HOSPITAL BENEFIT DRUG LIST

January 2017

NOTIFICATION OF UPDATES TO THE HOSPITAL BENEFIT DRUG LIST WILL BE PROVIDED IN THE DRUG PLAN UPDATE BULLETINS

PLEASE DIRECT INQUIRIES REGARDING THIS LIST TO:
(306) 787- 3420
1. This list of drug benefits under Saskatchewan Health is supplementary to the annual Saskatchewan Formulary (60th Edition, April 2010). It is intended to expand on the Formulary as required to meet the special requirements of hospitals and health centers.

2. The Benefit Drug List is published annually with periodic updates included in the Formulary Bulletins.

3. In summary, the government is accepting the following items as insured benefits when administered to patients in hospital and/or health centers. Institutional formularies put in place by Regional Health Authorities and affiliates may affect the availability of some insured drugs:

   (a) All products listed in the Saskatchewan Formulary. (Brands other than those listed are not considered as interchangeable.)

   (b) Unlisted strengths of products included in the Saskatchewan Formulary or approved for Exception Drug Status coverage (see item 5). [This applies only to brands manufactured by the same supplier(s).]

   (c) Generally accepted nursing treatments, agents such as antiseptics, disinfectants, mouthwashes, lozenges, lubricants, soaps and emollients.

   (d) All diagnostic agents.

   (e) All irrigating solutions.

   (f) All radioactive agents.

   (g) All injectable vitamins and injectable multivitamin preparations when used to maintain or attain nutritional status.

   (h) Alcoholic beverages such as beer, stout, brandy and whiskey.

   (i) All dietary supplements.

   (j) All antacids and laxatives marketed by approved manufacturers.

   (k) All hemostatic agents.

   (l) All agents appearing on the attached supplemental list including all dosage forms and strengths unless otherwise indicated in the list. Prolonged release, sustained release, and delayed release dosage forms are benefits only when specifically listed.

   (m) New dosage forms, drug entities and other products released on the market after the effective date of this list are not insured hospital/health center benefits. They may be charged to hospital or health center clients until reviewed and approved as an insured benefit by the Drug Advisory Committee of Saskatchewan.

4. Formularies established by Regional Health Authorities and affiliates may not include all insured items. If an insured drug is not included in a health region/affiliate formulary, its provision will be subject to Regional Health Authority/affiliate policy. However if a benefit drug is provided within the guidelines of the Hospital Benefit
Drug List /Saskatchewan Formulary, it should be considered a benefit for that patient and paid for by the institution.

5. Only drugs listed in the Saskatchewan Formulary, and not those on the Benefit Drug List, are an insured benefit when dispensed to ambulatory patients, i.e. through retail pharmacies or an organized hospital dispensing service.

6. For certain patients, the Prescription Drug Services Branch may approve/has approved Exception Drug Status coverage, on an outpatient basis, for certain products which are not listed in the Saskatchewan Formulary or the Benefit Drug List. Patients with such coverage have been issued a letter of authorization which, upon presentation in a hospital or health center, also entitles the beneficiary to receive the specified drug as an inpatient benefit (notwithstanding Statement 4 above).

In cases where treatment with a product known to be eligible for Exception Drug Status Coverage is initiated in the hospital or health center, it will be recognized as an inpatient benefit providing the patient’s case meets the eligibility criteria listed in the Saskatchewan Formulary. The drugs eligible for such coverage and the criteria for patient eligibility are published in the Saskatchewan Formulary as Appendix A.

7. Certain products are benefits only when used according to specific criteria. The usage criteria or restrictions that apply are shown for each product. When these products are ordered, the ordering physician and/or the pharmacist must determine if the conditions for coverage have been met. When the conditions are met, the patient receives the drug as a benefit. The cost is absorbed by the health region or affiliate. The region/affiliate may choose to charge the patient for administration of drugs in this section that fails to meet the criteria/restrictions listed.

8. Combination products are only benefits if they are specifically included in the Benefit Drug List. Listing of one ingredient included in a combination product does not make that product a benefit.

9. Products that are not listed in either the Saskatchewan Formulary or this supplementary benefit drug list, or which have not received special approval, are not insured and therefore are chargeable to a patient.

10. Certain products may be granted Restricted Coverage status for non-approved indications. This is the case only when the Drug Advisory Committee of Saskatchewan has reviewed evidence to demonstrate safety and efficacy and the prescriber is aware the drug is being prescribed for a non-approved indication.

11. Toxoids and Vaccines are to be provided by health regions and affiliates according to supply and guidelines established by Saskatchewan Health and Canadian Blood Services. Other such products will be reviewed and recommended for approval on a case by case basis by the health regions and affiliates. Serums are listed in Section 80:00.00.

12. Eprex™, Aranesp™, Infufer™ and Venofer™ may be billed to the Drug Plan when used for the treatment of anemia of renal disease if patients receive these drugs in an institution’s dialysis unit as an outpatient. In addition Pamidronate (all brands listed in the Saskatchewan Formulary), Orencia™, Remicade™, and Rituxan™ may be billed to the Drug Plan via this process for patients meeting Exception Drug Status criteria. Payment for inpatient use of all of these drugs is the responsibility of the health region or affiliate.
Payment Policy Statement:
• The Drug Plan will reimburse hospital pharmacies the actual acquisition cost (AAC) of the dose of Eprex™, Aranesp™, Infufer™, Venofer™, Pamidronate (brands listed in the Saskatchewan Formulary), Orencia®, Remicade®, and Rituxan® that is administered plus a 10% mark-up for each month’s supply. The mark-up will be capped at $20.00 per month, unless there are dosage changes. Where new generic brands are approved by the Saskatchewan drug review process as interchangeable with the above drugs, payment will be provided only up to the cost of the generic brand.

