NOTES REGARDING THE EXCEPTION DRUG STATUS (EDS) PROGRAM

- Duly licensed practitioners prescribing within their scope of practice (or authorized office staff) may apply for EDS.
- Requests can be submitted by telephone, by mail or by fax. A toll-free line with an electronic message system is available exclusively for requests on a 24-hour basis. The telephone number to access this line is 1-800-667-2549; the Drug Plan EDS Unit fax number is (306) 798-1089.
- Patients are notified by letter if coverage has been approved and the time period for which coverage has been approved.
- If a request has been denied, letters are sent to the patient and prescriber notifying them of the reason for the denial. In most cases, the Drug Plan requires more information to determine the patient's eligibility for coverage, and will reconsider coverage at such time as further information is received.
- If the drug requested is not a benefit under the Drug Plan, the patient and prescriber are notified. Payment for the medication is the responsibility of the patient in these cases. It is important to note that not all medications currently available on the market in Canada are benefits under the Saskatchewan Drug Plan or under the Exception Drug Status Program of the Drug Plan.
- The majority of EDS requests are approved from the date the Drug Plan receives the request, but backdating can be requested by a health professional. Patients are expected to meet EDS criteria within the dates requested. However, there is no provision or backdating further than one year from the current date.
- The Drug Plan policy does not allow a fee to be charged to clients for Exception Drug Status applications made to the Drug Plan on the client's behalf.
- See NOTES CONCERNING THE FORMULARY, pages viii-xiii for additional general information regarding Exception Drug Status coverage.
- Coverage may be provided for other products in certain instances.
- Exception Drug Status approval will be limited to one immunosuppressive biologic agent at a time.

REQUIREMENTS FOR REVIEW OF DRUGS FOR NON-APPROVED INDICATIONS

On rare occasions drugs are required for non-approved indications on a case by case basis. In order to conduct a timely review of these requests the drug review committee requests the following information be provided by the prescriber:

- the disease or problem being treated
- list of previous therapies tried and the response achieved
- other non-exception options available and why not appropriate
- name of the drug being requested
- clinical evidence to strongly support the use of the drug for the condition being treated
- outcome measures that will be followed to assess the effect of the drug
- dose of the drug and length of time to be used

CRITERIA FOR COVERAGE UNDER EXCEPTION DRUG STATUS

Following are the criteria for coverage of certain drugs under Exception Drug Status. Approval of certain medications may be available online EDS adjudication or OEA.
With OEA, the Drug Plan adjudication system will look for certain alternative medications, specific prescribers or age group in order to generate an automatic EDS approval. Please note: if a patient’s computer profile is incomplete, OEA may not be possible and a traditional EDS request will be required. Professional staff at the Drug Plan can provide further information on both EDS and OEA.

The following information is required to process all Exception Drug Status requests:

- Patient name; patient Health Services Number (9 digits); name of drug; diagnosis* relevant to use of drug; prescriber name and phone number.

*For pharmacist-initiated EDS requests: The diagnosis, which must be obtained from the physician or physician’s agent, is to be consistently documented within the pharmacy, whether the documentation is on the original prescription, computer file, or EDS fax form.

- **abacavir SO₄**, oral solution, 20mg/mL (Ziagen-VII) tablet; 300mg (Ziagen-VII) (and listed generic) (possible OEA)
  For management of HIV disease.
  
  *This drug, as with other antivirals in the treatment of HIV, should be used under the direction of an infectious disease specialist.*

- **abacavir SO₄/dolutegravir/lamivudine**, tablet, 600mg/50mg/300mg (Triumeq – VII) (possible OEA)
  For management of HIV disease in adult patients.
  
  *This drug, as with other antivirals in the treatment of HIV, should be used under the direction of an infectious disease specialist.*

- **abacavir SO₄/lamivudine**, tablet, 600mg/300mg (Kivexa-VII) (and listed generics) (possible OEA)
  For management of HIV disease.
  
  *This drug, as with other antivirals in the treatment of HIV, should be used under the direction of an infectious disease specialist.*

- **abacavir SO₄/lamivudine/zidovudine**, tablet, 300mg/150mg/300mg (Trizivir-VII) (possible OEA)
  For management of HIV disease.
  
  *This drug, as with other antivirals in the treatment of HIV, should be used under the direction of an infectious disease specialist.*

- **abatacept**, powder for solution, 125mg/mL pre-filled syringe (Orencia-BMY)
  (a) For the treatment of active rheumatoid arthritis in patients who have failed or are intolerant to methotrexate and leflunomide.
  Note: This drug should **NOT** be used in combination with anti-TNF agents.

- **abatacept**, powder for solution, 250mg/vial (Orencia-BMY)
  (a) For the treatment of active rheumatoid arthritis in patients who have failed or are intolerant to methotrexate and leflunomide.
  Note: This drug **should NOT** be used in combination with anti-TNF agents.

  (b) For treatment of juvenile idiopathic arthritis in children who are intolerant to, or have not had an adequate response from etanercept. Initial treatment should be limited to a maximum of 16 weeks. Retreatment should only be permitted for children who had an adequate initial treatment response and subsequently experience a disease flare.
Abilify - see aripiprazole

abobotulinumtoxinA, powder for solution for injection, 300 units/vial, 500 units/vial (Dysport Therapeutic-IPS)
For treatment of:
(a) Cervical dystonia (torticollis);
(b) Focal spasticity affecting the upper limbs in adults; and
(c) Lower limb spasticity in patients 2 years of age and older.

acamprosate calcium, delayed release tablet, 333mg (Campral-MYL)
For alcohol use disorder in patients who have been abstinent from alcohol for at least four days and when the medication is being used as a component of an alcohol counselling program. Coverage will be reviewed every six months.

acitretin, capsule, 10mg, (Soriatane-HLR) (and listed generic) ;25mg (Soriatane-HLR) (possible OEA)
For treatment of:
(a) Severe intractable psoriasis
(b) Darier’s disease
(c) Ichthyosiform dermatoses
(d) Palmoplantar pustulosis
and other disorders of keratization.

Aclasta - see zoledronic acid

aclidinium bromide, powder for inhalation, 400ug (Tudorza Genuair-ACL) (possible OEA)
For treatment of:
(a) COPD in patients unresponsive to short-acting beta agonists or short-acting anticholinergic bronchodilators, OR
b) Moderate to severe COPD (i.e. Medical Research Council (MRC) dyspnea scale score 3 to 5), in conjunction with spirometry demonstrating moderate to severe airflow obstruction (i.e. FEV1 < 60 % and low FEV1/FVC < 0.7), without a trial of short-acting agents.

COVID-19 UPDATE – SEE FORMULARY BULLETIN #184

aclidinium bromide/formoterol fumarate dihydrate, powder for inhalation, 400ug/12ug (Duaklir Genuair-AST)
For treatment of airflow obstruction in patients with moderate to severe COPD, as defined by spirometry, who have had an inadequate response to a long-acting beta-2 agonist (LABA), OR a long-acting muscarinic antagonist (LAMA).

COVID-19 UPDATE - SEE FORMULARY BULLETIN #184

Actemra - see tocilizumab
Actonel - see risedronate sodium
Actos - see pioglitazone HCl

acyclovir, oral suspension, 40mg/mL (Zovirax-GSK)
For patients unable to swallow the listed tablet formulation

adalimumab, pre-filled syringe, 40mg/0.8mL (Humira-ABV); pre-filled pen, 40mg/0.8mL (Humira Pen-ABV)
For treatment of:
(a) active rheumatoid arthritis in patients who have failed methotrexate and leflunomide.
(b) active rheumatoid arthritis in patients intolerant to methotrexate and leflunomide.
(c) psoriatic arthritis in patients who have failed methotrexate and one other DMARD.
(d) psoriatic arthritis in patients who are intolerant to methotrexate and one other DMARD.

Note: Treatment should be combined with an immunosuppressant. This product should be used in consultation with a specialist in this area. Exceptions can be considered in cases
where methotrexate or leflunomide are contraindicated.

(e) For treatment of ankylosing spondylitis (AS) according to the following criteria:

**Initial Application (for a 12-week medication trial):**
- For patients who have already been treated conventionally with two or more non-steroidal anti-inflammatory drugs (NSAIDs) taken sequentially at maximum tolerated or recommended doses for four weeks without symptom control; **AND**
- Satisfy New York diagnostic criteria: a score $\geq 4$ on the Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) **AND** a score of $\geq 4$ cm on the 0-10cm spinal pain visual analogue scale (VAS) on two occasions at least 12 weeks apart without any change of treatment.

**Second Application (following the initial 12-week approval, requests will be considered for a one-year approval timeframe):**
- Adequate response to treatment assessed at 12 weeks defined as at least 50% reduction in pre-treatment baseline BASDAI score **OR** by $\geq 2$ units **AND** a reduction of $\geq 2$cm in the spinal pain VAS.

**Subsequent Annual Renewal Applications (beyond the first 15 months, requests are to be submitted annually for consideration of ongoing approval on a yearly basis):**
- The BASDAI score does not worsen (i.e. remains within two units of the second assessment) **AND** remains at least two units less than the initial application’s BASDAI score.

**Notes:**
- Requests for coverage for this indication must be made by a rheumatologist.
- Applications for this indication must be submitted on the designated EDS Application – Ankylosing Spondylitis Drugs form found on the Formulary website.
- Coverage may be provided for one switch for patients transitioning to another biologic agent following an adequate trial of the first agent if the patient fails to respond, if there is a loss of response, or is intolerant, to the first agent. Approval will be subject to the published Exception Drug Status criteria for the requested biologic agent.
- Patients will not be permitted to switch back to a previously trialed biologic agent if they were deemed unresponsive to therapy.
- Patients are limited to receiving one biologic agent at a time regardless of the condition for which it is being prescribed.

(f) Crohn’s disease as follows:

**Initially for a 6 month period:** For the treatment of moderate to severely active Crohn’s disease in patients refractory to or with contraindications to an adequate course of corticosteroids and other immunosuppressive therapy. Eligible patients should receive an induction dose of 160mg followed by 80mg two weeks later. Clinical response to adalimumab should be assessed after the induction dose.

**Ongoing coverage:** Adalimumab maintenance therapy should only be provided for responders, as noted above, and for a dose not exceeding 40mg every two weeks. Patients undergoing this treatment should be reviewed every 6 months.

(g) For treatment of adult patients 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.

(h) For treatment of polyarticular juvenile idiopathic arthritis in pediatric patients who are intolerant to, or have inadequate response to one or more disease-modifying anti-rheumatic drugs.
This medication should be prescribed by a rheumatologist.

(i) For treatment of ulcerative colitis in patients unresponsive to high dose steroids.
   *Note: Clinical response should be assessed after three months of therapy.*
   Ongoing coverage will only be provided for those who respond to therapy.
   Patients undergoing this treatment should be reviewed every six months by a specialist in this area.

(j) For the treatment of adult patients with active moderate to severe hidradenitis suppurativa (HS) who have not responded to conventional therapy (including systemic antibiotics) and who have met the following:
   - A total abscess and nodule count of 3 or greater
   - Lesions in at least two distinct anatomic areas, one of which must be Hurley Stage II or III
   - An inadequate response to a 90 day trial of oral antibiotics
   - Prescribed by a specialist with expertise in the management of patients with HS

Note: Treatment with adalimumab should be discontinued if there is no improvement after 12 weeks of treatment.

**adalimumab, pre-filled syringe, 20mg/0.2mL (Humira-ABV)**
For pediatric patients requiring a 20mg dose of adalimumab for the treatment of the following indications. **Please note:** once patients escalate to a dose greater than 20mg of adalimumab, they will only be eligible for coverage of the 40mg/0.8mL strength.

(a) Juvenile idiopathic arthritis in patients who are intolerant to, or have inadequate response to one or more disease-modifying anti-rheumatic drugs.

This medication should be prescribed by a rheumatologist.

(b) Crohn's disease as follows:
**Initially for a 6 month period:** For the treatment of moderate to severely active Crohn's disease in patients refractory to or with contraindications to an adequate course of corticosteroids and other immunosuppressive therapy. Eligible patients should receive an induction dose of 160mg followed by 80mg two weeks later. Clinical response to adalimumab should be assessed after the induction dose.

**Ongoing coverage:** Adalimumab maintenance therapy should only be provided for responders, as noted above, and for a dose not exceeding 20mg every two weeks. Patients undergoing this treatment should be reviewed every 6 months.

Adcirca - see tadalafil

**adefovir dipivoxil, tablet, 10mg (Hepsera-GSI) (and listed generics) (possible OEA)**
For management of hepatitis B.

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

Adempas - see riociguat
Advagraf - see tacrolimus
Advair - see salmeterol xinafoate/fluticasone propionate
Advair Diskus - see salmeterol xinafoate/fluticasone propionate

**afiblercept, injection, 40mg (Eylea-BAY) (possible OEA)**

**Treatment of wAMD**
For the treatment of neovascular (wet) age-related macular degeneration (AMD) if all of the following circumstances apply to the eye to be treated:

(i) The best corrected visual acuity (BCVA) is between 6/12 and 6/96
(ii) The lesion size is less than or equal to 12 disc areas in greatest linear dimension
(iii) There is evidence of recent (<3 months) presumed disease progression (blood vessel growth, as indicated by fluorescein angiography, optical coherence tomography (OCT) or recent visual acuity changes); and
Coverage will not be provided for patients:

(a) With permanent structural damage to the central fovea or no active disease (as defined in the Royal College of Ophthalmology guidelines); and

(b) Receiving concurrent verteporfin PDT treatment.

The interval between the doses should be no shorter than one month.

Treatment with aflibercept should be continued only in people who maintain adequate response to therapy.

Aflibercept should be permanently discontinued if any one of the following occurs:

(a) Reduction in BCVA in the treated eye to less than 15 letters (absolute) on 2 consecutive visits in the treated eye, attributed to AMD in the absence of other pathology.

(b) Reduction in BCVA of 30 letters or more compared to either baseline and/or best recorded level since baseline, as this may indicate either poor treatment effect or adverse event or both.

(c) There is evidence of deterioration of the lesion morphology despite optimum treatment over three consecutive visits.

**Treatment of DME**

For the treatment of visual impairment due to Diabetic Macular Edema (DME) for patients meeting all of the following:

(i.) Diffuse DME involving the central fovea with central fovea thickness of 300 microns or greater on optical coherence tomography (OCT) and vision less than 20/32.

(ii.) Patients with focal macular edema for which laser photocoagulation is indicated should be treated with laser, except in situations where focal laser therapy treatment can not be safely performed due to the proximity of microaneurysms to the fovea.

(iii.) A haemoglobin A1c of less than 11%.

(iv.) Treatment should be discontinued if there is no improvement of retinal thickness on OCT or if there is no improvement in visual acuity after five consecutive treatments.

(v.) The interval between two doses should not be shorter than one month.

(vi.) Patients responding to treatment should be monitored at regular intervals up to monthly for visual acuity AND retinal thickness.

(vii.) Injection will be by a qualified ophthalmologist with experience in intravitreal injections.

**Note:**

- Fluorescein Angiography (FA) should be considered prior to initiation of treatment to assess perfusion and characterize the leakage, and should also be considered if the patient is not responding to treatment as expected.

**Treatment of RVO**

For the treatment of visual impairment due to clinically significant macular edema secondary to branch retinal occlusion (BRVO) or central retinal vein occlusion (CRVO) for patients meeting all of the following:

(i.) Diffuse RVO with macular thickness of 300 microns or greater on Optical Coherence Tomography (OCT) and a vision of 20/40 or less.

(ii.) The interval between two doses should not be shorter than one month.
(iii.) Patients should be monitored at regular intervals up to monthly for retinal thickness and visual acuity.
(iv.) Treatment should be discontinued if there is no improvement after 6 months of initial treatment; and
(v.) Injection will be by a qualified ophthalmologist with experience in administering intravitreal injections.

Note:

- Fluorescein Angiography (FA) should be considered prior to initiation of treatment to assess perfusion and characterize the leakage, and should also be considered if the patient is not responding to treatment as expected.

Aggrenox - see dipyridamole/acetysalicylic acid
Aldara - see imiquimod

*alemuzumab, solution for IV infusion, 12mg/1.2mL (Lemtrada-GZY)
See Appendix D

*alendronate sodium, tablet, 10mg tablet, (listed generics)
70mg tablet, (Fosamax-MSD) (and listed generics) (possible OEA)

  a) For treatment of osteoporosis in patients with a 20% or greater 10-year fracture risk;
     Note: The fracture risk can be determined by the World Health Organization’s fracture risk assessment tool, FRAX, or the most recent (2010) version of the Canadian Association of Radiologist and Osteoporosis Canada (CAROC) table.
     The links to the tools are available at:
     http://www.shef.ac.uk/FRAX/tool.jsp?country=19
     http://www.osteoporosis.ca/multimedia/pdf/CAROC.pdf
     The Drug Plan will not require FRAX or CAROC documentation to be included with EDS applications for oral bisphosphonates.

  b) For treatment of osteoporosis in patients with:
     - Pre-existing and/or recent fragility fractures; or
     - Glucocorticoid treatment for a duration of 3 months or longer; or
     - Men on androgen deprivation therapy for prostate cancer; or
     - Women on aromatase inhibitor therapy for breast cancer.

  c) For treatment of osteogenesis imperfecta.

*alendronate sodium, tablet, 40mg (listed generic) (possible OEA)
For treatment of symptomatic Paget’s disease of the bone.

alendronate sodium/vitamin D3 (cholecalciferol), tablet, 70mg/5600IU (Fosavance-MSD) (and listed generics) (possible OEA)
For the treatment of osteoporosis with a 20% or greater 10-year fracture risk.
Note: The fracture risk can be determined by the World Health Organization’s fracture risk assessment tool, FRAX, or the most recent (2010) version of the Canadian Association of Radiologist and Osteoporosis Canada (CAROC) table.

The links to the tools are available at:
http://www.shef.ac.uk/FRAX/tool.jsp?country=19
http://www.osteoporosis.ca/multimedia/pdf/CAROC.pdf
The Drug Plan will not require FRAX or CAROC documentation to be included with EDS applications for oral bisphosphonates.

Alertec - see modafinil

alfacalcidol, capsule, 0.25ug, 1ug; oral drops, 2ug/mL (One-Alpha-LEO) (possible OEA)
For management of:
(a) Hypocalcemia in chronic renal disease patients prior to initiation of dialysis.
(b) Osteodystrophy in chronic renal disease patients prior to initiation of dialysis.
alglucosidase alfa, powder for solution, 50mg/vial (Myozyme-GZY)

For patients with infantile onset Pompe disease, as demonstrated by onset of symptoms and confirmed cardiomyopathy within the first 12 months of life.

The Committee approved the following monitoring and withdrawal criteria, which received approval from the Canadian Expert Drug Advisory Committee (CEDAC): The monitoring of markers of disease severity and response to treatment must include at least:
- Weight, length and head circumference.
- Need for ventilatory assistance, including supplementary oxygen, CPAP, BiPAP, or endotracheal intubation and ventilation.
- Left ventricular mass index (LVMI) as determined by echocardiography (not ECG alone).
- Periodic consultation with cardiology.
- Periodic consultation with respirology.

Withdrawal of therapy:
- Patients to be considered for reimbursement of drug costs for alglucosidase alfa treatment must be willing to participate in the long-term evaluation of the efficacy of treatment by periodic medical assessment. Failure to comply with recommended medical assessment and investigations may result in withdrawal of financial support of drug therapy.
- The development of the need for continuing invasive ventilatory support after the initiation of enzyme-replacement therapy (ERT) should be considered a treatment failure. Funding for ERT should not be continued for infants who fail to achieve ventilator-free status, or who deteriorate further, within 6 months after the initiation of ventilatory support.
- Deterioration of cardiac function, as shown by failure of LV hypertrophy (as indicated by LV mass index) to regress by more than Z=1 unit, or persistent clinical or echocardiographic findings of cardiac systolic or diastolic failure without evidence of improvement, in spite of 24 weeks of ERT, should be considered a treatment failure and funding for ERT should be discontinued.

alirocumab, solution for injection, 75mg/mL, 150mg/mL (Praluent-AVT)

Initial Criteria

For the treatment of patients with definite or probable diagnosis of Heterozygous Familial Hypercholesterolemia (HeFH) who are unable to reach Low Density Lipoprotein Cholesterol (LDL-C) target (i.e., LDL-C < 2.0mmol/L for secondary prevention or at least a 50% reduction in LDL-C from untreated baseline for primary prevention) despite either (A) or (B):

(A) Confirmed adherence to high dose statin (e.g., atorvastatin 80mg or rosuvastatin 40mg) along with confirmed adherence to ezetimibe for at least a total of 3 months.

OR

(B) Unable to tolerate high dose statin defined as all of the following:
- Inability to tolerate at least 2 statins with at least one started at the lowest starting daily dose.
- For each statin (two statins in total), dose reduction is attempted for intolerable symptom (myopathy) or biomarker abnormality (creatine kinase (CK) > 5 times the upper limit of normal) resolution rather than discontinuation of statin altogether.
- For each statin (two statins in total), intolerable symptom (myopathy) or abnormal biomarkers (creatine kinase (CK) > 5 times the upper limit of normal) changes are reversible upon statin discontinuation but reproducible by re-challenge of statins where clinically appropriate.
- One of either:
i. Other known determinants of intolerable symptoms or abnormal biomarkers have been ruled out; OR

ii. Developed confirmed and documented rhabdomyolysis; OR

iii. Statin use is contraindicated i.e., active liver disease, unexplained persistent elevations of serum transaminases exceeding 3 times the upper limit of normal.

- Confirmed adherence to ezetimibe for at least a total of 3 months

**Quantity limits**

- Patients prescribed Praluent 75mg every two weeks are limited to 26 prefilled syringes (PFS) or pre-filled pens (PFP) per year.
- Patients prescribed Praluent 150mg every two weeks or 300mg must use the 150mg/mL dosage strength and are limited to 26 PFS or PFP per year.

**Discontinuation criteria**

Treatment with Praluent should be discontinued if the patient does not meet all of the following:

- Adherent to therapy.
- Achieved a reduction in LDL-C of at least 40% from baseline (4-8 weeks after initiation of Praluent).
- Continues to have a significant reduction in LDL-C (with continuation of Praluent) of at least 40% from baseline since initiation of PCSK9 inhibitor. LDL-C should be checked periodically with continued treatment with PCSK9 inhibitors (e.g., every 6 months).

1 Diagnosis of Heterozygous Familial Hypercholesterolemia (HeFH) is to be made by using the Simon Broome or Dutch Lipid Network criteria or genetic testing.

**almotriptan malate, tablet, 6.25mg, 12.5mg (listed generics)**

For treatment of migraine headaches in patients over 12 years of age.

*The maximum quantity that can be claimed through the Drug plan is limited to 6 doses per 30 days within a 60-day period.* Patients requiring more than 12 doses in a consecutive 60-day period should be considered for migraine prophylaxis therapy if they are not already receiving such therapy.

**ambrisentan, tablet, 5mg, 10mg (Volibris-GSK) (and listed generic) (possible OEA)**

For the treatment of pulmonary arterial hypertension, on the recommendation of a specialist.

Amerge - see naratriptan HCl

**anakinra, subcutaneous injection (pre-filled syringe), 100mg/0.67mL (Kineret-BIO)**

For treatment of:

(a) Active rheumatoid arthritis in patients who have failed methotrexate and leflunomide.
(b) Active rheumatoid arthritis in patients intolerant to methotrexate and leflunomide.
(Note - exceptions can be considered in cases where methotrexate or leflunomide are contraindicated). *This product should be used in consultation with a specialist in this area.*

*Note: Coverage will not be provided when used in combination with TNF blocking agents (i.e. adalimumab, etanercept and infliximab) due to the significantly higher risk of adverse events. Treatment should be combined with an immunosuppressant.*

Anoro Ellipta - see umeclidinium bromide/vilanterol trifenatate

**apixaban, tablet, 2.5mg (Eliquis-BMY)**

(a) For prophylaxis of venous thromboembolism (VTE) following total knee arthroplasty for up to 14 days following the procedure.
(b) For prophylaxis of venous thromboembolism (VTE) in patients undergoing total hip replacement for up to 35 days following the procedure.
COVID-19 UPDATE – SEE BULLETIN #186

apixaban, tablet, 2.5mg, 5mg (Eliquis-BMY)

For at-risk patients with non-valvular atrial fibrillation, for the prevention of stroke and systemic embolism AND in whom:

a) Anticoagulation is inadequate following at least a 2-month trial of warfarin;
OR
b) Anticoagulation using warfarin is contraindicated or not possible due to inability to regularly monitor the patient via International Normalized Ratio (INR) testing (i.e. no access to INR testing services at a laboratory, clinic, pharmacy, and at home).

Exclusion:

a) Patients with impaired renal function (creatinine clearance or estimated glomerular filtration rate < 25 mL/min) OR
b) Patients who are ≥75 years of age and who do not have documented stable renal function OR
c) Patients who have hemodynamically significant rheumatic valvular heart disease (especially mitral stenosis) OR
d) Patients who have prosthetic heart valves.

Notes:

a) At-risk patients with atrial fibrillation are defined as those with a CHADS² score of ≥1. Prescribers may consider an antiplatelet regimen or oral anticoagulation for patients with a CHADS² score of 1.
b) Inadequate anticoagulation is defined as INR testing results that are outside the desired INR range for at least 35% of the tests during the monitoring period (i.e., adequate anticoagulation is defined as INR test results that are within the desired INR range for at least 65% of the tests during the monitoring period).
c) Documented stable renal function is defined as creatinine clearance or estimated glomerular filtration rate maintained for at least 3 months.
d) Dosing: the usual recommended dose is 5 mg twice daily; a reduced dose of apixaban 2.5 mg twice daily is recommended for patients with at least two [2] of the following: age ≥80 years, body weight ≤60 kg, or serum creatinine ≥133 micromole/litre.
e) Since renal impairment can increase bleeding risk, renal function should be regularly monitored. Other factors that increase bleeding risk should also be assessed and monitored (see apixaban product monograph).
f) Patients starting apixaban should have ready access to appropriate medical services to manage a bleeding event.
g) There is currently no data to support that apixaban provides adequate anticoagulation in patients with rheumatic valvular disease or those with prosthetic heart valves. As a result, apixaban is not recommended for these patient populations.

For treatment of deep vein thrombosis (DVT) or pulmonary embolism (PE).

Approval Period: Up to six (6) months.

Notes:

• The recommended dose of apixaban for patients initiating acute DVT or PE treatment is 10 mg taken orally twice daily for seven days, followed by 5 mg taken orally twice daily (for treatment up to six months).
• Drug Plan coverage of apixaban for the treatment of DVT or PE is an alternative to heparin/warfarin for up to six months. When used for longer than six months, apixaban is more costly than heparin/warfarin. As such, patients with an intended duration of therapy longer than six months should be considered for initiation on heparin/warfarin.
• The recommended dose for the continued prevention of recurrent DVT or PE is 2.5 mg taken orally twice daily (e.g. for treatment beyond six...
months, this falls outside of criteria for coverage). As previously noted, patients with an intended duration of therapy longer than six months should be considered for initiation on heparin/warfarin.

- Since renal impairment can increase bleeding risk, it is important to monitor renal function regularly. Other factors that increase bleeding risks should also be assessed and monitored (see product monograph).

COVID-19 UPDATE – SEE BULLETIN #186

apomorphine HCl, solution, pre-filled pen, 30mg/3mL (Movapo-PAL)
For the adjunctive treatment if advanced Parkinson’s disease (PD) patients requiring acute intermittent treatment of hypomobility “off” episodes despite receiving optimized therapy.

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.)

Aptiom – see eslicarbazepine acetate
Aptivus - see tipranavir
Aranesp - see darbepoetin alfa
Arava - see leflunomide
Aricept - see donepezil HCl

aripiprazole, tablet, 2mg, 5mg, 10mg, 15mg, 20mg, 30mg (Abilify-BMY) (and listed generics)
For the treatment of schizophrenia and schizoaffective disorders.

aripiprazole, long acting injection, 300mg, 400mg (Abilify Maintena-OTS)
For treatment of patients exhibiting a compliance problem with oral antipsychotic and in whom the administration of a conventional injectable extended action antipsychotic is ineffective or poorly tolerated.

asenapine, sublingual tablet, 5mg, 10mg (Saphris-LUD)
(a) For the treatment of patients with bipolar disorder in combination with lithium or divalproex after trials of less expensive atypical antipsychotic agents (i.e. risperidone and quetiapine) have failed due to intolerance or lack of response.
(b) For the treatment of bipolar disorder as monotherapy for patients who have failed lithium or divalproex AND have failed trials of less expensive atypical antipsychotic agents (i.e. risperidone and quetiapine) due to intolerance or lack of response.

atazanavir SO4, capsule, 150mg, 200mg, 300mg (Reyataz-BMY) (and listed generics) (possible OEA)
For management of HIV disease.
This drug, as with other antivirals in the treatment of HIV, should be used under the direction of an infectious disease specialist.

atomoxetine HCl, capsule, 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg (Strattera-LIL) (and listed generics)
For treatment of Attention Deficit Hyperactivity Disorder (ADHD) in patients who meet all of the following criteria:
- Has failed or is intolerant to treatment with methylphenidate and an amphetamine.
- Treatment with atomoxetine must be recommended by or in consultation with a specialist in psychiatry, pediatrics or a general practitioner with expertise in ADHD.

atovaquone, suspension, 150mg/mL (Mepron-GSK) (possible OEA)
For treatment of Pneumocystis carinii pneumonia (PCP) in patients intolerant to trimethoprim/sulfamethoxazole.

Atripla - see efavirenz/emtricitabine/tenofovir disoproxil fumarate
Aubagio - see teriflunomide
Avandia - see rosiglitazone maleate
Avelox - see moxifloxacin HCl
Avonex - see Appendix D
Avonex FS - see Appendix D
Axert - see almotriptan malate

*azithromycin, tablet, 600mg (Zithromax-PFI) (and listed generics) (possible OEA)
For treatment and prophylaxis in patients with non-tuberculous Mycobacterium.

aztreonam, inhalation powder for solution, 75mg/vial (Cayston-GSI)
For the treatment of Pseudomonas aeruginosa infections when used as cyclic treatment (28 days of treatment, followed by a 28 days without aztreonam) in patients with moderate to severe cystic fibrosis (CF) and deteriorating clinical condition despite treatment with inhaled tobramycin.

