Government of Saskatchewan

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SASKATCHEWAN FORMULARY BULLETIN

Update to the 62nd Edition of the Saskatchewan Formulary

Recommended as Full Formulary Listing:

- **latanoprostene bunod, ophthalmic solution, 0.024% (Vyzulta-BAU)**

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

- **risankizumab, pre-filled syringe, 75mg/0.83mL (Skyrizi-ABV)**

  For the treatment of adult patient with severe debilitating plaque psoriasis who meet all of the following criteria:
  - failure to respond to, contraindications to, or intolerant of methotrexate and cyclosporine;
    AND
  - failure to respond to, intolerant to or unable to access phototherapy.

  Coverage will be approved initially for the induction phase of up to 16 weeks.
  Coverage can be renewed in patients who have responded to therapy.
  This product should be used in consultation with a specialist in this area.

Revised Exception Drug Status criteria:

- **alemtuzumab, solution for IV infusion, 12mg/1.2mL (Lemtrada-GZY)**

  For the management of adult patients with relapsing-remitting multiple sclerosis (RRMS), if ALL of the following clinical criteria are met:
  • Active disease defined by clinical and imaging features (i.e., one new lesion); **AND**
  • At least one relapse while on at least six months of a disease modifying therapy within the last 10 years; **AND**
  • At least two attacks (first episode or relapse) in the previous two years, with at least one attack in the previous year; **AND**
  • An inadequate response to a treatment course at least six months in length (i.e., at least one attack) to at least **TWO different** disease modifying therapies listed on the Saskatchewan Formulary**, except for when any other DMT is contraindicated or otherwise unsuitable**; **AND**
  • An Expanded Disability Status Scale (EDSS) score of five or less; **AND**

• The medication is being prescribed by a neurologist with experience in the treatment of multiple sclerosis.

Approval period: Two years (i.e., 8 vials).

Note:
• Retreatment beyond two courses (eight vials) may be considered.

Requirements for Requests:
• The patient's physician provides documentation setting out the details of the patient's most recent neurological examination within ninety (90) days of the submitted request. This must include a description of any recent attacks, the dates and the neurological findings.
• Please submit MRI reports if available with the application.
• Prescribers are aware, and will ensure, that patients are monitored appropriately.

The following products were NOT RECOMMENDED for Formulary Listing:

- **latanoprost, ophthalmic solution, 50ug/mL (Monoprost-LTH)**
- **dulaglutide, subcutaneous solution, 0.75mg/0.5mL, 1.5mg/0.5mL (Trulicity-LIL)**

Saskatchewan Ministry of Health
Drug Plan and Extended Benefits Branch
2nd Floor, 3475 Albert St
REGINA SK S4S 6X6
306-787-3317
1-800-667-7581