How to bill the Drug Plan:
• To ensure consistency in billing for these agents, hospital pharmacy departments are asked to use their specific DRUG PLAN WEB CERTIFICATE to submit claims online. Please contact (306) 787-3315 or toll free 1-800-667-7578 with any questions.
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04:00.00  ANTIHISTAMINE AGENTS

CYPROHEPTADINE
   Tablet 4mg
   Syrup 0.4mg/mL
DIPHENHYDRAMINE (injection only)
   Injection 50mg/mL
PROMETHAZINE
   Injection 25mg/mL

08:00.00  ANTI-INFECTIVE AGENTS

08:12.00  ANTIBIOTICS

08:12.02  AMINOGLYCOSIDES

AMIKACIN
   Injection 250mg/mL
TOBRAMYCIN
   Injection 10mg/mL, 40mg/mL

08:12.04  ANTIFUNGALS

AMPHOTERICIN B
   Injection 50mg
AMPHOTERICIN B LIPID COMPLEX INJECTION (Abelcet) and LIPOSOMAL AMPHOTERICIN B (AmBisome)
   *Restricted Coverage: When used in consultation with an infectious disease specialist under the following guidelines:
   • failure of amphotericin B deoxycholate. For adults, this is normally defined as poor clinical response to >500mg cumulative doses;
   • nephrotoxicity due to conventional amphotericin B therapy as evidenced by doubling of baseline serum creatinine or a significant rise from baseline plus concomitant use of other potential nephrotoxins;
   • significant pre-existing renal failure – creatinine >220umol/L or CrCl <25ml/minute or special renal condition (e.g. transplant or single kidney);
   • severe dose-related toxicities which do not resolve with premedication (e.g. fever, rigors, hypotension).
CASPOFUNGIN ACETATE
   *Restricted coverage: when administered in consultation with an infectious disease specialist.
   Injection 50mg, 70mg
FLUCONAZOLE
   *Restricted Coverage: Injection
   Injection 2mg/mL
FLUCYTOSINE (Health Canada - Special Access Programme)
   Injection 1g, 5g, 10g
   Capsules 500mg

08:12.06  CEPHALOSPORINS

CEFAZOLIN
   Injection 500mg, 1g
CEFOTAXIME
Restricted Coverage: Benefit status is automatic for first 72 hours in severe infections. Long-term use is covered when supported by sensitivity tests.

Injection 500mg, 1g, 2g

CEFOTETAN
Injection 1g, 2g

CEFOXITIN SODIUM
Injection 1g, 2g

CEFTAZIDIME
Restricted Coverage: Benefit status is automatic for first 72 hours in severe infections. Long-term use is covered when supported by sensitivity tests.

Injection 500mg, 1g, 2g

CEFTOBIPROLE MEDOCARIL
Restricted Coverage: For use as a second/third line agent for suspected or proven MRSA infections, or as a second/third line agent for suspected or proven mixed infections. This agent should be reserved for use by an infectious disease specialist.

Injection 500mg

CEFTOLOZANE SULFATE/TAZOBACTUM SODIUM
Restricted Coverage: For treatment of severe infections on the recommendation of an infectious disease specialist.

Injection 1g/0.5g (1.5g vial)

CEFTRIAXONE
Restricted Coverage: Benefit status is automatic for first 72 hours in severe infections. Long-term use is covered when supported by sensitivity tests.

Injection 250mg, 1g, 2g

CEFUROXIME (see Appendix A – Saskatchewan Health Drug Plan Formulary)
Injection 750mg, 1.5g

CEPHALOTHIN
Injection

08:12.07 MISCELLANEOUS BETA LACTAM ANTIBIOTICS

ERTAPENEM
Restricted coverage: For the treatment of severe infections on the recommendation of an infectious disease specialist, internist or microbiologist.

Injection 1g

IMIPENEM/CILASTATIN
Restricted Coverage: For the treatment of severe infections on the recommendation of an infectious disease specialist; internist or medical microbiologist.

Injection 250mg/250mg; 500mg/500mg

MEROPENEM
Restricted Coverage: For the treatment of severe infections on the recommendation of an infectious disease specialist; internist or medical microbiologist.

Injection

08:12.08 CHLORAMPHENICOL

CHLORAMPHENICOL
Injection 1g

08:12.12 MACROLIDES

AZITHROMYCIN (see Appendix A - Saskatchewan Health Drug Plan Formulary)
Injection

ERYTHROMYCIN
Injection (lactobionate) 500mg, 1g
08:12.16 PENICILLINS

AMPICILLIN
  Injection 125mg, 250mg, 500mg, 1g, 2g
PIPERACILLIN
  Injection 2g, 3g, 4g
PIPERACILLIN/TAZOBACTAM
  Restricted Coverage: For the treatment of severe infections on the recommendation of an infectious disease specialist; internist or medical microbiologist.
  Injection 2g/0.25g; 3g/0.375g; 4g/0.5g
TICARCILLIN
  Injection 3g

08:12.24 TETRACYCLINES

08:12.24.12 GLYCICLYCLINES

TIGECYCLINE
  Restricted Coverage: Reserved for the treatment of infections resistant to first-line agents and on the recommendation of an infectious disease specialist.

08:12.28 MISCELLANEOUS ANTIBIOTICS

BACITRACIN STERILE
  Vial 50,000 units
POLYMYXIN B SULFATE (injection only)  (Health Canada - Special Access Programme)
QUINUPRISTIN/DALFOPRISTIN
  Restricted Coverage: Reserved for use against multi-resistant gram positive organisms, including Methicillin Resistant Staph. Aureus (MRSA) and vancomycin resistant E.faecium, on the recommendation of an infectious disease specialist.
  Injection
VANCOMYCIN

08:14.00 ANTIFUNGAL AGENTS

VORICONAZOLE
  Restricted Coverage: When prescribed by an infectious disease specialist.
  Injection

08:16.00 ANTITUBERCULOSIS AGENTS

ETHAMBUTOL
  Tablet 100mg, 400mg
ISONIAZID
  Tablet 50mg, 100mg, 300mg
  Syrup 10mg/mL
PYRAZINAMIDE
  Tablet 500mg
RIFAMPIN
  Capsule 150mg, 300mg
08:18.00 ANTIVIRALS

ACYCLOVIR
Restricted Coverage:
  a) IV form only when used for treatment of initial and recurrent mucosal and cutaneous herpes simplex infections in immunocompromised patients and;
  b) IV form when used for severe initial episodes of herpes simplex infections in patients who may not be immunocompromised.

