODIUM PHOSPHATE
Injection 3 mmol/mL
ZINC ORAL DOSAGE FORMS

40:20.00 CALORIC AGENTS

ABSOLUTE ALCOHOL INJECTION (dehydrated alcohol)
Injection 100% (10mL)
AMINO ACIDS SOLUTIONS (with or without electrolytes)
Includes all single substrate formulations
AMINO ACIDS / DEXTROSE SOLUTIONS (with or without electrolytes)
Includes all multisubstrate formulations
DEXTROSE
Injection 5%, 10%, 50%
FAT EMULSION PREPARATIONS
Injection 10%, 20%, 30%

40:28.00 DIURETICS

MANNITOL
Injection 10% (1000mL)
Injection 20% (500mL)
Injection 25% (50mL)

48:00.00 ANTITUSSIVES, EXPECTORANTS AND MUCOLYTIC AGENTS

48:08.00 ANTITUSSIVES

DEXTROMETHORPHAN
Syrup 3mg/mL

48:16.00 EXPECTORANTS

GUAIFENESIN
Oral solution 20mg/mL

48:24.00 MUCOLYTIC AGENTS

ACETYLCYSTEINE
Antidote for acetaminophen poisoning
Injection 20% solution

52:00.00 EYE, EAR, NOSE AND THROAT PREPARATIONS

52:04.00 ANTI-INFECTIVES

52:04.04 ANTIBIOTICS

POLYMYXIN B/GRAMICIDIN or BACITRACIN

Ophthalmic/otic solution, each mL: 10,000 units/0.25mg (gramicidin)

Ophthalmic ointment, each g: 10,000 units/500 units (bacitracin)

52:16.00 LOCAL ANESTHETICS

BENZOCAINE

Gel, topical 7.5%

Spray, 20%

Gel, topical 20%

COCAINE

Topical solution 100mg/mL: 4% (4mL), 10% (5mL)

LIDOCAINE (except for lozenges and suppositories)

Aerosol, endotracheal

Liquid (viscous), topical 2%

PROPARACAINE

Ophthalmic solution 0.5%

TETRACAINE

Ophthalmic solution 0.5%

Ophthalmic solution minims 0.5%

Aerosol 754 mg / 65g (oral)

52:20.00 MIOTICS

ACETYLCHOLINE

Solution, intraocular irrigation 10mg/mL

52:24.00 MYDRIATICS

PHENYLEPHRINE

Ophthalmic solution 2.5%

Ophthalmic solution minims 10%

TROPICAMIDE

Ophthalmic solution 0.5%, 1%

Ophthalmic solution minims 1%

52:32.00 VASOCONSTRICTORS

NAPHAZOLINE

Ophthalmic solution 0.1%

XYLOMETAZOLINE

Nasal spray 0.05%, 0.1%

Nasal solution 0.1%

52:36.00 MISCELLANEOUS EYE, EAR, NOSE AND THROAT DRUGS

ALUMINUM ACETATE

Solution, otic 0.5%

ARTIFICIAL TEARS

Ophthalmic solution

FLUORESCEIN SODIUM

Ophthalmic solution 2%, 10%

Ophthalmic solution minims 2%
Strip, ophthalmic 1mg
Injection 100mg/mL, 250mg/mL

SODIUM CHLORIDE

Ophthalmic solution, 5%

56:00.00 GASTROINTESTINAL DRUGS

56:04.00 ANTACIDS AND ADSORBENTS

ACTIVATED CHARCOAL

Suspension (aqueous), oral - 200mg/mL

Suspension (in sorbitol), oral - 200mg/mL

56:08.00 ANTIDIARRHEA AGENTS

ATTAPULGITE

Tablet 300mg, 600mg, 750mg

Suspension 40mg/mL, 50mg/mL

56:12.00 CATHARTICS AND LAXATIVES

CASTOR OIL

FLEET

Enema with monobasic sodium phosphate 16g/100mL, dibasic sodium phosphate 6g/100mL

Enema with monobasic sodium phosphate 16g/100mL, dibasic sodium phosphate 6g/100mL, & mineral oil

FLEET PHOSPHO - SODA BUFFERED SALINE

Oral solution with sodium biphosphate 900mg/5mL, sodium phosphate monobasic 2.4g/5mL

GLYCERIN

Suppository - infant 1.63g, adult 2.67g

SENNOSIDES (Standardized)

Powder 157.5mg/21g pouch

Tablet 8.6mg, 12mg, 15mg, 25mg

Granules 15mg/3g=1tsp

Syrup 1.7mg/mL (100mL, 250mL, 500mL)

Suppository 30mg

56:20.00 EMETICS

IPECAC

Syrup

56:22.00 ANTIEMETICS

DROPERIDOL

Injection 2.5mg/ML

56:22.20 5-HT3 RECEPTOR ANTAGONISTS

ONDANSETRON

Restricted Coverage: Coverage will be restricted to patients with non-cancer indications. The Saskatchewan Cancer Agency will be responsible for funding the drug in cancer patients.

