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Calgary Zone Type A Continuing Care Home (CCH) Formulary

Formulary Highlights: Feb 28, 2025

<u>Calgary Zone Type A CCH Formulary Highlights (albertahealthservices.ca)</u>

Calgary Zone Type A CCH Pharmacy & Therapeutics Committee



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Feb 2025

Formulary Changes (Additions, Changes, Deletions)

The following drug product(s) listing changes to the Calgary Zone Type A CCH Formulary are complete. When available, consider the lowest cost alternative (LCA) product the benefit.

Product Description	Strength (Dosage Form)	Route of Administration	Listing / Comments
famotidine	10 mg, 20 mg & 40 mg tablets	oral	removed temporarily status and made a
dapagliflozin	5 mg & 10 mg tablets	oral	regular Formulary listing moved from Special Authorization to regular Formulary listing
dapagliflozin / metformin	5 mg*1000 mg & 5 mg*850 mg tablets	oral	moved from Special Authorization to regular Formulary listing
Semglee ® (insulin glargine)	100 unit/mL pre- filled pen (3mL)	Injection	added to formulary as preferred LCA for glargine, added an Automatic Substitution (ASL-1), added to Statbox list (optional)
Basaglar [®] (insulin glargine	100 unit/mL pre- filled pen (3mL)	Injection	delisted from formulary as of May 31, 2025, see Automatic Substitution (ASL-01) *Temporarily covered until May 31, 2025 for transitioning*

- Formulary Policy and Procedures
 - <u>FPP-10</u> Compound Coverage Criteria was updated, including the form. The FPP-10 form will be distributed to the contracted pharmacy providers by email.
 - o FPP-13 Biosimilar Initiative was updated.



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- Position Statements & Guidance
 - o <u>Botulinum Toxin A Guidance</u> was added to the
- Wardstock/Statbox Lists
 - <u>Wardstock and Statbox List</u> was updated to reflect the insulin glargine change.
- Formulary Medication Listing
 - The <u>Full Formulary Listing</u> was updated to reflect the changes in the above table.
- High Cost/Special Authorization
 - SA-30 SGLT-2 Inhibitors and DPP-4 Inhibitors was updated to reflect the listing change to dapagliflozin (now open formulary listing), and an evaluation of the risk of urogenital infections was added to the assessment section. The SA-30 will be distributed to the contracted service providers by email.
- Automatic Substitution
 - ASL-01 Automatic Substitution List-01 was updated with the Semglee (insulin glargine) automatic substitution.

Jan 2025

Formulary Changes (Additions, Changes, Deletions)

The following drug product(s) listing changes to the Calgary Zone Long Term Care Formulary are complete. When available, consider the lowest cost alternative (LCA) product the benefit.

Product Description	Strength (Dosage Form)	Route of Administration	Listing / Comments
saccharomyces boulardii (Florastor, Florastor Daily)	250 mg capsules	oral	Delisted from formulary

- Formulary Medication Listing
 - The Full Formulary Listing was updated to reflect the changes in the above table.
- High Cost/Special Authorization
 - The <u>Naltrexone (HCD-27)</u> was rescinded. Naltrexone is eligible for coverage provided it meets the Restricted Use criteria (see RS-11).



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• Automatic Substitution

 The <u>Automatic Substitution List-01</u> was updated with the removal of the probiotic substitution (saccharomyces boulardii).

Restricted Use Medications

o The Probiotics (RS-20) document was rescinded.

Oct 2024

Formulary Changes (Additions, Changes, Deletions)

The following drug product(s) listing changes to the Calgary Zone Long Term Care Formulary are complete. When available, consider the lowest cost alternative (LCA) product the benefit.

Product Description	Strength (Dosage Form)	Route of Administration	Listing / Comments
acetylsalicylic acid	81 mg chewable tablet	oral	Added to Formulary due to shortage of 80 mg chewable
bisoprolol	1.25 mg & 2.5 mg tablets	oral	Added to Formulary (open listing)
budesonide / glycopyrronium bromide / formoterol fumarate dihydrate	160 mcg/dose * 7.2 mcg/dose * 5 mcg/dose inhalation metered dose aerosol	inhalation	Strength change by manufacturer
clozapine	25 mg, 50 mg, 100 mg & 200 mg tablets	oral	Changed from High-Cost Drug/Special Authorization to Restricted Use. (Suspension is non- formulary)
incobotulinum toxin A (botulinum toxin A (150KD), free from complexing protein) (Xeomin)	All strengths/sizes	injection	Delisted from Formulary (use non-formulary process)