Notes:
- This product has not been studied in patients under the age of six.
- Previous EDS approvals for inhaled tobramycin will be discontinued prior to authorizing EDS approval of Cayston
- This product should not be used in mild CF disease.

baclofen, injection, 0.05mg/mL, 0.5mg/mL, 2mg/mL (Lioresal Intrathecal-NVR) (and listed generics) (possible OEA)
For treatment of:
(a) Severe spastic conditions in patients unresponsive to oral baclofen.
(b) Severe spastic conditions in patients intolerant to oral baclofen.

Banzel – see rufinamide
Baraclude - see entecavir

benralizumab, subcutaneous solution, 30mg/mL (Fasenra-AST)
For add-on maintenance treatment of adult patients with severe eosinophilic asthma, who are inadequately controlled with high-dose inhaled corticosteroids (ICS) and one or more additional asthma controller(s) (e.g., a long-acting beta-agonist [LABA]), and:
- Blood eosinophil count of ≥ 300 cells/µL within the past 12 months AND has experienced two or more clinically significant asthma exacerbations in the past 12 months,
  OR
- Blood eosinophil count of ≥ 150 cells/µL AND is receiving maintenance treatment with oral corticosteroids.

In addition:
- Benralizumab should not be used in combination with other biologics used to treat asthma.
- A baseline assessment of asthma symptom control using a validated asthma control questionnaire must be completed prior to initiation of benralizumab treatment and submitted with the application.
- Baseline and follow up reporting of asthma exacerbations and oral corticosteroid dose are required with the initial and renewal applications.
- Patients should be managed by a specialist in the treatment of asthma.

1 Patients must have a documented diagnosis of asthma.
2 High dose inhaled corticosteroids is defined as greater or equal to 500mcg of fluticasone propionate or equivalent daily.
3 Clinically significant asthma exacerbations are defined as worsening of asthma resulting in administration of systemic corticosteroids for at least three days, or hospitalization.
4 Maintenance oral corticosteroid treatment is defined as receiving greater than the equivalent of prednisone 5mg per day.
5 Baseline refers to results achieved prior to initiation of the requested therapy.
A validated asthma control questionnaire includes the Asthma Control Questionnaire (ACQ) or the Asthma Control Test (ACT). The same questionnaire must be used at each assessment for reimbursement renewal as was used at the start of treatment. Scores demonstrating a benefit of treatment for renewal of reimbursement are a decrease of 0.5 points or more on the ACQ or an increase of three or more points in the ACT.

Discontinuation Criteria

Patients should be reassessed every 12 months to determine efficacy with coverage being discontinued if:

- First Renewal (based on first 12 months of therapy)
  - The asthma control questionnaire score has not improved from baseline,
  - OR
  - The number of clinically significant exacerbations has increased,
  - OR
  - The oral corticosteroid maintenance dose has not decreased.

- Subsequent Renewals (after 2 years of therapy)
  - The asthma control questionnaire score achieved at the first renewal has not been maintained subsequently,
  - OR
  - The number of clinically significant exacerbations has increased within the previous 12 months,
  - OR
  - The oral corticosteroid maintenance dose reduction achieved at the first renewal has not been maintained subsequently.

+Betaseron - see Appendix D

bezafibrate, tablet, sustained release tablet, 400mg (Bezalip SR-HLR) (and listed generics) (possible OEA)

For treatment of:
(a) Hyperlipidemia in patients unresponsive to gemfibrozil or fenofibrate.
(b) Hyperlipidemia in patients who have experienced side effects with gemfibrozil or fenofibrate.

Bezalip SR - see bezafibrate
Bicillin L-A - see penicillin G (benzathine)

bictegravir/emtricitabine/tenofovir alafenamide, tablet, 50mg/200mg/25mg (Biktarvy-AST)

For the treatment of human immunodeficiency virus-1 (HIV-1) infection in adults with no known substitution associated with resistance to the individual tablet components.

This drug, as with other antivirals in the treatment of HIV, should be used under the direction of an infectious disease specialist.

Biktarvy - see bictegravir/emtricitabine/tenofovir alafenamide
Biphentin - see methylphenidate HCl

*bosentan, tablet, 62.5mg, 125mg (Tracleer-ACT) (and listed generics) (possible OEA)

For treatment of pulmonary arterial hypertension on the recommendation of a specialist.

Botox - see onabotulinumtoxin A
Brenzys - see etanercept
Breo Ellipta - see vilanterol/fluticasone furoate

brexpiprazole, tablet, 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg (Rexulti-OTS)
For the treatment of schizophrenia and schizoaffective disorders.

Brilinta - see ticagrelor

**brivaracetam, tablet, 10mg, 25mg, 50mg, 75mg, 100mg (Brivlera-UCB)**
For adjunctive therapy in the management of partial-onset seizures (POS) in adult patients with epilepsy who are not satisfactorily controlled with conventional therapy when:
- Patients are currently receiving two or more antiepileptic drugs; AND
- Patients are not receiving concurrent therapy with levetiracetam; AND
- Less costly antiepileptic drugs are ineffective or not clinically appropriate; AND
- Patients are under the care of a neurologist in the treatment of epilepsy.

Brivlera - see brivaracetam

**brodalumab, pre-filled syringe, 210mg/1.5mL (Siliq-VAE)**
For treatment of adult patients 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.

Note:
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.

**budesonide, controlled ileal release capsule, 3mg (Entocort-AST)**
(a) For treatment of mild to moderate Crohn's Disease affecting the ileum and/or ascending colon. Coverage will be provided for up to 8 weeks.
(b) Maintenance treatment in Crohn’s Disease will be approved for patients unresponsive or intolerant to other agents.

**bumetanide, tablet, 1mg, 5mg (Burinex-KTI) (possible OEA)**
For treatment of patients intolerant to furosemide.

**buprenorphine, extended-release subcutaneous injection, 100mg/0.5mL, 300mg/1.5mL (Sublocade-ICL)**
For the management of moderate to severe opioid use disorder in adult patients who have been induced and clinically stabilized on an equivalent of 8mg to 24mg per day of transmucosal buprenorphine for a minimum of seven days.

Patients should be under the care of a prescriber with expertise in the management of opioid use disorder who has received any required training specified in the product monograph.

**Notes:**
- Buprenorphine extended-release injection should be used as part of a complete treatment plan that includes counselling and psychosocial support.
- Buprenorphine extended-release injection must be injected subcutaneously in the abdominal region by a health care provider trained in the administration of this product as per the product monograph.

**buprenorphine hydrochloride, subcutaneous implant, 80mg (Probuphine-KTI)**
For the management of opioid dependence in patients clinically stabilized on no more than 8mg of sublingual buprenorphine for the preceding 90 days.

Patients should be under the care of a prescriber with expertise in the management of opioid use disorder.

**Notes:**
· Probuphine implants are inserted subdermally in the upper arm by trained health care professionals for a six month duration. Each implantation procedure will be for one (1) set of implants (i.e. four (4) 80mg implants providing a total of 320mg of buprenorphine).
· The product monograph indicates that dosing beyond 24 months cannot be recommended at this time. As a result, the maximum lifetime quantity that can be claimed through the Drug Plan is four (4) implant cycles per patient (i.e., two (2) years of the drug product) at this time.

buprenorphine/naloxone, sublingual tablet, 2mg/0.5, 8mg/2mg (Suboxone-ICL) (and listed generics)
For treatment of opioid addiction when prescribed by a designated Suboxone (buprenorphine/naloxone) prescriber.

Burinex - see bumetanide

buserelin acetate, intranasal solution, 1.05mg/mL; injection, 1.05mg/mL (Suprefact-HRU)
For treatment of:
(a) Endometriosis. (Coverage may be repeated after a six month lapse, for another 6 month course).
(b) Menorrhagia in preparation for endometrial ablation, and:
(c) For pre-treatment of uterine fibroids prior to surgical removal.

* cabergoline, tablet, 0.5mg (Dostinex-PFI) (and listed generics) (possible OEA)
For treatment of:
(a) Hyperprolactinemic disorders in patients unresponsive to bromocriptine.
(b) Hyperprolactinemic disorders in patients intolerant to bromocriptine.

calcitonin salmon, injection, 200IU/mL (Calcimar-AVT)
For treatment of:
(a) Osteoporosis with bone pain due to crush fracture.
(b) For symptomatic treatment of Paget's disease of the bone. Coverage will be provided for both indications for a maximum of three months.

calcitriol, capsule, 0.25ug, 0.5ug (Rocaltrol-HLR) (and listed generics) (possible OEA)
(a) For management of hypocalcemia and osteodystrophy in patients with chronic renal failure undergoing renal dialysis. Note: Coverage for dialysis patients is provided under the Saskatchewan Aids to Independent Living (SAIL) Program. Exception Drug Status coverage is NOT required for SAIL patients.
(b) For management of hypocalcemia and clinical manifestations associated with post-surgical hypoparathyroidism, idiopathic hypoparathyroidism, pseudohypoparathyroidism, or vitamin D resistant rickets.

Campral – see acamprosate calcium

canagliflozin, tablet, 100mg, 300mg (Invokana-JAN) (possible OEA)
For treatment of patients with Type 2 diabetes who have concurrent prescriptions for metformin and a sulfonylurea. This product should not be used in combination with dipeptidyl peptidase-4 inhibitors.
Please note: This product should be used in patients with diabetes who are not adequately controlled on or are intolerant to metformin and/or a sulfonylurea, and for whom insulin is not an option.

Cayston - see aztreonam

cefixime, tablet, 400mg(Suprax-AVT) (and listed generics); suspension, 20mg/mL (Suprax-AVT)
For treatment of:
(a) Infections in patients allergic to alternative antibiotics. (Note: patients who have had an anaphylactic reaction to penicillin should not receive cephalosporins.)
(b) Infections caused by organisms known to be:
- Resistant to alternative antibiotics.
- Unresponsive to alternative antibiotics.

(c) Uncomplicated gonorrhea.
(d) For completion of antibiotic treatment initiated in hospital.

*ceprozil, tablet, 250mg, 500mg; oral suspension, 25mg/mL, 50mg/mL
(listed generics)

For treatment of:
(a) Upper and lower respiratory tract infections in patients unresponsive to first-line antibiotics.
(b) Infections caused by organisms known to be resistant or unresponsive to alternative antibiotics.
(c) Infections in patients allergic to alternative antibiotics. (Note: patients who have had an anaphylactic reaction to penicillin should not receive cephalosporins.)
(d) Respiratory tract infections in nursing home patients.
(e) Pneumonia in patients in the community with comorbidity e.g. chronic underlying lung disease (excluding asthma), diabetes mellitus, renal insufficiency, heart failure, stroke, and:
(f) For completion of antibiotic treatment initiated in hospital.

Ceftin - see cefuroxime axetil

*cefoxuroxime axetil, suspension, 25mg/mL (Ceftin-GSK) tablet, 250mg, 500mg
(Ceftin-GSK) (and listed generics)

For treatment of:
(a) Upper and lower respiratory tract infections in patients unresponsive to first-line antibiotics.
(b) Infections caused by organisms known to be resistant or unresponsive to alternative antibiotics.
(c) Infections in patients allergic to alternative antibiotics. (Note: patients who have had an anaphylactic reaction to penicillin should not receive cephalosporins.)
(d) Respiratory tract infections in nursing home patients.
(e) Pneumonia in patients in the community with comorbidity i.e. chronic underlying lung disease (excluding asthma), diabetes mellitus, renal insufficiency, heart failure, stroke, and:
(f) For completion of antibiotic treatment initiated in hospital.

Celsentri - see maraviroc

CellCept - see mycophenolate mofetil

certolizumab pegol, solution for injection, 200mg/mL pre-filled syringe; 200mg/mL autoinjector (Cimzia-UCB)

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

Ankylosing spondylitis (A.S.):
For treatment of ankylosing spondylitis (A.S.) according to the following criteria:

Initial Application (for a 12-week medication trial):
- For patients who have already been treated conventionally with two or more non-steroidal anti-inflammatory drugs (NSAIDs) taken sequentially at maximum tolerated or recommended doses for four weeks without symptom control;
  AND
- Satisfy New York diagnostic criteria: a score ≥ 4 on the Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) AND a score of ≥ 4 cm on the 0-10cm spinal pain visual analogue scale (VAS) on two occasions at least 12 weeks apart without any change of treatment.
Second Application (following the initial 12-week approval, requests will be considered for a one-year approval timeframe):
- Adequate response to treatment assessed at 12 weeks defined as at least 50% reduction in pre-treatment baseline BASDAI score OR by ≥ 2 units AND a reduction of ≥ 2cm in the spinal pain VAS.

Subsequent Annual Renewal Applications (beyond the first 15 months, requests are to be submitted annually for consideration of ongoing approval on a yearly basis):
- The BASDAI score does not worsen (i.e. remains within two units of the second assessment) AND remains at least two units less than the initial application’s BASDAI score.

Notes:
- Requests for coverage for this indication must be made by a rheumatologist.
- Applications for this indication must be submitted on the designated EDS Application – Ankylosing Spondylitis Drugs form found on the Formulary website.
- Coverage may be provided for one switch for patients transitioning to another biologic agent following an adequate trial of the first agent if the patient fails to respond, if there is a loss of response, or is intolerant, to the first agent. Approval will be subject to the published Exception Drug Status criteria for the requested biologic agent.
- Patients will not be permitted to switch back to a previously trialed biologic agent if they were deemed unresponsive to therapy.

Psoriatic arthritis:
- Psoriatic arthritis in patients who have failed or are intolerant to methotrexate and one other DMARD.

_Treatment should be combined with an immunosuppressant. Exceptions can be considered in cases where methotrexate or leflunomide are contraindicated._

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

Cesamet - see nabilone

chloroquine phosphate, tablet, 250mg (listed generic)
a) For continuation or initiation of therapy when prescribed by a rheumatologist.
b) For use under the direction of an infectious disease specialist.

COVID-19 UPDATE – SEE FORMULARY BULLETIN #185

Ciloxan - see ciprofloxacin
Cimzia - see certolizumab pegol
Cipro - see ciprofloxacin tablet
Cipro XL - see ciprofloxacin

* ciprofloxacin, ophthalmic solution, 0.3% (Ciloxan-ALC) (and listed generics); ophthalmic ointment, 0.3% (Ciloxan-ALC) (possible OEA)

For treatment of:
(a) Ophthalmic infections caused by gram-negative organisms.
(b) Ophthalmic infections unresponsive to alternative agents.
*ciprofloxacin, tablet, 250mg, 500mg, 750mg (Cipro-BAY) (and listed generics); oral suspension 100mg/mL (Cipro-BAY)
  For treatment of:
  (a) Infections caused by Pseudomonas aeruginosa.
  (b) Infections in patients allergic to two or more alternative antibiotics.
  (c) Infections known to be resistent to alternative antibiotics. Resistance must be determined by culture and sensitivity testing (C&S).
  (d) Patients with severe diabetic foot infections in combination with other antibiotics.
  (e) Infection (and prophylaxis) in patients with prolonged neutropenia.
  (f) Genitourinary tract infections in patients allergic or unresponsive to alternative antibiotics.
  (g) Patients with bronchiectasis or cystic fibrosis.
  (h) Gonorrhea, and:
  (i) For completion of antibiotic treatment initiated in hospital when alternatives are not appropriate.

ciprofloxacin, extended release tablet, 500mg (Cipro XL-BAY) (and listed generics)
  For treatment of uncomplicated urinary tract infections in females unresponsive or allergic to first-line agents.

ciprofloxacin, extended release tablet, 1000mg (Cipro XL-BAY)
  For treatment of complicated urinary tract infections in patients unresponsive or allergic to first-line agents.

cladribine, tablet, 10mg (Mavenclad-SRO)
  See Appendix D

Climara - see estradiol

*clonidine HCl, tablet, 0.025mg (listed generics)
  For treatment of:
  (a) Menopausal flushing.
  (b) Attention Deficit Hyperactivity Disorder.

*clozapine, tablet, 25mg, 50mg, 100mg, 200mg (Clozaril-NVR) (and listed generics) (possible OEA)
  For treatment of schizophrenia in patients who are either treatment resistant or treatment intolerant and have no other medical contraindications.

Clozaril - see clozapine

codeine, controlled release tablet, 50mg, 100mg, 150mg, 200mg (Codeine Contin-PFR)
  For treatment of:
  (a) Palliative and chronic pain patients as an alternative to ASA/codeine combination products or acetaminophen/codeine combination products.
  (b) Palliative and chronic pain patients as an alternative to regular release tablet when large doses are required.
  In non-palliative patients, coverage will only be approved for a 6 month course of therapy, subject to review.

Codeine Contin - see codeine
Combivir - see lamivudine/zidovudine
Complera – see emtricitabine/ralpivirine/tenofovir DF
Copaxone - see Appendix D
Cosentyx – see secukinumab
Cressemba - see isavconazole

*cyclobenzaprine HCl, tablet, 10mg (listed generics)
  As an adjunct to rest and physical therapy for relief of muscle spasm associated with acute, painful musculoskeletal conditions in patients unresponsive to alternative therapy or who are experiencing severe adverse reactions to alternative therapy. Coverage will be provided for up to a 3 week period. Coverage can be renewed for a 3 week period every 3 months.

cyclophosphamide, tablet, 25mg, 50mg (Procytox-BAX)
  For non-oncology conditions
cyclosporine, capsule, 10mg, 25mg, 50mg, 100mg; liquid, 100mg/mL (Neoral-NVR)
For treatment of:
(a) Nephrotic syndrome.
(b) Severe active rheumatoid arthritis in patients for whom classical slow-acting anti-rheumatic agents are inappropriate or ineffective, and:
(c) For induction and maintenance of remission of severe psoriasis in patients for whom conventional therapy is ineffective or inappropriate.

For the above indications prescriptions are subject to deductible (where applicable) and co-payment as for other drugs covered under the Drug Plan. Pharmacies note: claims on behalf of these patients must use the following identifying numbers (not the DIN):

10mg - 00950792  100mg - 00950815
25mg - 00950793  100mg/mL - 00950823
50mg - 00950807

cyclosporine, capsule, 10mg, 25mg, 50mg, 100mg; liquid, 100mg/mL (Neoral-NVR)
For prophylaxis of graft rejection following solid organ transplant and in bone marrow transplant procedures.
In such cases, the cost is covered at 100% and the deductible (where applicable) does not apply.

cysteamine bitartrate, delayed release capsule, 25mg, 75mg (Procysbi-HPI)
For the treatment of infantile nephropathic cystinosis with documented cystinosin, lysosomal cysteine transporter gene mutation.
Note: This product should be used in consultation with a specialist in this area.

dabigatran, tablet, 110mg, 150mg (Pradaxa-BOE)
Inclusion Criteria:
At-risk patients with non-valvular atrial fibrillation (AF) who require the Drug Product for the prevention of stroke and systemic embolism AND in whom:

(a) Anticoagulation is inadequate following a reasonable trial on warfarin; OR
(b) Anticoagulation with warfarin is contraindicated or not possible due to inability to regularly monitor via International Normalized Ratio (INR) testing (i.e. no access to INR testing services at a laboratory, clinic, pharmacy, and at home).

Exclusion Criteria:
Patients with impaired renal function (creatinine clearance or estimated glomerular filtration rate < 30 mL/min) OR ≥ 75 years of age and without documented stable renal function OR hemodynamically significant rheumatic valvular heart disease, especially mitral stenosis; OR prosthetic heart valves.

Notes:
(a) Documented stable renal function is defined as creatinine clearance or estimated glomerular filtration rate that is maintained for at least three months (i.e. 30-49 mL/min for 110 mg twice daily dosing or ≥ 50 mL/min for 150 mg twice daily dosing).
(b) At-risk patients with atrial fibrillation are defined as those with a CHADS2 score of ≥ 1.
(c) Inadequate anticoagulation is defined as INR testing results that are outside the desired INR range for at least 35% of the tests during the monitoring period (i.e. adequate anticoagulation is defined as INR test results that are within the desired INR range for at least 65% of the tests during the monitoring period).
(d) A reasonable trial on warfarin is defined as at least two months of therapy.
(e) Since renal impairment can increase bleeding risk, renal function should be regularly monitored. Other factors that increase bleeding risk should also be assessed and monitored (see product monograph).
(f) Patients starting dabigatran should have ready access to appropriate medical services to manage a major bleeding event.
(g) There is currently no data to support that dabigatran provides adequate anticoagulation in patients with rheumatic valvular disease or those with prosthetic heart valves, so dabigatran is not recommended in these populations.

COVID-19 UPDATE – SEE BULLETIN #186

dalteparin sodium, pre-filled syringe, 2500IU (0.2mL), 3500IU (0.28mL), 5000IU (0.2mL), 7500IU (0.3mL), 10,000 (0.4mL), 12,500IU(0.5mL), 15,000IU(0.6mL), 18,000 (0.72mL); injection solution, 10,000IU/mL (1mL), 25,000IU/mL (3.8mL) (Fragmin-PFI)

(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) Prophylaxis in patients undergoing total hip replacement or following hip fracture surgery for up to 35 days following the procedure.
(h) For extracorporeal anticoagulation in home hemodialysis patients.
(i) For prophylaxis following abdominal or pelvic surgery for up to 28 days.

dapagliflozin, tablet, 5mg, 10mg (Forxiga-AST) (Possible OEA)
For treatment of patients with Type 2 diabetes who have concurrent prescriptions for metformin and a sulfonylurea.

This product should not be used in combination with dipeptidyl peptidase-4 inhibitors.

Please note: This product should be used in patients with diabetes who are not adequately controlled on or are intolerant to metformin and/or a sulfonylurea, and for whom insulin is not an option.

dapagliflozin/metformin HCl, tablet, 5mg/850mg, 5mg/ 1000mg (Xigduo-AST) (Possible OEA)
For the convenience of patients who have been stabilized on metformin and dapagliflozin.

This product should not be used in combination with dipeptidyl peptidase-4 inhibitors.

Please Note: This product should be used in patients with diabetes who are not adequately controlled on, or are intolerant to combination therapy of metformin and a sulfonylurea, and for whom insulin is not an option.

darbepoetin alfa, pre-filled syringe, 10mcg/0.4ml, 20mcg/0.5ml, 30mcg/0.3ml, 40mcg/0.4ml, 50mcg/0.5ml, 60mcg/0.3ml, 80mcg/0.4ml, 100mcg/0.5ml, 130mcg/0.65ml, 150mcg/0.3ml, 200mcg/0.4ml (Aranesp-AMG)

For treatment of anemia in chronic renal disease patients prior to initiation of dialysis.

Note: Coverage for dialysis patients is provided under the S.A.I.L. Program. EDS coverage is not required for S.A.I.L. patients.

darifenacin, extended release tablet, 7.5mg, 15mg (Enablex-NVR) (possible OEA)
For treatment of patients intolerant to oxybutynin chloride, solifenacin succinate or tolterodine l-tartrate.

darunavir, tablet, 75mg, 150mg (Prezista-JAN); 600mg, 800mg (Prezista-JAN) (and listed generics) (possible OEA)

a) For management of HIV disease. This drug, as with other antivirals in the treatment of HIV, should be used under the direction of an infectious disease specialist.
b) When prescribed by, or on the advice of an Infectious Disease specialist familiar with HIV treatment for post-exposure prophylaxis (PEP). Please refer to the HIV PEP Treatment document on the Formulary website.

darunavir/cobicistat, tablet, 800mg/150mg (Prezcoix-JAN) (possible OEA)
For treatment of human immunodeficiency virus (HIV) infection in treatment-naïve and treatment-experienced patients without darunavir (DRV) resistance-associated mutations (RAMs).
This drug, as with other antivirals in the treatment of HIV, should be used under the direction of an infectious disease specialist.

DDAVP - see desmopressin
DDAVP Melt - see desmopressin
deferasirox, tablet for oral suspension, 125mg, 250mg, 500mg (Exjade-NVR)
(and listed generics)
For treatment of chronic iron overload in patients with transfusion dependent anemias.
Note: Should not be used in combination with deferiprone, tablets, 1000 mg, solution, 100 mg/mL (Ferriprox-APP) or deferasirox, film-coated tablet, 90mg, 180mg, 360mg (Jadenu-NVR).
deferasirox, film coated tablet, 90mg, 180mg, 360mg (Jadenu-NVR)
For treatment of chronic iron overload in patients with transfusion dependent anemias.
Note: Should not be used in combination with deferasirox, tablet for oral suspension, 125mg, 250mg, 500mg (Exjade-NVR) or deferiprone, tablets, 1000 mg, solution, 100 mg/mL (Ferriprox-APP).
deferiprone, tablets, 1000 mg, solution, 100 mg/mL (Ferriprox-APP)
For treatment of chronic iron overload in patients with transfusion dependent anemias.
Note: Should not be used in combination with deferasirox, tablet for oral suspension, 125mg, 250mg, 500mg (Exjade-NVR) or deferasirox, film-coated tablet, 90mg, 180mg, 360mg (Jadenu-NVR).

deferoxamine mesylate, powder for solution, 500mg/vial (Desferal-NVR) (and listed generics), 2g/vial (listed generics)
For treatment of iron overload in patients with transfusion-dependent anemias.

delavirdine mesylate, tablet, 100mg (Rescriptor-VII) (possible OEA)
For management of HIV disease. This drug, as with other antivirals in the treatment of HIV, should be used under the direction of an infectious disease specialist.
denosumab, pre-filled syringe, 60mg/mL (Prolia-AMG)
a) To increase bone mass in men or postmenopausal women with osteoporosis who are at a high risk for fracture or who have failed or are intolerant to other available osteoporosis therapy, where the following clinical criteria are met:
• High fracture risk defined as either:
  - Moderate 10-year fracture risk (10% to 20%) as defined by either the Canadian Association of Radiologists and Osteoporosis Canada (CAROC) tool or the World Health Organization’s Fracture Risk Assessment (FRAX) tool with a prior fragility fracture; OR
  - High 10-year fracture risk (≥ 20%) as defined by either the Canadian Association of Radiologists and Osteoporosis Canada (CAROC) tool or the World Health Organization’s Fracture Risk Assessment (FRAX) tool
AND
• Contraindication to oral bisphosphonates.
Notes:
  o Bisphosphonate failure will be defined as a fragility fracture and/or evidence of a decline in bone mineral density below pre-treatment baseline levels, despite adherence for one year.
Contraindication to oral bisphosphonates will be considered. Contraindications include renal impairment, hypersensitivity, and abnormalities of the esophagus (e.g., esophageal stricture or achalasia).

b) For treatment of osteoporosis in patients with a moderate – high 10-year fracture risk (10% or more) and one of the following:
   - Men on androgen deprivation therapy for prostate cancer; or
   - Women on aromatase inhibitor therapy for breast cancer.

Desferal - see deferoxamine mesylate

*desmopressin, tablet, 0.1mg, 0.2mg; (DDAVP-FEI) (and listed generics);
orally disintegrating tablet, 60ug, 120ug, 240ug (DDAVP Melt-FEI)
For treatment of:
- Diabetes insipidus.
- Enuresis in children over 5 years of age refractory to bed-wetting alarms or alternative agents listed in the Formulary.
- Nocturia in patients with a recognized neurologic disorder which causes detrusor over-activity confirmed by cystogram in the absence of obstruction, who have not responded or are intolerant to at least two anticholinergic drugs.

*desmopressin, intranasal solution, 10ug/dose (DDAVP-FEI)
(and listed generics)
For treatment of diabetes insipidus.

desmopressin, injection, 4ug/mL (DDAVP-FEI)
For prophylaxis of mild hemophilia A and mild von Willebrand's disease.

Diacomit - see stiripental
diogest, tablet, 2mg (Visanne-BAY) (and listed generic) (possible OEA)
For the management of pelvic pain associated with endometriosis in patients for whom one or more less costly hormonal options (oral contraceptives and medroxyprogesterone acetate depot injection suspensions) are either ineffective or cannot be used.

Note: An adequate trial with oral contraceptives or medroxyprogesterone acetate depot injection suspensions shall be defined as a six month interval.

Dificid - see fidaxomicin
dimethyl fumarate, delayed release capsule, 120mg, 240mg (Tecfidera-BGN)
See Appendix D
dipyridamole/acylsalicylic acid, capsule, 200mg/25mg (Aggrenox-BOE) (and listed generic) (possible OEA)
For treatment of patients who have had a:
- Stroke while on acetylsalicylic acid.
- Transient ischemic attack while on acetylsalicylic acid.

Divigel - see estradiol
dolutegravir, tablet, 50mg (Tivicay-VII) (possible OEA)
(a) For management of HIV disease in patients 12 years of age and older.
(b) When prescribed by, or on the advice of an Infectious Disease specialist familiar with HIV treatment, for post-exposure prophylaxis (PEP).

Note: Tivicay is not recommended for patients weighing less than 40 kgs.

This drug, as with other antivirals in the treatment of HIV, should be used under the direction of an infectious disease specialist.

dolutegravir/lamivudine, tablet, 50mg/300mg (Dovato-VII) (possible OEA)
For use as a complete regimen for the treatment of human immunodeficiency virus-1 (HIV-1) infection in patients 12 years of age and older who are naïve to any antiretroviral therapy (ART) and have an HIV-1 viral load of 500,000 copies/mL or less.
Note: Dovato is not recommended for patients weighing less than 40kg.

This drug, as with other antivirals in the treatment of HIV, should be used under the direction of an infectious disease specialist.

dolutegravir/rilpivirine, tablet, 50mg/25mg (Juluca-VII) (possible OEA)
For treatment of human immunodeficiency virus type 1 (HIV-1) infection in adult patients who are virologically stable and suppressed (i.e. fewer than 50 copies per mL of HIV-1 ribonucleic acid [RNA]).

