Government of Saskatchewan

February 1, 2023
Bulletin #226
ISSN 1923-0761

SASKATCHEWAN FORMULARY BULLETIN

Update to the 62nd Edition of the Saskatchewan Formulary

Non-Interchangeable Full Formulary Benefit:

- **insulin aspart, injection solution, 100U/mL (5x3mL) (Kirsty)**
- **insulin glargine, injection solution, 100U/mL (5x3mL) (Semglee)**
- **potassium chloride, long acting tablet, 1500mg (PRZ-K20)**
- **propylthiuracil, tablet, 50mg (PTU)**

Exception Drug Status (EDS) Benefit According to the Following Criteria:

- **bimekizumab, subcutaneous injection, 160mg/mL (mg) prefilled syringe, autoinjector (Bimzelx)**

  For the treatment of adult patients with severe debilitating plaque psoriasis who have failed, or are intolerant to, methotrexate OR cyclosporine AND have failed, are intolerant to, or are 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.

  Note: This product should be used in consultation with a specialist in this area.

- **galcanezumab, solution for subcutaneous injection, 120mg/mL, pre-filled syringe, pre-filled pen (Emgality)**

  For patients who have a confirmed diagnosis of either:
  1) Episodic migraine: migraine headaches on at least 4 days per month and less than 15 headache days per month for more than 3 months; OR
  2) Chronic migraine: Headaches for at least 15 days per month for more than 3 months of which at least 8 days per month are with migraine.

  Initiation criteria:
  - The patient must have experienced an inadequate response[1], intolerance or contraindication to at least two oral prophylactic migraine medications[2] of different classes, and;
  - The patient must be under the care of a physician who has appropriate experience in the management of migraine headaches, and;
  - The physician must provide the number of migraine days per month with the EDS application. Initial approval duration = Six (6) months

  Initial Renewal criteria: Reduction of at least 50% in the average number of migraine days per month compared to baseline.
  Renewal duration = Six (6) months
  Subsequent Renewals:

Maintenance of 50% reduction in the average number of migraine days per month from baseline. EDS approval will not be provided if used in combination with alternative anti-calcitonin gene-related peptide therapies.

[1] Inadequate response to oral prophylactic therapies is defined as less than a 30% reduction in frequency of headache days to an adequate dose and duration of at least two prophylactic medications, which must be of a different class.

[2] Oral prophylactic medication alternatives include:

- beta blockers
- tricyclic antidepressants
- verapamil or flunarizine
- sodium valproate or divalproex sodium
- topiramate
- gabapentin

The following products were NOT RECOMMENDED for Formulary Listing:

- **risperidone, extended-release injectable suspension, 90mg, 120mg (Perseris)** -For schizophrenia
- **semaglutide, solution for subcutaneous injection, pre-filled pens, 2.4mg (Wegovy)** - For weight management

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