Injection, tablet

56:40.00 MISCELLANEOUS GASTROINTESTINAL DRUGS

PANTOPRAZOLE IV

Restricted Coverage: When ordered in a high dose (80mg IV bolus followed by 8mg/hour x 72 hours) by a gastroenterologist or general surgeon following endoscopic hemostasis for non-variceal upper gastrointestinal bleeding; or when ordered as Pantoprazole 40mg IV q24h for patients who are strict NPO (i.e. not taking any oral medications or oral diet) and have:

- a) non-variceal upper GI bleeding not requiring endoscopic hemostasis; or*
- b) severe erosive esophagitis; or*
- c) Exception Drug Status (EDS) for a Proton Pump Inhibitor taken prior to admission.*

Injection

64:00.00 HEAVY METAL ANTAGONISTS

CALCIUM DISODIUM EDETATE (SAP drug)

Injection (not for chelation therapy)

DEFEROXAMINE MESYLATE

Injection 500mg, 2g vial

DIMERCAPROL

Injection 100mg/mL

68:00.00 HORMONES AND SYNTHETIC SUBSTITUTES

68:04.00 ADRENALS

METHYLPREDNISOLONE

Plain

Injection 40mg, 50mg, 125mg, 500mg, 1g

Injection (depot) 20mg/mL, 40mg/mL, 80mg/mL (5mL)

With Lidocaine

Injection 10mg/mL, 40mg/mL (1mL, 2mL, 5mL)

68:08.00 ANDROGENS

FLUOXYMESTERONE

Tablet 5mg

68:24.00 PARATHYROID

CALCITONIN

Restricted coverage : For the treatment of non-malignant hypercalcemia.

Note : Requests for the treatment of hypercalcemia of malignancy should be referred to the Saskatchewan Cancer Agency

Injection

68:28.00 PITUITARY

ACTH (adrenocorticotrophic hormone / corticotropin)

Jelly 80 unit/mL (5mL)

Powder 80 unit
VASOPRESSIN
Injection (aqueous) 20 units/mL

72:00.00 LOCAL ANESTHETICS

ARTICAINE
Cartridge 4% (5ug/mL epinephrine) (1.7mL)
BUPIVACAINE
Injection 0.25%, 0.5%, 0.75%
Injection 0.25% with epinephrine 1:200,000
Injection 0.5% with epinephrine 1:200,000
Injection, spinal 0.75% with dextrose 8.25% (2mL)
CHLOROPROCAINE
Injection, caudal-epidural 2%, 3%
LIDOCAINE (with the exception of lozenges or suppositories)
Injection 0.5%, 1%, 2%
Injection 0.5% with epinephrine 1:100,000
Injection 0.5% with epinephrine 1:200,000
Injection 1% with epinephrine 1:100,000
Injection 1% with epinephrine 1:200,000
Injection 2% with epinephrine 1:100,000
Injection, epidural 1.5%, 2%
Injection, epidural 1.5% with epinephrine 1:200,000
Injection, spinal 5% with glucose 7.5% - 2mL vial
MEPIVACAINE
Injection 1%
Injection, caudal-epidural 1%, 2%
PRILOCAINE
Solution 4%
TETRACAINE
Injection 20mg ampoule

76:00.00 OXYTOCICS

CARBOPROST
Injection 250mg/mL
DINOPROSTONE
Tablet 0.5mg
Gel 0.5mg/2.5mL, 1mg/2.5mL, 2mg/2.5mL syringe
Vaginal insert 10mg
DINOPROST TROMETHAMINE
Injection 5mg/mL
ERGOMETRINE MALEATE (Health Canada– Special Access Program)
Injection 0.2mg/mL
OXYTOCIN
Injection 10 units/mL

80:00.00 SERUMS, TOXOIDS AND VACCINES

<p>Note: * indicates the product is supplied to health regions by Saskatchewan Health</p>