Suspension 40mg/mL
  Injection 500mg, 1g

FOSCARNET (Health Canada - Special Access Programme)
  Injection 24mg/mL

GANCICLOVIR (see Appendix A - Saskatchewan Health Drug Plan Formulary)
  Vial 500mg

RIBAVIRIN
Restricted Coverage: When used in a Pediatric Intensive Care Unit, preferably on the basis of consultation with an infectious disease specialist, and for proven or seriously ill cases during an outbreak of the Respiratory Syncytial Virus (RSV).
  Powder for inhalation solution 6g

08:22.00 QUINOLONES (see Appendix A - Saskatchewan Health Drug Plan Formulary)

CIPROFLOXACIN
  Injection 10mg/mL

LEVOFLOXACIN
  Injection 5mg/mL, 25mg/mL

MOXIFLOXACIN
  Injection, 400mg

08:30.92 MISCELLANEOUS ANTIPROTOZOALS

METRONIDAZOLE
  Injection, 5mg/mL

08:40.00 MISCELLANEOUS ANTI INFECTIVES

LINEZOLID (see Appendix A - Saskatchewan Health Drug Plan Formulary)
  Injection

PENTAMIDINE ISETHIONATE
  Injection
  Oral inhalation solution 300mg

10:00.00 ANTINEOPLASTIC AGENTS (Agents used for non-cancer indications. Contact the Saskatchewan Cancer Agency for information regarding drugs for cancer indications.)

BLEOMYCIN
  Injection 15 unit

CYCLOPHOSPHAMIDE
  Tablet 25mg, 50mg
  Injection 200mg, 1g

DAUNORUBICIN
  Injection 20mg
DOXORUBICIN
  Injection 2mg/mL
FLUOROURACIL
  Injection 50mg/mL
METHOTREXATE
  Injection 10mg/mL (2mL), 25mg/mL (2mL, 4mL, 8mL, 20mL, 40mL, 200mL)
  Powder for injection 20mg
RITUXIMAB
  Restricted Coverage: For treatment of antibody-mediated rejection in kidney transplant patients.
  Injection 10mg/mL

12:00.00 AUTONOMIC DRUGS

12:04.00 PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS

NEOSTIGMINE
  Injection 0.5mg/mL (1:2000), 1mg/mL (1:1000)
  Injection 2.5mg/mL (5mL)

12:08.00 ANTICHOLINERGIC AGENTS

12:08.08 ANTIMUSCARINIC/ANTISPASMODICS

HYOSCINE BUTYLBROMIDE Also known as SCOPOLAMINE BUTYLBROMIDE
  Injection 20mg/mL
HYOSCINE HYDROBROMIDE Also known as SCOPOLAMINE HYDROBROMIDE
  Injection 0.4mg/mL, 0.6mg/mL

12:12.00 SYMPATHOMIMETIC (ADRENERGIC) AGENTS

DOBUTAMINE
  Injection 12.5mg/mL
DOPAMINE
  Injection 40mg/mL (20mL)
  IV premixed bag 0.8mg/mL (250mL, 500mL) D5W
EPHEDRINE
  Injection 50mg/1mL
  Tablet 8mg, 15mg, 25mg, 30mg
  Capsule 25mg
ISOPROTERENOL
  Injection 0.2mg/mL (1:5000)
NOREPINEPHRINE
  Injection 1mg/mL
PHENYLEPHRINE
  Injection 10mg/mL
PSEUDOEPHEDRINE
  Tablet 60mg
  Syrup 6mg/mL

12:16.00 SYMPATHOLYTICS

PHENTOLAMINE MESYLATE
  Injection
12:20.00  SKELETAL MUSCLE RELAXANTS

ATRACURIUM BESYLATE
  Injection 10mg/mL (5mL, 10mL)
PANCURONIUM
  Injection 2mg/mL
ROCURONIUM
  Injection 10mg/mL (10mL)
SUCCINYLCHOLINE
  Injection 20mg/mL
VECURONIUM
  Injection 10mg

20:00.00  BLOOD FORMATION AND COAGULATION

20:04.00  ANTIANEMIA DRUGS

20:04.04  IRON PREPARATIONS

FERROUS FUMARATE
  Capsule
FERROUS GLUCONATE
  Tablet
FERROUS SULPHATE
  Tablet
  Syrup
  Oral drops
  Oral solution
IRON DEXTRAN
  Injection 50mg/mL elemental iron

20:12.00  COAGULANTS AND ANTICOAGULANTS

20:12.04  ANTICOAGULANTS

ARGATROBAN
  Restricted Coverage: For treatment of heparin-induced thrombocytopenia in consultation with a hematologist or internist. It is suggested that a heparin-induced thrombocytopenia (H.I.T) assay be completed.
  Injection
DALTEPARIN
  Restricted Coverage: See Appendix A - Saskatchewan Health Drug Plan Formulary.
  For in-hospital treatment of acute coronary syndrome to a maximum of eight (8) days.
  Injection
DANAPAROID
  Restricted Coverage: For treatment of heparin-induced thrombocytopenia in consultation with a hematologist or internist. It is suggested that a heparin-induced thrombocytopenia (H.I.T) assay be completed.
  Injection
ENOXAPARIN
  Restricted Coverage: See Appendix A - Saskatchewan Health Drug Plan Formulary.
  For in-hospital treatment of acute coronary syndrome to a maximum of eight (8) days.
  For in-hospital treatment of ST-segment elevation myocardial infarction.
Injection
FONDAPARINUX SODIUM
Restricted Coverage: For the treatment of heparin induced thrombocytopenia (HIT).
Injection
HEPARIN (not including low molecular weight formulations)
Injection 1,000 IU/mL (1mL, 10mL, 30mL)
Injection (subcutaneous) 25000 IU/mL (0.2mL, 2mL)
Injection (heparin lock flush) 100 IU/mL (2mL, 10mL)
IV premixed bags all strengths mixed in D5W and 0.9% NaCl
LEPIRUDIN
Restricted Coverage: For treatment of heparin-induced thrombocytopenia in consultation with a hematologist or internist. It is suggested that a heparin-induced thrombocytopenia (H.I.T) assay be completed.
Injection
NADROPARIN
Restricted Coverage: See Appendix A - Saskatchewan Health Drug Plan Formulary. For in-hospital treatment of acute coronary syndrome to a maximum of eight (8) days.
Injection
RIVAROXABAN
Restricted Coverage: See Appendix A - Saskatchewan Health Drug Plan Formulary. a) prophylaxis following total knee arthroplasty for up to 14 days following the procedure. b) prophylaxis in patients undergoing total hip replacement for up to 14 days following the procedure.
tablet