This drug, as with other antivirals in the treatment of HIV, should be used under the direction of an infectious disease specialist.

donepezil HCl, tablet, 5mg, 10mg (Aricept-PFI) (and listed generics)
(a) A diagnosis of probable Alzheimer's disease as per DSM-V criteria.
(b) A mild to moderate stage of the disease with a MMSE score of 10-26 established within 60-days prior to application for coverage by a clinician or nurse practitioner.
(c) A Functional Activities Questionnaire (FAQ) must be completed within 60-days prior to initial application for coverage by a clinician or nurse practitioner.
(d) Patients must discontinue all drugs with anticholinergic activity at least 14 days before the MMSE and FAQ are administered. Drugs with anticholinergic activity are not to be used concurrently with donepezil therapy. List all current medications patient was taking at the time of assessment.
(e) Patients intolerant to one drug may be switched to another drug in this class. Intolerance should be observed within the first month of treatment.

- **Eligible patients currently taking donepezil** would require assessment at 6 month intervals. To continue receiving donepezil, patients must not have both a greater than 2 point reduction in MMSE and a 1 point increase in FAQ in a 6 month evaluation period. Scores are compared to the most recent test results.
- **Eligible new patients** will enter a 3 month treatment period with donepezil. During the 3 month trial, patients must exhibit an improvement from the initial MMSE or FAQ to continue treatment with donepezil. The improvement must be at least 2 MMSE points or -1 FAQ. Patients who meet these requirements will be re-evaluated at 6 month intervals. To continue receiving donepezil, patients must not have both a greater than 2 point reduction in MMSE and a 1 point increase in FAQ in a 6 month evaluation period. Scores are compared to the most recent test results.
- The MMSE score must remain at 10 or greater at all times to be eligible for coverage.
- Patients who do not meet criteria to continue donepezil can be re-evaluated within 3 months to confirm deterioration before coverage is discontinued.
- Donepezil does not need to be discontinued prior to MMSE or FAQ testing.
- A patient intolerant of one drug and switching to a second will be considered a "new" patient and will be assessed as such.
- Coverage will not be considered for patients who have failed on other drugs in this class.

*Initial EDS applications for donepezil (Aricept) will only be accepted from physicians on the Aricept/Exelon/Reminyl EDS application form. This form is available online at [http://formulary.drugplan.health.gov.sk.ca](http://formulary.drugplan.health.gov.sk.ca) or by calling the Drug Plan. EDS renewals can be submitted either by telephone, mail or fax.*

doravirine, tablet, 100mg (Pifeltro-MRK) (possible OEA)
For management of HIV disease in adult patients without past or present evidence of viral resistance to doravirine.

This drug, as with other antivirals in the treatment of HIV, should be used under the direction of an infectious disease specialist.

doravirine/ lamivudine/tenofovir disoproxil fumarate, tablet, 100mg/300mg/300mg (Delstrigo-MRK) (possible OEA)
For management of HIV disease in adult patients without past or present evidence of viral resistance to each of the components.

This drug, as with other antivirals in the treatment of HIV, should be used under the direction of an infectious disease specialist.
**dornase alfa, inhalation solution, 1mg/mL (Pulmozyme-HLR) (possible OEA)**

For treatment of cystic fibrosis patients who meet the following criteria:

(a) At least 5 years of age.
(b) Lung function greater than 40% (as measured by FVC).
(c) Physicians will be requested to provide evidence of the beneficial effect of this drug in their patients after 1 year of therapy before additional coverage is granted.

Renewal of coverage will be provided for a 1 year period if any of the following criteria are met:

(a) FEV1 has improved by 10% from pre-treatment value.
(b) Decreased antibiotic utilization.
(c) Decreased hospitalizations.
(d) Decreased absenteeism from school or work.
(e) If the individual deteriorates upon discontinuation of Pulmozyme therapy.

Physicians must provide appropriate documentation to establish benefit.

**COVID-19 UPDATE - SEE FORMULARY BULLETIN #184**

Dostinex - see cabergoline
Duaklir Genuair - see aclidinium bromide/formoterol fumarate dihydrate
Duodopa - see levodopa/carbidopa
Duragesic - see fentanyl
Duragesic Mat - see fentanyl
Dysport Therapeutic - see abobotulinumtoxinA

**edaravone, intravenous solution, 30mg/100mL (Radicava-MTC)**

**Initiation Criteria**

For the treatment of amyotrophic lateral sclerosis (ALS) when initiated by a neurologist with expertise in the management of ALS, when the patient has:

- A probable or definite diagnosis of ALS; and
- Scores of at least two points on each item of the ALS Functional Rating Scale – Revised (ALSFRS-R); and
- Forced vital capacity ≥ 80% of predicted; and
- Had ALS symptoms for two years or less; and
- Not currently required permanent non-invasive or invasive ventilation.

Coverage will be reviewed every six months.

Coverage cannot be renewed once the patient meets either of the following:

- Becomes non-ambulatory (ALSFRS-R score ≤ 1 for item 8) AND is unable to cut food and feed themselves without assistance, irrespective of whether a gastrostomy is in place (ALSFRS-R score < 1 for item 5a or 5b); or
- Requires permanent non-invasive or invasive ventilation.

Note: Please submit the patient’s updated ALSFRS-R scores (items 5a/5b and 8) AND current ventilation status every 6 months to request renewal of coverage.

Edecrin - see ethacrynic acid

**edoxaban, tablet, 15mg, 30mg, 60mg (Lixiana-SEV)**

a) For at-risk patients with non-valvular atrial fibrillation, for the prevention of stroke and systemic embolism AND in whom:

- Anticoagulation is inadequate following a reasonable trial on warfarin; OR
- Anticoagulation using warfarin is contraindicated or not possible due to inability to regularly monitor the patient via International Normalized Ratio (INR) testing (i.e., no access to INR testing services at a laboratory, clinic, pharmacy, and at home).
Exclusion Criteria:
a) Patients with impaired renal function (creatinine clearance or estimated glomerular filtration rate less than 30mL/min) OR
b) Patients who are 75 years of age or older and who do not have documented stable renal function OR
c) Patients who have hemodynamically significant rheumatic valvular heart disease (especially mitral stenosis) OR
d) Patients who have prosthetic heart valves.

Notes:
a) Documented stable renal function is defined as creatinine clearance or estimated glomerular filtration rate maintained for at least 3 months.
b) At-risk patients with atrial fibrillation are defined as those with a CHADS₂ score of greater than or equal to 1. Prescribers may consider an antiplatelet regimen or oral anticoagulation for patients with a CHADS₂ score of 1.
c) Inadequate anticoagulation is defined as INR testing results that are outside the desired INR range for at least 35% of the tests during the monitoring period (i.e., adequate anticoagulation is defined as INR test results that are within the desired INR range for at least 65% of the tests during the monitoring period).
d) A reasonable trial on warfarin is defined as at least 2 months of therapy.
e) Dosing: The usual recommended dose is 60mg once daily. A reduced dose of 30mg once daily is recommended for patients with one or more of the following factors:
   • Moderate renal impairment (creatinine clearance of 30-50mL/min).
   • Body weight of 60kg (132lbs) or less.
   • Concomitant use of P-gp inhibitors except amiodarone and verapamil.
f) Since renal impairment can increase bleeding risk, renal function should be regularly monitored. Other factors that increase bleeding risk should also be assessed and monitored (see edoxaban product monograph).
g) Patients starting edoxaban should have ready access to appropriate medical services to manage a bleeding event.
h) There is currently no data to support that edoxaban provides adequate anticoagulation in patients with rheumatic valvular disease or those with prosthetic heart valves. As a result, edoxaban is not recommended for these patient populations.

b) For the treatment of deep vein thrombosis (DVT) or pulmonary embolism (PE). Approval Period: Up to six (6) months.

Notes:
a) The recommended dose of edoxaban for patients initiating DVT or PE treatment is 60mg once daily following initial use of a parenteral anticoagulant for five to ten days. A dose of 30mg once daily is recommended in patients with one or more of the following clinical factors:
   • Moderate renal impairment (creatinine clearance 30-50mL/min);
   • Body weight of 60kg (132lbs) or less; and
   • Concomitant use of P-glycoprotein (P-gp) inhibitors except amiodarone and verapamil.
b) Drug Plan coverage for edoxaban for the treatment of DVT or PE is an alternative to heparin/warfarin for up to 6 months. When used for longer than 6 months, edoxaban is more costly than heparin/warfarin. As such, patients with an intended duration of therapy longer than 6 months should be considered for initiation on heparin/warfarin.
c) Since renal impairment can increase bleeding risk, it is important to monitor renal function regularly. Other factors that increase bleeding risks should also be assessed and monitored (see product monograph).

COVID-19 UPDATE – SEE BULLETIN #186
Edurant – see rilpivirine

**efavirenz, capsule, 50mg, 200mg (Sustiva-BMY); tablet, 600mg (Sustiva-BMY) (and listed generics) (possible OEA)**

For management of HIV disease.

*This drug, as with other antivirals in treatment of HIV, should be used under the direction of an infectious disease specialist.*

**efavirenz/emtricitabine/tenofovir disoproxil fumarate, tablet, 600mg/200mg/300mg (Atripla-BMY) (and listed generics) (possible OEA)**

For treatment of HIV-1 infection where the virus is susceptible to each of tenofovir and emtricitabine and efavirenz and:
(a) Atripla is used to replace existing therapy with its component drugs, or
(b) The patient is treatment naïve, or
(c) The patient has established viral suppression but requires antiretroviral therapy modification due to intolerance or adverse effects.

*This drug as with other antivirals in the treatment of HIV, should be used under the direction of an infectious disease specialist.*

**elbasvir/grazoprevir, tablet, 50mg/100mg (Zepatier-MRK)**

For use as monotherapy or combination therapy with ribavirin for treatment-naïve or treatment-experienced(1) adult patients with chronic hepatitis C infection according to the following criteria:

(i) Treatment is prescribed by a hepatologist, gastroenterologist, an infectious disease specialist or other prescriber experienced in treating hepatitis C as determined by the Drug Plan; AND

(ii) Laboratory-confirmed hepatitis C genotype 1 or 4; AND

(iii) Laboratory-confirmed quantitative HCV RNA value within the last six months.

Treatment regimens reimbursed*:

<table>
<thead>
<tr>
<th>Patient Population</th>
<th>Treatment Regimen and Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Genotype 1</td>
<td></td>
</tr>
<tr>
<td>Treatment-naïve without cirrhosis, or with compensated</td>
<td>12 weeks**</td>
</tr>
<tr>
<td>cirrhosis(2)</td>
<td></td>
</tr>
<tr>
<td>Treatment-experienced(1) relapsers without cirrhosis, or</td>
<td>12 weeks</td>
</tr>
<tr>
<td>with compensated cirrhosis(2)</td>
<td></td>
</tr>
<tr>
<td>Treatment-experienced(1) genotype 1b with null response,</td>
<td>12 weeks</td>
</tr>
<tr>
<td>partial response, or virologic breakthrough or rebound,</td>
<td></td>
</tr>
<tr>
<td>or intolerance to prior treatment</td>
<td></td>
</tr>
<tr>
<td>Treatment-experienced(1) genotype 1a with null response,</td>
<td>16 weeks in combination with</td>
</tr>
<tr>
<td>partial response, virologic breakthrough or rebound, or</td>
<td>ribavirin</td>
</tr>
<tr>
<td>intolerance to prior treatment</td>
<td></td>
</tr>
<tr>
<td>Genotype 4</td>
<td></td>
</tr>
<tr>
<td>Treatment-naïve without cirrhosis, or with compensated</td>
<td>12 weeks</td>
</tr>
<tr>
<td>cirrhosis(2)</td>
<td></td>
</tr>
<tr>
<td>Treatment-experienced(1) relapsers without cirrhosis, or</td>
<td>12 weeks</td>
</tr>
<tr>
<td>with compensated cirrhosis(2)</td>
<td></td>
</tr>
<tr>
<td>Treatment-experienced(1) with null response, partial</td>
<td>16 weeks in combination with</td>
</tr>
<tr>
<td>response, virologic breakthrough or rebound, or</td>
<td>ribavirin</td>
</tr>
<tr>
<td>intolerance to prior treatment</td>
<td></td>
</tr>
</tbody>
</table>

*Combination therapy with sofosbuvir (Sovaldi) will not be considered for funding.*
**As approved by Health Canada, 8 weeks may be considered in treatment-naive genotype 1b patients without significant fibrosis or cirrhosis.**

**Exceptional case-by-case consideration:** Retreatment may be considered on a case-by-case basis and may include combination therapy with products from different manufacturers.

**NOTES:**
Health care professionals are advised to refer to the product monograph and prescribing guidelines for appropriate use of the drug product, including use in special populations.

(1) Treatment-experienced is defined as those who have failed prior therapy with an interferon-based regimen, including regimens containing a HCV protease inhibitor.

(2) Compensated cirrhosis is defined as cirrhosis with a Child Pugh Score = A (score 5-6), and decompensated cirrhosis is defined as cirrhosis with a Child Pugh Score = B or C (score 7 or above).

Eldepryl - see selegiline HCl
Elidel - see pimecrolimus
Eliquis - see apixaban
Elmiron - see pentosan polysulfate sodium

**eltrombopag olamine, tablet, 25mg, 50mg (Revolade-GSK)**
For the treatment of refractory chronic idiopathic thrombocytopenic purpura (“ITP”) with bleeding complications in patients who meet the following conditions:
   a) have undergone a splenectomy; and
   b) have tried and are unresponsive to other treatment modalities.

Dosage: 50 mg once daily to a maximum of 75 mg once daily.
Renewal of requests for Revolade will be assessed on a case-by-case basis.

Note: After 1 year of continuous treatment, therapeutic options should be reassessed.

1. Where surgery is contraindicated, the requesting physician must provide a rationale for why a splenectomy cannot be considered, and where possible, include both a preoperative/surgical evaluation of the patient’s risks and a consideration of risks of laparoscopic and open surgical interventions if these are available. The requesting physician’s rationale must be evaluated by an independent physician.

2. Patients must be refractory to two of the following first line treatment modalities:
   • Corticosteroids
   • IV anti-D
   • Intravenous immune globulin (IVIG)

   In addition, patients must be refractory to two of the following second-line treatment modalities:
   • Azathioprine
   • Cyclosporine
   • Cyclophosphamide
   • Mycophenolate
   • Rituximab
   • Danazol
   • Dapsone

**elvitegravir/cobicistat/emtricitabine/tenofovir disoproxil fumarate, tablet, 150mg/150mg/200mg/300mg (Stribild-GSI) (possible OEA)**
As a complete regimen for antiretroviral treatment-naive HIV-1 infected patients.
This drug as with other antivirals in the treatment of HIV, should be used under the direction of an infectious disease specialist.

**elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide, tablet, 150mg/150mg/200mg/10mg (Genvoya-GSI) (possible OEA)**

For the treatment of human immunodeficiency virus type 1 (HIV-1) infection in adults and pediatric patients 12 years of age and older (and weighing ≥ 35kg) with no known mutations associated with resistance to the individual components.

This drug as with other antivirals in the treatment of HIV, should be used under the direction of an infectious disease specialist.

**empagliflozin, tablet, 10mg, 25mg (Jardiance-BOE) (possible OEA)**

- **a)** For treatment of patients with Type 2 diabetes who have concurrent prescriptions for metformin and a sulfonylurea.

  Please note: This product should be used in patients with diabetes who are not adequately controlled on or are intolerant to metformin and/or a sulfonylurea, and for whom insulin is not an option

  This product should not be used in combination with dipeptidyl peptidase-4 inhibitors.

- **b)** To reduce the incidence of cardiovascular (CV) death in patients with Type 2 diabetes who meet the following criteria:
  - Inadequate glycemic control despite an adequate trial of metformin AND
  - Established cardiovascular disease defined as one of the following:
    - History of myocardial infarction;
    - Multi-vessel coronary artery disease in two or more major coronary arteries (irrespective of revascularization status);
    - Single-vessel coronary artery disease with significant stenosis and either a positive non-invasive stress test or discharged from hospital with a documented diagnosis of unstable angina within 12 months prior to selection;
    - History of ischemic or hemorrhagic stroke;
    - Occlusive peripheral artery disease.

**empagliflozin/metformin HCl, tablet, 5mg/500mg, 5mg/850mg, 5mg/1000mg, 12.5mg/500mg, 12.5mg/850mg, 12.5mg/1000mg (Synjardy-BOE) (possible OEA)**

For the convenience of patients who have been stabilized on metformin and empagliflozin.

Notes: Patients must meet EDS criteria for empagliflozin.

**emtricitabine/rilpivirine/tenofovir disoproxil fumarate, tablet, 200mg/25mg/300mg (Complera-GSI) (possible OEA)**

For the treatment of human immunodeficiency virus type 1 (HIV-1) in antiretroviral treatment-naïve patients, or to replace the three components given as dual or triple therapy.

This drug, as with other antivirals in the treatment of HIV, should be used under the direction of an infectious disease specialist.

**emtricitabine/rilpivirine/tenofovir alafenamide, tablet, 200mg/25mg/25mg**
(Odefsey-GSI) (possible OEA)

As a complete regimen for the treatment of adults infected with HIV-1 with no known mutations associated with resistance to the non-nucleoside reverse-transcriptase inhibitor (NNRTI) class, tenofovir or FTC, and with a viral load < 100,000 copies/mL.

This drug, as with other antivirals in the treatment of HIV, should be used under the direction of an infectious disease specialist.

Enablex - see darifenacin
Enbrel - see etanercept

enfuvirtide, powder for solution, 108mg/vial (vial) (Fuzeon-HLR)

For management of HIV disease on a case-by-case basis, following committee review of each case. (It was noted that enfuvirtide is not first-line therapy. The most appropriate use of this product is for “salvage therapy”). This drug, as with other antivirals in the treatment of HIV, should be used under the direction of an infectious disease specialist.

nenoxaparin, syringe, 30mg/mL, 40mg/mL, 60mg/mL, 80mg/mL, 100mg/mL, 120mg/mL (Lovenox-AVT); injection solution, 100mg/mL (3mL); 150mg/mL (Lovenox HP-AVT)
(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 or pelvic surgery for up to 28 days.

extecavir, tablet, 0.5mg (Baraclude-BMY) (and listed generics) (possible OEA)

For management of hepatitis B.
Note: This product should be used in consultation with a specialist in this area.

Entocort - see budesonide
Entresto - see sacubitril/valsartan
Entzyvio - see vedolizumab
Envansus PA - see tacrolimus
Epclusa –see sofosbuvir/velpatasvir

eplerenone, tablet, 25mg, 50mg (Inspra-PFI) (and listed generics)

For treatment of patients with New York Heart Association (NYHA) class II chronic heart failure with left ventricular systolic dysfunction (with ejection fraction ≤ 35%), as an adjunct to standard therapy

Note: patients must be on optimal therapy with an angiotensin-converting–enzyme (ACE) inhibitor, an angiotensin-receptor blocker (ARB), or both and a beta-blocker (unless contraindicated) at the recommended dose or maximal tolerated dose.

epoetin alfa, pre-filled syringe, 1,000 IU/0.5mL, 2,000IU/0.5mL, 3,000IU/0.3mL, 4,000IU/0.4mL, 5,000IU/0.5mL, 6,000IU/0.6mL, 8,000IU/0.8mL, 10,000IU/mL, 20,000IU/0.5mL, 30,000IU/0.75mL, 40,000IU/mL (Eprex-JAN)

For treatment of:
(a) Anemia in chronic renal disease patients prior to initiation of dialysis. Note: Coverage for dialysis patients is provided under the Saskatchewan Aids to Independent Living (S.A.I.L.) Program. Exception Drug Status coverage is not required for S.A.I.L. patients.
(b) Anemia in AIDS patients.
(c) Anemia in transplant patients.
epoprostanol, powder for solution, 0.5mg/vial, 1.5mg/vial (Flolan-GSK) (Caripul-ACT)
For treatment of pulmonary hypertension on the recommendation of a specialist. Please contact the Drug Plan for billing information.

Eprex - see epoetin alfa
Erelzi - see etanercept
Esbriet - see pirfenidone

eslicarbazepine acetate, tablet, 200mg, 400mg, 600mg, 800mg (Aptiom-SNV)
For the adjunctive treatment of refractory partial-onset seizures in patients who meet all of the following:
   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.

esomeprazole magnesium trihydrate, delayed release tablet, 20mg, 40mg (Nexium-AST) (and listed generics)
(a) For a maximum of 8 weeks in treatment of peptic ulcer disease, which includes gastric and duodenal ulcers, in patients not responding or experiencing unusual or severe adverse reactions to a reasonable trial with H2 blockers, sucralfate or misoprostol. Coverage for a repeat treatment will be approved only after a 3-6 month period of no treatment or prophylaxis with an H2 blocker, sucralfate or misoprostol.
(b) For treatment of symptoms of gastroesophageal reflux disease (GERD). It was noted that patients with non-erosive GERD could potentially be reduced to stop-down therapy with an H2 antagonist depending on symptom resolution.
(c) For treatment of severe erosive esophagitis and Zollinger-Ellison Syndrome.
(d) For 14-day eradication of H. pylori-related infections in individuals with peptic ulcer disease. Provision will be made for additional coverage in treatment failures.
(e) For first-line prevention of gastroduodenal hemorrhage in high risk patients with prior history of gastroduodenal bleeds for whom anticoagulant, glucocorticosteroind or NSAID therapy cannot be avoided. Coverage is renewable on a yearly basis for patients if discontinuation of offending agents or replacement with less damaging alternatives is not feasible.
(f) For a maximum of 8 weeks in patients discharged from hospital, on a proton pump inhibitor, following a gastroduodenal bleed.

Estalis - see estradiol/norethindrone acetate
Estraderm - see estradiol

estradiol, transdermal gel (metered dose pump), 0.06% (Estrogel-MRK); transdermal gel, 0.1% (Divigel-TVM); +transdermal therapeutic system, 25ug, 50ug, 75ug, 100ug (Climara-BEX), 25ug, 50ug (Oesclim-PAL) +transdermal therapeutic system, 25ug, 37.5ug, 50ug, 75ug, 100ug (Estradot-NVR) (and listed generics) (possible OEA)
For treatment of patients:
(a) Intolerant to oral estrogen.
(b) With a fasting plasma triglyceride level of 4.5 mmol/L or more.

estradiol/norethindrone acetate, transdermal therapeutic system (8), 50ug/140ug; 50ug/250ug (Estalis-NVR) (possible OEA)
For treatment of patients:
(a) Intolerant to oral hormone replacement therapy (either estrogen or progesterone).
(b) With a fasting plasma triglyceride level of 4.5 mmol/L or more.

Estradot - see estradiol
Estrogel - see estradiol

etanercept, powder for injection (vial), 25mg/vial; pre-filled syringe /autoinjector, 50mg/mL (Enbrel-AMG)
For treatment of:

(a) For patients with active rheumatoid arthritis who have failed or are intolerant to methotrexate and leflunomide and have had initial approval of Enbrel before October 1, 2017.

Effective October 1, 2017, new patients (i.e., patients without previous EDS approval for Enbrel) will be eligible only for a listed biosimilar formulation of etanercept for the treatment of rheumatoid arthritis.

(b) Active juvenile rheumatoid arthritis in pediatric patients who have failed one DMARD.

Effective April 1, 2018, new patients (i.e., patients without previous EDS approval for Enbrel) will be eligible only for a listed biosimilar formulation of etanercept for the treatment of juvenile rheumatoid arthritis.

(c) Psoriatic arthritis in patients who have failed or are intolerant to methotrexate and one other DMARD.

Effective July 1, 2019, new patients (i.e., patients without previous EDS approval for Enbrel) will be eligible only for a listed biosimilar formulation of etanercept for the treatment of psoriatic arthritis.

Note: Exceptions can be considered in cases where methotrexate or leflunomide are contraindicated. Treatment should be combined with an immunosuppressant.

(d) For patients with ankylosing spondylitis who have had initial approval of Enbrel before October 1, 2017, according to the following criteria.

Effective October 1, 2017, new patients (i.e., patients without previous EDS approval for Enbrel) will be eligible only for a listed biosimilar formulation of etanercept for the treatment of ankylosing spondylitis.

Initial Application (for a 12-week medication trial):

- For patients who have already been treated conventionally with two or more non-steroidal anti-inflammatory drugs (NSAIDs) taken sequentially at maximum tolerated or recommended doses for four weeks without symptom control;
  AND
- Satisfy New York diagnostic criteria: a score ≥ 4 on the Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) AND a score of ≥ 4 cm on the 0-10cm spinal pain visual analogue scale (VAS) on two occasions at least 12 weeks apart without any change of treatment.

Second Application (following the initial 12-week approval, requests will be considered for a one-year approval timeframe):

- Adequate response to treatment assessed at 12 weeks defined as at least 50% reduction in pre-treatment baseline BASDAI score OR by ≥ 2 units AND a reduction of ≥ 2cm in the spinal pain VAS.

Subsequent Annual Renewal Applications (beyond the first 15 months, requests are to be submitted annually for consideration of ongoing approval on a yearly basis):
The BASDAI score does not worsen (i.e. remains within two units of the second assessment) AND remains at least two units less than the initial application’s BASDAI score.

Notes:

- Requests for coverage for this indication must be made by a rheumatologist.
- Applications for this indication must be submitted on the designated EDS Application – Ankylosing Spondylitis Drugs form found on the Formulary website.
- Coverage may be provided for one switch for patients transitioning to another biologic agent following an adequate trial of the first agent if the patient fails to respond, if there is a loss of response, or is intolerant, to the first agent. Approval will be subject to the published Exception Drug Status criteria for the requested biologic agent.
- Patients will not be permitted to switch back to a previously trialed biologic agent if they were deemed unresponsive to therapy.
- Patients are limited to receiving one biologic agent at a time regardless of the condition for which it is being prescribed.

(e) For treatment of adult patients with severe debilitating plaque psoriasis who meet all of the following criteria:
   i) Failure to respond to, contraindications to, or intolerant of methotrexate and cyclosporine AND
   ii) 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.

For all of the above indications this product should be used in consultation with a specialist in this area.

**etanercept, subcutaneous injection, pre-filled syringe/pre-filled pen, 50mg/mL (Brenzys-MRK)**

For treatment of:

(a) Active rheumatoid arthritis in patients who have failed or are intolerant to methotrexate and leflunomide.
    Note: Exceptions can be considered in cases where methotrexate or leflunomide are contraindicated. Treatment should be combined with an immunosuppressant.

(b) Ankylosing spondylitis (AS) according to the following criteria:

**Initial Application (for a 12-week medication trial):**
- For patients who have already been treated conventionally with two or more non-steroidal anti-inflammatory drugs (NSAIDs) taken sequentially at maximum tolerated or recommended doses for four weeks without symptom control; AND
- Satisfy New York diagnostic criteria: a score ≥ 4 on the Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) AND a score of ≥ 4 cm on the 0-10cm spinal pain visual analogue scale (VAS) on two occasions at least 12 weeks apart without any change of treatment.

**Second Application (following the initial 12-week approval, requests will be considered for a one-year approval timeframe):**
Adequate response to treatment assessed at 12 weeks defined as at least 50% reduction in pre-treatment baseline BASDAI score OR by ≥ 2 units AND a reduction of ≥ 2cm in the spinal pain VAS.

Subsequent Annual Renewal Applications (beyond the first 15 months, requests are to be submitted annually for consideration of ongoing approval on a yearly basis):

The BASDAI score does not worsen (i.e. remains within two units of the second assessment) AND remains at least two units less than the initial application’s BASDAI score.

Notes:

- Requests for coverage for this indication must be made by a rheumatologist.
- Applications for this indication must be submitted on the designated EDS Application – Ankylosing Spondylitis Drugs form found on the Formulary website.
- Coverage may be provided for one switch for patients transitioning to another biologic agent following an adequate trial of the first agent if the patient fails to respond, if there is a loss of response, or is intolerant, to the first agent. Approval will be subject to the published Exception Drug Status criteria for the requested biologic agent.
- Patients will not be permitted to switch back to a previously trialed biologic agent if they were deemed unresponsive to therapy.
- Patients are limited to receiving one biologic agent at a time regardless of the condition for which it is being prescribed.

For all of the above indications this product should be used in consultation with a specialist in this area.

**etanercept, solution for injection, 25mg/0.5mL pre-filled syringe, 50mg/mL pre-filled syringe, 50mg/mL pre-filled autoinjector (Erelzi-SDZ)**

For treatment of:

a) Active rheumatoid arthritis in patients who have failed or are intolerant to methotrexate and leflunomide.

b) Active juvenile rheumatoid arthritis in pediatric patients who have failed one DMARD.

Note: Exceptions can be considered in cases where methotrexate or leflunomide are contraindicated. Treatment should be combined with an immunosuppressant.

c) Ankylosing spondylitis (AS) according to the following criteria:

**Initial Application (for a 12-week medication trial):**

- For patients who have already been treated conventionally with two or more non-steroidal anti-inflammatory drugs (NSAIDs) taken sequentially at maximum tolerated or recommended doses for four weeks without symptom control;

  AND

- Satisfy New York diagnostic criteria: a score ≥ 4 on the Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) AND a score of ≥ 4 on the 0-10cm spinal pain visual analogue scale (VAS) on two occasions at least 12 weeks apart without any change of treatment.
Second Application (following the initial 12-week approval, the requests will be considered for a one-year approval timeframe):
- Adequate response to treatment assessed at 12 weeks defined as at least 50% reduction in pre-treatment baseline BASDAI score OR by ≥ 2 units AND a reduction of ≥ 2cm in the spinal pain VAS.

Subsequent Annual Renewal Applications (beyond the first 15 months, requests are to be submitted annually for consideration of ongoing approval on a yearly basis):
- The BASDAI score does not worsen (i.e. remains within two units of the second assessment) AND remains at least two units less than the initial application’s BASDAI score.

Notes:
- Requests for coverage for this indication must be made by a rheumatologist.
- Applications for this indication must be submitted on the designated EDS Application – Ankylosing Spondylitis Drugs form found on the Formulary website.
- Coverage may be provided for one switch for patients transitioning to another biologic agent following an adequate trial of the first agent if the patient fails to respond, if there is a loss of response, or is intolerant, to the first agent. Status criteria for the requested biologic agent.
- Patients will not be permitted to switch back to a previously trialed biologic agent if they were deemed unresponsive to therapy.
- Patients are limited to receiving one biologic agent at a time regardless of the condition for which it is being prescribed.

  d) Psoriatic arthritis in patients who have failed or are intolerant to methotrexate and one other DMARD.

