Government of Saskatchewan

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SASKATCHEWAN FORMULARY BULLETIN

Update to the 62nd Edition of the Saskatchewan Formulary

Recommended as a full Formulary benefit:

- **travoprost, ophthalmic solution, 0.003% (Izba-NVR)**

Recommended as Exception Drug Status benefit according to the following criteria:

- **apomorphine HCl, subcutaneous solution pre-filled pen, 30mg/3mL (Movapo-PAL)**
  For the adjunctive treatment if advanced Parkinson's disease (PD) patients requiring acute intermittent treatement of hypomobility "off"[1] episodes despite receiving optimized therapy[2].

  This medication should be prescribed in consultation with a specialist in this area.

  [1] "Off" episodes refers to the "end of dose wearing off" and unpredictable "on/off" episodes.
  [2] Optimized PD therapy is treatment with levodopa and derivatives and dopaminergic agonists (such as bromocriptine, pramipexole, ropinirole, rotigotine.)

- **nusinersen, solution for intrathecal injection, 12mg/5mL (Spinraza-BGN)**
  Coverage may be available for this product through the Drug Plan for the treatment of spinal muscular atrophy. Due to the unique nature of this condition and the cost of this treatment, Exception Drug Status (EDS) requests will require additional details to facilitate assessment of the application and accompanying clinical information. In addition, patients who are approved will be required to undergo ongoing assessment to monitor for improvement over time and must meet renewal criteria for continuation of treatment. Please contact the Drug Plan at 1-800-667-7581 for more information regarding coverage availability and the EDS application process for this product.

- **ocrelizumab, solution for infusion, 30mg/mL (Ocrevus-HLR)**
  For treatment of RRMS
  Approval for coverage will be given to patients who are assessed and meet the following criteria:
  - have clinical definite relapsing - remitting multiple sclerosis, as defined by the 2017 McDonald diagnostic criteria; and
  - have had a clinical relapse[1] and/or new MRI activity[2] in the last two years; and

- are fully ambulatory for 100 meters without aids (canes, walkers, or wheelchairs) – Expanded Disability Status Scale (EDSS) of 5.5 or less; and
- are age 18 or older (Note: Applications for patients under 18 will be considered.)

[1] A clinical relapse is defined as the appearance of new symptoms or worsening of old symptoms, lasting at least 24 hours in the absence of fever, preceded by stability for at least one month.

[2] MRI activity is defined as any new multiple sclerosis lesion/s, expanding lesion/s, and/or enhancing lesion/s.

Physicians should also forward the following information:

- documentation of attacks, date of onset, date of diagnosis;
- neurological findings, Expanded Disability Status Scale (EDSS);
- MRI reports or other significant information; and
- list of current medications.

For treatment of PPMS

For the management of adult patients with early primary progressive multiple sclerosis (PPMS) as defined by disease duration and level of disability, in conjunction with imaging features characteristic of inflammatory activity if the following criteria are met:

- Has a confirmed diagnosis of PPMS (based on McDonald criteria);
- Expanded Disability Status Scale (EDSS) score between 3.0 and 6.5;
- Score of at least 2.0 on the Functional Systems scale for the pyramidal system due to lower extremity findings;
- Disease duration of less than:
  - 15 years for those with an EDSS greater than 5.0; OR
  - 10 years for those with an EDSS of 5.0 or less.
- The patient is under the care of a neurologist with experience in the diagnosis and management of multiple sclerosis.

Discontinuation criteria:

- Treatment should be discontinued for patients with an EDSS score of equal to or greater than 7.0.

Recommended Additional Exception Drug Status criteria:

- **tocilizumab, subcutaneous solution, 162mg/0.9mL (Actemra-HLR)**

d) Giant Cell Arteritis (GCA) in adult patients who are receiving prednisone at initiation of therapy, or with relapse.

Notes:

- Patients should be under the care of a prescriber with experience in the diagnosis and management of GCA.

- Discontinuation of tocilizumab should be considered at 12 weeks i**f there is no response to therapy.**

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