**indicates the product is supplied to health regions by the Canadian Blood Services

80:04.00 SERUMS

DIGOXIN IMMUNE FAB

Restricted Coverage:

- a) *When used for the treatment of severe, life threatening digoxin toxicity as defined by: (1) severe ventricular tachy or bradyarrhythmias and/or (2) progressive hyperkalemia of greater than 5mmol/L in the setting of severe digoxin toxicity.*
- b) *It is recommended one of the following medical specialties be consulted before this agent is administered: cardiologist; internist; or pediatrician.*

Injection 38mg

DIPHTHERIA ANTITOXIN*

Injection 20,000 IU vial

HEPATITIS B IMMUNE GLOBULIN (HUMAN)**

IMMUNE GLOBULIN (HUMAN IV)**

Injection 0.5%, 10% solution

IMMUNE SERUM GLOBULIN (HUMAN IM)

Injection 18%

TETANUS IMMUNE GLOBULIN (HUMAN)

Injection 250 unit

80:08.00 TOXOIDS

To be provided according to supply and guidelines by Saskatchewan Health and Canadian Blood Services. Other such products to be reviewed and approved on a case by case basis by the health regions.

80:12.00 VACCINES

To be provided according to supply and guidelines by Saskatchewan Health and Canadian Blood Services. Other such products to be reviewed and approved on a case by case basis by the health regions.

84:00.00 SKIN AND MUCOUS MEMBRANE AGENTS

84:04.00 ANTI INFECTIVES

84:04.04 ANTIBIOTICS

BACITRACIN

Ointment 500 IU/g

84:04.08 ANTIFUNGALS

TOLNAFTATE

Aerosol liquid 0.72mg/g (70g)

Aerosol powder 10mg/g

Cream 10mg/g

Powder 10mg/g

Solution 10mg/mL

84:04.16 MISCELLANEOUS LOCAL ANTI-INFECTIVES

CHLORHEXIDINE

Alcoholic scrub
Cleanser 4%
Gauze 0.5%
Jelly 2%, 4%
Liquid 2%, 4%, 20%
Ointment 1%
Soap 2%

SILVER SULFADIAZINE

Cream 1% w/w

84:08.00 ANTIPRURITICS AND LOCAL ANESTHETICS

CALCIUM FOLINATE (folinic acid)

Powder 50mg, 350mg
Tablets 5mg
Injection 10mg/mL

DIBUCAINE

Cream 0.5% (30g)
Ointment 1% (30g)

LIDOCAINE/PRILOCAINE

Topical cream 2.5%/2.5%
Patch

LIDOCAINE (except lozenges and suppositories)

Jelly 2%
Jelly (urojet) 2%
Ointment 5%
Topical solution 4%

PRAMOXINE

Cream, rectal 1%

84:24.00 EMOLLIENTS, DEMULCENTS AND PROTECTANTS

84:24.12 BASIC CREAMS, OINTMENTS AND PROTECTANTS

ZINC OXIDE

Ointment 15%

84:24.16 BASIC POWDERS AND DEMULCENTS

GELATIN, PECTIN, SODIUM CARBOXYMETHYLCELLULOSE

Paste 13.3% gelatin, 13.3% pectin, 13.3% sodium carboxymethylcellulose

84:40.00 HEMORRHOID PREPARATIONS

PRAMOXINE

Ointment, rectal 1%, with zinc sulphate 0.5%
Suppository 20mg, with zinc sulphate 10mg

88:00.00 VITAMINS

88:16.00 VITAMIN D

ALFACALCIDOL DISODIUM INJECTION

Injection 2ug/mL
CALCITRIOL (also known as 1,25-DIHYDROXYCHOLECALCIFEROL)
Injection 1ug/mL
DIHYDROTACHYSTEROL
Capsule 0.125mg

92:00.00 UNCLASSIFIED THERAPEUTIC AGENTS

ABCIXMAB INJECTION

Restricted Coverage: For use in high risk angioplasties carried out in a cardiac catheterization laboratory as per approved health region/affiliate protocols.

Injection 2 mg/mL (5mL)

BASILIXIMAB

Restricted Coverage: For prophylaxis of acute rejection in renal transplant patients.

Injection

BERACTANT

Restricted Coverage: When administered in a Neonatal Intensive Care Unit.

Powder (reconstituted) 25mg phospholipids/mL

COLFOSCERIL PALMITATE

Restricted Coverage: When administered in a Neonatal Intensive Care Unit.