  Note: Exceptions can be considered in cases where methotrexate or leflunomide are contraindicated. Treatment should be combined with an immunosuppressant.

For all of the above indications this product should be used in consultation with a specialist in this area.

ethacrynic acid, tablet, 25mg (Edecrin-VAE) (possible OEA)
For treatment of patients intolerant to furosemide.

Etibi – see ethambutol

ethambutol, tablet, 100mg, 400mg (Etibi-VAE)
For treatment of non-TB mycobacterium infection (NTMI), when prescribed in consultation with an infectious disease specialist.

Note: Contact TB Prevention and Control Saskatchewan if these medications are being prescribed for treatment of tuberculosis.
etodolac, capsule, 200mg, 300mg (listed generic) (possible OEA)
For treatment of patients intolerant to other NSAIDs listed in the Formulary.

etravirine, tablet, 100mg, 200mg (Intellence-JAN) (possible OEA)
For use in combination with other antiretroviral agents for the treatment of HIV-1 strains resistant to multiple antiretroviral agents, including non-nucleoside reverse transcriptase inhibitors. This drug, as with other antivirals in the treatment of HIV, should be used under the direction of an infectious disease specialist.

Evista - see raloxifene HCl

evolocumab, solution for injection, 120mg/mL, 140mg/mL (Repatha-AMG)
Initial Criteria
For the treatment of patients with definite or probable diagnosis of Heterozygous Familial Hypercholesterolemia (HeFH) who are unable to reach Low Density Lipoprotein Cholesterol (LDL-C) target (i.e., LDL-C < 2.0mmol/L for secondary prevention) or at least a 50% reduction in LDL-C from untreated baseline despite either (A) or (B):

(A) Confirmed adherence to high dose statin (e.g., atorvastatin 80mg or rosuvastatin 40mg) in combination with ezetimibe for at least a total of 3 months.

OR

(B) Unable to tolerate high dose statin defined as all of the following:
- Inability to tolerate at least 2 statins with at least one started at the lowest starting daily dose.
- For each statin (two statins in total), dose reduction is attempted for intolerable symptom (myopathy) or biomarker abnormality (creatine kinase (CK) > 5 times the upper limit of normal) resolution rather than discontinuation of statin altogether.
- For each statin (two statins in total), intolerable symptom (myopathy) or abnormal biomarkers (creatine kinase (CK) > 5 times the upper limit of normal) changes are reversible upon statin discontinuation but reproducible by re-challenge of statins where clinically appropriate.
- One of either:
  i. Other known determinants of intolerable symptoms or abnormal biomarkers have been ruled out; OR
  ii. Developed confirmed and documented rhabdomyolysis; OR
  iii. Statin use is contraindicated i.e., active liver disease, unexplained persistent elevations of serum transaminases exceeding 3 times the upper limit of normal.
- Confirmed adherence to ezetimibe for at least a total of 3 months.

Quantity limits
- Patients prescribed Repatha 140mg every two weeks are limited to 26 prefilled syringes (PFS) per year.
- Patients prescribed Repatha 420mg every month must use the automated mini doser (AMD) and are limited to 12 AMD per year.

Discontinuation criteria
Treatment with Repatha should be discontinued if the patient does not meet all of the following:
- Adherent to therapy.
- Achieved a reduction in LDL-C of at least 40% from baseline (4-8 weeks after initiation of Repatha).
Continues to have a significant reduction in LDL-C (with continuation of Repatha) of at least 40% from baseline since initiation of PCSK9 inhibitor. LDL-C should be checked periodically with continued treatment with PCSK9 inhibitors (e.g., every 6 months).

1 Diagnosis of Heterozygous Familial Hypercholesterolemia (HeFH) is to be made by using the Simon Broome or Dutch Lipid Network criteria or genetic testing.

Exelon - see rivastigmine
Exjade - see deferasirox
Extavia - see Appendix D
Eylea - see aflibercept

**ezetimibe, tablet, 10mg (Ezetrol-MRK) (and listed generics)**
For the treatment of hypercholesterolemia, as adjunctive therapy with HMG-CoA reductase inhibitor (‘statin’), in patients who have not reached treatment goals on maximum tolerated statin therapy alone
OR
For treatment of hypercholesterolemia, as monotherapy, in patients who are intolerant to statins, OR when appropriate, fibrates.
Note:
Statin intolerance will be determined by evidence of a trial of 2 different statins.

Ezetrol - see ezetimibe
Fasenra - see benralizumab

**febuxostat, tablet, 80mg (Uloric-TAK)**
For the treatment of symptomatic gout in patients with a documented hypersensitivity to allopurinol.

Hypersensitivity to allopurinol is a rare condition that is characterized by a major skin manifestation, fever, multi-organ involvement, lymphadenopathy and hematological abnormalities (eosinophilia, atypical lymphocytes). NOTE: Intolerance or lack of response to allopurinol will not be covered by this criteria.

*Fentanyl, transdermal system, 12ug/hr, 25ug/hr, 37ug/hr, 50ug/hr, 75ug/hr, 100ug/hr (listed generics) (possible OEA)*
For treatment of patients:
(a) Intolerant to, or unable to take, oral sustained-release strong opioids; or
(b) As an alternative to subcutaneous narcotic infusion therapy.

Pharmacists are not required to call the Drug Plan if a prescription has been filled for an oral sustained release or injectable opioid, such as hydromorphone, morphine, or oxycodone in the past 6 months.

Ferrlecit - see iron ferric sodium gluconate complex
Ferriprox - see deferiprone

**fesoterodine fumerate, extended release tablet, 4mg, 8mg (Toviaz-PFI) (possible OEA)**
For treatment of patients intolerant to oxybutynin chloride, solifenacin succinate or tolterodine l-tartrate.

Fibristal - see ulipristal acetate

**fidaxomicin, film-coated tablet, 200mg (Dificid-OPT)**
- **fidaxomicin, film-coated tablet, 200mg (Dificid-OPT)**
  For the treatment of Clostridium difficile infection (CDI) in patients who:
  - Have confirmed Clostridium difficile infection not improving after a course of metronidazole, and are allergic to, or are intolerant of oral vancomycin;
  OR
• Patients with prior history of CDI after failure on other treatments* who are experiencing a recurrence of CDI**.

Notes:
(i) A course of metronidazole is defined as at least 7 days of oral metronidazole therapy with a dose of at least 500 mg 3 times daily without acceptable clinical improvement.
(ii) Fidaxomicin should not be used as add-on to existing therapy (metronidazole or vancomycin)

*Other treatments include metronidazole, vancomycin and vancomycin tapering regimen.

** A recurrence of CDI is defined as less than 56 days since last medication dose for a previous CDI.

This medication should be prescribed in consultation with an infectious disease specialist.

filgrastim, injection solution, 300mcg/mL (Neupogen-AMG)
For treatment of the following indications for patients who have current EDS approval of Neupogen (approved prior to September 1, 2020), until expiry of that EDS coverage:
(a) Congenital, cyclic, or idiopathic neutropenia in patients with absolute neutrophil count of less than or equal to 500.
(b) Non-cancer patients who have undergone bone marrow transplantation.
(c) HIV patients with absolute neutrophil counts of less than 500.

All EDS requests for filgrastim will be assessed for coverage of a listed filgrastim biosimilar option. Patients with currently active EDS approval of Neupogen will continue to be approved for this drug until the existing EDS coverage term expires.

filgrastim, injection solution, 300mcg/mL (Grastofil-APX); 480mcg/0.8mL (Grastofil-APX)
For patients requiring filgrastim for the treatment of:
(a) Congenital, cyclic or idiopathic neutropenia in patients with absolute neutrophil counts of less than or equal to 500.
(b) Non-cancer patients who have undergone bone marrow transplantation.
(c) HIV patients with absolute neutrophil counts of less than 500.

Note: All EDS requests for filgrastim will be assessed for coverage of a listed filgrastim biosimilar option.

filgrastim, injection solution pre-filled syringe, 300mcg/0.5mL, 480mcg/0.8mL; injection solution vial, 300mcg/1mL, 480mcg/1.6mL (Nivestym-PFI)
For patients requiring filgrastim for the treatment of:
(a) Congenital, cyclic or idiopathic neutropenia in patients with absolute neutrophil counts of less than or equal to 500.
(b) Non-cancer patients who have undergone bone marrow transplantation.
(c) HIV patients with absolute neutrophil counts of less than 500.

Note: All EDS requests for filgrastim will be assessed for coverage of a listed filgrastim biosimilar option.

fingolimod hydrochloride, capsule, 0.5mg (Gilenya-NVR) (and listed generic)
See Appendix D

Firazyr – see icatibant acetate
Flexitec - see cyclobenzaprine HCl
Flolan - see epoprostenol
flunarizine HCl, capsule, 5mg (listed generics)
For prophylaxis of migraines in cases where alternative prophylactic agents have not
been effective.

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.

Foradil - see formoterol fumarate

+formoterol fumarate, powder for inhalation (capsule), 12ug (Foradil-NVR); powder
for inhalation (package), 6ug/dose, 12ug/dose (Oxeze Turbuhaler-AST)
(possible OEA)
For treatment of:
(a) Asthma uncontrolled on concurrent inhaled steroid therapy. It is important that
these patients also have access to a short-acting beta-2 agonist for symptomatic
relief.
(b) COPD unresponsive to short-acting beta agonists or short-acting anticholinergic
bronchodilators.

formoterol fumarate dihydrate/budesonide, powder for inhalation (package),
6ug/100ug, 6ug/200ug (Symbicort Turbuhaler-AST)
(possible OEA)
For treatment of:
(a) Asthma in patients uncontrolled on inhaled steroid therapy
(b) COPD in patients where there has been concurrent or past use of a long-acting
muscarinic receptor antagonist (LAMA) or a long-acting beta-2 agonist (LABA).

Forxiga - see dapagliflozin
Fosamax - see alendronate sodium

fosamprenavir calcium, tablet, 700mg; oral suspension, 50mg/mL (Telzir-VII)
(possible OEA)
For the management of HIV disease.
This drug, as with other antivirals in the treatment of HIV, should be used under the
direction of an infectious disease specialist.

Fosavance - see alendronate sodium/vitamin D₃ (cholcalciferol)
Fosrenol - see lanthanum carbonate hydrate
Fragmin - see dalteparin sodium
Fraxiparine - see nadroparin calcium
Fraxiparine Forte - see nadroparin calcium
Fuzeon - see enfuvirtide
Fycompa - see perampanel

*galantamine hydrobromide, extended release capsule, 8mg, 16mg, 24mg
(listed generics)
(a) A diagnosis of probable Alzheimer’s disease as per DSM-V criteria.
(b) A mild to moderate stage of the disease with a MMSE score of 10-26 established
within 60-days prior to application for coverage by a clinician.
(c) A Functional Activities Questionnaire (FAQ) must be completed within
60-days prior to initiation for coverage by a clinician.
(d) Patients must discontinue all drugs with anticholinergic activity at least
14 days before the MMSE and FAQ are administered. Drugs with anticholinergic
activity are not to be used concurrently with galantamine hydrobromide therapy.
List all current medications patient was taking at the time of assessment.
(e) Patients intolerant to one drug may be switched to another drug in this class.
Intolerance should be observed within the first month of treatment.
• Eligible patients currently taking galantamine hydrobromide would require assessment at 6 month intervals. To continue receiving galantamine hydrobromide, patients must not have both a greater than 2 point reduction in MMSE and a 1 point increase in FAQ in a 6 month evaluation period. Scores are compared to the most recent test results.

• Eligible new patients will enter a 3 month treatment period with galantamine hydrobromide. During the 3 month trial, patients must exhibit an improvement from the initial MMSE or FAQ to continue treatment with galantamine hydrobromide. The improvement must be at least 2 MMSE points or -1 FAQ. Patients who meet these requirements will be re-evaluated at 6 month intervals. To continue receiving galantamine hydrobromide, patients must not have both a greater than 2 point reduction in MMSE and a 1 point increase in FAQ in a 6 month evaluation period. Scores are compared to the most recent test results.

• The MMSE score must remain at 10 or greater at all times to be eligible for coverage.

• Patients who do not meet criteria to continue galantamine hydrobromide can be re-evaluated within 3 months to confirm deterioration before coverage is discontinued.

• Galantamine hydrobromide does not need to be discontinued prior to MMSE or FAQ testing.

• A patient intolerant of one drug and switching to a second will be considered a "new" patient and will be assessed as such.

• Coverage will not be considered for patients who have failed on other drugs in this class.

Initial EDS applications for galantamine (Reminyl) will only be accepted from physicians on the Aricept/Exelon/Reminyl EDS application form. This form is available online at http://formulary.drugplan.health.gov.sk.ca or by calling the Drug Plan. EDS renewals can be submitted either by telephone, mail or fax.

**Gatifloxacin, ophthalmic solution, 0.3% (Zymar-ALL)** (Gatifloxacin, ophthalmic solution, 0.3%)

For treatment of:
(a) Ophthalmic infections caused by gram-negative organisms.
(b) Ophthalmic infections unresponsive to alternative agents.

Genotropin - see somatropin
Genovya – see elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide
Gilenyxa - see Appendix D
Glatect - see glatiramer acetate

glatiramer acetate, injection, 20mg (pre-filled syringe) (Copaxone-TVM) (Glatect-PED)

See Appendix D

glecaprevir/pibrentasvir, tablet, 100mg/40mg (Maviret-ABV)

For treatment naïve and treatment experienced adult patients with chronic hepatitis C infection (regardless of fibrosis stage) according to the following criteria:
• Laboratory confirmed hepatitis C genotype 1, 2, 3, 4, 5 or 6; AND
• Laboratory confirmed quantitative HCV RNA value within the last six months; AND
• Treatment is prescribed by a hepatologist, gastroenterologist or an infectious disease specialist or other prescriber experienced in the treatment of hepatitis C as determined by the Drug Plan.

Treatment regimens reimbursed:

**Treatment Naïve**

<table>
<thead>
<tr>
<th>Genotype</th>
<th>Treatment Regimen and Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>8 weeks with or without cirrhosis</td>
</tr>
<tr>
<td>2</td>
<td>8 weeks with or without cirrhosis</td>
</tr>
</tbody>
</table>
8 weeks without cirrhosis | 12 weeks with cirrhosis
8 weeks with or without cirrhosis
8 weeks with or without cirrhosis
8 weeks with or without cirrhosis

<table>
<thead>
<tr>
<th>Genotype</th>
<th>Previous Treatment Received</th>
<th>Treatment Regimen and Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Genotype 1, 2, 4, 5 or 6</td>
<td>PRS (peg)interferon, ribavirin, and/or sofosbuvir: - (peg)interferon/ribavirin, - sofosbuvir + (peg)interferon/ribavirin, - sofosbuvir + ribavirin</td>
<td>8 weeks without cirrhosis</td>
</tr>
<tr>
<td>Genotype 1</td>
<td>NS3/4A PI (NS5A inhibitor naïve) - simeprevir + sofosbuvir, or - simeprevir + (peg)interferon/ribavirin, or - boceprevir + (peg)interferon/ribavirin, or - telaprevir + (peg)interferon/ribavirin</td>
<td>12 weeks</td>
</tr>
<tr>
<td>Genotype 1</td>
<td>NS5A (NS3/4A inhibitor naïve) - daclatasvir + sofosbuvir, or - daclatasvir + (peg)interferon/ribavirin, or - ledipasvir + sofosbuvir</td>
<td>16 weeks</td>
</tr>
<tr>
<td>Genotype 3</td>
<td>PRS (peg)interferon, ribavirin, and/or sofosbuvir: - (peg)interferon/ribavirin, - sofosbuvir + (peg)interferon/ribavirin, - sofosbuvir + ribavirin</td>
<td>16 weeks 2</td>
</tr>
</tbody>
</table>

Exceptional case by case consideration:
- Retreatment for direct acting antiviral failures will be considered on a case by case basis. Funding considerations will be based on recommendations from approved clinical practice guidelines. The specific drug regimen may include combination therapy involving a different company’s products.

NOTES:
- Health care professionals are advised to refer to the product monograph and prescribing guidelines for appropriate use of the drug product, including use in special populations.
- 1Treatment experienced is defined by the Health Canada Product Monograph based on the genotype treated and the scenario in which the previous drug(s) have been used.
- 2See product monograph for dosing recommendations in patients with a liver or kidney transplant.

glycerol phenylbutyrate, oral liquid, 1.1g/mL (Ravicti-HOR)
For the chronic management of urea cycle disorders (UCDs).
Medication should be prescribed in consultation with a specialist in this area.

glycopyrronium bromide, inhalation powder capsule, 50ug/dose (Seebri Breezhaler-NVR) (possible OEA)
For treatment of:
a) COPD in patients unresponsive to short-acting beta agonists or short-acting anticholinergic bronchodilators, OR
b) Moderate to severe COPD (i.e. Medical Research Council (MRC) dyspnea scale score 3 to 5), in conjunction with spirometry demonstrating moderate to severe airflow obstruction (i.e. FEV1 < 60 % and low FEV1/FVC < 0.7), without a trial of short-acting agents.

COVID-19 UPDATE - SEE FORMULARY BULLETIN #184

GlucoNorm - see repaglinide
golimumab, 50mg/0.5mL, pre-filled syringe; autoinjector (Simponi-JAN)
 (a) For treatment of ankylosing spondylitis (AS) according to the following criteria:

Initial Application (for a 12-week medication trial):
 o For patients who have already been treated conventionally with two or more non-steroidal anti-inflammatory drugs (NSAIDs) taken sequentially at maximum tolerated or recommended doses for four weeks without symptom control; AND
 o Satisfy New York diagnostic criteria: a score ≥ 4 on the Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) AND a score of ≥ 4 cm on the 0-10cm spinal pain visual analogue scale (VAS) on two occasions at least 12 weeks apart without any change of treatment.

Second Application (following the initial 12-week approval, requests will be considered for a one-year approval timeframe):
 o Adequate response to treatment assessed at 12 weeks defined as at least 50% reduction in pre-treatment baseline BASDAI score OR by ≥ 2 units AND a reduction of ≥ 2cm in the spinal pain VAS.

Subsequent Annual Renewal Applications (beyond the first 15 months, requests are to be submitted annually for consideration of ongoing approval on a yearly basis):
 o The BASDAI score does not worsen (i.e. remains within two units of the second assessment) AND remains at least two units less than the initial application’s BASDAI score.

Notes:
 o Requests for coverage for this indication must be made by a rheumatologist.
 o Applications for this indication must be submitted on the designated EDS Application – Ankylosing Spondylitis Drugs form found on the Formulary website.
 o Coverage may be provided for one switch for patients transitioning to another biologic agent following an adequate trial of the first agent if the patient fails to respond, if there is a loss of response, or is intolerant, to the first agent. Approval will be subject to the published Exception Drug Status criteria for the requested biologic agent.
 o Patients will not be permitted to switch back to a previously trialed biologic agent if they were deemed unresponsive to therapy.
 o Patients are limited to receiving one biologic agent at a time regardless of the condition for which it is being prescribed.

(b) For the treatment of psoriatic arthritis in patients who have failed or are intolerant to methotrexate and one other DMARD.

(c) For the treatment of active rheumatoid arthritis in patients who have failed or are intolerant to methotrexate and leflunomide.
Treatment should be combined with an immunosuppressant. This product should be used in consultation with a specialist in the area. (Note: Exceptions can be considered in cases where methotrexate or leflunomide are contraindicated).
golimumab, 50mg/0.5mL, 100mg/1.0mL, pre-filled syringe; autoinjector (Simponi-JAN)
For treatment of ulcerative colitis in patients unresponsive to high dose steroids.

Note: Clinical response should be assessed after three months of therapy. Ongoing coverage will only be provided for those who respond to therapy.

Patients undergoing this treatment should be reviewed every six months by a specialist in this area.

golimumab, 50mg/4.0mL solution for infusion (Simponi I.V.-JAN)
For the treatment of active rheumatoid arthritis in patients who have failed or are intolerant to methotrexate and leflunomide.

Treatment should be combined with an immunosuppressant. This product should be used in consultation with a specialist in the area. (Note: Exceptions can be considered in cases where methotrexate or leflunomide are contraindicated)

goserelin acetate, 3.6mg/syringe (Zoladex-TST)
For treatment of:
(a) Endometriosis. (Coverage may be repeated after a six month lapse, for another 6 month course).
(b) Menorrhagia in preparation for endometrial ablation, and:
(c) For pre-treatment of uterine fibroids prior to surgical removal.

Coverage will be provided for a maximum of 6 months.

Grastofil – see filgrastim
Harvoni - see ledipasvir/sofosbuvir
Hemangiol –see propanolol
Hepsera - see adefovir dipivoxil
Heptovir - see lamivudine
Holikira Pak - see ombitasvir/paritaprevir/ritonavir and dasabuvir
Hp-PAC - see lansoprazole/clarithromycin/amoxicillin
Humatrope - see somatropin
Humira - see adalimumab
Humira Pen - see adalimumab
Hydrea - see hydroxyurea

hydroxychloroquine SO4, tablet, 200mg (Plaquenil-AVT) (and listed generics)
a) For continuation or initiation of therapy when prescribed by a rheumatologist.
b) For use under the direction of an infectious disease specialist.

COVID-19 UPDATE – SEE FORMULARY BULLETIN #185

hydroxyurea, capsule, 500mg (Hydrea-BMY) (and listed generics)
For non-oncology conditions.

Ibavyr - see ribavirin

icatibant acetate, subcutaneous injection, 10mg/mL (Firazyr-SCI)
For the treatment of acute attacks of hereditary angioedema (HAE) in adults with lab confirmed C1-esterase inhibitor deficiency (type I or type II) if the following conditions are met:
• Treatment of non-laryngeal attacks of at least moderate severity, OR
• Treatment of acute laryngeal attacks

Notes:
• Limited to a single dose for self-administration per attack
• Prescribed by physicians with experience in the treatment of HAE
• Maximum quantity dispensed at one time is two (2) doses

imiquimod, topical cream, 5% (Aldara-VAE) (and listed generic)
For treatment of:
(a) Genital warts in patients unresponsive to podoflox.
(b) Genital warts in patients with a large wart area.
(c) Biopsy-confirmed primary superficial basal cell carcinoma (sBCC) in patients meeting the following criteria:
   • Tumour diameter of ≤ 2 cm, AND
   • Tumour location on the trunk, neck or extremities (excluding hands and feet), AND
   • Surgery or irradiation therapy is not medically indicated (e.g. recurrent lesions in previously irradiated area, number of lesions too numerous to irradiate or remove surgically).

Notes for the sBCC criteria:
• Renewals for the same tumour will not be considered.
• Requests approved for sBCC will be approved for six weeks.
• Surgical management should be considered first-line for superficial basal cell carcinoma in most patients, especially for isolated lesions.

Imitrex - see sumatriptan
Incruse Ellipta - see umeclidinium bromide

incobotulinumtoxin A, powder for solution, 50U/vial, 100U/vial (Xeomin-MRZ)
(a) For treatment of blepharospasm.
(b) For treatment of cervical dystonia, that is spasmodic torticollis.

indacaterol maleate, inhalation powder capsule, 75mcg (Onbrez Breezhaler-NVR)
(possible OEA)
For treatment of:
COPD unresponsive to short-acting beta agonists or short-acting anticholinergic bronchodilators

indacaterol/glycopyrronium, inhalation powder capsule, 110UG/50UG
(Ultibro Breezhaler-NVR)
For treatment of airflow obstruction in patients with moderate to severe COPD, as defined by spirometry, who have had an inadequate response to a long-acting beta-2 agonist (LABA), OR a long-acting muscarinic antagonist (LAMA).

COVID-19 UPDATE - SEE FORMULARY BULLETIN #184

infliximab, injection (mg),100mg/vial (Remicade-JAN)
Rheumatoid arthritis:
• Active rheumatoid arthritis in patients who have failed treatment with methotrexate and leflunomide; OR
• Active rheumatoid arthritis in patients intolerant to methotrexate and leflunomide.

Treatment should be combined with an immunosuppressant. Exceptions can be considered in cases where methotrexate or leflunomide are contraindicated.

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

Plaque psoriasis:
• For treatment of adult patients with severe debilitating plaque psoriasis who meet all of the following criteria:
  i) failure to respond to, contraindications to, or intolerant of methotrexate and cyclosporine; AND
  ii) 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.

Psoriatic arthritis:
Psoriatic arthritis in patients who have failed or are intolerant to methotrexate and one other DMARD.

_Treatment should be combined with an immunosuppressant. Exceptions can be considered in cases where methotrexate or leflunomide are contraindicated._

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

**Ankylosing spondylitis (A.S.):**
For treatment of ankylosing spondylitis (AS) according to the following criteria:

**Initial Application (for a 12-week medication trial):**
- For patients who have already been treated conventionally with two or more non-steroidal anti-inflammatory drugs (NSAIDs) taken sequentially at maximum tolerated or recommended doses for four weeks without symptom control; **AND**
- Satisfy New York diagnostic criteria: a score ≥ 4 on the Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) **AND** a score of ≥ 4 cm on the 0-10cm spinal pain visual analogue scale (VAS) on two occasions at least 12 weeks apart without any change of treatment.

**Second Application (following the initial 12-week approval, requests will be considered for a one-year approval timeframe):**
- Adequate response to treatment assessed at 12 weeks defined as at least 50% reduction in pre-treatment baseline BASDAI score **OR** by ≥ 2 units **AND** a reduction of ≥ 2cm in the spinal pain VAS.

**Subsequent Annual Renewal Applications (beyond the first 15 months, requests are to be submitted annually for consideration of ongoing approval on a yearly basis):**
- The BASDAI score does not worsen (i.e. remains within two units of the second assessment) **AND** remains at least two units less than the initial application’s BASDAI score.

**Notes:**
- Requests for coverage for this indication must be made by a rheumatologist.
- Applications for this indication must be submitted on the designated EDS Application – Ankylosing Spondylitis Drugs form found on the Formulary website.
- Coverage may be provided for one switch for patients transitioning to another biologic agent following an adequate trial of the first agent if the patient fails to respond, if there is a loss of response, or is intolerant, to the first agent. Approval will be subject to the published Exception Drug Status criteria for the requested biologic agent.
- Patients will not be permitted to switch back to a previously trialed biologic agent if they were deemed unresponsive to therapy.
- Patients are limited to receiving one biologic agent at a time regardless of the condition for which it is being prescribed.

**Crohn’s Disease:**
(a) _Moderate to severe Crohn’s Disease:_
- For treatment of patients who demonstrate continuing symptoms despite the use of optimal conventional therapies, such as glucocorticoids and immunosuppressive therapy.
- For treatment of patients who are intolerant to conventional therapy, including glucocorticoids and immunosuppressive therapy.

(b) Fistulizing Crohn’s Disease:
For treatment of patients with symptomatic enterocutaneous or perineal fistulae, enterovaginal fistulae or enterovesical fistulae (i.e. any type of fistulizing Crohn’s Disease).

*Clinical response should be assessed after the induction dose. Ongoing coverage will only be provided for those who respond to treatment. Patients undergoing this treatment should be reviewed every six months by a specialist in this area.

**Ulcerative colitis:**
- For treatment of ulcerative colitis in patients unresponsive to high dose steroids.

*Clinical response should be assessed after the three-dose induction phase before proceeding to maintenance therapy. Ongoing coverage will only be provided for those who respond to therapy.

*Patients undergoing this treatment should be reviewed every six months by a specialist in this area.

**infliximab, powder for solution, 100mg/vial (Inflectra-HOS)**

**Rheumatoid arthritis:**
- For treatment of active rheumatoid arthritis in patients who have failed treatment with methotrexate and leflunomide; OR
- For treatment of active rheumatoid arthritis in patients intolerant to methotrexate and leflunomide.

*Treatment should be combined with an immunosuppressant. Exceptions can be considered in cases where methotrexate or leflunomide are contraindicated.

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

**Plaque psoriasis:**
- For treatment of adult patients with severe debilitating plaque psoriasis who meet all of the following criteria:
  1) failure to respond to, contraindications to, or intolerant of methotrexate and cyclosporine; AND
  2) 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.

**Psoriatic arthritis:**
- Psoriatic arthritis in patients who have failed or are intolerant to methotrexate and one other DMARD.

*Treatment should be combined with an immunosuppressant. Exceptions can be considered in cases where methotrexate or leflunomide are contraindicated.

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

**Ankylosing spondylitis (A.S.):**
- For treatment of ankylosing spondylitis (AS) according to the following criteria:

**Initial Application (for a 12-week medication trial):**
- For patients who have already been treated conventionally with two or more non-steroidal anti-inflammatory drugs (NSAIDs) taken sequentially at maximum tolerated or recommended doses for four weeks without symptom control; AND
- Satisfy New York diagnostic criteria: a score ≥ 4 on the Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) AND a score of ≥ 4 cm on
the 0-10cm spinal pain visual analogue scale (VAS) on two occasions at least 12 weeks apart without any change of treatment.

**Second Application (following the initial 12-week approval, requests will be considered for a one-year approval timeframe):**
- Adequate response to treatment assessed at 12 weeks defined as at least 50% reduction in pre-treatment baseline BASDAI score OR by ≥ 2 units AND a reduction of ≥ 2cm in the spinal pain VAS.

**Subsequent Annual Renewal Applications (beyond the first 15 months, requests are to be submitted annually for consideration of ongoing approval on a yearly basis):**
- The BASDAI score does not worsen (i.e. remains within two units of the second assessment) AND remains at least two units less than the initial application’s BASDAI score.

**Notes:**
- Requests for coverage for this indication must be made by a rheumatologist.
- Applications for this indication must be submitted on the designated EDS Application – Ankylosing Spondylitis Drugs form found on the Formulary website.
- Coverage may be provided for one switch for patients transitioning to another biologic agent following an adequate trial of the first agent if the patient fails to respond, if there is a loss of response, or is intolerant, to the first agent. Approval will be subject to the published Exception Drug Status criteria for the requested biologic agent.
- Patients will not be permitted to switch back to a previously trialed biologic agent if they were deemed unresponsive to therapy.
- Patients are limited to receiving one biologic agent at a time regardless of the condition for which it is being prescribed.

**Crohn’s Disease:**

(a) **Moderate to severe Crohn’s Disease:**
- For treatment of patients who demonstrate continuing symptoms despite the use of optimal conventional therapies, such as glucocorticoids and immunosuppressive therapy.
- For treatment of patients who are intolerant to conventional therapy, including glucocorticoids and immunosuppressive therapy.