20:12.08 ANTIHEPARIN AGENTS

PROTAMINE SULPHATE
Injection 10mg/mL

20:12.16 HEMOSTATICS

ANTIHEMOPHILIC FACTOR VIII (HUMAN)
Aprotinin
Injection 10,000 Kallikrein Inhibitory Units/mL
FACTOR IX
TRANEXAMIC ACID
Injection 100mg/mL

20:12.18 PLATELET AGGREGATION INHIBITORS

CLOPIDOGREL
Tablet 300mg

20:40.00 THROMBOLYTIC AGENTS

STREPTOKINASE
Injection 250,000 IU, 750000 IU, 1.5 million IU
TENECTEPLASE (TNK)
Restricted Coverage: For the treatment of patients with: larger acute myocardial infarction and presenting within twelve (12) hours; high risk inferior wall myocardial infarctions; patients with significant hypotension or cardiogenic shock.
Injection

ALTEPLASE (TISSUE PLASMINOGEN ACTIVATOR or tPA)

Restricted Coverage:
c) for the treatment of patients with:
   - larger acute myocardial infarction and presenting within twelve (12) hours.
   - high risk inferior wall myocardial infarctions.
   - patients with significant hypotension or cardiogenic shock.
   Injection 50mg, 100mg

b) for the treatment of strokes when all the following circumstances are present:
   - within three (3) hours of the onset of symptoms;
   - under the guidance of a neurologist and a neuro-radiologist;
   - after a CT scan to rule out hemorrhage; and
   - in conjunction with established treatment protocols.

c) Injection, powder for solution, 2mg/vial (Cathflo)
   For correction of catheter occlusions.

24:00.00 CARDIOVASCULAR DRUGS

24.04.00 CARDIAC DRUGS

ADENOSINE

Restricted Coverage: When used as an antiarrhythmic – for conversion to sinus rhythm of paroxysmal supraventricular tachycardia, including those associated with accessory bypass tracts (Wolf-Parkinson-White Syndrome).
   Injection 3mg/mL

AMIODARONE HCl
   Injection 50mg/mL

BRETYLIUM TOSYLATE
   Injection 50mg/mL

DIGOXIN
   Injection 0.05mg/mL (1mL), 0.25mg/mL (2mL)

DILTIAZEM
   Injection 5mg/mL (5mL, 10mL)

ESMOLOL (Health Canada – Special Access Program)

Restricted Coverage: For use in Operating Room or Critical Care Areas only for: the perioperative management of tachycardia and hypertension in patients with atrial fibrillation or atrial flutter in acute situations.
   Injection 10mg/mL (10mL)
   Infusion bag 10mg/ml (250ml size)

MILRINONE

Restricted Coverage:
   a) When used in the short-term management of ventricular dysfunction unresponsive to digitalis, diuretics and vasodilators or as an aid to weaning off an intra-aortic balloon pump when other inotropes have failed.
   b) Must be administered in a critical care setting capable of invasive cardiac monitoring including cardiac output, pulmonary capillary wedge pressures and systemic vascular resistance.
   Injection 1mg/mL (10mL, 20mL)

PROCAINAMIDE
   Injection 100mg/mL (10mL)

24:08.00 HYPOTENSIVE AGENTS

LABETALOL
   Injection 5mg/mL
SODIUM NITROPRUSSIDE
Injection 50mg

24:12.00  VASODILATING AGENTS

ALPROSTADIL
Injection 0.5mg/mL
NIMODIPINE
Injection 0.2mg/mL (250mL)
NITROGLYCERIN
Injection 5mg/mL (10mL)
PAPAVERINE
Injection 32.5mg/mL (2mL)
NITRIC OXIDE
Restricted Coverage:  For use in the pediatric population
Inhalation Gas

28:00.00  CENTRAL NERVOUS SYSTEM AGENTS

28:04.00  GENERAL ANESTHETICS

DESFLURANE
Inhalation solution 1mL/mL (240mL)
ENFLURANE
Solution 250mL
HALOTHANE
Solution 250mL
ISOFLURANE
Solution 100mL
KETAMINE
Injection 10mg/mL, 50mg/mL
PROPOFOL
Injection 10mg/mL (20mL, 50mL, 100mL)
SEVOFLURANE
Solution 250mL
THIOPENTAL
Injection kit 1 g kit and 500mg /2.5% kit

28:08.00  ANALGESICS AND ANTIPYRETICS

28:08.04  NON-STEROIDAL ANTI-INFLAMMATORY AGENTS

ACETYLSALICYLIC ACID
Tablet
Enteric coated tablet
Suppository

28:08.08  OPIATE AGONISTS

ALFENTANIL
Injection 0.05mg/mL, 0.5mg/mL
FENTANYL
Injection 50ug/mL
METHADONE
19

Powder for oral solution
(Use of methadone is restricted to Health Protection Branch authorized prescribers)

SUFENTANIL
Injection 50μg/mL

28:08.12  OPIATE PARTIAL AGONISTS

NALBUPHINE
Ampoule 10mg/mL

28:08.92  MISCELLANEOUS ANALGESICS AND ANTIPYRETICS

ACETAMINOPHEN
Tablet (chewable)
Tablet
Oral liquid
Elixir
Suppository

28:10.00  OPIATE ANTAGONISTS

NALOXONE
Injection 0.4mg/mL

28:12.00  ANTICONVULSANTS

28:12.12  HYDANTOINS

FOSPHENYTOIN
Restricted coverage: for the treatment of status epilepticus.
Injection 25mg (50 PE)

28:12.92  MISCELLANEOUS ANTICONVULSANTS

MAGNESIUM SULFATE
Injection 50mg/mL

28:16.00  PSYCHOTHERAPEUTIC AGENTS (see the Saskatchewan Formulary)

28:20.00  RESPIRATORY AND CEREBRAL STIMULANTS

DOXAPRAM (FDA – Special Access Program)
Restricted Coverage: When used for approved indications.
Injection 20mg/mL (20mL)

