SASKATCHEWAN FORMULARY BULLETIN

Update to the 62nd Edition of the Saskatchewan Formulary

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

- fluticasone furoate/umeclidinium/vilanterol, inhalation powder, 100mcg/62.5mcg/25mcg (Trelegy Ellipta-GSK)
  
  For treatment of chronic obstructive pulmonary disease (COPD) in patients who are not controlled on optimal dual inhaled therapy (i.e., LAMA/LABA or LABA/ICS) or to replace existing triple therapy regimens currently achieved with more than one inhaler.

  Patients should not be started on triple inhaled therapy as initial therapy for COPD.

**Recommended Additional Formulation of an Existing Exception Drug Status benefit:**

- tofacitinib, extended release tablet, 11mg (Xeljanz XR-PFI)
  
  (Note: 5mg tablets are already listed.)

  For the treatment of active rheumatoid arthritis in patients who have failed or are intolerant to methotrexate and leflunomide.

  Maximum daily dose of the 5mg tablets is 10mg per day. Maximum daily dose of the XR 11mg tablets is 11mg per day.

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

**Recommended Revised Exception Drug Status criteria:**

- perampanel, tablet, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg (Fycompa-EIS)
  
  For the adjunctive treatment of refractory partial-onset seizures (POS) or of primary generalized tonic-clonic (PGTC) seizures in patients who meet all of the following criteria:

  a) Are currently receiving two or more antiepileptic drugs; AND
  b) less costly antiepileptic drugs are ineffective or inappropriate; AND
  c) the medication is being used under the direction of a neurologist.

  Note: Patients should have tried and failed at least two less costly antiepileptic drugs.
• ulipristal acetate, tablet, 5mg (Fibristal-ALL)

a) For the treatment of moderate to severe signs and symptoms of uterine fibroids in adult women of reproductive age who are eligible for surgery.
   • Approval duration will not exceed three months (i.e., 13 weeks), per patient, per lifetime.
   • This medication should be used in consultation with an obstetrician/gynecologist or a physician experienced in the management of gynecological conditions such as uterine fibroids.

b) For the intermittent treatment of moderate to severe signs and symptoms of uterine fibroids in adult women of reproductive age, who are not eligible for surgery.
   • Approval duration will not exceed three months (i.e., 13 weeks) per treatment course and will be limited to four courses of therapy per lifetime.
   • This medication should be used in consultation with an obstetrician/gynecologist or a physician experienced in the management of gynecological conditions such as uterine fibroids.