(b) **Fistulizing Crohn’s Disease:**
- For treatment of patients with symptomatic enterocutaneous or perineal fistulae, enterovaginal fistulae or enterovesical fistulae (i.e. any type of fistulizing Crohn’s Disease).
  
  Clinical response should be assessed after the induction dose. Ongoing coverage will only be provided for those who respond to treatment.
  
  Patients undergoing this treatment should be reviewed every six months by a specialist in this area.

**Ulcerative colitis:**

- For treatment of ulcerative colitis in patients unresponsive to high dose steroids.

  Clinical response should be assessed after the three-dose induction phase before proceeding to maintenance therapy. Ongoing coverage will only be provided for those who respond to therapy.
  
  Patients undergoing this treatment should be reviewed every six months by a specialist in this area.

**infliximab, injection (mg), 100mg/vial (Renflexis-MRK)**

**Rheumatoid Arthritis:**

- Active rheumatoid arthritis in patients who have failed treatment with methotrexate and leflunomide;
  
  OR
• Active rheumatoid arthritis in patients intolerant to methotrexate and leflunomide.

_Treatment should be combined with an immunosuppressant. Exceptions can be considered in cases where methotrexate or leflunomide are contraindicated._

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

**Plaque psoriasis:**

• For treatment of adult patients with severe debilitating plaque psoriasis who meet all of the following criteria:
  1. failure to respond to, contraindications to, or intolerant of methotrexate and cyclosporine; **AND**
  2. 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._

**Psoriatic arthritis:**

• Psoriatic arthritis in patients who have failed or are intolerant to methotrexate and one other DMARD.

_Treatment should be combined with an immunosuppressant. Exceptions can be considered in cases where methotrexate or leflunomide are contraindicated._

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

**Ankylosing spondylitis (A.S.):**

For treatment of ankylosing spondylitis (AS) according to the following criteria:

**Initial Application (for a 12-week medication trial):**

1. For patients who have already been treated conventionally with two or more non-steroidal anti-inflammatory drugs (NSAIDs) taken sequentially at maximum tolerated or recommended doses for four weeks without symptom control; **AND**
2. Satisfy New York diagnostic criteria: a score ≥ 4 on the Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) **AND** a score of ≥ 4 cm on the 0-10cm spinal pain visual analogue scale (VAS) on two occasions at least 12 weeks apart without any change of treatment.

**Second Application (following the initial 12-week approval, requests will be considered for a one-year approval timeframe):**

1. Adequate response to treatment assessed at 12 weeks defined as at least 50% reduction in pre-treatment baseline BASDAI score OR by ≥ 2 units **AND** a reduction of ≥ 2cm in the spinal pain VAS.

**Subsequent Annual Renewal Applications (beyond the first 15 months, requests are to be submitted annually for consideration of ongoing approval on a yearly basis):**

1. The BASDAI score does not worsen (i.e. remains within two units of the second assessment) **AND** remains at least two units less than the initial application’s BASDAI score.

**Notes:**

1. Requests for coverage for this indication must be made by a rheumatologist.
2. Applications for this indication must be submitted on the designated _EDS Application – Ankylosing Spondylitis Drugs_ form found on the Formulary website.
3. Coverage may be provided for one switch for patients transitioning to another biologic agent following an adequate trial of the first agent if the
patient fails to respond, if there is a loss of response, or is intolerant, to the first agent. Approval will be subject to the published Exception Drug Status criteria for the requested biologic agent.

- Patients will not be permitted to switch back to a previously trialed biologic agent if they were deemed unresponsive to therapy.
- Patients are limited to receiving one biologic agent at a time regardless of the condition for which it is being prescribed.

**Crohn's Disease:**

(a) Moderate to severe Crohn's Disease:
- For treatment of patients who demonstrate continuing symptoms despite the use of optimal conventional therapies, such as glucocorticoids and immunosuppressive therapy.
- For treatment of patients who are intolerant to conventional therapy, including glucocorticoids and immunosuppressive therapy.

(b) Fistulizing Crohn's Disease:
For treatment of patients with symptomatic enterocutaneous or perineal fistulae, enterovaginal fistulae or enterovesical fistulae (i.e. any type of fistulizing Crohn's Disease).

*Clinical response should be assessed after the induction dose. Ongoing coverage will only be provided for those who respond to treatment.*

*Patients undergoing this treatment should be reviewed every six months by a specialist in this area.*

**Ulcerative colitis:**

- For treatment of ulcerative colitis in patients unresponsive to high dose steroids.

*Clinical response should be assessed after the three-dose induction phase before proceeding to maintenance therapy. Ongoing coverage will only be provided for those who respond to therapy.*

*Patients undergoing this treatment should be reviewed every six months by a specialist in this area.*

Inflectra - see infliximab

**holotseren, solution for injection, 284mg/1.5mL (Tegsedi-AKC)**

For the treatment of polyneuropathy in adult patients with a confirmed genetic diagnosis of hereditary transthyretin-mediated amyloidosis (hATTR), where patients are symptomatic with early-stage neuropathy as defined by ONE of the following:

- Polyneuropathy disability [PND] stage I to ≤ IIIB, or
- Familial amyloidotic polyneuropathy [FAP] stage I or II.

Patients must be under the care of a specialist with experience in the diagnosis and management of hATTR.

**Exclusion Criteria (at therapy initiation):**

- Patients exhibiting severe heart failure symptoms (defined as New York Heart Association [NYHA] class III or IV); or
- Patients who have previously undergone a liver transplant; or
- Patients receiving other interfering ribonucleic acid drugs (such as Onpattro [patisiran]) or transthyretin stabilizers (such as Vyndaqel [tafamidis meglumine]); or
- Patients who are permanently bedridden and dependent on assistance for basic activities of daily living, or who require end-of-life care.

Initial approval duration: Nine (9) months

**Discontinuation Criteria:**
Treatment with Tegsedi (inotersen) should be reviewed nine months after the initial approval, and then at least every six months thereafter, to determine the continued clinical benefit for the patient. Treatment should be discontinued if the patient is:

- Permanently bedridden and dependent on assistance for basic activities of daily living, or
- Receiving end-of-life care.

After the initial nine (9) month approval, renewal requests not meeting the discontinuation criteria will be considered for a six (6) month approval duration.

Notes:

1. PND is classified according to the following stages:
   - Stage 0 – No symptoms
   - Stage I – Sensory disturbances but preserved walking capability
   - Stage II – Impaired walking capacity but ability to walk without a stick or crutches
   - Stage IIIA – Walking with the help of one stick or crutch
   - Stage IIIB – Walking with the help of two sticks or crutches
   - Stage IV – Confined to a wheelchair or bedridden.

2. FAP is classified according to the following stages:
   - Stage 0 – No symptoms
   - Stage I – Unimpaired ambulation; mostly mild sensor, motor, and autonomic neuropathy in the lower limbs
   - Stage II – Assistance with ambulation required, mostly moderate impairment progression to the lower limbs, upper limbs, and trunk
   - Stage III – Wheelchair bound or bedridden; severe sensory, motor, and autonomic involvement of all limbs.

3. End-of-life care is defined as care in the late stages of a terminal illness, where life expectancy is measured in months, and treatment aimed at cure or prolongation of life is no longer deemed appropriate, but care is aimed at improving or maintaining the quality of remaining life (e.g., management of symptoms such as pain, nausea and stress).

Innohep - see tinzaparin sodium.
Inspiolo Respimat - see tiotropium bromide monohydrate/olodaterol HCl
Insptra - see eplerenone

**insulin aspart, injection solution, 100U/mL (5x3mL) (10mL)**
(NovoRapid-NOO)
(a) For treatment of Type 1 diabetes.
(b) For treatment of difficult to control Type 2 diabetes in patients who have not responded to alternative insulin agents listed in the Formulary.

**insulin pump supplies**
For eligibility criteria and coverage information for insulin pump supplies, please see: http://www.saskatchewan.ca/residents/health/accessing-health-care-services/insulin-pump-program

Intelence - see etravirine

**interferon alfa-2b, powder for injection, 10 million IU; injection solution albumin (human) free, 6 million IU/mL (0.5mL), 10 million IU/mL (0.5mL, 1mL) (Intron-A-MRK)**
For treatment of:
(a) Chronic active hepatitis B for a period of up to 6 months.
(b) Chronic active hepatitis C. Coverage will be provided for a duration of up to 48 weeks therapy. Genotypes 2 and 3 may respond to 24 weeks therapy.

Note: Interferons are not interchangeable. Pharmacists should dispense the product specified by the physician.

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

Intron A - see interferon alfa-2b
interferon beta-1a, powder for IM injection, 30ug (Avonex-BGN); pre-filled syringe, 30ug (Avonex PS-BGN)
See Appendix D

interferon beta-1a, pre-filled syringe, 8.8ug/0.2mL (6)/22ug/0.5mL (6)
(Rebif Initiation Pack-SRO)
See Appendix D

interferon beta-1a, pre-filled syringe, 8.8ug/0.2mL (6), 22ug (6 million IU), 44ug (12 million IU); pre-filled cartridge, 66ug/1.5mL (3 doses of 22ug), 132ug/1.5mL (3 doses of 44ug) (Rebif-SRO)
See Appendix D

+interferon beta-1b, powder for injection, 0.3mg (vial) (Betaseron-BAY)
+ (Extavia-NVR)
See Appendix D

Intron A - see interferon alfa-2b
Invega Sustenna - see paliperidone palmitate
Invokana – see canagliflozin

iron sodium ferric gluconate complex, injection solution, 12.5mg/mL
(Ferrlecit-JAN)
a) For treatment of iron deficiency when patients are intolerant or have inadequate response to oral iron replacement products.
b) For treatment of iron deficiency anemia in patients requiring loading regimens of IV iron therapy.
c) For management of iron deficiency anemia in patients undergoing chronic hemodialysis who are receiving supplemental erythropoietin therapy. Note: Coverage for dialysis patients is provided under the S.A.I.L. Program. Exception Drug Status coverage is not required for S.A.I.L. patients
d) For treatment of iron deficiency anemia in patients with inflammatory bowel disease.
e) For treatment of iron deficiency anemia in pregnant patients in whom oral iron supplementation is not appropriate.
f) For outpatient treatment of iron deficiency anemia prior to surgery.

iron sucrose, injection, 20mg/mL (Venofer-MYL) (possible OEA)
a) For treatment of iron deficiency when patients are intolerant or have inadequate response to oral iron replacement products.
b) For treatment of iron deficiency anemia in patients requiring loading regimens of IV iron therapy.
c) For management of iron deficiency anemia in patients undergoing chronic hemodialysis who are receiving supplemental erythropoietin therapy. Note: Coverage for dialysis patients is provided under the Saskatchewan Aids to Independent Living (S.A.I.L.) Program. Exception Drug Status coverage is not required for S.A.I.L. patients.
d) For treatment of iron deficiency anemia in patients with inflammatory bowel disease.
e) For treatment of iron deficiency anemia in pregnant patients in whom oral iron supplementation is not appropriate.
f) For outpatient treatment of iron deficiency anemia prior to surgery.

isavuconazole, capsule, 100mg (Cresemba-AVR)
a) For the treatment of invasive aspergillosis when oral voriconazole is contraindicated, not tolerated, or failed. This medication should be prescribed in consultation with an infectious disease specialist.
b) For the treatment of invasive mucormycosis when prescribed in consultation with an infectious disease specialist.

Isentress - see raltegravir
isoniazid, tablet, 100mg, 300mg; oral solution, 10mg/mL (PDP-Isoniazid-PED)
For treatment of non-TB mycobacterium infection (NTMI), when prescribed in consultation with an infectious disease specialist.

Note: Contact TB Prevention and Control Saskatchewan if these medications are being prescribed for treatment of tuberculosis.

itraconazole, capsule, 100mg; oral solution, 10mg/mL (Sporanox-JAN)
For treatment of:
(a) Severe or life-threatening fungal infections.
(b) Severe dermatophytoses unresponsive to other forms of therapy.
(c) Onychomycosis.

ivabradine hydrochloride, film-coated tablets, 5mg, 7.5mg (Lancora-SEV) (possible OEA)
For the treatment of stable chronic heart failure with reduced left ventricular ejection fraction (LVEF) (<35%) in adult patients with New York Heart Association (NYHA) classes II or III who are in sinus rhythm with a resting heart rate ≥ 77 beats per minute (bpm) if the following are met:

- Patients with NYHA class II to III symptoms despite at least four weeks of treatment with a stable dose of an angiotensin converting enzyme inhibitor (ACEI) or an angiotensin II receptor blocker (ARB) in combination with a beta blocker and, if tolerated, a mineralocorticoid receptor antagonist (MRA).
- Patients with at least one hospitalization due to heart failure in the last year.
- Resting heart rate must be documented as ≥ 77 bpm on average using either an ECG on at least three separate visits or by continuous monitoring.

Patients should be under the care of a specialist experienced in the treatment of heart failure for patient selection, titration, follow-up and monitoring.

ivacaftor, tablet, 150mg (Kalydeco-VER)
For the treatment of cystic fibrosis (CF) in patients age 6 years and older who have one of the following mutations in the cystic fibrosis transmembrane conductance regulator (CFTR) gene: G551D, G1244E, G1349D, G178R, G551S, S1251N, S1255P, S549N, or S549R; and in patients aged 18 and older with an R117H mutation in the CFTR gene.

Note: Initial requests should provide baseline sweat chloride and FEV1 scores along with the corresponding testing dates.

Renewal Criteria:
The sweat chloride test will be repeated at the next routine review appointment after starting ivacaftor to determine whether sweat chloride levels are reducing and to check compliance with the drug regimen. The sweat chloride level will then be re-checked 6 months after starting treatment to determine whether the full reduction (as detailed below) has been achieved. Thereafter sweat chloride levels will be checked annually.

When the baseline sweat chloride level is over 60mmol/litre, the patient will be considered to have responded to treatment if either:
a) The patient’s sweat chloride test falls below 60mmol/litre; OR
b) The patient’s sweat chloride test falls by at least 30%

In cases where the baseline sweat chloride test is already below 60mmol/litre, the patient will be considered to have responded to treatment if either:
c) The patient’s sweat chloride test falls by at least 30%; OR
The patient demonstrates a sustained absolute improvement in FEV1 of at least 5%. In this instance FEV1 will be compared with the baseline pretreatment level one month and three months after starting treatment.

If the expected reduction in sweat chloride does not occur, the patient's CF clinician will first explore any challenges in following the recommended dosing schedule for ivacaftor. The patient’s sweat chloride will then be retested around one week later and funding discontinued if the patient does not meet the above criteria.

Note: Coverage may be approved for up to 150mg every 12 hours according to the following time frame:

- Initial approval: Six (6) months
- First Renewal: Six (6) months
- Subsequent renewals (second and later): One year

Patients will be limited to receiving a one month supply per prescription.

**ixekizumab, subcutaneous injection, 80mg/mL pre-filled autoinjector; 80mg/mL pre-filled syringe (Taltz-LIL)**

(a) For treatment of adult patients with severe debilitating plaque psoriasis who meet all of the following criteria:
   - failure to respond to, contraindication 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 12 weeks. Coverage can be renewed in patients who have responded to therapy.

(b) For the treatment of psoriatic arthritis in patients who have had an inadequate response to, or intolerant to, methotrexate and one other DMARD.

Note: Exceptions can be considered in cases where methotrexate or leflunomide are contraindicated.

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

**Jadenu – see deferasirox**

**Janumet - see sitagliptin and metformin hydrochloride**

**Janumet XR - see sitagliptin and metformin hydrochloride**

**Januvia - see sitagliptin phosphate**

**Jardiance - see empagliflozin**

**Jentadueto - see linagliptin/metformin**

**Jetrea - see ocriplasmin**

**Juluca - see dolutegravir/rilpivirine**

**Kaletra - see lopinavir/ritonavir**

**Kalydeco - see ivacaftor**

**ketoconazole, tablet, 200mg (listed generics)**

For treatment of:
(a) Severe or life-threatening fungal infections.
(b) Severe dermatophytoses.
(c) Dermatophytoses unresponsive to other forms of therapy.

**ketotifen fumarate, tablet, 1mg (Zaditen-TEV)**

For treatment of pediatric patients with asthma who are unresponsive to or unable to administer alternative prophylactic agents listed in the Formulary.

**Kevzara - see sarilumab**

**Kineret - see anakinra**

**Kivexa - see abacavir SO4/lamivudine**

**Komboglyze - see saxagliptin HCl/metformin HCl**
Kuvan - see sapropterin dihydrochloride

Lacosamide, tablet, 50mg, 100mg, 150mg, 200mg (Vimpat-UCB) (and listed generics)
For the adjunctive treatment of refractory partial-onset seizures in patients who meet all of the following criteria:
- Are currently receiving two or more antiepileptic drugs; **AND**
- Less costly antiepileptic drugs are ineffective or not appropriate; **AND**
- 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.*

*Lactulose, solution, 667mg/mL (listed generics) (possible OEA)*
For treatment of portal systemic encephalopathy.

Lamivudine, tablet, 100mg (Heptovir-GSK) (and listed generics); oral solution, 5mg/mL (Heptovir-GSK) (possible OEA)
For management of hepatitis B.
*Note: This product should be used in consultation with a specialist in this area.*

Lamivudine, tablet, 150mg, 300mg; oral solution, 10mg/mL (3TC-VII) (and listed generics) (possible OEA)
For management of HIV disease.
*This drug, as with other antivirals in the treatment of HIV, should be used under the direction of an infectious disease specialist.*

Lamivudine/zidovudine, tablet, 150mg/300mg (Combivir-VII) (and listed generics) (possible OEA)

a) For management of HIV disease.
*This drug, as with other antivirals in the treatment of HIV, should be used under the direction of an infectious disease specialist.*

b) When prescribed by, or on the advice of an Infectious Disease specialist familiar with HIV treatment for post-exposure prophylaxis (PEP). Please refer to the HIV PEP Treatment document on the Formulary website.

Lancora - see ivabradine HCl

Lanreotide acetate, injection, 60mg, 90mg, 120mg (Somatuline Autogel-TCI)
For treatment of acromegaly.

*Lansoprazole, orally disintegrating tablet, 15mg, 30mg (Prevacid FasTab-ABB)*
For patients who require treatment with a proton pump inhibitor, but who are unable to swallow or who are tube fed.

Lansoprazole/clarithromycin/amoxicillin, 7 day package, 30mg/500mg/500mg (Hp-PAC-ABB) (and listed generics)
For 14-day eradication of H. pylori-related infections in individuals with peptic ulcer disease. *Provision will be made for additional coverage in treatment failures.*

Lanthanum carbonate hydrate, chewable tablet, 250mg, 500mg, 750mg, 1000mg (Fosrenol-SCI) (possible OEA)
For treatment of:

a) end-stage renal disease in patients intolerant to aluminum or calcium containing phosphate-binding agents.
b) end-stage renal disease in patients where aluminum or calcium containing phosphate-binding agents are inappropriate.

Latuda - see lurasidone

Ledipasvir/sofosbuvir, tablet, 90mg/400mg (Harvoni-GSI)
For use as monotherapy or as combination with ribavirin for treatment-naïve or treatment-experienced(1) adult patients with chronic hepatitis C infection according to the following criteria:
Treatment is prescribed by a hepatologist, gastroenterologist, an infectious disease specialist or other prescriber experienced in treating hepatitis C as determined by the Drug Plan; AND

Laboratory-confirmed hepatitis C genotype 1; AND

Laboratory-confirmed quantitative HCV RNA value within the last six months.

Treatment regimens reimbursed*:

<table>
<thead>
<tr>
<th>Patient Population</th>
<th>Treatment Regimen and Duration</th>
</tr>
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<tbody>
<tr>
<td>Treatment-naïve, non-cirrhotic, viral load &lt; 6M IU/mL</td>
<td>8 weeks OR 12 weeks*</td>
</tr>
<tr>
<td>Treatment-naïve, non-cirrhotic, viral load ≥ 6M IU/mL OR Treatment-naïve, cirrhotic(2) OR Treatment-experienced(1), non-cirrhotic</td>
<td>12 weeks</td>
</tr>
<tr>
<td>Treatment-naïve or treatment-experienced(1) with decompensated cirrhosis(2)</td>
<td>12 weeks in combination with ribavirin</td>
</tr>
<tr>
<td>Treatment-naïve or treatment-experienced(1) liver transplant recipients without cirrhosis, or with compensated cirrhosis(2)</td>
<td>12 weeks in combination with ribavirin</td>
</tr>
<tr>
<td>Treatment-experienced(1), cirrhotic(2)</td>
<td>24 weeks</td>
</tr>
</tbody>
</table>

*For this population cohort, evidence has shown that the SVR rates for the 8-week and 12-week treatment regimens are similar. Treatment regimens of up to 12 weeks are recognized as a Health Canada approved treatment option. Patients may be considered for 12 weeks of coverage if they have borderline or severe fibrosis or if they are co-infected with HIV.

**Exceptional case-by-case consideration:** Retreatment may be considered on a case-by-case basis and may include combination therapy with products from different manufacturers.

**NOTES:**
Health care professionals are advised to refer to the product monograph and prescribing guidelines for appropriate use of the drug product, including use in special populations.

(1) Treatment-experienced is defined as those who have failed prior therapy with an interferon-based regimen, including regimens containing a HCV protease inhibitor.

(2) Compensated cirrhosis is defined as cirrhosis with a Child Pugh Score = A (score 5-6), and decompensated cirrhosis is defined as cirrhosis with a Child Pugh Score = B or C (score 7 or above).

*leflunomide, tablet, 10mg, 20mg (Arava-AVT) (and listed generics)
For treatment of:

a) Active rheumatoid arthritis in patients who have failed methotrexate and at least one other DMARD (e.g. sulfasalazine, azathioprine or hydroxychloroquine).
b) Active rheumatoid arthritis in patients intolerant to methotrexate and at least one other DMARD (e.g. sulfasalazine, azathioprine or hydroxychloroquine).
c) For psoriatic arthritis patients who fail, or are intolerant, to methotrexate and one other DMARD.
d) For pediatric arthritis patients who fail, or are intolerant, to one DMARD.
e) For transplant patients with BK virus nephropathy.
Note: Leflunomide is contraindicated in patients with pre-existing impairment of liver function.

Lemtrada - see alemtuzumab

**Letermovir, tablet, 240mg, 480mg (Prevymis-MRK)**
For the prophylaxis therapy of cytomegalovirus (CMV) infection in patients meeting the following criteria:

- Patient is an adult CMV-seropositive recipient [R+] of an allogeneic hematopoietic stem cell transplant (HSCT); and
  - Patient has undetectable CMV viremia at baseline; and
- Prevymis is being prescribed by a clinician with expertise in the management of HSCT (such as a medical oncologist, hematologist, or infectious disease specialist); and

- Patient has at least ONE of the following characteristics:
  - Received stem cells sourced from umbilical cord blood; or
  - Is a haploidentical recipient, or
  - Is a recipient of T-cell depleted grafts, or
  - Was treated with antithymocyte globulin (ATG) for conditioning, or
  - Requires high-dose steroids (defined as the use of ≥1mg/kg/day of prednisone or equivalent dose of another corticosteroid) or other immunosuppression for acute graft versus host disease (GVHD), or
  - Was treated with ATG for steroid-refractory acute GVHD treatment, or
  - Has documented history of CMV disease prior to transplantation.

*The maximum Prevymis dosage approved will not exceed 480mg administered orally or intravenously per day.*

*The approved duration of treatment will not exceed 100 days, per patient, per HSCT procedure. Requesting health professionals are asked to indicate the date of treatment initiation in hospital on the request.*

Leucovorin - see leucovorin calcium

**Leucovorin calcium, tablet, 5mg (Leucovorin-PFI) (possible OEA)**
For folic acid deficiency in non-oncology indications.

**Leuprolide acetate, injection, 3.75mg/mL, 7.5mg/mL; depot injection, 11.25mg (3-month SR) (Lupron Depot-ABV)**
For treatment of:

- Endometriosis. *(Coverage may be repeated after a six month lapse, for another 6 month course).*
- Menorrhagia in preparation for endometrial ablation, and:
- For pre-treatment of uterine fibroids prior to surgical removal.

*Coverage for the above indications will be provided for a maximum of 6 months.*

**Levodopa/carbidopa, intraintestinal gel, 20mg/mL/5mg/mL (Duodopa-ABV)**
For the treatment of patients with advanced levodopa-responsive Parkinson’s disease:

- who do not have satisfactory control of severe, debilitating motor fluctuations and hyper-/dyskinesia despite optimized treatment with available combinations of Parkinson’s medicinal products,
- and for whom the benefit of this treatment may outweigh the risks associated with the insertion and long-term use of the percutaneous endoscopic gastrostomy-jejunostomy (PEG-J) tube required for administration.

Initiation Criteria:

1. The patient experiences severe disability associated with at least 25% of the waking day in the off state and/or ongoing, bothersome levodopa-induced dyskinesias, despite having tried frequent dosing of levodopa (at least five doses per day). Time in the off state, frequency of motor fluctuations, and severity of associated disability should be assessed by a movement disorder subspecialist and be based on an adequate and reliable account from longitudinal specialist care, clinical interview of a patient and/or care partner, or motor symptom diary.
2. The patient has received an adequate trial of maximally tolerated doses of levodopa, with demonstrated clinical response.
3. The patient has failed adequate trials of each of the following adjunctive medications, if not contraindicated and/or contrary to the clinical judgement of the prescriber: a catechol-O-methyl transferase (COMT) inhibitor, a dopamine agonist, a monoamine oxidase (MAO-B) inhibitor, and amantadine.
4. The patient is able to administer the medication and care for the administration port and infusion pump. Alternatively, trained personnel or a care partner must be available to perform these tasks reliably.
5. The patient does not have a contraindication to the insertion of a percutaneous endoscopic gastrostomy-jejunostomy (PEG-J) tube.
6. The patient does not have severe psychosis or dementia.

Renewal Criteria:

1. The duration of approval is one year.
2. The patient continues to benefit from treatment. The patient should continue to demonstrate a significant reduction in the time spent in the off state and/or in ongoing, bothersome levodopa-induced dyskinesias, along with an improvement in the related disability.

Discontinuation Criteria:

It is expected that physicians will continue to monitor their patients and discontinue Duodopa if the patient is no longer benefiting from treatment, as described for renewal criteria, or if Duodopa is no longer appropriate.

Administration Criteria:

Requests for Duodopa initiation will be limited to movement disorder subspecialists who have appropriate training in the use of Duodopa and are practicing in movement disorder clinics that provide ongoing management and support for patients receiving treatment with Duodopa.

*levofloxacin, tablet, 250mg (listed generics); 500mg (listed generics)*

For treatment of:

(a) Pneumonia in patients with underlying lung disease (excluding asthma).
(b) Pneumonia in nursing home patients.
(c) Infections in patients allergic to two or more alternative antibiotics.
(d) Infections known to be resistant to alternative antibiotics. Resistance must be determined by C & S. Where C & S cannot be obtained coverage will be approved when a patient has failed at least 2 other classes of antibiotics, and:
(e) For completion of antibiotic treatment initiated in hospital when alternatives are not appropriate.
(f) For treatment of pelvic inflammatory disease.
levofloxacin, tablet, 750mg (listed generics)
    EDS will only be approved for five days.
    For treatment of:
    (a) Pneumonia in patients with underlying lung disease (excluding asthma)
    (b) Pneumonia in patients in a nursing home.
    (c) Pneumonia in patients allergic to two or more alternative antibiotics.
    (d) Pneumonia known to be resistant to alternative antibiotics. Resistance must be
determined by C & S. Where C & S cannot be obtained coverage will be
approved when a patient has failed at least 2 other classes of antibiotics, and:
    (e) For completion of antibiotic treatment of pneumonia initiated in hospital when
alternatives are not appropriate.

levofloxacin, solution for inhalation, 240mg/2.4mL (amoules) (Quinsair-HPI)
    For the treatment of chronic Pseudomonas aeruginosa infections in adult patients with
cystic fibrosis according to the following criteria:
    - Treatment is prescribed in consultation with a specialist in this area; and
    - Treatment should not be used in combination with another inhaled
antibiotic to treat pulmonary Pseudomonas aeruginosa infections, either
concurrently or for antibiotic cycling during off-treatment periods.

linagliptin, tablet, 5mg (Trajenta-BOE) (possible OEA)
    For treatment of patients with Type 2 diabetes who have had previous prescriptions for
metformin and a sulfonylurea.

Please Note:  This product should be used in patients with diabetes who are not
adequately controlled on or are intolerant to metformin and a sulfonylurea, and for whom
insulin is not an option.

linagliptin/metformin, tablet, 2.5mg/500mg, 2.5mg/850mg, 2.5mg/1000mg
    (Jentadueto-BOE) (possible OEA)
    For the convenience of patients who have been stabilized on metformin and
linagliptin.

Please Note:  These products should be used in patients with diabetes who are not
adequately controlled on or are intolerant to metformin and a sulfonylurea, and for whom
insulin is not an option.

linezolid, tablet, 600mg (Zyvoxam-PFI) (and listed generics); oral suspension,
    100mg/5ml (Zyvoxam-PFI)
    Following consultation with an infectious disease specialist
    For treatment of:
    (a) Gram-positive infections in patients resistant to vancomycin.
    (b) Gram positive infections in patients intolerant to or experiencing severe adverse
effects from vancomycin, and:
    (c) For completion of therapy initiated in hospital with intravenous vancomycin,
quinupristin/dalfopristin or linezolid for patients who can be discharged on oral
therapy.

Lioresal Intrathecal - see baclofen

lisdexamfetamine dimesylate, capsule, 10mg, 20mg, 30mg, 40mg, 50mg, 60mg;
    chewable tablet, 10mg, 20mg, 30mg, 40mg, 50mg, 60mg
    (Vyvanse-SCI)
    For treatment of Attention Deficit Hyperactivity Disorder (ADHD) in patients:
    (a) Where the use of methylphenidate (short or long-acting formulations) or the use of
dexamphetamine has not properly controlled the symptoms of the disease;
    OR
    (b) Who cannot swallow tablets/capsules whole and require a dissolvable form of a
long-acting ADHD medication.