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naltrexone	50 mg tablet	oral	Changed from High-Cost Drug/Special Authorization to Restricted Use
onabotulinum toxin A (Botox)	All strengths/sizes	injection	Delisted from Formulary (use non-formulary process)
oseltamivir	30 mg & 75 mg capsules, 6 mg/mL liquid	oral	Changed from High-Cost Drug/Special Authorization to Restricted Use for Prophylaxis, and Formulary (open listing) for Treatment.
polyethylene / propylene glycol (Secaris)	5 g gel	nasal	Added to formulary and added to wardstock. Preferred size for initial dispense and until use/need is assessed.
terbinafine	250 mg tablet	oral	Changed from High-Cost Drug/Special Authorization to Formulary (open listing)

- Formulary Policies and Procedures
 - <u>Wardstock/Statbox Lists</u> was updated to reflect the addition of Secaris to the wardstock list.
- Formulary Medication Listing
 - The <u>Full Formulary Listing</u> was updated to reflect the changes in the above table.
- High Cost/Special Authorization
 - <u>Botulinum Toxin Form Initial</u> Form is rescinded. If requesting coverage, use the <u>Non-Formulary Request Form</u>
 - o <u>Botulinum Toxin Form Renewal</u> Form is rescinded
 - o Clozapine (HCD--07) Form is rescinded



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- Oseltamivir (SA-03) Form is rescinded
- o <u>Terbinafine oral (HCD-26)</u> Form is rescinded

Restricted Use Medications

Restricted Use Medications – Miscellaneous Drugs (RS-11)

- Clozapine added with the following restrictions:
 - 1. For maintenance treatment of refractory schizophrenia established in the community when initially prescribed in consultation with a psychiatrist; OR
 - 2. For initial use in a continuing care home, coverage for clozapine will be provided for treatment of schizophrenia refractory to trials of other medications in the same pharmacological class (e.g. olanzapine and quetiapine), AND if prescribed in consultation with a psychiatrist.
 - Off-label indications and compounded clozapine are non-formulary.
- Naltrexone added with the following restriction:
 - Funded when prescribed for the treatment of opioid or alcohol dependence.
- Oseltamivir added with the following restriction:
 - For prophylaxis use when prescribed as per the direction of AHS public Health Outbreak Team.
 - Treatment use is unrestricted.

June 2024

Formulary Changes (Additions, Changes, Deletions)

The following drug product(s) listing changes to the Calgary Zone Long Term Care Formulary are complete. When available, consider the lowest cost alternative (LCA) product the benefit.

Product Description	Strength (Dosage Form)	Route of Administration	Listing / Comments
glucagon rDNA origin (glucagon injections)	1 mg/vial, 1 mg/syringe injections	intramuscular, subcutaneous	Delisted from formulary
rivaroxaban	2.5 mg (tablet)	oral	Added to Formulary (open listing)



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rivaroxaban	10 mg, 15 mg & 20 mg tablets	oral	Moved from restricted status to open listing
zoledronic acid	0.05 mg/mL injection	intravenous	Added to Formulary with Restrictions (RS-11)

Other Formulary Updates

- Formulary Medication Listing
 - The Full Formulary Listing was updated to reflect the changes in the above table.
- Restricted Use Medications

Restricted Use Medications - Miscellaneous Drugs (RS-11)

- o rivaroxaban moved to open listing
- o zoledronic acid 0.05 mg/mL injection for IV administration added with restrictions

May 2024

Formulary Changes (Additions, Changes, Deletions)

The following drug product(s) listing changes to the Calgary Zone Long Term Care Formulary are complete. When available, consider the lowest cost alternative (LCA) product the benefit.

Product Description	Strength (Dosage Form)	Route of Administration	Listing / Comments
coal tar (Neutrogena T gel, T gel extra)	0.5%, 1% and for use in compounding	topical	Delisted -NF (low utilization)
dalteparin (Fragmin)	all strengths	injection	Delisted -NF (low utilization)
enoxaparin (Elonox product)	all strengths	injection	added to formulary with restrictions (RS-11)
enoxaparin (Inclunox, Noromby, Redesca)	all listed strengths	injection	moved from high-cost drug HCD-06 to formulary with restrictions (RS-11)
nirmatrelvir/ritonavir (Paxlovid)	150mg*100mg tablets	oral	Added to formulary as High Cost - Special Authorization (SA-32)



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methocarbamol (Robaxin)	500 mg	oral	Delisted -NF (low utilization) All methocarbamol products and now non-formulary
tinzaparin (Innohep)	all listed strengths	injection	moved from high-cost drug HCD-06 to formulary with restrictions (RS-11)
urea (Uremol, Urist)	10% & 20% creams, 10% lotion	topical	moved to formulary with restrictions (RS-11)

