Government of Saskatchewan

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SASKATCHEWAN FORMULARY BULLETIN
Update to the 62nd Edition of the Saskatchewan Formulary

Non interchangeable Full Formulary listing:

- **insulin (regular) lispro, injection solution, 100U/mL (5x3mL) (Humalog Junior Kwikpen)**

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

- **enoxaparin, solution for injection, pre-filled syringe 30mg/0.3mL, 40mg/0.4mL, 60mg/0.6mL, 80mg/0.8mL, 100mg/1.0mL (Elonox); enoxaparin, solution for injection, pre-filled syringe 120mg/0.8 mL, 150mg/1mL (Elonox HP)**

  (a) For treatment of venous thromboembolism for up to 10 days.
  (b) For prophylaxis following total knee arthroplasty for up to 35 days.
  (c) For major orthopedic trauma for up to 10 days (treatment duration may be reassessed).
  (d) For long-term outpatient prophylaxis in patients who are pregnant.
  (e) For long-term outpatient prophylaxis in patients who have a contraindication to, are intolerant to, or have failed, warfarin therapy.
  (f) For long-term outpatient prophylaxis in patients who have lupus anticoagulant syndrome.
  (g) For treatment of pediatric patients where anticoagulant therapy is required and warfarin therapy cannot be administered.
  (h) Prophylaxis in patients undergoing total hip replacement or following hip fracture surgery for up to 35 days following the procedure.
  (i) For prophylaxis following abdominal, thoracic, esophageal or pelvic surgery for up to 28 days.

Additional Formulation of an Existing Exception Drug Status Benefit with the Same Criteria:

- **adalimumab, 80mg/0.8mL pre-filled pen, 80mg/0.8mL pre-filled syringe (Yuflyma)**

Revised Exception Drug Status (EDS) Criteria:

- **dapagliflozin, tablet, 5mg, 10mg (Forxiga)**
  a) For treatment of patients with type 2 diabetes who are not adequately controlled on, or are intolerant to, metformin AND a sulfonylurea.
  b) For treatment of patients with New York Heart Association (NYHA) class II and III heart failure, as an adjunct to standard of care therapy, for the treatment of heart failure with reduced ejection fraction (HFrEF) [Left ventricular ejection fraction (LVEF ≤ 40%)]. Standard of care therapies include beta-blockers, angiotensin converting enzyme inhibitors (ACEIs) or angiotensin receptor blockers (ARBs), plus a mineralocorticoid receptor antagonist (if tolerated).
  c) To reduce the risk of sustained eGFR decline, end-stage kidney disease, and cardiovascular and renal death in adults with chronic kidney disease (CKD).

- **desmopressin, injection, 4ug/mL (DDAVP)**
  For prophylaxis of bleeding as a result of platelet disorders.

- **fremanezumab, pre-filled syringe; pre-filled autoinjector, 225mg/1.5mL (Ajovy)**
  EDS criteria revised to change the word ‘physician’ to ‘prescriber’.

- **galcanezumab, solution for subcutaneous injection, 120mg/mL, pre-filled syringe, pre-filled pen (Emgality)**
  EDS criteria revised to change the word 'physician' to 'prescriber'.

The following products were NOT RECOMMENDED for Formulary Listing:

- **ranolazine, extended-release tablet, 500mg, 1000mg (Corzyna) for angina**
- **safinamide, tablet, 50mg, 100mg (Onstryv) for Parkinson's disease**
- **cariprazine, capsule, 1.5mg, 3mg, 4.5mg, 6mg (Vraylar) for bipolar disorder**
- **incobotulinumtoxinA, powder for solution injection, 50U/vial, 100U/vial (Xeomin) for sialorrhea**

End of Saskatchewan Biosimilars Initiative Transition Period

Effective May 1, 2023 the following reference biologics are delisted:

- **adalimumab, pre-filled syringe, 40mg/0.8mL (Humira); pre-filled pen, 40mg/0.8mL (Humira Pen)**
- **adalimumab, pre-filled syringe, 20mg/0.2mL (Humira)**
- **enoxaparin, pre filled syringe, 30mg/0.3mL, 40mg/0.4mL, 60mg/0.6mL, 80mg/0.8mL, 100mg/mL (Lovenox); injection solution, 120mg/0.8mL, 150mg/mL (Lovenox HP)**
- **etanercept, powder for injection (vial), 25mg/vial; pre-filled syringe /autoinjector, 50mg/mL (Enbrel)**
- **filgrastim, injection solution, 300ug/mL (Neupogen)**
- **glatiramer acetate, injection, 20mg (pre-filled syringe) (Copaxone)**
- **infliximab, vial (mg),100mg/vial (Remicade)**
- **rituximab, injection solution, 10mg/mL (Rituxan)**

Effective May 1, 2023 the following changes to Insulin listings are effective:

Delisted:

- **insulin (regular) aspart, injection solution 100U/mL, 5x3mL cartridge (NovoRapid)**
- **insulin glargine, injection solution 100U/mL, 10mL vial (Lantus)**
- **insulin glargine, injection solution 100U/mL, 5x3mL pre-filled pen (Lantus Solostar)**

Revised Exception Drug Status (EDS) Criteria:

- **insulin (regular) aspart, 100U/mL solution, 10mL vial (NovoRapid)**
  For patients requiring an insulin aspart vial for use in an insulin pump.

Change from Full formulary Benefit to Exception Drug Status (EDS) Benefit According to the Following Criteria;

- **insulin glargine, 100U/mL solution, 5x3mL cartridge (Lantus)**
  For pediatric patients who require a half-unit pen device to administer insulin glargine (possible OEA).

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