Lixiana - see edoxaban

lopinavir/ritonavir, tablet, 100mg/25mg; 200mg/50mg; oral solution, 80mg/20mg(mL)
    (Kaletra-ABV) (possible OEA)
a) For management of HIV disease.
   This drug, as with other antivirals in the treatment of HIV, should be prescribed by an Infectious Disease specialist.
b) When prescribed by, or on the advice of an Infectious Disease specialist familiar with HIV treatment for post-exposure prophylaxis (PEP). Please refer to the HIV PEP Treatment document on the Formulary website.

COVID-19 UPDATE – SEE FORMULARY BULLETIN #185

Losec - see omeprazole
Lovenox - see enoxaparin
Lovenox HP - see enoxaparin
Lucentis - see ranibizumab
Lupron Depot - see leuprolide acetate

lurasidone HCl, tablet 20mg, 40mg, 60mg, 80mg, 120mg (Latuda-SNV)
   For manifestations of schizophrenia.

maraviroc, tablet, 150mg, 300mg (Celsentri-VII) (possible OEA)
   For treatment of HIV-1 disease (in combination with other antiretroviral agents) in patients:
   (a) Who have CCR5 tropic viruses AND
   (b) Who have documented resistance to at least one agent from each of the three major classes of antiretroviral agents (nucleoside reverse transcriptase inhibitors, non-nucleoside reverse transcriptase inhibitors and protease inhibitors).
   Note: Testing for CCR5 tropic viruses is required for use of this agent. This drug, as with other antivirals in the treatment of HIV, should be used under the direction of an infectious disease specialist.

Mavenclad - see Appendix D
Maviret - see glecaprevir/pibrentasvir
Maxalt - see rizatriptan benzoate
Maxalt RPD - see rizatriptan benzoate

*megestrol acetate, tablet, 40mg, 160mg (listed generics)
   For treatment of anorexia, cachexia, or unexplained weight loss in patients with a diagnosis of acquired immunodeficiency (AIDS).

*meloxicam, tablet, 7.5mg, 15mg (Mobicox-BOE) (and listed generics) (possible OEA)
   For treatment of patients intolerant to other NSAIDs listed in the formulary.

mepolizumab, powder for injection; prefilled autoinjector; prefilled syringe 100mg/mL (Nucala-GSK)
   For add-on maintenance treatment of adult patients with severe eosinophilic asthma¹, who are inadequately controlled with high-dose inhaled corticosteroids (ICS)² and one or more additional asthma controller(s) (e.g., a long-acting beta-agonist [LABA]), and:
   - Blood eosinophil count of ≥ 300 cells/µL AND has experienced two or more clinically significant asthma exacerbations³ in the past 12 months, OR
   - Blood eosinophil count of ≥ 150cells/µL AND is receiving maintenance treatment with oral corticosteroids⁴.

   In addition:
   - Mepolizumab should not be used in combination with other biologics used to treat asthma.
   - A baseline⁵ assessment of asthma symptom control using a validated asthma control questionnaire⁶ must be completed prior to initiation of mepolizumab treatment and submitted with the application.
   - Baseline⁵ and follow up reporting of asthma exacerbations and oral corticosteroid dose are required with the initial and renewal applications.
   - Patients should be managed by a specialist in the treatment of asthma.
Patients must have a documented diagnosis of asthma.

High dose inhaled corticosteroids is defined as greater or equal to 500mcg of fluticasone propionate or equivalent daily.

Clinically significant asthma exacerbations are defined as worsening of asthma resulting in administration of systemic corticosteroids for at least three days, or hospitalization.

Maintenance oral corticosteroid treatment is defined as receiving greater than the equivalent of prednisone 5mg per day.

Baseline refers to results achieved prior to initiation of the requested therapy.

A validated asthma control questionnaire includes the Asthma Control Questionnaire (ACQ) or the Asthma Control Test (ACT). The same questionnaire must be used at each assessment for reimbursement renewal as was used at the start of treatment. Scores demonstrating a benefit of treatment for renewal of reimbursement are a decrease of 0.5 points or more on the ACQ or an increase of three or more points in the ACT.

**Discontinuation Criteria**

Patients should be reassessed every 12 months to determine efficacy with coverage being discontinued if:

- **First Renewal (based on first 12 months of therapy)**
  - The asthma control questionnaire score has not improved from baseline,
  - OR
  - The number of clinically significant exacerbations has increased,
  - OR
  - The oral corticosteroid maintenance dose has not decreased.

- **Subsequent Renewals (after 2 years of therapy)**
  - The asthma control questionnaire score achieved at the first renewal has not been maintained subsequently,
  - OR
  - The number of clinically significant exacerbations has increased within the previous 12 months,
  - OR
  - The oral corticosteroid maintenance dose reduction achieved at the first renewal has not been maintained subsequently.

**Mepron** - see atovaquone

**mercaptopurine, tablet, 50mg (Purinethol-NOP) (Mercaptopurine Tablets-STE)**

For treatment of:

(a) Crohn's disease.

(b) Rheumatoid arthritis

**Metadol** - see methadone

**methadone HCl, tablet, 1mg, 5mg, 10mg, 25mg; oral suspension, 1mg/mL, 10mg/mL (Metadol (PC)-PAL)**

Coverage restricted to Drug Plan registered palliative care patients only. An Exception Drug Status request is not required for these patients.

**methylphenidate HCl, extended release capsule, 10mg, 15mg, 20mg, 30mg, 40mg, 50mg, 60mg, 80mg (Biphentin-PFR)**

For the treatment of Attention Deficit Hyperactivity Disorder (ADHD) in patients:

(a) Where the use of another (short or long-acting) formulation has not properly controlled the symptoms of the disease; or

(b) Who cannot swallow tablets/capsules whole and require a long-acting ADHD medication.

**Mictoryl Pediatric** - see propiverine HCl

**mirabegron, extended release tablet, 25mg, 50mg (Myrbetriq-APC)**
For treatment of overactive bladder (OAB) for patients intolerant to, or with an inadequate response to oxybutynin, solifenacin succinate or tolterodine l-tartrate.

Note: Should not be used in combination with other pharmacologic treatments for OAB.

Mobicox - see meloxicam

*modafinil, tablet, 100mg (Alertec-TVM) (and listed generics)
For treatment of:
(a) Patients with sleep laboratory-confirmed diagnosis of narcolepsy.
(b) Patients with sleep laboratory-confirmed diagnosis of idiopathic CNS hypersomnia.

mometasone furoate/ formoterol fumarate dihydrate, inhalation aerosol, 100mcg/5mcg, 200mcg/5mcg (Zenhale-MRK)
For treatment of asthma in patients uncontrolled on inhaled steroid therapy.

*montelukast sodium, chewable tablet, 4mg, 5mg; tablet, 10mg; oral granules, 4mg (Singulair-MSD)
(a) For treatment of asthma patients under the age of six years.
(b) For asthma patients who cannot manage the use of an inhalation device despite assistance with a spacer (eg. physically or mentally challenged patients or pediatric patients).
(c) For adjunctive treatment in patients up to the age of 18 concurrently on an inhaled steroid who have failed a long acting beta-2 agonist (LABA).

Movapo - see apomorphine HCl

moxifloxacin HCl, tablet, 400mg (Avelox-BAY) (and listed generics)
For treatment of:
(a) Pneumonia in patients with underlying lung disease (excluding asthma) or pneumonia in nursing home patients.
(b) Infections in patients allergic to two or more alternative antibiotics.
(c) Infections known to be resistant to alternative antibiotics. Resistance must be determined by C & S. Where a C & S cannot be obtained coverage will be approved when a patient has failed at least 2 other classes of antibiotics.
(d) For completion of antibiotic treatment initiated in hospital when alternatives are not appropriate.
(e) For management of adults with febrile neutropenia.
(f) For treatment of suspected mycoplasma genitalium infections in patients unresponsive or intolerant to azithromycin.

moxifloxacin HCl, ophthalmic solution, 0.5% (Vigamox-ALC) (and listed generics) (possible OEA)
For treatment of ophthalmic infections unresponsive to alternative agents.

Mycobutin - see rifabutin

*mypophenolate mofetil, capsule, 250mg; tablet, 500mg (CellCept-HLR) (and listed generics); powder for oral suspension, 200mg/mL (CellCept-HLR)
(a) For prevention of acute rejection in transplant patients.
(b) For treatment of nephrotic syndrome in cases of biopsy-proven evidence of severe proliferative lesions or sclerosis, which have not responded after a 6 month course of cyclophosphamide, or in patients unable to tolerate cyclophosphamide.

moxifloxacin HCl, ophthalmic solution, 0.5% (Vigamox-ALC) (and listed generics)
(* possible OEA)
For treatment of ophthalmic infections unresponsive to alternative agents.

Mycobutin - see rifabutin

*mypophenolate mofetil, capsule, 250mg; tablet, 500mg (CellCept-HLR) (and listed generics); powder for oral suspension, 200mg/mL (CellCept-HLR)
(a) For prevention of acute rejection in transplant patients.
(b) For treatment of nephrotic syndrome in cases of biopsy-proven evidence of severe proliferative lesions or sclerosis, which have not responded after a 6 month course of cyclophosphamide, or in patients unable to tolerate cyclophosphamide.

moxifloxacin HCl, enteric coated tablet, 180mg, 360mg (Myfortic-NVR) (and listed generics)
For prevention of acute rejection in renal transplant patients.

Myfortic - see mycophenolate sodium
Myozyme - see alglucosidase alfa
Myrbetriq - see mirabegron
*nabilone, capsule, 0.5mg, 1mg (Cesamet-VAE) (and listed generics)
For treatment of nausea and anorexia in AIDS patients.

*nabumetone, tablet, 500mg (listed generics) (possible OEA)
For treatment of patients intolerant to other NSAIDs listed in the Formulary.

nadroparin calcium, syringe, 9,500IU/mL (0.3mL, 0.4mL, 0.6mL, 0.8mL, 1.0mL)
(Fraxiparine-ASC); syringe, 19,000IU/mL (0.6mL, 0.8mL, 1mL)
(Fraxiparine Forte-ASC)
(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) Prophylaxis in patients undergoing total hip replacement or following hip fracture surgery for up to 35 days following the procedure.
(h) For prophylaxis following abdominal or pelvic surgery for up to 28 days.

nafarelin acetate, intranasal solution, 2mg/mL (Synarel-HLR)
For treatment of:
(a) Endometriosis.  (Coverage may be repeated after a six month lapse, for another 6 month course).
(b) Menorrhagia in preparation for endometrial ablation, and:
(c) For pre-treatment of uterine fibroids prior to surgical removal.  
Coverage will be provided for a maximum of 6 months

naltrexone hydrochloride, tablet, 50mg (Revia-TEV) (and listed generic)
For alcohol use disorder when used as a component of an alcohol counselling program.  Coverage will be reviewed every six months.

*naratriptan HCl, tablet, 1mg, 2.5mg (Amerge-GSK) (and listed generics)
For treatment of migraine headaches in patients over 18 years of age.

The maximum quantity that can be claimed through the Drug Plan is limited to 6 doses per 30 days within a 60-day period. Patients requiring more than 12 doses in a consecutive 60-day period should be considered for migraine prophylaxis therapy if they are not already receiving such therapy.

natalizumab, solution for IV infusion, 20mg/mL (Tysabri-BGN)
See Appendix D

nelfinavir mesylate, tablet, 250mg, 625mg (Viracept-PFI) (possible OEA)
For management of HIV disease.

This drug, as with other antivirals in the treatment of HIV, should be used under the direction of an infectious disease specialist.

Neoral - see cyclosporine
Neupogen - see filgrastim
Neupro - see rotigotine

*nevirapine, tablet, 200mg (Viramune-BOE) (and listed generics); extended release tablet, 400mg (Viramune XR-BOE) (and listed generic) (possible OEA)
For management of HIV disease.

This drug, as with other antivirals in the treatment of HIV, should be used under the direction of an infectious disease specialist.

Nexium - see esomeprazole magnesium trihydrate

nintedanib, capsule, 100mg, 150mg (OFEV-BOE)

Initial approval criteria:
Adult patients with a diagnosis of mild to moderate idiopathic pulmonary fibrosis (IPF):
   - Diagnosis confirmed by a respirologist and a high-resolution CT scan within the previous 24 months.
   - All other causes of restrictive lung disease (e.g. collagen vascular disorder or hypersensitivity pneumonitis) should be excluded.
   - Mild to moderate IPF is defined as forced vital capacity (FVC) greater than or equal to 50% of predicted.
   - Patient is under the care of a physician with experience in IPF.

Prescribers may be asked to provide documentation to support confirmation of diagnosis.

Initial approval period: seven months (allow four weeks for repeat pulmonary function tests)

Initial renewal criteria (at 6 months):

Patients must NOT demonstrate progression of disease defined as an absolute decline in percent predicted FVC of ≥10% from initiation of therapy until renewal (initial six month treatment period). If a patient has experienced progression as defined above, then the results should be validated with a confirmatory pulmonary function test conducted four weeks later.

Approval period: six months

Second and subsequent renewals (at 12 months and thereafter):

Patients must NOT demonstrate progression of disease defined as an absolute decline in percent predicted FVC of ≥10% within any 12 month period. If a patient has experienced progression as defined above, then the results should be validated with a confirmatory pulmonary function test conducted four weeks later.

Approval period: 12 months

Exclusion Criteria:
Combination use of Ofev (nintedanib) and Esbriet (pirfenidone) will not be funded.

Notes:
Patients who have experienced intolerance or failure to Ofev (nintedanib) or Esbriet (pirfenidone) will be considered for the alternate agent provided that the patient continues to meet the above coverage criteria.

COVID-19 UPDATE - SEE FORMULARY BULLETIN #184

Nivestym - see filgrastim
Nizoral - see ketoconazole
Norditropin Nordiflex – see somatropin

* norfloxacin, tablet, 400mg (Apo-Norflox-APX) (Novo-Norfloxacin-NOP) (pms-Norfloxacin-PMS)
For treatment of:
   - Genitourinary tract infections caused by Pseudomonas aeruginosa.
   - Genitourinary tract infections in patients allergic to alternative agents.
   - Genitourinary tract infections in patients with organisms known to be resistant to alternative antibiotics, and:
   - For adults with gonococcal urethritis or cervicitis.
(e) For secondary prophylaxis in patients who have had an episode of spontaneous bacterial peritonitis and are intolerant or unresponsive to sulfamethoxazole/trimethoprim

(f) For primary prophylaxis for patients with cirrhosis considered high risk for spontaneous bacterial peritonitis who are intolerant to sulfamethoxazole/trimethoprim.

Note: High risk is defined as cirrhosis with ascites with an ascitic protein concentration less than 15g/L

Norprolac - see quinagolide HCl
Norvir - see ritonavir
NovoRapid - see insulin aspart
Nplate - see romiplostim
Nucala - see mepolizumab

**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.

Nutropin - see somatropin
Nutropin AQ - see somatropin

**obeticholic acid, tablets, 5mg, 10mg (Ocaliva-INP)**

For the treatment of primary biliary cholangitis (PBC) in combination with ursodeoxycholic acid (UDCA) in adults with an inadequate response to UDCA, or as monotherapy in adults unable to tolerate UDCA, where the following criteria are met:

- A confirmed diagnosis of PBC, defined as:
  - Positive antimitochondrial antibodies (AMA); or
  - Liver biopsy results consistent with PBC.

AND

- The patient has received ursodeoxycholic acid (UDCA) for a minimum of 12 months and has experienced an inadequate response to UDCA and can benefit from the addition of obeticholic acid. An inadequate response is defined as:
  - Alkaline phosphatase (ALP) ≥ 1.67 x upper limit of normal (ULN) and/or
  - Bilirubin > ULN and < 2 x ULN and/or
  - Compensated cirrhosis.

OR

- The patient has experienced documented and unmanageable intolerance to UDCA and can benefit from switching therapy to obeticholic acid.

AND

- Patients should be under the care of a specialist experienced in the diagnosis and management of primary biliary cholangitis.

Duration of approval: 12 months

**Renewal Criteria:**

The patient continues to benefit from treatment with obeticholic acid as evidenced by:

- A reduction in the ALP level to less than 1.67 x ULN; or
• A 15% reduction in the ALP level compared with values before beginning treatment with obeticholic acid.

Duration of approval: 12 months

Ocaliva - see obeticholic acid
Ocphil - see octreotide
Ocrevus - see ocrelizumab

ocrelizumab, solution for infusion, 30mg/mL (Ocrevus-HLR)

See Appendix D

ocriplasmin, solution for intravitreal injection, 2.5mg/ml (Jetrea-ALC) (possible OEA)
For the treatment of symptomatic vitreomacular adhesion (VMA) if the following clinical criteria and conditions are met:

Clinical Criteria:
• Diagnosis of VMA should be confirmed through optical coherence tomography
• Patient does not have any of the following: large diameter macular holes (> 400 micrometre), high myopia (> 8 dioptre spherical correction or axial length > 28 millimetre), aphakia, history of retinal detachment, lens zonule instability, recent ocular surgery or intraocular injection (including laser therapy), proliferative diabetic retinopathy, ischemic retinopathies, retinal vein occlusions, exudative age-related macular degeneration, or vitreous hemorrhage.

Conditions:
• Ocriplasmin should be administered by a retinal specialist or by a qualified ophthalmologist experienced in intravitreal injections.
• Treatment with ocriplasmin should be limited to a single injection per eye (i.e. retreatments are not covered).

*octreotide, injection, 50ug/mL (1mL), 100ug/mL (1mL); 200ug/mL (5mL); 500ug/mL (1mL) (listed generics); powder for injection, 10mg/vial, 20mg/vial, 30mg/vial (Sandostatin LAR-NVR)
(a) For management of terminal malignant bowel obstruction in palliative patients.
(b) For treatment of acromegaly.
Note: Coverage for federally approved cancer indications is provided under the Saskatchewan Cancer Agency according to their guidelines.

Ocuflox - see ofloxacin ophthalmic solution
Odefsey - see emtricitabine/ralpivirine/tenofovir alafenamide
Oesclim - see estradiol
OFEV – see nintedanib

*ofloxacin, ophthalmic solution, 0.3% (Ocuflox-ALL) (and listed generics) (possible OEA)
For the treatment of:
(a) Ophthalmic infections caused by gram-negative organisms.
(b) Ophthalmic infections unresponsive to alternative agents, and:
(c) Infiltrative corneal infections.

omalizumab, sterile powder for reconstitution, 150 mg vial (Xolair – NVR)
For the treatment of adults and adolescents (12 years of age or older) with moderate to severe chronic idiopathic urticaria (CIU) who remain symptomatic (presence of hives and/or associated itching) despite optimal management with H1 antihistamines.

Notes:
• Document the baseline urticaria activity score over seven days (UAS7) on the initial request.
• Prescribed by a specialist (allergist, immunologist, dermatologist, etc.) or other authorized prescriber with knowledge of CIU treatment.
• Initial approval will be granted for a period of 24 weeks at a maximum dose of 300mg every 4 weeks.
• Treatment cessation could be considered for patients who experience complete symptom control for at least 12 consecutive weeks at the end of a 24 week treatment period.

Extension requests:
• Continued coverage may be authorized if the patient has achieved:
  – complete symptom control for less than 12 consecutive weeks;
  or
  – partial response to treatment, defined as at least a ≥ 9.5 point reduction in baseline urticaria activity score over 7 days (UAS7)

Re-initiation requests:
• In patients where treatment is discontinued due to temporary symptom control, treatment re-initiation may be considered should CIU symptoms reappear.

*omeprazole, capsule/tablet 10mg (Losec-AST) (and listed generics)
For pediatric patients requiring treatment with a proton pump inhibitor where the full Formulary options are not appropriate.

Omnitrope - see somatropin

onabotulinumtoxin A, injection, 100IU/vial (Botox-ALL)
For treatment of:
(a) Eye dystonias, that is, blepharospasm and strabismus.
(b) Cervical dystonia, that is, torticollis.
(c) For the treatment of patients with upper or lower limb spasticity associated with cerebral palsy or stroke.
(d) Hyperhidrosis of the axilla.
(e) Children with non-neurologic functional outflow obstruction due to external sphincter over-activity who are not candidates for or who have not responded to other options.
(f) Spinal cord injury patients with chronic urinary retention who are not candidates for or who have not responded to other options.
Note: This criteria does not apply to patients with multiple sclerosis.
(g) Severe neurogenic bladder dysfunction in patients who have failed treatment with two anticholinergic drugs, who are unable to take these drugs because of adverse effects, who have definite evidence of detrusor hyperactivity on cystometrogram done by a qualified urodynamicist.
(h) For the treatment of overactive bladder (OAB), in adult patients who have had an inadequate trial response, or are intolerant to two alternative pharmacologic agents for OAB.

Notes:
• Adequate trial response to alternative pharmacologic agents would be considered a total of 6 months on two other pharmacologic treatments for OAB. For clarity, this means 3 months on each of the pharmacologic treatment for OAB for a total of 6 months.
• Prescribing and administration is restricted to urologists or gynecologists
• Prescribers should discontinue treatment after one dose if a patient is considered a non-responder (i.e., those who fail to achieve a reduction of at least 50% in the frequency of urinary incontinence episodes with one dose). Initial EDS approval will be for one dose of 100U in the first 12 weeks.
- Maximum of three doses per year in responders, at a frequency of no more than once every 12 weeks.

Onbrez Breezhaler - see indacaterol maleate

**ondansetron, orally disintegrating tablet, 4mg, 8mg (Zofran ODT-GSK); orally disintegrating film, 4mg, 8mg (Ondissolve-TAK)**

For treatment of:
(a) Severe nausea in patients refractory to other anti-emetics. All of the following must be on the profile or have a reason why they are not appropriate for the patient: prochlorperazine, dimenhydrinate, dexamethasone, metoclopramide

(b) Hyperemesis gravidarum

One-Alpha - see alfacalcidol
Onglyza - see saxagliptin
Orencia - see abatacept

*oxcarbazepine, tablet, 150mg, 300mg, 600mg (Trileptal-NVR) (and listed generics); oral suspension, 60mg/mL (Trileptal-NVR) (Possible OEA)*

For treatment of partial seizures in patients intolerant to carbamazepine.

Oxeze Turbuhaler - see formoterol fumarate
Oxsoralen - see methoxsalen

oxycodone HCl, controlled release tablet, 10mg, 15mg, 20mg, 30mg, 40mg, 60mg, 80mg (Oxyneo-PFR)

For the treatment of pain in palliative and cancer patients.

Oxyneo - see oxycodone HCl
Ozempic - see semaglutide

paliperidone palmitate, pre-filled syringe, 50mg, 75mg, 100mg, 150mg (Invega Sustenna-JAN); prolonged release pre-filled syringe, 175mg/0.875mL, 263mg/1.315mL, 350mg/1.75mL, 525mg/2.625mL (Invega Trinza-JAN)

For the treatment of patients exhibiting a compliance problem with an oral antipsychotic and in whom the administration of a conventional injectable extended action antipsychotic is ineffective or poorly tolerated.

PDP-Isoniazid – see isoniazid
Pegasys - peginterferon alfa-2a

**peginterferon alfa-2a, injection (pre-filled syringe), 180ug/0.5mL (Pegasys Proclick-HLR)**

For the management of hepatitis B for up to 48 weeks.

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

**peginterferon beta-1a, prefilled syringe/pen, 63mcg/94mcg/0.5mL (starter pack), 125mcg/0.5mL (Plegridy-BGN)**

See Appendix D
penicillin G (bezathine), suspension for injection, 1,200,000IU/2mL (Bicillin L-A-PFI)
For prophylaxis of recurrent rheumatic fever and its associated complications.
Note: This drug is supplied by local public health offices when used in the treatment of sexually transmitted infections.

pentosan polysulfate sodium, capsule, 100mg (Elmiron-JAN)
For treatment of interstitial cystitis where other treatments have failed.

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.

Persantine - see dipyridamole
Pheburane - see sodium phenylbutyrate
Pifeltro - see doravirine

pilocarpine HCl, tablet, 5mg (Salagen-PFI)
For the treatment of:
(a) Symptoms of xerostomia (dry mouth) due to salivary gland hypofunction caused by radiotherapy for cancer of the head and neck; or
(b) Symptoms of xerostomia (dry mouth) and xerophthalmia (dry eyes) in patients with Sjogren’s syndrome.

pimecrolimus, topical cream, 1% (Elidel-NVR) (possible OEA)
For treatment of:
(a) Atopic dermatitis in patients unresponsive to topical steroids tried within the last 3 months.
(b) Atopic dermatitis in patients intolerant to topical steroids tried within the last 3 months.

*preglitazone HCl, tablet, 15mg, 30mg, 45mg (Actos-TAK) (and listed generics) (possible OEA)
For treatment of patients with Type 2 diabetes who have had previous prescriptions for metformin and a sulfonylurea.

Please Note: These products should be used in patients with diabetes who are not adequately controlled on or are intolerant to metformin and a sulfonylurea.

pirfenidone, capsule, 267mg; tablet, 267mg, 801mg (Esbriet-HLR)
Initial approval criteria:

Adult patients with a diagnosis of mild to moderate idiopathic pulmonary fibrosis (IPF):
• Diagnosis confirmed by a respirologist and a high-resolution CT scan within the previous 24 months.
• All other causes of restrictive lung disease (e.g. collagen vascular disorder or hypersensitivity pneumonitis) should be excluded.
• Mild to moderate IPF is defined as forced vital capacity (FVC) greater than or equal to 50% of predicted.
• Patient is under the care of a physician with experience in IPF.

_Prescribers may be asked to provide documentation to support confirmation of diagnosis._

Initial approval period: seven months (allow four weeks for repeat pulmonary function tests)

Initial renewal criteria (at six months):

Patients must NOT demonstrate progression of disease defined as an absolute decline in percent predicted FVC of ≥10% from initiation of therapy until renewal (initial six month treatment period). If a patient has experienced progression as defined above, then the results should be validated with a confirmatory pulmonary function test conducted four weeks later.

Approval period: six months

Second and subsequent renewals (at 12 months and thereafter):

Patients must NOT demonstrate progression of disease defined as an absolute decline in percent predicted FVC of ≥10% within any 12 month period. If a patient has experienced progression as defined above, then the results should be validated with a confirmatory pulmonary function test conducted four weeks later.

Approval period: 12 months

_Exclusion Criteria:_

Combination use of Esbriet (pirfenidone) and Ofev (nintedanib) will not be funded.

_Notes:_

Patients who have experienced intolerance or failure to Esbriet (pirfenidone) or Ofev (nintedanib) will be considered for the alternate agent provided the patient continues to meet the above coverage criteria.

_COVID-19 UPDATE - SEE FORMULARY BULLETIN #184_

Plaquenil - see hydroxychloroquine SO4
Pleuridy - see Appendix D
Pradaxa - see dabigatran
Praluent –see alirocumab
Prevacid - see lansoprazole
Prevacid FasTab - see lansoprazole
Prevymin - see letemovir
Precobix - see darunavir/cobicistat
Prezista - see darunavir
Probuphine - see buprenorphine hydrochloride
Procysbi - see cysteamine bitartrate
**Procytox** - see cyclophosphamide

**progesterone (micronized), capsule, 100mg (Promem-MRK) (possible OEA)**
For treatment of patients:
(a) Intolerant to medroxyprogesterone acetate (Provera).
(b) Having low high-density lipoproteins.
(c) For women with a singleton gestation, who are greater than 20 weeks gestation, and identified as being high-risk for pre-term birth (cervix less than 15 mm, or past history of pre-term birth).

**Prograf** - see tacrolimus

**Prolia** - see denosumab

**Prometrium** - see progesterone (micronized)

**propranolol, oral solution, 3.75mg/mL (Hemangiol-PDC)**
For the treatment of proliferating infantile hemangioma in patients requiring systemic therapy and meeting at least one of the following:
- life- or function-threatening hemangioma, OR
- ulcerated hemangioma with pain and/or lack of response to simple wound care measures, OR
- hemangioma with a risk of permanent scarring or disfigurement.

**propiverine HCl, tablet, 5mg (Mictoryl Pediatric-DUI)**
For the symptomatic treatment of urinary incontinence and/or increased urinary frequency and urgency in pediatric patients with overactive bladder.

**Protopic** - see tacrolimus

**Pulmozyme** - see dornase alfa

**Purinethol** - see mercaptopurine

**quinagolide HCl, tablet, 0.075mg, 0.150mg (Norprolac-FEI) (possible OEA)**
For the treatment of hyperprolactineamia in patients who have failed or are intolerant to bromocriptine.

**Quinsair** - see levofloxacin

**Radicava** - see edaravone

**claroxifene HCl, tablet, 60mg (Evista-LIL) (and listed generics)**
For treatment of osteoporosis in postmenopausal women who do not tolerate listed bisphosphonates.

**raltegravir, tablet, 400mg; chewable tablet, 25mg, 100mg (Isentress-MRK) (possible OEA)**
(a) For the treatment of HIV-1 infection in treatment-experienced patients who have evidence of viral replication and HIV-1 strains resistant to three classes of HIV agents. *This drug, as with other antivirals in the treatment of HIV, should be used under the direction of an infectious disease specialist.*

(b) When prescribed by, or on the advice of an Infectious Disease specialist familiar with HIV treatment for post-exposure prophylaxis (PEP). Please refer to the HIV PEP Treatment document on the Formulary website.

**ranibizumab, injection solution, 10mg/mL (mcg) (Lucentis-NVR) (possible OEA)**
(a) For the treatment of neovascular (wet) age-related macular degeneration (AMD)
   if all of the following circumstances apply to the eye to be treated:
   (i) The best corrected visual acuity (BCVA) is between 6/12 and 6/96
(ii) The lesion size is less than or equal to 12 disc areas in greatest linear dimension
(iii) There is evidence of recent (< 3 months) presumed disease progression (blood vessel growth, as indicated by fluorescein angiography, optical coherence tomography (OCT) or recent visual acuity changes)
(iv) Injection will be by a qualified ophthalmologist with experience in intravitreal injections

Must be administered by a qualified ophthalmologist with experience in intravitreal injections.