Powder for tracheal suspension

CYANIDE ANTIDOTE KIT

With sodium nitrate injection 30mg/mL (2 x 10mL ampoules), sodium thiosulfate injection 250mg/mL (2 x 50mL ampoules), amyl nitrate inhalant solution (12 x 0.3mL crushable ampoules)

CYCLOSPORINE (see Appendix A - Saskatchewan Health Formulary)

Injection 50mg/mL

DACLIZUMAB

Restricted Coverage: For prophylaxis of acute rejection in renal transplant patients.

Injection 5mg/mL

DIMETHYL SULFOXIDE

Solution 500mg/g (50mL)

DROTRECOGIN ALFA

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

Injection 5mg, 20mg

EPTIFIBITIDE

Restricted Coverage: When used on the recommendation of a cardiologist for the treatment of High Risk Unstable Angina and Non-ST Segment Elevation Myocardial Infarction according to the guidelines of The American College of Cardiology & American Heart Association, Inc. (Circulation, 2000; 102: 1193-1209)

Injection

ETANERCEPT (see Appendix A - Saskatchewan Health Formulary)

Injection

FOMEPIZOLE

Restricted Coverage: This product should be used in consultation with the Poison and Drug Information Service (PADIS). A contact number for PADIS is 1-866-454-1212.

Injection

LEVOCARNITINE

Restricted Coverage: For the treatment of metabolic disorders with carnitine deficiency and neonates who will be on long term Total Parenteral Nutrition (greater than 14 days).

Injection 200mg/mL

Oral solution 100mg/mL

Tablet 330mg
MYCOPHENOLATE MOFETIL
Injection, 500mg/20mL

OCTREOTIDE

Restricted Coverage:

- a) *For the treatment of acute variceal bleeds in patients with acute portal hypertension.*
- b) *For the prevention of fistulas following pancreatic resection to a maximum of 7 days.*

Injection 50ug, 100ug, 500ug (1mL)

Injection 200ug (5mL)

Injection 10mg, 20mg, 30mg (powder for injection)

PAMIDRONATE

Restricted coverage: For the treatment of non-malignant hypercalcemia

For the treatment of malignant hypercalcemia

Injection

PRALIDOXIME CHLORIDE (Health Canada – Special Access Program)

Injection, 1g vial

SOMATOSTATIN

Restricted Coverage: For the treatment of acute variceal bleeds.

Powder 205ug, 3mg

SUGAMMADEX SODIUM

Restricted Coverage: For use as a second line agent for the reversal of neuromuscular blockade induced by rocuronium or vecuronium in adults undergoing surgery by open and/or laparoscopic abdominal procedures.

Injection 100mg/mL

TIROFIBAN

Restricted Coverage: When used on the recommendation of a cardiologist for the treatment of High Risk Unstable Angina and Non-ST Segment Elevation Myocardial Infarction according to the guidelines of The American College of Cardiology & American Heart Association, Inc. (Circulation, 2000; 102: 1193-1209)

Injection

TRACE ELEMENTS

Chromium 4ug/mL

Copper 0.4mg/mL

Manganese 0.1mg/mL, 0.5mg/mL

Selenium 40ug/mL

Zinc 1mg/mL, 5mg/mL

ZOLEDRONIC ACID

Restricted coverage: For the treatment of hypercalcemia

Injection, 4.5mg

Note: May come as cocktails.

(M.T.E.-4 contains: 4.0ug/mL chromium, 0.4mg/mL copper, 0.1mg/mL manganese, and 1.0mg/mL zinc)

(Micro 5 contains: 10ug/mL chromium, 1mg/mL copper, 0.5mg/mL manganese, 60ug/mL selenium, 5mg/mL zinc)

APPENDIX I: PROCEDURES FOR OBTAINING DRUGS PROVIDED UNDER PROVINCIAL PROGRAMS

DRUGS USED FOR THE TREATMENT OF TUBERCULOSIS:

The following drugs can be obtained for use in the treatment of tuberculosis by contacting the Clinical Director for Tuberculosis Control 1-866-780-6482. The drugs will be sent from the TB Pharmacy in Ellis Hall at the Royal University Hospital in Saskatoon.