Other Formulary Updates

- Formulary Medication Listing
 - The Full Formulary Listing was updated to reflect the changes in the above table.
- High Cost / Special Authorization
 - Nirmatrelvir/Ritonavir (Paxlovid) added to formulary as High Cost Special Authorization. See <u>SA-32</u> for eligibility criteria. Please review the criteria carefully as they are more restrictive than previous pandemic supply. A copy of the form will be emailed to contracted pharmacy providers.
 - The following documents are rescinded: <u>Heparins, Low Molecular Weight (HCD-06)</u>, the <u>Form</u>, and the <u>HCD-06 Supplement: LMWH for VTE Prophylaxis in LTC residents</u> <u>with COVID-19 infection</u>. LMWHs have moved to Restricted. See RS-11 for restrictions.

Restricted Use Medications

Restricted Use Medications – Miscellaneous Drugs (RS-11)

- tinzaparin and enoxaparin added as restricted use medications, limited to shortcourse orders, 35 days or less. See link for further details.
- Trelegy and Breztri updated: the requirement for the clinical pharmacist to complete
 the Inhaler Assessment Tool has been removed. Completion of Inhaler Assessment
 Tool is now optional based on assessed needs, and no longer limited to pharmacists
 completing an assessment.



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 Urea Restrictions added: For continuation of therapy on admission; OR having failed an adequate trial of non-medicated moisturizer while in LTC; OR when prescribed by a dermatologist or ISFL Skin & Wound consultant. Criteria will apply to new prescriptions as of June 1, 2024.

The <u>Inhaled Medication Assessment Tool</u> has been updated. This link can also be found on the Education page. The update removes the requirement to complete the assessment on admission and annually for all patients on inhalers and shifts to a needs-based assessment. The tool may be used by pharmacists *and* other members of the care team, reflecting a shared responsibility to ensure that inhaled medications are supported and used correctly.

Automatic Substitution

 The <u>Automatic Substitution List-01</u> was updated to provide more clarity for products substituting to diclofenac 0.1% eye drop

February 2024

Formulary Changes (Additions, Changes, Deletions)

The following drug product(s) listing changes to the Calgary Zone Long Term Care Formulary are complete. When available, consider the lowest cost alternative (LCA) product the benefit.

Product Description	Strength (Dosage Form)	Route of Administration	Listing / Comments
glucagon nasal powder (Baqsimi)	3 mg device	intranasal	Added to Formulary with restrictions (RS-11)
glucagon kit (Amphastar)	1mg/vial	injection	Temporary listing with restrictions (RS-11) until July 1, 2024

- Formulary Policies and Procedures
 - Wardstock/Statbox Lists
 - the glucagon listings were updated.
- Formulary Medication Listing



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o The Full Formulary Listing was updated to reflect the changes in the above table.

Restricted Use Medications

 The <u>Restricted Use Medications – Miscellaneous Drugs</u> (RS-11) table was updated to reflect the changes to glucagon.

December 2023

Formulary Changes (Additions, Changes, Deletions)

The following drug product(s) listing changes to the Calgary Zone Long Term Care Formulary are complete. When available, consider the lowest cost alternative (LCA) product the benefit.

Product Description	Strength (Dosage Form)	Route of Administration	Listing / Comments
salicylic acid	17% to 40% (gel or solution)	topical	Added to Formulary (open listing). Select the lowest cost option with availability.
carboxymethylcellulose sodium with preservative	0.5% (solution)	ophthalmic	Strength clarification
carboxymethylcellulose sodium preservative-free (PF)	0.5% minims (solution)	ophthalmic	Strength clarification & restriction update (RS-11)
carboxymethylcellulose sodium PF	1% minims (solution)	ophthalmic	Strength clarification & restriction update (RS-11)
opium & belladonna	65 mg / 15 mg (suppositories)	rectal	Removed from Formulary – product discontinued

Other Formulary Updates

• Formulary Policies and Procedures

- Compounding Policy
 - Calgary Zone LTC Compounding Policy is being revised. The new process will be tested for 6 months. The pilot form will be distributed to contracted pharmacy providers by email.



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- o Wardstock/Statbox Lists
 - the carboxymethylcellulose sodium 1% PF minims listing was updated.
- Formulary Medication Listing
 - The Full Formulary Listing was updated to reflect the changes in the above table.
- Automatic Substitutions
 - o The **Automatic Substitution List-01** (ASL-01) was updated:
 - Clarification of strengths for ophthalmic lubricants.
- Restricted Use Medications
 - The Restricted Use Medications Miscellaneous Drugs (RS-11) table was updated:
 - Correction to Brand example for clarithromycin
 - Updated restrictions to carboxymethylcellulose sodium 0.5% and 1% PF minims