28:24.00  ANXIOLYTICS, SEDATIVES AND HYPNOTICS

28:24.04  BARBITURATES (see the Saskatchewan Formulary)

28:24.08  BENZODIAZEPINES

MIDAZOLAM
Injection 1mg/mL (2mL, 5mL, 10mL), 5mg/mL (1mL, 2mL, 10mL)
28:24.92  MISCELLANEOUS ANXIOLYTICS, SEDATIVES, HYPNOTICS

DROPERIDOL
  Injection 2.5mg/mL
PARALDEHYDE
  Injection 5mL ampoule (1mL is equivalent to approximately 1g)

28:92.00  MISCELLANEOUS CENTRAL NERVOUS SYSTEM AGENTS

FLUMAZENIL
  injection

40:00.00  ELECTROLYTIC, CALORIC AND WATER BALANCE

40:08.00  ALKALINIZING AGENTS

SODIUM BICARBONATE injectable preparations
  Injection 0.5mEq/mL (4.2%), 1mEq/mL (8.4%) pre-load syringe
  Injection 5g/100mL (5%) (500mL)
  Injection 75mg/mL (7.5%)
  Injection 1mEq/mL (8.4%)
TROMETHAMINE injection
  Injection 36mg/mL (0.3 Molar)

40:12.00  ELECTROLYTE AND FLUID REPLACEMENT

CALCIUM CHLORIDE
  Injection 10% - 100mg/mL (27mg elemental calcium/mL)
CALCIUM GLUCONATE
  Injection 10% - 100mg/mL (9mg elemental calcium/mL)

CALCIUM ORAL DOSAGE FORMS

Note:  500mg elemental calcium = 12.5mmol or 25mEq elemental calcium

DEXTRAN 40
  Solution 10% in D5W 500mL
  Solution 10% in Saline 0.9% 500mL
DEXTRAN 70
  Solution 32% in D10W 100mL
  Solution 6% in D5W 500mL
  Solution 6% in Saline 0.9% 500mL

MAGNESIUM ORAL DOSAGE FORMS

MAGNESIUM SULPHATE
  Injection 50% - 500mg/mL (50mg elemental magnesium/mL)

Note:  5mg elemental magnesium = 0.2mmol or 0.4mEq elemental magnesium

PHOSPHATE
  Injection potassium phosphate dibasic 236mg/mL
  Injection potassium phosphate monobasic 224mg/mL
  Effervescent tablet 500mg

POTASSIUM ACETATE
Injection 392mg/mL
POTASSIUM CHLORIDE
  Injection 2mEq elemental potassium/mL
POTASSIUM PHOSPHATE
  Vial 3mmol/mL
SODIUM CHLORIDE
  Injection 2.5mEq/mL
  Injection 4mEq/mL
SODIUM PHOSPHATE
  Injection 3 mmol/mL
ZINC ORAL DOSAGE FORMS

40:20.00  CALORIC AGENTS

ABSOLUTE ALCOHOL INJECTION (dehydrated alcohol)
  Injection 100% (10mL)
AMINO ACIDS SOLUTIONS (with or without electrolytes)
  Includes all single substrate formulations
AMINO ACIDS / DEXTROSE SOLUTIONS (with or without electrolytes)
  Includes all multisubstrate formulations
DEXTROSE
  Injection 5%, 10%, 50%
FAT EMULSION PREPARATIONS
  Injection 10%, 20%, 30%

40:28.00  DIURETICS

MANNITOL
  Injection 10% (1000mL)
  Injection 20% (500mL)
  Injection 25% (50mL)

48:00.00  ANTITUSSIVES, EXPECTORANTS AND MUCOLYTIC AGENTS

48:08.00  ANTITUSSIVES

DEXTROMETHORPHAN
  Syrup 3mg/mL

48:16.00  EXPECTORANTS

GUAIFENESIN
  Oral solution 20mg/mL

48:24.00  MUCOLYTIC AGENTS

ACETYLCYSTEINE
  Antidote for acetaminophen poisoning
  Injection 20% solution

52:00.00  EYE, EAR, NOSE AND THROAT PREPARATIONS
52:04.00 ANTI-INFECTIVES

52:04.04 ANTIBIOTICS

POLYMYXIN B/GRAMICIDIN or BACITRACIN  
Ophthalmic/otic solution, each mL: 10,000 units/0.25mg (gramicidin)  
Ophthalmic ointment, each g: 10,000 units/500 units (bacitracin)

52:16.00 LOCAL ANESTHETICS

BENZOCAINE  
Gel, topical 7.5%  
Spray, 20%  
Gel, topical 20%

COCAINE  
Topical solution 100mg/mL: 4% (4mL), 10% (5mL)

LIDOCAINE (except for lozenges and suppositories)  
Aerosol, endotracheal  
Liquid (viscous), topical 2%

PROPARACAINE  
Ophthalmic solution 0.5%

TETRACAINE  
Ophthalmic solution 0.5%  
Ophthalmic solution minums 0.5%  
Aerosol 754 mg / 65g (oral)

52:20.00 MIOTICS

ACETYLCHOLINE  
Solution, intraocular irrigation 10mg/mL

52:24.00 MYDRIATICS

PHENYLEPHRINE  
Ophthalmic solution 2.5%  
Ophthalmic solution minums 10%

TROPICAMIDE  
Ophthalmic solution 0.5%, 1%  
Ophthalmic solution minums 1%

52:32.00 VASOCONSTRICTORS

NAPHAZOLINE  
Ophthalmic solution 0.1%

XYLOMETAZOLINE  
Nasal spray 0.05%, 0.1%  
Nasal solution 0.1%

52:36.00 MISCELLANEOUS EYE, EAR, NOSE AND THROAT DRUGS

ALUMINUM ACETATE  
Solution, otic 0.5%

ARTIFICIAL TEARS  
Ophthalmic solution

FLUORESCEIN SODIUM  
Ophthalmic solution 2%, 10%
Ophthalmic solution minims 2%
Strip, ophthalmic 1mg
Injection 100mg/mL, 250mg/mL
SODIUM CHLORIDE
Ophthalmic solution, 5%

56:00.00  GASTROINTESTINAL DRUGS

56:04.00  ANTACIDS AND ADSORBENTS

ACTIVATED CHARCOAL
Suspension (aqueous), oral - 200mg/mL
Suspension (in sorbitol), oral - 200mg/mL