Coverage will not be provided for patients:
(a) With permanent structural damage to the central fovea or no active disease (as defined in the Royal College of Ophthalmology guidelines).
(b) Receiving concurrent verteporfin PDT treatment.

The interval between the doses should be no shorter than one month. Treatment with ranibizumab should be continued only in people who maintain adequate response to therapy.

Ranibizumab should be permanently discontinued if any one of the following occurs:
(a) Reduction in BCVA in the treated eye to less than 15 letters (absolute) on 2 consecutive visits in the treated eye, attributed to AMD in the absence of other pathology.
(b) Reduction in BCVA of 30 letters or more compared to either baseline and/or best recorded level since baseline as this may indicate either poor treatment effect or adverse event or both.
(c) There is evidence of deterioration of the lesion morphology despite optimum treatment over 3 consecutive visits.

(b) For the treatment of visual impairment due to Diabetic Macular Edema (DME) for patients meeting all of the following:

(a) Diffuse DME involving the central fovea with central fovea thickness of 300 microns or greater on optical coherence tomography (OCT) and vision less than 20/32.
(b) Patients with focal macular edema for which laser photocoagulation is indicated should be treated with laser, except in situations where focal laser therapy treatment can not be safely performed due to the proximity of microaneurysms to the fovea.
(c) A haemoglobin A1c of less than 11%.
(d) Treatment to be given monthly for three consecutive treatments. Treatment should be discontinued if there is no improvement of retinal thickness on OCT or if there is no improvement in visual acuity after three consecutive treatments.
(e) Patients responding to treatment should be monitored at regular intervals up to monthly for visual acuity AND retinal thickness.
(f) Treatment should be resumed with monthly injections when monitoring indicates a loss in visual acuity and increase in retinal thickness and continued until stable visual acuity and improvement in retinal thickness is reached again for three consecutive monthly assessments.
(g) Treatment should be discontinued if there is no improvement of retinal thickness or visual acuity after three consecutive treatments.
(h) Injection will be by a qualified ophthalmologist with experience in intravitreal injections.

Note:
- Fluorescein Angiography (FA) should be considered prior to initiation of treatment to assess perfusion and characterize the leakage, and should also be considered if the patient is not responding to treatment as expected.

(c) For the treatment of visual impairment due to clinically significant macular edema secondary to non-ischemic branch retinal vein occlusion (BRVO) or central retinal vein occlusion (CRVO) for patients meeting all of the following:

(a) Diffuse RVO with macular thickness of 300 microns or greater on Optical Coherence Tomography (OCT) and a vision of 20/40 or less.
(b) Treatment is to be given monthly until edema is resolved or there is no further improvement with three consecutive treatments.
(c) Patients should be monitored at regular intervals up to monthly for retinal thickness and visual acuity.
(d) Treatment should be resumed if there is a recurrence of macular edema with macular thickness greater than 300 microns or loss of visual acuity, and continued until stable visual acuity and improvement in retinal thickness is reached again for three consecutive assessments.
(e) Treatment should be discontinued if there is no improvement after 6 months of initial treatment.
(f) Injection will be by a qualified ophthalmologist with experience in administering intravitreal injections.

(d) For treatment of visual impairment due to choroidal neovascularization secondary to pathologic myopia.

Must be administered by a qualified ophthalmologist with experience in intravitreal injections.

Note:
- Fluorescein Angiography (FA) should be considered prior to initiation of treatment to assess perfusion and characterize the leakage, and should also be considered if the patient is not responding to treatment as expected.
- Grid Laser photocoagulation can also be considered for BRVO at the discretion of the treating ophthalmologist.

Rapamune - see sirolimus
Ravicti - see glycerol phenylbutyrate
Rebif - see Appendix D
Rebif Initiation Pack - see Appendix D
Remicade - see infliximab
Remodulin - see treprostinil
Renagel - see sevelamer HCl
Renflexis - see infliximab

*repaglinide, tablet, 0.5mg, 1mg, 2mg (GlucoNorm-NOO)
(and listed generics) (possible OEA)
For treatment of:
(a) Diabetes in patients uncontrolled on sulfonylureas.
(b) Diabetes in patients intolerant to sulfonylureas.

Rescriptor - see delavirdine mesylate
Retrovir - see zidovudine
Revatio - see sildenafil citrate
Revia – see naltrexone hydrochloride
Revolade - see eltrombopag olamine
Rexulti - see brexipiprazole
Reyataz - see atazanavir SO4

**ribavirin, tablet, 200mg, 400mg, 600mg (Ibavyr-PED)**
For use within a listed combination therapy regimen for the treatment of chronic hepatitis C. Patients must meet the EDS criteria, and be approved for, the listed adjunctive hepatitis C therapy to be used in combination with ribavirin.

Treatment must be prescribed by a hepatologist, gastroenterologist, an infectious disease specialist or other prescriber experienced in treating hepatitis C as determined by the Drug Plan.

**rifabutin, capsule, 150mg (Mycobutin-PFI)**
(a) For prevention of disseminated *Mycobacterium avium complex* (MAC) in patients with advanced human immunodeficiency virus (HIV) infection.
b) For treatment of non-TB mycobacterium infection (NTMI), when prescribed in consultation with an infectious disease specialist.

Note: Contact TB Prevention and Control Saskatchewan if these medications are being prescribed for treatment of tuberculosis.

Rifadin – see rifampin

**rifampin, capsule, 150mg, 300mg (Rifadin-AVT) (Rofact-VAE)**
For treatment of non-TB mycobacterium infection (NTMI), when prescribed in consultation with an infectious disease specialist.

Note: Contact TB Prevention and Control Saskatchewan if these medications are being prescribed for treatment of tuberculosis.

**rifaxmin, tablet, 550mg (Zaxine-SAL)**
For recurrence of overt hepatic encephalopathy (HE), for patients who are unable to achieve adequate control of HE with maximal tolerated doses of lactulose alone.

Note: To be used in combination with maximal tolerated dose of lactulose.

**rilpivirine, tablet, 25mg (Edurant-JAN) (possible OEA)**
For management of HIV disease.
*This drug, as with other antivirals in the treatment of HIV, should be used under the direction of an infectious disease specialist.*

Rilutek – see riluzole

**riluzole, tablet, 50mg (Rilutek-AVT) (and listed generics)**
For the treatment of amyotrophic lateral sclerosis (ALS) when initiated by a neurologist with expertise in the management of ALS, when the patient has:
- Probable or definite diagnosis of ALS;
- ALS symptoms for less than five years;
- FVC > 60% predicted upon initiation of therapy; and
- No tracheostomy for invasive ventilation.

Coverage will be reviewed every six months. Coverage cannot be renewed once the patient has a tracheostomy for the purpose of invasive ventilation or mechanical ventilation.

**riociguat, tablet, 0.5mg, 1mg, 1.5mg, 2mg, 2.5mg (Adempas-BAY)**
For treatment of patients 18 years of age or older with chronic thromboembolic pulmonary hypertension (CTEPH) with World Health Organization (WHO) Functional Class 2 or 3 pulmonary hypertension, with:
- inoperable chronic thromboembolic pulmonary hypertension (CTEPH), World Health Organization (WHO) Group 4, OR
- persistent or recurrent CTEPH after surgical treatment.
  Note: must be prescribed by clinicians experienced in the diagnosis and treatment of CTEPH.

**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.

*risedronate sodium, tablet, 5mg (listed generics); 35mg (listed generics); 150mg (Actonel-ASP) (and listed generics); delayed release tablet, 35mg (Actonel DR-ASP) (possible OEA)*

*Note: Effective January 1, 2020, risedronate sodium 5mg tablet will be delisted from the Saskatchewan Formulary.*

a) For treatment of osteoporosis **in patients** with a 20% or greater 10-year fracture risk;
  Note: The fracture risk can be determined by the World Health Organization's fracture risk assessment tool, FRAX, or the most recent (2010) version of the Canadian Association of Radiologist and Osteoporosis Canada (CAROC) table.
  The links to the tools are available at:
  http://www.shef.ac.uk/FRAX/tool.jsp?country=19
  http://www.osteoporosis.ca/multimedia/pdf/CAROC.pdf
  The Drug Plan will not require FRAX or CAROC documentation to be included with EDS applications for oral bisphosphonates.

b) For treatment of osteoporosis in patients with:
   - Pre-existing and/or recent fragility fractures; or
   - Glucocorticoid treatment for a duration of 3 months or longer; or
   - Men on androgen deprivation therapy for prostate cancer; or
   - Women on aromatase inhibitor therapy for breast cancer.

c) For treatment of osteogenesis imperfecta.

*risedronate sodium, tablet, 30mg (listed generics) (possible OEA)*
For treatment of symptomatic Paget’s disease of the bone.

Risperidal Consta - see risperidone
risperidone, powder for suspension sustained-release, 12.5mg/vial, 25mg/vial, 37.5mg/vial, 50mg/vial (Risperdal Consta-JAN)
For treatment of patients exhibiting a compliance problem with an oral antipsychotic and in whom the administration of a conventional injectable extended action antipsychotic is ineffective or poorly tolerated.

ritonavir, oral solution, 80mg/mL (Norvir-ABV); tablet, 100mg (Norvir-ABV) (possible OEA)
a) For management of HIV disease. This drug, as with other antivirals in treatment of HIV, should be used under the direction of an infectious disease specialist.
b) When prescribed by, or on the advice of an Infectious Disease specialist familiar with HIV treatment for post-exposure prophylaxis (PEP). Please refer to the HIV PEP Treatment document on the Formulary website.

Rituxan - see rituximab

rituximab, injection solution, 10mg/mL (Rituxan-HLR)
a) For treatment of severe rheumatoid arthritis when used in combination with methotrexate in adult patients who have failed to respond to an adequate trial of an anti-TNF agent. Rituxan should not be used concomitantly with anti-TNF agents.
b) For induction of remission in patients with severely active granulomatosis with polyangiitis (GPA), also known as Wegener’s Granulomatosis or microscopic polyangiitis (MPA) who have a severe intolerance or other contraindication to cyclophosphamide, or who have failed an adequate trial of cyclophosphamide.
c) For treatment of antibody-mediated rejection in kidney, lung, heart or liver transplant patients.
d) For the treatment of refractory chronic immune thrombocytopenia (ITP) with bleeding complications in patients who:
   a) Have undergone a splenectomy¹; and
   b) Have tried and are unresponsive to other treatment modalities².

1) Where surgery is contraindicated, the requesting physician must provide a rationale for why a splenectomy cannot be considered, and where possible, include both a preoperative/surgical evaluation of the patient’s risks and a consideration of risks of laparoscopic and open surgical interventions if these are available.
2) Patients must be refractory to corticosteroids. In addition, patients must be refractory to one of the following second-line treatment modalities:
   • Azathioprine,
   • Cyclophosphamide
   • Mycophenolate mofetil
   • Danazol
   • Dapsone

Please contact the Drug Plan for billing information.

rivaroxaban, tablet, 2.5mg (Xarelto-BAY)
For patients with concomitant coronary artery disease¹ (CAD) and peripheral artery disease² (PAD), when used in combination with acetylsalicylic acid (ASA) 75mg to 100mg daily. Patients who meet any one of the exclusion criteria below will not be eligible for coverage.
**Exclusion Criteria:** Rivaroxaban 2.5mg will not be reimbursed for patients who have CAD or PAD alone, or in patients with any one of the following characteristics:

- At high risk of bleeding;
- A history of stroke within one month of treatment initiation;
- Any history of hemorrhagic or lacunar stroke;
- Severe heart failure with a known ejection fraction < 30%
  or New York Heart Association class III or IV symptoms;
- An estimated glomerular filtration rate < 15 mL/min; or
- Require dual antiplatelet therapy, other non-ASA antiplatelet therapy, or oral anticoagulant therapy.

**Notes:**
1. Patients with CAD are defined as having one or more of the following:
   - Myocardial infarction within the last 20 years;
   - Multi-vessel coronary disease (i.e., stenosis of ≥ 50% in two or more coronary arteries, or in one coronary territory if at least one other territory has been revascularized) with symptoms or history of stable or unstable angina;
   - Multi-vessel percutaneous coronary intervention; or
   - Multi-vessel coronary and artery bypass graft surgery.

   AND

   Meet at least one of the following criteria:
   - Aged 65 years or older; or
   - Aged younger than 65 years with either:
     - Documented atherosclerosis or revascularization involving at least two vascular beds (coronary and other vascular)
     
     OR

     - At least two additional risk factors:
       - Current smoker;
       - Diabetes mellitus;
       - Estimated glomerular filtration rate <60 mL/min;
       - Heart failure; or
       - Non-lacunar ischemic stroke ≥ 1 month ago.

2. Patients with PAD are defined as having one or more of the following:
   - Previous aorto-femoral bypass surgery, limb bypass surgery, or percutaneous transluminal angioplasty revascularization of the iliac or infrainguinal arteries;
   - Previous limb or foot amputation for arterial vascular disease;
   - History of intermittent claudication AND one or more of the following:
     - An anklebrachial index less than 0.90; or
     - Significant peripheral artery stenosis (≥50%)
       documented by angiography or by duplex ultrasound;
   - Previous carotid revascularization or asymptomatic carotid artery stenosis ≥ 50%, as diagnosed by duplex ultrasound or angiography.

rivaroxaban, tablet, 10mg (Xarelto-BAY)
(a) For prophylaxis following total knee arthroplasty for up to 14 days following the procedure.
(b) For prophylaxis in patients undergoing total hip replacement for up to 35 days following the procedure.

rivaroxaban, tablet, 15mg, 20mg (Xarelto-BAY)

a) At-risk patients with non-valvular atrial fibrillation who require rivaroxaban for the prevention of stroke and systemic embolism AND in whom:
   ▪ Anticoagulation is inadequate following a reasonable trial on warfarin;
   OR
   ▪ Anticoagulation with warfarin is contraindicated or not possible due to inability to regularly monitor via International Normalized Ratio (INR) testing (i.e. no access to INR testing services at a laboratory, clinic, pharmacy, and at home).

Exclusion Criteria:
Patients with impaired renal function (creatinine clearance or estimated glomerular filtration rate <30 mL/min) OR ≥ 75 years of age and without documented stable renal function OR hemodynamically significant rheumatic valvular heart disease, especially mitral stenosis; OR prosthetic heart valves.

Notes:
(i) Documented stable renal function is defined as creatinine clearance or estimated glomerular filtration rate of 30-49 mL/min for 15 mg once daily dosing or ≥ 50 mL/min for 20 mg once daily dosing that is maintained for at least 3 months.
(ii) At-risk patients with atrial fibrillation are defined as those with a CHADS2 score of ≥ 1. Although the ROCKET-AF trial included patients with higher CHADS2 scores (≥ 2), other landmark studies with the other newer oral anticoagulants demonstrated a therapeutic benefit in patients with a CHADS2 score of 1. Prescribers may consider an antiplatelet regimen or oral anticoagulation for patients with a CHADS2 score of 1.
(iii) Inadequate anticoagulation is defined as INR testing results that are outside the desired INR range for at least 35% of the tests during the monitoring period (i.e. adequate anticoagulation is defined as INR test results that are within the desired INR range for at least 65% of the tests during the monitoring period).
(iv) A reasonable trial on warfarin is defined as at least 2 months of therapy.
(v) Since renal impairment can increase bleeding risk, renal function should be regularly monitored. Other factors that increase bleeding risk should also be assessed and monitored (see rivaroxaban product monograph).
(vi) Patients starting rivaroxaban should have ready access to appropriate medical services to manage a major bleeding event.
(vii) There is currently no data to support that rivaroxaban provides adequate anticoagulation in patients with rheumatic valvular disease or those with prosthetic heart valves, so rivaroxaban is not recommended in these populations.

(b) Treatment of deep vein thrombosis (DVT) or pulmonary embolism (PE).

Approval Period: Up to six (6) months
Notes:

(i) The recommended dose of rivaroxaban for patients initiating DVT or PE treatment is 15 mg twice daily for 3 weeks, followed by 20 mg once daily.
(ii) Drug plan coverage for rivaroxaban is an alternative to heparin/warfarin for up to 6 months. When used for greater than 6 months, rivaroxaban is more costly than heparin/warfarin. As such, patients with an intended duration of therapy greater than 6 months should be considered for initiation on heparin/warfarin.
(iii) Since renal impairment can increase bleeding risk, it is important to monitor renal function regularly. Other factors that increase bleeding risks should also be assessed and monitored (see product monograph).

COVID-19 UPDATE – SEE BULLETIN #186

*rivastigmine, capsule, 1.5mg, 3mg, 4.5mg, 6mg (Exelon-NVR)
(and listed generics); oral solution, 2mg/mL ((Exelon-NVR)

(a) A diagnosis of probable Alzheimer's disease as per DSM-V criteria.
(b) A mild to moderate stage of the disease with a MMSE score of 10-26 established within 60-days prior to application for coverage by a clinician.
(c) A Functional Activities Questionnaire (FAQ) must be completed.
(d) Patients must discontinue all drugs with anticholinergic activity at least 14 days before the MMSE and FAQ are administered. Drugs with anticholinergic activity are not to be used concurrently with rivastigmine therapy. List all current medications patient was taking at the time of assessment.
(e) Patients intolerant to one drug may be switched to another drug in this class. Intolerance should be observed within the first month of treatment.

- **Eligible patients currently taking rivastigmine** would require assessment at 6 month intervals. To continue receiving rivastigmine, patients must not have both a greater than 2 point reduction in MMSE and a 1 point increase in FAQ in a 6 month evaluation period. Scores are compared to the most recent test results.

- **Eligible new patients** will enter a 3 month treatment period with rivastigmine. During the 3 month trial, patients must exhibit an improvement from the initial MMSE or FAQ to continue treatment with rivastigmine. The improvement must be at least 2 MMSE points or -1 FAQ. Patients who meet these requirements will be re-evaluated at 6 month intervals. To continue receiving rivastigmine, patients must not have both a greater than 2 point reduction in MMSE and a 1 point increase in FAQ in a 6 month evaluation period. Scores are compared to the most recent test results.

The MMSE score must remain at 10 or greater at all times to be eligible for coverage.
- Patients who do not meet criteria to continue rivastigmine can be re-evaluated within 3 months to confirm deterioration before coverage is discontinued.
- Rivastigmine does not need to be discontinued prior to MMSE or FAQ testing.
- A patient intolerant of one drug and switching to a second will be considered a "new" patient and will be assessed as such.
• Coverage will not be considered for patients who have failed on other drugs in this class.

Initial EDS application for rivastigmine (Exelon) will only be accepted from physicians on the Aricept/Exelon/Reminyl EDS application form. This form is available online at http://formulary.drugplan.health.gov.sk.ca or by calling the Drug Plan. EDS renewals can be submitted either by telephone, mail or fax.

*rizatriptan benzoate, tablet, 5mg (listed generics); tablet, 10mg (Maxalt-MRK) (and listed generics); *orally disintegrating tablet, 5mg, 10mg (Maxalt RPD-MSD) (and listed generics)

For treatment of migraine headaches in patients over 18 years of age.

The maximum quantity that can be claimed through the Drug Plan is limited to 6 doses per 30 days within a 60-day period. Patients requiring more than 12 doses in a consecutive 60-day period should be considered for migraine prophylaxis therapy if they are not already receiving such therapy.

Rocaltrol - see calcitriol
Rofact – see rifampin

romiplostim, solution for injection, 250ug/0.5mL, 500ug/mL (Nplate-AMG)

For the treatment of refractory chronic idiopathic thrombocytopenic purpura (“ITP”) with bleeding complications in patients who meet the following conditions:

a) have undergone a splenectomy; and
b) have tried and are unresponsive to other treatment modalities.

Dosage: To a maximum of 10 mcg/kg once weekly.

Renewal of requests for romiplostim will be assessed on a case-by-case basis.

Note: After one year of continuous treatment, therapeutic options should be reassessed.

1. Where surgery is contraindicated, the requesting physician must provide a rationale for why a splenectomy cannot be considered, and where possible, include both a preoperative/surgical evaluation of the patient's risks and a consideration of risks of laparoscopic and open surgical interventions if these are available. The requesting physician's rationale must be evaluated by an independent physician.

2. Patients must be refractory to two of the following first line treatment modalities:
   • Corticosteroids
   • IV anti-D
   • Intravenous immune globulin (IVIG)

In addition, patients must be refractory to two of the following second-line treatment modalities:
   • Azathioprine
   • Cyclosporine
   • Cyclophosphamide
   • Mycophenolate
   • Rituximab
   • Danazol
   • Dapsone

rosiglitazone maleate, tablet, 2mg, 4mg, 8mg (Avandia-GSK)

For the treatment of patients with Type 2 diabetes who are not adequately controlled on or are intolerant to metformin and a sulfonylurea.
Note: Prescribers are reminded to ensure that the Patient Informed Consent form is completed prior to prescribing this medication.

rotigotine, transdermal system, 2mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr (Neupro-UCB)
For adjunctive therapy to levodopa for the treatment of patients with advanced stage Parkinson’s disease (APD).

rufinamide, tablet, 100mg, 200mg, 400mg (Banzel-EIS)
For the adjunctive treatment of patients with Lennox-Gastaut Syndrome who are under the care of a physician experienced in treating Lennox-Gastaut Syndrome associated seizures, and are currently receiving two or more antiepileptic drugs (one of which should be lamotrigine or topiramate).

sacubitril/valsartan, tablet, 24.3mg/25.7mg, 48.6mg/51.4mg, 97.2mg/102.8mg (Entresto-NVR) (possible OEA)
For the treatment of heart failure (HF) with reduced ejection fraction in patients with New York Heart Association (NYHA) class II or III to reduce the incidence of cardiovascular (CV) death and HF hospitalization, if all of the following clinical criteria are met:
- Reduced left ventricular ejection fraction (LVEF) (<40%)
- Patient has NYHA class II-III symptoms despite at least four weeks of treatment with a stable dose of an angiotensin-converting-enzyme inhibitor (ACEI) or an angiotensin II receptor antagonist (ARB) in combination with a beta-blocker and other recommended therapies, including an aldosterone antagonist (if tolerated).
- Plasma B-type natriuretic peptide (BNP) ≥ 150 pg/mL or N-terminal prohormone-B-type natriuretic peptide (NT-proBNP) ≥ 600 pg/mL; or plasma BNP ≥ 100 pg/mL or NT-proBNP ≥ 400 pg/mL levels if the patient has been hospitalized for HF within the past 12 months.
- Patients should be under the care of a specialist experienced in the treatment of HF for patient selection, titration, follow-up and monitoring.

Saizen - see somatropin
Salagen - see pilocarpine HCl

salmeterol xinafoate, powder for inhalation (package), 50ug/dose (Serevent Diskus-GSK) (possible OEA)
For treatment of:
(a) Asthma uncontrolled on concurrent inhaled steroid therapy. It is important that these patients also have access to a short-acting beta-2 agonist for symptomatic relief.
(b) COPD unresponsive to short-acting beta agonists or short-acting anticholinergic bronchodilators.

salmeterol xinafoate/fluticasone propionate, metered dose inhaler (package), 25ug/125ug, 25ug/250ug (Advair-GSK); powder for inhalation (package), 50ug/100ug, 50ug/250ug, 50ug/500ug (Advair Diskus-GSK) (and listed generics) (possible OEA)
For treatment of:
(a) Asthma in patients uncontrolled on inhaled steroid therapy. It is important that these patients also have access to a short-acting beta-2 agonist for symptomatic relief.
(b) COPD in patients where there has been concurrent or past use of a long-acting muscarinic receptor antagonist (LAMA) or a long-acting beta-2
agonist (LABA).
Sandostatin LAR - see octreotide
Saphris - see asenapine

**sapropterin dihydrochloride, tablet, 100mg (Kuvan-BPC)**
See Inherited Metabolic Disease Benefit List

**sarilumab, pre-filled syringe, 150mg/1.14mL, 200mg/1.14mL; pre-filled pen, 150mg/1.14mL, 200mg/1.14mL (Kevzara-GZY)**
For the treatment of moderate to severe active rheumatoid arthritis, alone or in combination with methotrexate (MTX) or other disease modifying antirheumatic drugs (DMARDs), in patients who have failed to respond to an adequate trial of DMARDs.

This product should not be used concomitantly with other biologic agents (such as TNF alpha inhibitors).
This product should be used in consultation with a specialist in this area.

**saxagliptin, tablet, 2.5mg, 5mg (Onglyza-AST) (possible OEA)**
For treatment of patients with Type 2 diabetes who have had previous prescriptions for metformin and a sulfonylurea.

**Please Note:** This product should be used in patients with diabetes who are not adequately controlled on or are intolerant to metformin and a sulfonylurea, and for whom insulin is not an option.

**saxagliptin/metformin HCl, tablet, 2.5mg/500mg, 2.5mg/850mg, 2.5mg/1000mg (Komboglyze-AST) (possible OEA)**
For the convenience of patients who have been stabilized on metformin and saxagliptin.

**Please Note:** This product should be used in patients with diabetes who are not adequately controlled on, or are intolerant to combination therapy of metformin and a sulfonylurea, and for whom insulin is not an option.

**secukinumab, subcutaneous solution, 150mg/1.0mL (Cosentyx-NVR)**

a) For treatment of adult patients with severe debilitating plaque psoriasis who meet all of the following criteria:

i) failure to respond to, contraindications to, or intolerant of methotrexate and cyclosporine; AND

ii) failure to respond to, intolerant to or unable to access phototherapy.

Coverage will be approved initially for the induction phase of up to 12 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.
Coverage may be approved as follows: initial dosing of 300mg doses at weeks 0, 1, 2 and 3, followed by monthly maintenance dosing of 300mg doses starting at week 4.

b) For the treatment of psoriatic arthritis in patients who have had an inadequate response to, or are intolerant to, methotrexate and one other DMARD.

Note: Exceptions can be considered in cases where methotrexate or leflunomide are contraindicated.

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

c) For the treatment of ankylosing spondylitis (AS) according to the following criteria:

**Initial Application (for a 16-week medication trial):**
- For patients who have already been treated conventionally with two or more non-steroidal anti-inflammatory drugs (NSAIDs) taken sequentially at maximum tolerated or recommended doses for four weeks without symptom control;
  - **AND**
- Satisfy New York diagnostic criteria: a score ≥ 4 on the Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) **AND** a score of ≥ 4 cm on the 0-10cm spinal visual analogue scale (VAS) on two occasions at least 12 weeks apart without any change of treatment.

**Second Application (following the initial 16-week approval, requests will be considered for a one-year approval timeframe):**
- Adequate response to treatment assessed at 12 weeks defined as at least 50% reduction in pre-treatment baseline BASDAI score or by ≥ 2 units **AND** a reduction of ≥ 2cm in the spinal pain VAS.

**Subsequent Annual Renewal Applications (beyond the first 16 months, requests are to be submitted annually for consideration of ongoing approval on a yearly basis):**
- The BASDAI score does not worsen (i.e. remains within two units of the second assessment) **AND** remains at least two units less than the initial application’s BASDAI score.

**Notes:**
- Requests for coverage for this indication must be made by a rheumatologist.
- Applications for this indication must be submitted on the designated EDS Application – Ankylosing Spondylitis Drugs form found on the Formulary website.
- Coverage may be provided for one switch for patients transitioning to another biologic agent following an adequate trial of the first
agent if the patient fails to respond, if there is a loss of response, or is intolerant, to the first agent. Approval will be subject to the published Exception Drug Status criteria for the requested biologic agent.

- Patients will not be permitted to switch back to a previously trialed biologic agent if they were deemed unresponsive to therapy.
- Patients are limited to receiving one biologic at a time regardless of the condition for which it is being prescribed.

Seebri Breezhaler - see glycopyrronium bromide

*selegiline HCl, tablet, 5mg (listed generics) (possible OEA)
  a) For use as an adjunct in cases of Parkinson’s disease being treated with levodopa, levodopa/benzerazide, levodopa/carbidopa, or bromocriptine.
  b) For prophylaxis in early Parkinsonism.

selexipag, tablet, 200mcg, 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg (Uptravi-ACT)
For the long-term treatment of idiopathic pulmonary arterial hypertension (PAH), heritable PAH, PAH associated with connective tissue disorders, and PAH associated with congenital heart disease, in adult patients with World Health Organization (WHO) functional class (FC) II to III who have failed to control symptoms or are intolerant to a PDE5 inhibitor (such as sildenafil citrate or tadalafil) AND one other drug (such as bosentan) with or without a calcium channel blocker. This medication should be prescribed under the direction of a specialist in the area of PAH.

Note: Combination therapy with prostacyclin (such as epoprostenol) or prostacyclin analog therapies (such as treprostinil) will NOT be covered.

semaglutide, solution, 1.34mg/mL (2mg/pen, 4mg/pen) (Ozempic-NOO) (possible OEA)
For the treatment of type 2 diabetes in combination with metformin and a sulfonylurea, when diet and exercise plus dual therapy with metformin and a sulfonylurea do not achieve adequate glycemic control.

Serevent - see salmeterol xinafoate
Serevent Diskus - see salmeterol xinafoate

sevelamer carbonate, tablet, 800mg (Accel-Sevelamer-ACC) (possible OEA)
For treatment of:
  (a) End-stage renal disease in patients intolerant to aluminum or calcium containing phosphate-binding agents.
  (b) End-stage renal disease in patients where aluminum or calcium containing phosphate-binding agents are inappropriate.

sevelamer HCl, tablet, 800mg (Renagel-GZY) (possible OEA)
For treatment of:
  (a) End-stage renal disease in patients intolerant to aluminum or calcium containing phosphate-binding agents.
  (b) End-stage renal disease in patients where aluminum or calcium containing phosphate-binding agents are inappropriate.

Siliq - see brodalumab
sildenafil citrate, tablet, 20mg (Revatio-PFI) (possible OEA)
For treatment of pulmonary arterial hypertension on the recommendation of a specialist. Note: The maximum dose that will be provided as a benefit is 20mg three times daily.

Simponi - see golimumab
Singulair - see montelukast sodium

sirolimus, tablet, 1mg; oral solution, 1mg/mL (Rapamune-WYA)
For prophylaxis of graft rejection in transplant patients.

sitagliptin and metformin hydrochloride, tablet, 50mg/500mg, 50mg/850mg, 50mg/1000mg (Janumet-MRK); modified release tablet, 50mg/500mg, 50mg/1000mg, 100mg/1000mg (Janumet XR-MRK) (possible OEA)
For the convenience of patients who have been stabilized on metformin and sitagliptin.