Amikacin injection 500mg/2mL
Ethambutol tablets 100mg, 400mg
Isoniazid syrup 10mg/mL, tablets 100mg, 300mg
Levofloxacin tablet 500mg
Pyrazinamide tablet 500mg
Rifampin capsule 150mg, 300mg, suspension 25mg/mL

DRUGS USED FOR THE TREATMENT OF SEXUALLY TRANSMITTED INFECTIONS:

- The following drugs can be obtained from your local public health office:

Azithromycin 1g
Erythromycin PCE 333mg or 250mg
Cefixime 400mg
Doxycycline 100mg
Amoxicillin 500mg
Benzathine Penicillin 1.2 MU IM injection
Ciprofloxacin 500mg

COVERAGE OF VERTEPORFIN (VISUDYNE) FOR THE TREATMENT OF MACULAR DEGENERATION:

- Health regions will provide coverage for Visudyne and the associated laser treatment according to the following criteria:
 - for the treatment of age-related macular degeneration with predominately classic subfoveal choroidal neovascularization (CNV)
 - for the treatment of pathologic myopia
 - for the treatment of ocular histoplasmosis

For patients meeting the above criteria health regions may submit an invoice for the drug cost to the Drug Plan & Extended Benefits Branch, 3475 Albert Street, Regina, Saskatchewan, S4S 6X6.

APPENDIX II: HOME PARENTERAL MEDICATION PROGRAM COVERAGE POLICY

Regional Health Authorities will cover home/nursing home administration of approved parenteral medications when they are prescribed as an acute care replacement measure. The Saskatchewan Prescription Drug Plan will cover approved parenteral medications administered for maintenance therapy of life long or chronic conditions except when the patient is a registered inpatient in an acute care facility. Drugs administered parenterally include sub-cutaneous or intramuscular injections as well as intravenous medications.

The Regional Health Authorities will cover supply costs for medications listed below in both the acute and chronic therapy categories. These are purchased through hospital contracts and would have significant cost implications if purchased outside of these contracts. The supplies to be provided to the client without charge include but are not limited to, intravenous solutions, tubing, cathlons, heparin locks and caps, pump cassettes, syringes and needles.

Eligibility of drugs for coverage will be subject to the Hospital Benefit Drug List, Saskatchewan Formulary, and/or Regional Health Authority protocols.

These policies apply to residents of special care homes as well as community residents.

PART I - ACUTE CARE REPLACEMENT MEDICATIONS

These are parenteral medications that enable early discharge from the acute care site, or that prevent admission to the acute care site. These medications are to be provided by the Regional Health Authority without charge to the individual. Eligible drugs are listed within this section "Hospital Benefit Drug List" (Supplementary Information - Saskatchewan Health Drug Plan Formulary). Changes to the Hospital Benefit Drug List are through recommendations of the Drug Advisory Committee of Saskatchewan.

Also included in this policy are medications (e.g. low molecular weight heparins) for temporary anticoagulation prior to a surgical procedure. Health regions will also be responsible for the supply of low molecular weight heparins for patients who have been on warfarin or are starting on warfarin until a therapeutic INR is reached.

Regional Health Authorities shall establish appropriate guidelines for home parenteral therapy and an appropriate screening mechanism for the services. Considerations when determining if parenteral therapy at home or in a special-care home is appropriate for a particular individual shall include the:

- ability to co-ordinate and plan the care with the physician, home care program/special-care home program, hospital/health centre and pharmacist;
- practicality and safety of administering the drug at home or in a special-care home;
- ability and motivation of the individual and/or the availability of family support, when therapy is delivered at home;
- availability of more appropriate oral alternatives;
- cost-effectiveness of providing the drug at home or in a special-care home.

PART II - CHRONIC CONDITION MEDICATIONS

Injectable drugs used in the treatment of chronic conditions administered in the community or in hospitals to hospital outpatients where the only purpose in entering a hospital is to receive the drug will be covered under the Saskatchewan Drug Plan and subject to a co-payment and deductible where applicable.

Eligible drugs are listed in the Saskatchewan Health Drug Plan Formulary. Maintenance of the Formulary is through the formulary approval process via the Saskatchewan drug review process. Where applicable, these medications are subject to Exception Drug Status approval, co-pay, and family deductible. Drugs that have not been approved by the Saskatchewan review process will not be considered benefit drugs under the Drug Plan.

Certain drugs require Exception Drug Status (EDS) approval. See Appendix A of the Saskatchewan Health Drug Plan Formulary for EDS Program information, as well as a complete list of EDS drugs.

Benefits provided prior to this policy will be grandfathered (e.g. pulse therapy, IV iron, Eprex).

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