56:08.00  ANTIDIARRHEA AGENTS

ATTAPULGITE
Tablet 300mg, 600mg, 750mg
Suspension 40mg/mL, 50mg/mL

56:12.00  CATHARTICS AND LAXATIVES

CASTOR OIL
FLEET
Enema with monobasic sodium phosphate 16g/100mL, dibasic sodium phosphate 6g/100mL
Enema with monobasic sodium phosphate 16g/100mL, dibasic sodium phosphate 6g/100mL, & mineral oil
FLEET PHOSPHO - SODA BUFFERED SALINE
Oral solution with sodium biphosphate 900mg/5mL, sodium phosphate monobasic 2.4g/5mL
GLYCERIN
Suppository - infant 1.63g, adult 2.67g
SENNOSIDES (Standardized)
Powder 157.5mg/21g pouch
Tablet 8.6mg, 12mg, 15mg, 25mg
Granules 15mg/3g=1tsp
Syrup 1.7mg/mL (100mL, 250mL, 500mL)
Suppository 30mg

56:20.00  EMETICS

IPECA
Syrup

56:22.00  ANTIEMETICS

DROPERIDOL
Injection 2.5mg/Ml

56:22.20  5-HT3 RECEPTOR ANTAGONISTS

ONDANSETRON
Restricted Coverage: Coverage will be restricted to patients with non-cancer indications. The Saskatchewan Cancer Agency will be responsible for funding the drug in cancer patients.
56:40.00 MISCELLANEOUS GASTROINTESTINAL DRUGS

PANTOPRAZOLE IV
Restricted Coverage: When ordered in a high dose (80mg IV bolus followed by 8mg/hour x 72 hours) by a gastroenterologist or general surgeon following endoscopic hemostasis for non-variceal upper gastrointestinal bleeding; or when ordered as Pantoprazole 40mg IV q24h for patients who are strict NPO (i.e. not taking any oral medications or oral diet) and have:
- non-variceal upper GI bleeding not requiring endoscopic hemostasis; or
- severe erosive esophagitis; or
- Exception Drug Status (EDS) for a Proton Pump Inhibitor taken prior to admission.
Injection

64:00.00 HEAVY METAL ANTAGONISTS

CALCIUM DISODIUM EDETATE (SAP drug)
Injection (not for chelation therapy)
DEFEROXAMINE MESYLATE
Injection 500mg, 2g vial
DIMERCAPROL
Injection 100mg/mL

68:00.00 HORMONES AND SYNTHETIC SUBSTITUTES

68:04.00 ADRENALS

METHYLPREDNISOLONE
Plain
Injection 40mg, 50mg, 125mg, 500mg, 1g
Injection (depot) 20mg/mL, 40mg/mL, 80mg/mL (5mL)
With Lidocaine
Injection 10mg/mL, 40mg/mL (1mL, 2mL, 5mL)

68:08.00 ANDROGENS

FLUOXYMESTERONE
Tablet 5mg

68:24.00 PARATHYROID

CALCITONIN
Restricted coverage: For the treatment of non-malignant hypercalcemia.
Note: Requests for the treatment of hypercalcemia of malignancy should be referred to the Saskatchewan Cancer Agency
Injection

68:28.00 PITUITARY

ACTH (adrenocorticotropic hormone / corticotropin)
Jelly 80 unit/mL (5mL)
72:00.00  LOCAL ANESTHETICS

ARTICAINE
Cartridge 4% (5ug/mL epinephrine) (1.7mL)

BUPIVACAINE
- Injection 0.25%, 0.5%, 0.75%
- Injection 0.25% with epinephrine 1:200,000
- Injection 0.5% with epinephrine 1:200,000
- Injection, spinal 0.75% with dextrose 8.25% (2mL)

CHLOROPROCAINE
- Injection, caudal-epidural 2%, 3%

LIDOCAINE (with the exception of lozenges or suppositories)
- Injection 0.5%, 1%, 2%
- Injection 0.5% with epinephrine 1:100,000
- Injection 0.5% with epinephrine 1:200,000
- Injection 1% with epinephrine 1:100,000
- Injection 1% with epinephrine 1:200,000
- Injection 2% with epinephrine 1:100,000
- Injection, epidural 1.5%, 2%
- Injection, epidural 1.5% with epinephrine 1:200,000
- Injection, spinal 5% with glucose 7.5% - 2mL vial

MEPIVACAINE
- Injection 1%
- Injection, caudal-epidural 1%, 2%

PRILOCAINE
- Solution 4%

TETRACAINE
- Injection 20mg ampoule

76:00.00  OXYTOCICS

CARBOPROST
- Injection 250mg/mL

DINOPROSTONE
- Tablet 0.5mg
- Gel 0.5mg/2.5mL, 1mg/2.5mL, 2mg/2.5mL syringe
- Vaginal insert 10mg

DINOPROST TROMETHAMINE
- Injection 5mg/mL

ERGOMETRINE MALEATE (Health Canada– Special Access Program)
- Injection 0.2mg/mL

OXYTOCIN
- Injection 10 units/mL

80:00.00  SERUMS, TOXOIDS AND VACCINES

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<td>* indicates the product is supplied to health regions by Saskatchewan Health</td>
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**indicates the product is supplied to health regions by the Canadian Blood Services

80:04.00 SERUMS

DIGOXIN IMMUNE FAB

Restricted Coverage:

a) When used for the treatment of severe, life threatening digoxin toxicity as defined by: (1) severe ventricular tachy or bradyarrhythmias and/or (2) progressive hyperkalemia of greater than 5 mmol/L in the setting of severe digoxin toxicity.

b) It is recommended one of the following medical specialties be consulted before this agent is administered: cardiologist; internist; or pediatrician.

Injection 38mg

DIPHTHERIA ANTITOXIN*

Injection 20,000 IU vial

HEPATITIS B IMMUNE GLOBULIN (HUMAN)**

IMMUNE GLOBULIN (HUMAN IV)**

Injection 0.5%, 10% solution

IMMUNE SERUM GLOBULIN (HUMAN IM)

Injection 18%

TETANUS IMMUNE GLOBULIN (HUMAN)

Injection 250 unit

80:08.00 TOXOIDS

To be provided according to supply and guidelines by Saskatchewan Health and Canadian Blood Services. Other such products to be reviewed and approved on a case by case basis by the health regions.