Please Note: This product should be used in patients with diabetes who are not adequately controlled on, or are intolerant to combination therapy of metformin and a sulfonylurea, and for whom insulin is not an option.

sitagliptin phosphate, tablet, 25mg, 50mg (Januvia-MRK)
For the treatment of patients with Type 2 diabetes with reduced renal function who are not adequately controlled on or intolerant to metformin AND a sulfonylurea, and in whom insulin is not an option.

sitagliptin phosphate, tablet, 100mg (Januvia-MRK) (possible OEA)
For treatment of patients with Type 2 diabetes who have had previous prescriptions for metformin and a sulfonylurea.

Please Note: These products should be used in patients with diabetes who are not adequately controlled on or are intolerant to metformin and a sulfonylurea, and for whom insulin is not an option.

Skyrizi - see risankizumab

sodium phenylbutyrate, oral granules, 483mg/g (Pheburane-MEC)
For the chronic management of urea cycle disorders (UCDs).
Medication should be prescribed in consultation with a specialist in this area.

sofosbuvir, tablet, 400mg (Sovaldi-GSI)
For use as combination therapy with ribavirin or daclatasvir or both for treatment-naive or treatment-experienced(1) adult patients with chronic hepatitis C infection according to the following criteria:

(i) Treatment is prescribed by a hepatologist, gastroenterologist, an infectious disease specialist or other prescriber experienced in treating hepatitis C as determined by the Drug Plan; AND

(ii) Laboratory-confirmed hepatitis C genotype 2 or 3; AND

(iii) Laboratory-confirmed quantitative HCV RNA value within the last six months.
For patients who meet the eligibility criteria for sofosbuvir (Sovaldi), clinicians are encouraged to choose sofosbuvir/velpatasvir (Epclusa) or sofosbuvir in combination with daclatasvir (Daklinza) as one of the preferred therapeutic options over sofosbuvir with ribavirin regimens for treatment of genotype 2 or 3 patients only. This recommendation is based on evidence that Epclusa or Daklinza in combination with sofosbuvir offers advantages in some patient populations, including potentially higher SVR rates and a shorter course of therapy for genotype 3 infections.

Treatment regimens reimbursed*:

<table>
<thead>
<tr>
<th>Patient Population</th>
<th>Treatment Regimen and Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Genotype 2</td>
<td>12 weeks in combination with ribavirin</td>
</tr>
<tr>
<td>Treatment-naïve or treatment-experienced(1) without cirrhosis</td>
<td>12 weeks in combination with daclatasvir OR 24 weeks in combination with ribavirin</td>
</tr>
<tr>
<td>Treatment-naïve or treatment-experienced(1) with compensated or decompensated cirrhosis(2)</td>
<td>12 weeks in combination with daclatasvir and ribavirin OR 24 weeks in combination with ribavirin</td>
</tr>
<tr>
<td>Treatment-naïve or treatment-experienced(1) post liver transplant</td>
<td>12 weeks in combination with daclatasvir and ribavirin</td>
</tr>
<tr>
<td>Genotype 3</td>
<td>12 weeks in combination with riavirin</td>
</tr>
</tbody>
</table>

*Combination therapy with elbasvir/grazoprevir (Zepatier) will not be considered for funding.

Exceptional case-by-case consideration: Retreatment may be considered on a case-by-case basis and may include combination therapy with products from different manufacturers.

NOTES:
Health care professionals are advised to refer to the product monograph and prescribing guidelines for appropriate use of the drug product, including use in special populations.

(1) Treatment-experienced is defined as those who have failed prior therapy with an interferon-based regimen, including regimens containing a HCV protease inhibitor.

(2) Compensated cirrhosis is defined as cirrhosis with a Child Pugh Score = A (score 5-6), and decompensated cirrhosis is defined as cirrhosis with a Child Pugh Score = B or C (score 7 or above).

sofosbuvir/velpatasvir, tablet, 400mg/100mg (Epclusa-GSI)
For use as monotherapy or as combination therapy with ribavirin for treatment-naïve or treatment-experienced(1) adult patients with chronic hepatitis C infection according to the following criteria:

(i) Treatment is prescribed by a hepatologist, gastroenterologist, an infectious disease specialist or other prescriber experienced in treating hepatitis C as determined by the Drug Plan; AND

(ii) Laboratory-confirmed hepatitis C genotype 1, 2, 3, 4, 5, 6, or mixed genotypes; AND

(iii) Laboratory-confirmed quantitative HCV RNA value within the last six months.

Treatment regimens reimbursed:

<table>
<thead>
<tr>
<th>Patient Population</th>
<th>Treatment Regimen and Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>All HCV genotypes</td>
<td>Treatment-naïve or treatment-experienced(1) without cirrhosis, or with compensated cirrhosis(2)</td>
</tr>
<tr>
<td></td>
<td>Treatment-naïve or treatment-experienced(1) with decompensated cirrhosis(2)</td>
</tr>
</tbody>
</table>

**Exceptional case-by-case consideration:** Retreatment may be considered on a case-by-case basis and may include combination therapy with products from different manufacturers.

**NOTES:**
Health care professionals are advised to refer to the product monograph and prescribing guidelines for appropriate use of the drug product, including use in special populations.

(1) Treatment-experienced is defined as those who have failed prior therapy with an interferon-based regimen, including regimens containing a HCV protease inhibitor.
(2) Compensated cirrhosis is defined as cirrhosis with a Child Pugh Score = A (score 5-6), and decompensated cirrhosis is defined as cirrhosis with a Child Pugh Score = B or C (score 7 or above).

**sofosbuvir/velpatasvir/voxilaprevir, tablet, 400mg/100mg/100mg (Vosevi-GSI)**
For use as monotherapy for treatment-experienced(1) adult patients with chronic hepatitis C infection according to the following criteria:
Treatment is prescribed by a hepatologist, gastroenterologist, an infectious disease specialist or other prescriber experienced in treating hepatitis C as determined by the Drug Plan; AND

(ii) Laboratory-confirmed hepatitis C genotype 1, 2, 3, 4, 5, 6, or mixed genotypes; AND

(iii) Laboratory-confirmed quantitative HCV RNA value within the last six months.

Treatment regimens reimbursed:

<table>
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<tr>
<th>Patient Population</th>
<th>Treatment Regimen and Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>All HCV genotypes</td>
<td>Treatment-experienced(1), non-cirrhotic or compensated cirrhosis(2)</td>
</tr>
</tbody>
</table>

**Exceptional case-by-case consideration:** Retreatment may be considered on a case-by-case basis and may include combination therapy with products from different manufacturers.

**NOTES:**
Health care professionals are advised to refer to the product monograph and prescribing guidelines for appropriate use of the drug product, including use in special populations.

(1) Treatment-experienced is defined as those who have failed prior therapy with a HCV regimen containing:
- NS5A inhibitor (daclatasvir (Daklinza), elbasvir (part of Zepatier), ledipasvir (part of Harvoni), ombitasvir (part of Holkira Pak), velpatasvir (part of Epclusa)) for genotype 1, 2, 3, 4, 5, or 6; OR
- Sofosbuvir (Sovaldi) without an NS5A inhibitor for genotype 1, 2, 3, or 4

(2) Compensated cirrhosis is defined as cirrhosis with a Child Pugh Score = A (score 5-6), and decompensated cirrhosis is defined as cirrhosis with a Child Pugh Score = B or C (score 7 or above).

+ somatropin, injection, 0.6mg/syr, 0.8mg/syr, 1.0mg/syr, 1.2mg/syr, 1.4mg/syr, 1.6mg/syr, 1.8mg/syr, 2.0mg/syr (Genotropin-PFI); vial, 5mg (Humatrope-LIL); cartridge, 5mg, 10mg (Omnitrope-SDZ); 5mg/1.5mL prefilled pen (Norditropin Nordiflex-NOO); 5.3mg/pen (Genotropin-PFI); cartridge, 6mg, 12mg (Humatrope Cartridge-LIL); 10mg/1.5mL pre-filled pen (Norditropin Nordiflex-NOO) 12mg/pen (Genotropin-PFI); cartridge 15mg/1.5mL (Omnitrope-SDZ); 15mg/1.5mL pre-filled pen (Norditropin Nordiflex-NOO); 24mg (Humatrope Cartridge-LIL)

For treatment of children who have growth failure due to inadequate secretion of normal endogenous growth hormone. (Note: These products are not interchangeable)

+ somatropin, injection, vial, 5mg (Saizen-SRO); vial, cartridge, 6mg, 12mg (Saizen-SRO); cartridge, 10 mg (Nutropin AQ Nuspin-HLR), 5mg/2ml
(Nutropin AQ NuSpin 5); cartridge, 20mg (Saizen-SRO); cartridge, 20mg/2ml (Nutropin AQ NuSpin 20)
For treatment of:
(a) Children who have growth failure due to inadequate secretion of normal endogenous growth hormone.
(b) Children who have growth failure associated with chronic renal insufficiency. Note Exception Drug Status coverage is not required for S.A.I.L. patients. Coverage is provided under Saskatchewan Aids to Independent Living (S.A.I.L.) Program.

Somatuline Autogel - see lanreotide acetate
Soriatane - see acitretin
Sovaldi - see sofosbuvir
Spinraza - see nusinersen
Spiriva - see tiotropium bromide monohydrate
Spiriva Respimat - see tiotropium bromide monohydrate
Sporanox - see itraconazole

stavudine, capsule, 40mg (Zerit-BMY) (possible OEA)
For management of HIV disease.

This drug, as with other antivirals in the treatment of HIV, should be used under the direction of an infectious disease specialist.

Stelara - see ustekinumab

stiripental, capsule, 250mg 500mg ; powder for suspension, 250mg (Discomit-BCX)
For use in combination with clobazam and valproate as adjunctive therapy of refractory generalized tonic-clonic seizures in patients with severe myoclonic epilepsy in infancy (Dravet syndrome), whose seizures are not adequately controlled with clobazam and valproate alone.

Note: The patient must be under the care of a neurologist or a pediatrician.

Strattera - see atomoxetine HCl
Stribild - see elvitegravir/cobicistat/emtricitabine/tenofovir disoproxil fumarate

Sublocade - see buprenorphine
Suboxone - see buprenorphine/naloxone

*sumatriptan, tablet, 25mg (listed generics); 50mg, 100mg; injection solution, 6mg/0.5ml (Imitrex-GSK) (and listed generics); nasal spray, 5mg, 20mg (Imitrex-GSK)
For treatment of migraine headaches in patients over 18 years of age.

The maximum quantity that can be claimed through the Drug Plan is limited to 6 doses per 30 days within a 60-day period. Patients requiring more than 12 doses in a consecutive 60-day period should be considered for migraine prophylaxis therapy if they are not already receiving such therapy.

Suprax - see cefixime
Suprefact - see buaseril acetate
Sustiva - see efavirenz
Symbritor Turbuhaler - see formoterol fumarate dihydrate/budesonide
Synarel - see nafarelin acetate
Synjardy - see empagliflozin/metformin HCl
3TC - see lamivudine

tacrolimus, extended release tablet, 0.75mg, 1mg, 4mg
(Envarsus PA-PAL)
For prophylaxis of graft rejection following renal or liver transplant. This medication should be prescribed by a transplant physician.

tacrolimus, capsule, 0.5mg, 1mg, 5mg (Prograf-APC); extended-release capsule, 0.5mg, 1mg, 3mg, 5mg; (Advagraf-APC); ampoule, 5mg/mL (Prograf-APC)
For prophylaxis of graft rejection and to prevent rejection in post bone marrow/stem cell transplant patients.

tacrolimus, topical ointment, 0.03%, 0.1% (Protopic-LEO) (possible OEA)
For treatment:
(a) Atopic dermatitis in patients unresponsive to topical steroids tried within the last 3 months.
(b) Atopic dermatitis in patients intolerant to topical steroids tried within the last 3 months.

tadalafil, tablet, 20mg (Adcirca-LIL) (and listed generic) (possible OEA)
For the treatment of pulmonary arterial hypertension on the recommendation of a specialist. Note: The maximum dose that will be provided as a benefit is 40mg once daily.

Taltz - see ixekizumab
Tecfidera - see Appendix D
Tegsedi - see inotersen
Telzir - see fosamprenavir calcium

tenofivir disoproxil fumarate, tablet, 300mg (Viread-GSI) (and listed generics) (possible OEA)
For treatment of:
(a) HIV in patients who have failed an alternative nucleoside reverse transcriptase inhibitor.
(b) HIV in patients intolerant to an alternative nucleoside reverse transcriptase inhibitor.
This drug, as with other antivirals in the treatment of HIV, should be used under the direction of an infectious disease specialist.
(c) For management of hepatitis B.

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

teriflunomide, tablet, 14mg (Aubagio-GZY)
See Appendix D

ticagrelor, tablet, 60mg (Brilinta-AST) (possible OEA)
For secondary prevention of atherothrombotic events in patients with a history of myocardial infarction (MI), when co-administered with low-dose (75 mg to 150 mg) acetylsalicylic acid (ASA), for patients who are between 12 and 24 months from their most recent MI, and less than 12 months since dual antiplatelet therapy with ASA and an adenosine diphosphate (ADP) receptor inhibitor, with a high risk subsequent cardiovascular events, defined by at least one of:

1) Age 65 years or older
2) Diabetes requiring medication
3) Second prior spontaneous MI
4) Angiographic evidence of multivessel coronary artery disease
5) Chronic renal dysfunction (creatinine clearance <60mL/min)
When prescribed by a specialist in cardiology, cardiac surgery, or other physician with experience managing acute coronary syndrome as identified by the Drug Plan.

Total duration of coverage not to exceed 3 years.

**ticagrelor, tablet, 90mg (Brilinta-AST) (possible OEA)**

For treatment of Acute Coronary Syndrome (ACS), defined as unstable angina or myocardial infarction when initiated in hospital and prescribed by a specialist in cardiology, cardiac surgery, or other physician with experience managing ACS as identified by the Drug Plan.

Treatment must be in combination with low dose ASA.

**Exclusions:**

- Patients on triple-therapy (warfarin, ASA, antiplatelet)
- Patients on high dose ASA (doses greater than 150 mg)

Duration of approval: Requests meeting the above inclusion criteria will be eligible for an approval period of 12 months.

**ticlopidine HCl, tablet, 250mg (listed generics) (possible OEA)**

For treatment of patients who have experienced a:

(a) Transient ischemic attack, stroke, or myocardial infarction while on acetylsalicylic acid.

(b) Transient ischemic attack, stroke or myocardial infarction and have clearly demonstrated allergy to acetylsalicylic acid (manifested by asthma or nasal polyps).

(c) Transient ischemic attack, stroke or a myocardial infarction and are intolerant of acetylsalicylic acid (manifested by gastrointestinal hemorrhage).

**tinzaparin sodium, syringe, 10,000IU/mL (0.25mL, 0.35mL, 0.45mL), 20,000IU/mL (0.4mL, 0.5mL, 0.6mL, 0.7mL, 0.8mL, 0.9mL); injection solution, 10,000IU/mL (2mL), 20,000IU/mL (2mL) (Innohep-LEO)**

(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) Prophylaxis in patients undergoing total hip replacement or following hip fracture surgery for up to 35 days following the procedure.

(h) For prophylaxis following abdominal or pelvic surgery for up to 28 days.

**tiotropium bromide monohydrate, inhalation solution, 2.5ug (Spiriva Respimat-BOE) powder capsule, 18ug/dose (Spiriva-BOE) (possible OEA)**

(a) For treatment of COPD in patients unresponsive to short-acting beta agonists or short-acting anticholinergic bronchodilators, or

(b) For treatment of moderate to severe COPD (i.e. Medical Research Council (MRC) dyspnea scale score 3 to 5), in conjunction with spirometry demonstrating moderate to severe airflow obstruction (i.e. FEV1 <60% and low FEV1/FVC <0.7), without a trial of short-acting
agents.

COVID-19 UPDATE - SEE FORMULARY BULLETIN #184

tiotropium bromide monohydrate/olodaterol HCl, inhalation solution, 2.5ug/2.5ug (Insiplto Respimat-BOE)
For treatment of airflow obstruction in patients with moderate to severe COPD, as defined by spirometry, who have had an inadequate response to a long-acting beta-2 agonist (LABA), OR a long-acting muscarinic antagonist (LAMA).

COVID-19 UPDATE - SEE FORMULARY BULLETIN #184

tipranavir, capsule, 250mg (Aptivus-BOE) (possible OEA)
For the management of HIV disease in patients who have been shown to be non-responsive or resistant to all currently listed protease inhibitors (except Prezista).
This drug, as with all antivirals in the treatment of HIV, should be used under the direction of an infectious disease specialist.

Tivicay - see dolutegravir

*tizanidine HCl, tablet, 4mg (listed generics) (possible OEA)
For treatment of:
(a) Severe spasticity in patients unresponsive to baclofen or benzodiazepines.
(b) Severe spasticity in patients intolerant to baclofen or benzodiazepines.

TOBI - see tobramycin inhalation solution
TOBI PODHALER - see tobramycin inhalation powder

tobramycin, inhalation powder capsule, 28mg (TOBI PODHALER-NVR)
For the treatment of chronic Pseudomonas aeruginosa infections in patients with cystic fibrosis where the Podhaler dosage form is required due to administration difficulties with the inhalation solution formulation.

tobramycin, inhalation solution, 60mg/mL (TOBI-CCL) (and listed generic)
For the treatment of chronic Pseudomonas aeruginosa infections in patients with cystic fibrosis.

tocilizumab, solution for IV infusion, 20mg/mL (4mL vial, 10mL vial, 20mL vial) (Actemra-HLR)
For the treatment of:
a) Moderate to severe active rheumatoid arthritis, alone or in combination with methotrexate (MTX) or other disease-modifying antirheumatic drugs (DMARDs), in patients who have failed to respond to an adequate trial of DMARDs.
Patients should be assessed after 16 weeks of treatment and therapy continued only if there is a clinical response to treatment.
Actemra should not be used concomitantly with TNF alpha inhibitors.
This product should be used in consultation with a specialist in this area.
b) Active systemic juvenile idiopathic arthritis (sJIA) in patients two years of age and older who have responded inadequately to nonsteroidal anti-inflammatory drugs (NSAIDs) and systemic corticosteroids (with or without methotrexate), due to intolerance or lack of efficacy.
Actemra should not be used concomitantly with TNF alpha inhibitors.
This product should be used in consultation with a specialist in this area.
c) Polyarticular juvenile idiopathic arthritis in patients 2 years of age and older, who are intolerant to, or have inadequate response to one or more disease-modifying anti-rheumatic drugs. This medication should be prescribed by a rheumatologist.

tocilizumab, subcutaneous solution, 162mg/0.9mL pre-filled syringe, autoinjector (Actemra-HLR)
For the treatment of:
  a) Moderate to severe active rheumatoid arthritis, alone or in combination with methotrexate (MTX) or other disease-modifying antirheumatic drugs (DMARDs), in patients who have failed to respond to an adequate trial of DMARDs. Patients should be assessed after 16 weeks of treatment and therapy continued only if there is a clinical response to treatment. 
  Actemra should not be used concomitantly with TNF alpha inhibitors.
  This product should be used in consultation with a specialist in this area.
  This medication should be prescribed by a rheumatologist.
  b) 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 if there is no response to therapy.

tofacitinib, tablet, 5mg (Xeljanz-PFI)
  (a) 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.

(b) For treatment of ulcerative colitis in patients unresponsive to high dose steroids.
Note: Clinical response should be assessed after eight (8) weeks of therapy. Ongoing coverage will only be provided for those who respond to therapy. Patients undergoing this treatment should be reviewed every six months by a specialist in this area.

tofacitinib, tablet, 10mg (Xeljanz-PFI)
For treatment of ulcerative colitis in patients unresponsive to high dose steroids.
Note: Clinical response should be assessed after eight (8) weeks of therapy. Ongoing coverage will only be provided for those who respond to therapy. Patients undergoing this treatment should be reviewed every six months by a specialist in this area.

tofacitinib, tablet, extended release tablet, 11mg (Xeljanz XR-PFI)
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.

Toviaz - see fesoterodine fumerate
Tracleer - see bosentan
Trajenta - see linagliptin
Trelegy Ellipta - see fluticasone furoate/umeclidinium/vilanterol

treprostinil, injection solution, 1mg, 2.5mg, 5mg, 10mg (Remodulin-NTI)
For treatment of patients with primary pulmonary hypertension or pulmonary hypertension secondary to collagen vascular disease, with New York Heart association class 111 or 1V disease who have both:
(a) failed to respond to non-prostanoid therapies (i.e. calcium channel blockers, vasodilators, bosentan)
and:
(b) who are not candidates for epoprostenol therapy because of:
• prior recurrent complications with central line access (i.e. infection, thrombosis) or,
• they reside in an area without ready access to medical care, which could complicate problems associated with an abrupt interruption of epoprostenol therapy.

Please contact the Drug Plan for billing information.

Triamcinolone Hexacetonide - see triamcinolone hexacetonide

triamcinolone hexacetonide, injection suspension, 20mg/mL
(Triamcinolone Hexacetonide Injectable Suspension-MDX)
For the management of pediatric chronic inflammatory arthropathies.

Trileptal - see oxcarbazepine
Triumeq - see abacavir/dolutegravir/lamivudine
Trizivir - see abacavir SO4/lamivudine/zidovudine
Trosec - see trospium chloride

trospium chloride, tablet, 20mg (Trosec-SNV) (possible OEA)
For treatment of patients intolerant to oxybutynin chloride, solifenacin succinate or tolterodine l-tartrate.

Tidorza Genuair - see aclidinium bromide
Tysabri - see natalizumab

ulipristal acetate, tablet, 5mg (Fibrystal-ASP)
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.

Uloric - see febuxostat
Ultibro Breezhaler - see indacaterol/glycopyrronium

umeclidinium bromide, powder for inhalation, 62.5UG (Incure Ellipta-GSK) (possible OEA)
(a) For treatment of COPD in patients unresponsive to short-acting beta agonists or short-acting anticholinergic bronchodilators, or
(b) For treatment of moderate to severe COPD (i.e. Medical Research Council (MRC) dyspnea scale score 3 to 5), in conjunction with spirometry demonstrating moderate to severe airflow obstruction (i.e. FEV1 <60% and low FEV1/FVC <0.7), without a trial of short-acting agents.

COVID-19 UPDATE - SEE FORMULARY BULLETIN #184

umeclidinium bromide/vilanterol trifenatate, powder for inhalation, 62.5/25UG (Anoro Ellipta- GSK)
For treatment of airflow obstruction in patients with moderate to severe COPD, as defined by spirometry, who have had an inadequate response to a long-acting beta-2 agonist (LABA), OR a long-acting muscarinic antagonist (LAMA).

COVID-19 UPDATE - SEE FORMULARY BULLETIN #184

Uptravi - see selexipag

ustekinumab, solution for injection, 45mg/0.5mL, 90mg/1.0ml (Stelara-JAN)
For treatment of adult patients with severe debilitating plaque psoriasis who meet all of the following criteria:
 i) failure to respond to, contraindications to, or intolerant of methotrexate and cyclosporine and
 ii) 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.

For treatment of psoriatic arthritis in patients who have had an inadequate response to, or are intolerant to methotrexate and one other DMARD.
Note: Exceptions can be considered in cases where methotrexate or leflunomide are contraindicated.
This product should be used in consultation with a specialist in this area.

ustekinumab, solution for infusion, 5mg/mL (130mg/26mL), solution for injection, 90mg/1.0ml (Stelara-JAN)
For treatment of adult patients with moderate to severely active Crohn’s disease (CD) who have had an inadequate response to, loss of response to, or were intolerant to either immunomodulators or one or more tumor necrosis factor-alpha antagonists, or have had an inadequate response to, intolerance to or demonstrated dependence on corticosteroids.
Notes:
- Clinical response should be assessed in the eight weeks following the single IV induction dose. Ongoing coverage of the maintenance SC injections will only be provided for those who respond to treatment.
- This product should be used in consultation with a specialist in this area.

Valcyte - see valganciclovir HCl

_valganciclovir HCl, tablet, 450mg (Valcyte-HLR) (and listed generics); powder for oral solution, 50mg/mL (Valcyte-HLR)
  (a) For treatment of retinitis arising from CMV infection in patients with HIV infection.
  (b) For treatment and prophylaxis of CMV infection in transplant patients. Coverage will be approved for a twelve month period for lung or heart/lung transplant patients, or for a six month period for other transplant patients.

Vancocin - see vancomycin HCl

_vancomycin HCl, capsule, 125mg, 250mg (Vancocin-LIL) (and listed generics);
  *Injection, 500mg, 1g (listed generics)
  Treatment of _Clostridium difficile_ infection (CDI) for:
  • completion of treatment initiated in hospital, or
  • patients experiencing severe infection, or
  • patients who have not responded to, or are intolerant to, metronidazole within 5 days of treatment onset, or
  • patients experiencing recurrent CDI in which a taper and pulse regimen is recommended

  Notes:
  • Severity is defined as:
    Mild – Moderate: WBC < 15 x 10⁹/L and SCr ≤133 μmol/L
    Severe: WBC > 15 x 10⁹/L and/or SCr > 133 μmol/L
  • Recurrence defined as an episode of CDI that occurs in a patient within eight weeks following the diagnostic test date of the primary episode of CDI, providing the patient was treated successfully for the primary episode and symptoms of CDI resolved completely.
  • Tapered and pulse regimen: reduction of vancomycin dose at weekly intervals over four to eight weeks in which the dosing interval of the last week(s) is every three days.

vedolizumab, solution for infusion, 300mg/vial (Entyvio-TAK)
  (a)For treatment of ulcerative colitis in patients unresponsive to high dose steroids.

Note: Clinical response should be assessed after the three dose induction phase. Ongoing coverage will only be provided for those who respond to therapy.

Patients undergoing this treatment should be reviewed every six months by a specialist in this area.
For the treatment of moderate to severely active Crohn’s Disease (CD) patients who demonstrate continuing symptoms despite the use of optimal conventional therapies, such as glucocorticoids and immunosuppressive therapy, or are intolerant to glucocorticoids and immunosuppressive therapy.

Note: Clinical response should be assessed after the three dose induction phase. Ongoing coverage will only be provided for those who respond to therapy.

Patients undergoing this treatment should be reviewed every six months by a specialist in this area.

Venofer - see iron sucrose
Vfend - see voriconazole
Videx EC - see didanosine
Vigamox - see moxifloxacin HCl

*vilanterol/fluticasone furoate, powder for inhalation, 25mcg/100mcg (Breo Ellipta-GSK)*

(a) For treatment of COPD in patients where there has been concurrent or past use of a long-acting muscarinic receptor antagonist (LAMA) or a long-acting beta-2 agonist (LABA).

(b) For the treatment of asthma in patients uncontrolled on inhaled steroid therapy. It is important that these patients also have access to a short-acting beta-2 agonist for symptomatic relief.

*vilanterol/fluticasone furoate, powder for inhalation, 25mcg/200mcg, (Breo Ellipta-GSK)*

For the treatment of asthma in patients uncontrolled on inhaled steroid therapy. It is important that these patients also have access to a short-acting beta-2 agonist for symptomatic relief.

Vimpan - see lacosamide
Viracept - see nelfinavir
Viramune - see nevirapine
Viread - see tenofovir disoproxil fumarate
Visanne - see dienogest
Vitamin A Acid - see tretinoin
Volibris - see ambrisentan

*voriconazole, tablet, 50mg, 200mg; (Vfend-PFI) (and listed generics)*

For step-down treatment of patients treated in hospital for invasive aspergillosis or other serious fungal infections in consultation with an infectious disease specialist.

Vosevi - see sofosbuvir/velpatasvir/voxilaprevir
Vyvanse - see lisdexamfetamine dimesylate
Xarelto - see rivaroxaban
Xeljanz - see tofacitinib
Xeomin - see incobotulinumtoxin A
Xigduo – see dapagliflozin/metformin HCl
Xolair - see omalizumab
Zaditen - see ketotifen fumarate
Zaxine - see rifaximin
Zenhal - see mometasone furoate/ formoterol fumarate dehydrate
Zepatier - see elbasvir/grazoprevir
Zerit - see stavudine  
Ziagen - see abacavir SO₄

zidovudine, syrup, 10mg/mL; injection, 10mg/mL (Retrovir-GSK)  
*capsule, 100mg (Retrovir-GSK) (and listed generics) (possible OEA)

For management of HIV disease.

This drug, as with other antivirals in the treatment of HIV, should be used under the direction of an infectious disease specialist.

Zithromax - see azithromycin  
Zoladex - see goserelin acetate

zoledronic acid, solution, 5mg/100mL (Aclasta-NVR)

(a) For symptomatic treatment of Paget’s disease of the bone.  
(b) For the treatment of patients with osteoporosis who would otherwise meet the current EDS criteria for oral bisphosphonates, but are unable to take oral bisphosphonates due to abnormalities of the esophagus (e.g., esophageal stricture or achalasia) or the development of severe intolerance following at least a three month trial of an oral bisphosphonate.

AND have at least two of the following:

i) Age > 75 years;  
ii) A prior fragility fracture;  
iii) A bone mineral density (BMD) T-score ≤ -2.5

Note: Only one treatment per year is required.

zolmitriptan, *tablet, 2.5mg (Zomig-AST) (and listed generics); *orally dispersible tablet, 2.5mg (Zomig Rapimelt-AST) (and listed generics); nasal spray, 5mg (Zomig Nasal Spray-AST)

For treatment of migraine headaches in patients over 18 years of age.

The maximum quantity that can be claimed through the Drug Plan is limited to 6 doses per 30 days within a 60-day period. Patients requiring more than 12 doses in a consecutive 60-day period should be considered for migraine prophylaxis therapy if they are not already receiving such therapy.

Zomig - see zolmitriptan  
Zomig Nasal Spray - see zolmitriptan  
Zomig Rapimelt - see zolmitriptan  
Zovirax - see acyclovir  
Zymar - see gatifloxacin  
Zyvoxam - see linezolid

**LEGEND:**

*These brands of products have been approved as interchangeable.  
+These brands of products have NOT been approved as interchangeable.