80:12.00 VACCINES

To be provided according to supply and guidelines by Saskatchewan Health and Canadian Blood Services. Other such products to be reviewed and approved on a case by case basis by the health regions.

84:00.00 SKIN AND MUCOUS MEMBRANE AGENTS

84:04.00 ANTI INFECTIVES

84:04.04 ANTIBIOTICS

BACITRACIN

Ointment 500 IU/g

84:04.08 ANTIFUNGALS

TOLNAFTATE

Aerosol liquid 0.72mg/g (70g)
Aerosol powder 10mg/g
Cream 10mg/g
Powder 10mg/g
Solution 10mg/mL

84:04.16 MISCELLANEOUS LOCAL ANTI-INFECTIVES
CHLORHEXIDINE
   Alcoholic scrub
   Cleanser 4%
   Gauze 0.5%
   Jelly 2%, 4%
   Liquid 2%, 4%, 20%
   Ointment 1%
   Soap 2%
SILVER SULFADIAZINE
   Cream 1% w/w

84:08.00  ANTIPRURITICS AND LOCAL ANESTHETICS

   CALCULUM FOLINATE (folinic acid)
   Powder 50mg, 350mg
   Tablets 5mg
   Injection 10mg/mL
   DIBUCAINE
   Cream 0.5% (30g)
   Ointment 1% (30g)
   LIDOCAINE/PRILOCaine
   Topical cream 2.5%/2.5%
   Patch
   LIDOCAINE (except lozenges and suppositories)
   Jelly 2%
   Jelly (urojet) 2%
   Ointment 5%
   Topical solution 4%
   PRAMOXINE
   Cream, rectal 1%

84:24.00  EMOLLIENTS, DEMULCENTS AND PROTECTANTS

84:24.12  BASIC CREAMS, OINTMENTS AND PROTECTANTS

   ZINC OXIDE
   Ointment 15%

84:24.16  BASIC POWDERS AND DEMULCENTS

   GELATIN, PECTIN, SODIUM CARBOXYMETHYLCELLULOSE
   Paste 13.3% gelatin, 13.3% pectin, 13.3% sodium carboxymethylcellulose

84:40.00  HEMORRHOID PREPARATIONS

   PRAMOXINE
   Ointment, rectal 1%, with zinc sulphate 0.5%
   Suppository 20mg, with zinc sulphate 10mg

88:00.00  VITAMINS

88:16.00  VITAMIN D

   ALFACALCIDOL DISODIUM INJECTION
CALCITRIOL (also known as 1,25-DIHYDROXYCHOLECALCIFEROL)
Injection 1ug/mL

DIHYDROTACHYSTEROL
Capsule 0.125mg

92:00.00 UNCLASSIFIED THERAPEUTIC AGENTS

ABCIXIMAB INJECTION
Restricted Coverage: For use in high risk angioplasties carried out in a cardiac catheterization laboratory as per approved health region/affiliate protocols.
Injection 2 mg/mL (5mL)

BASILIXIMAB
Restricted Coverage: For prophylaxis of acute rejection in renal transplant patients.
Injection

BERACTANT
Restricted Coverage: When administered in a Neonatal Intensive Care Unit.
Powder (reconstituted) 25mg phospholipids/mL

COLFOSCERIL PALMITATE
Restricted Coverage: When administered in a Neonatal Intensive Care Unit.
Powder for tracheal suspension

CYANIDE ANTIDOTE KIT
With sodium nitrate injection 30mg/mL (2 x 10mL ampoules), sodium thiosulfate injection 250mg/mL (2 x 50mL ampoules), amyl nitrate inhalant solution (12 x 0.3mL crushable ampoules)

CYCLOSPORINE (see Appendix A - Saskatchewan Health Formulary)
Injection 50mg/mL

DACLIZUMAB
Restricted Coverage: For prophylaxis of acute rejection in renal transplant patients.
Injection 5mg/mL

DIMETHYL SULFOXIDE
Solution 500mg/g (50mL)

DROTRECOGIN ALFA
Restricted coverage: for use when administered in a tertiary care facility on the recommendation of an intensivist.
Injection 5mg, 20mg

EPTIFIBITIDE
Restricted Coverage: When used on the recommendation of a cardiologist for the treatment of High Risk Unstable Angina and Non-ST Segment Elevation Myocardial Infarction according to the guidelines of The American College of Cardiology & American Heart Association, Inc. (Circulation, 2000; 102: 1193-1209)
Injection

ETANERCEPT (see Appendix A - Saskatchewan Health Formulary)
Injection

FOMEPIZOLE
Restricted Coverage: This product should be used in consultation with the Poison and Drug Information Service (PADIS). A contact number for PADIS is 1-866-454-1212.
Injection

LEVOCARNITINE
Restricted Coverage: For the treatment of metabolic disorders with carnitine deficiency and neonates who will be on long term Total Parenteral Nutrition (greater than 14 days).
Injection 200mg/mL
Oral solution 100mg/mL
Tablet 330mg
MYCOPHENOLATE MOFETIL
  Injection, 500mg/20mL

OCTREOTIDE
Restricted Coverage:
  a) For the treatment of acute variceal bleeds in patients with acute portal hypertension.
  b) For the prevention of fistulas following pancreatic resection to a maximum of 7 days.
  Injection 50ug, 100ug, 500ug (1mL)
  Injection 200ug (5mL)
  Injection 10mg, 20mg, 30mg (powder for injection)

PAMIDRONATE
Restricted coverage: For the treatment of non-malignant hypercalcemia
For the treatment of malignant hypercalcemia
  Injection

PRALIDOXIME CHLORIDE (Health Canada – Special Access Program)
  Injection, 1g vial

SOMATOSTATIN
Restricted Coverage: For the treatment of acute variceal bleeds.
  Powder 205ug, 3mg

SUGAMMADEX SODIUM
Restricted Coverage: For use as a second line agent for the reversal of neuromuscular blockade induced by rocuronium or vecuronium in adults undergoing surgery by open and/or laparoscopic abdominal procedures.
  Injection 100mg/mL

TIROFIBAN
Restricted Coverage: When used on the recommendation of a cardiologist for the treatment of High Risk Unstable Angina and Non-ST Segment Elevation Myocardial Infarction according to the guidelines of The American College of Cardiology & American Heart Association, Inc. (Circulation, 2000; 102: 1193-1209)
  Injection

TRACE ELEMENTS
  Chromium 4ug/mL
  Copper 0.4mg/mL
  Manganese 0.1mg/mL, 0.5mg/mL
  Selenium 40ug/mL
  Zinc 1mg/mL, 5mg/mL

ZOLEDRONIC ACID
Restricted coverage: For the treatment of hypercalcemia
  Injection, 4.5mg

Note: May come as cocktails.
(M.T.E.-4 contains: 4.0ug/mL chromium, 0.4mg/mL copper, 0.1mg/mL manganese, and 1.0mg/mL zinc)
(Micro 5 contains: 10ug/mL chromium, 1mg/mL copper, 0.5mg/mL manganese, 60ug/mL selenium, 5mg/mL zinc)
APPENDIX I: PROCEDURES FOR OBTAINING DRUGS PROVIDED UNDER PROVINCIAL PROGRAMS

DRUGS USED FOR THE TREATMENT OF TUBERCULOSIS:

The following drugs can be obtained for use in the treatment of tuberculosis by contacting the Clinical Director for Tuberculosis Control 1-866-780-6482. The drugs will be sent from the TB Pharmacy in Ellis Hall at the Royal University Hospital in Saskatoon.

- Amikacin injection 500mg/2mL
- Ethambutol tablets 100mg, 400mg
- Isoniazid syrup 10mg/mL, tablets 100mg, 300mg
- Levofloxacin tablet 500mg
- Pyrazinamide tablet 500mg
- Rifampin capsule 150mg, 300mg, suspension 25mg/mL

DRUGS USED FOR THE TREATMENT OF SEXUALLY TRANSMITTED INFECTIONS:

- The following drugs can be obtained from your local public health office:
  - Azithromycin 1g
  - Erythromycin PCE 333mg or 250mg
  - Cefixime 400mg
  - Doxycycline 100mg
  - Amoxicillin 500mg
  - Benzathine Penicillin 1.2 MU IM injection
  - Ciprofloxacin 500mg

COVERAGE OF VERTEPORFIN (VISUDYNE) FOR THE TREATMENT OF MACULAR DEGENERATION:

- Health regions will provide coverage for Visudyne and the associated laser treatment according to the following criteria:
  - for the treatment of age-related macular degeneration with predominately classic subfoveal choroidal neovascularization (CNV)
  - for the treatment of pathologic myopia
  - for the treatment of ocular histoplasmosis

For patients meeting the above criteria health regions may submit an invoice for the drug cost to the Drug Plan & Extended Benefits Branch, 3475 Albert Street, Regina, Saskatchewan, S4S 6X6.
APPENDIX II: HOME PARENTERAL MEDICATION PROGRAM COVERAGE POLICY

Regional Health Authorities will cover home/nursing home administration of approved parenteral medications when they are prescribed as an acute care replacement measure. The Saskatchewan Prescription Drug Plan will cover approved parenteral medications administered for maintenance therapy of life long or chronic conditions except when the patient is a registered inpatient in an acute care facility. Drugs administered parenterally include sub-cutaneous or intramuscular injections as well as intravenous medications.

The Regional Health Authorities will cover supply costs for medications listed below in both the acute and chronic therapy categories. These are purchased through hospital contracts and would have significant cost implications if purchased outside of these contracts. The supplies to be provided to the client without charge include but are not limited to, intravenous solutions, tubing, cathlons, heparin locks and caps, pump cassettes, syringes and needles.

Eligibility of drugs for coverage will be subject to the Hospital Benefit Drug List, Saskatchewan Formulary, and/or Regional Health Authority protocols.

These policies apply to residents of special care homes as well as community residents.

PART I - ACUTE CARE REPLACEMENT MEDICATIONS

These are parenteral medications that enable early discharge from the acute care site, or that prevent admission to the acute care site. These medications are to be provided by the Regional Health Authority without charge to the individual. Eligible drugs are listed within this section “Hospital Benefit Drug List” (Supplementary Information - Saskatchewan Health Drug Plan Formulary). Changes to the Hospital Benefit Drug List are through recommendations of the Drug Advisory Committee of Saskatchewan.

Also included in this policy are medications (e.g. low molecular weight heparins) for temporary anticoagulation prior to a surgical procedure. Health regions will also be responsible for the supply of low molecular weight heparins for patients who have been on warfarin or are starting on warfarin until a therapeutic INR is reached.

Regional Health Authorities shall establish appropriate guidelines for home parenteral therapy and an appropriate screening mechanism for the services. Considerations when determining if parenteral therapy at home or in a special-care home is appropriate for a particular individual shall include the:

- ability to co-ordinate and plan the care with the physician, home care program/special-care home program, hospital/health centre and pharmacist;
- practicality and safety of administering the drug at home or in a special-care home;
- ability and motivation of the individual and/or the availability of family support, when therapy is delivered at home;
- availability of more appropriate oral alternatives;
- cost-effectiveness of providing the drug at home or in a special-care home.

PART II - CHRONIC CONDITION MEDICATIONS

Injectable drugs used in the treatment of chronic conditions administered in the community or in hospitals to hospital outpatients where the only purpose in entering a hospital is to receive the drug will be covered under the Saskatchewan Drug Plan and subject to a co-payment and deductible where applicable.
Eligible drugs are listed in the Saskatchewan Health Drug Plan Formulary. Maintenance of the Formulary is through the formulary approval process via the Saskatchewan drug review process. Where applicable, these medications are subject to Exception Drug Status approval, co-pay, and family deductible. Drugs that have not been approved by the Saskatchewan review process will not be considered benefit drugs under the Drug Plan.

Certain drugs require Exception Drug Status (EDS) approval. See Appendix A of the Saskatchewan Health Drug Plan Formulary for EDS Program information, as well as a complete list of EDS drugs.

Benefits provided prior to this policy will be grandfathered (e.g. pulse therapy, IV iron, Eprex).
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