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<tr>
<th>DRUG</th>
<th>DISEASE</th>
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<tbody>
<tr>
<td>3TC and generic LAMIVUDINE (Lamivudine)</td>
<td>HIV anti-viral</td>
<td>Coordinate with provincial government program</td>
</tr>
<tr>
<td>ABILIFY MAINTENA (Aripiprazole injection)</td>
<td>Schizophrenia, Bipolar Disorder, Major Depressive Disorder</td>
<td>For the treatment of patients who are non-compliant or non-adherent with conventional oral therapy (i.e. aripiprazole, clozapine, olanzapine, quetiapine, paliperidone, risperidone, ziprasidone) resulting in ≥ 1 relapse/hospitalization. For the treatment of manic or mixed episodes in bipolar 1 disorder, as acute monotherapy or in combination with lithium or divalproex sodium. For the treatment of Major Depressive Disorder (MDD) in patients with inadequate response to prior antidepressant treatment.</td>
</tr>
<tr>
<td>ABSTRAL (Fentanyl citrate)</td>
<td>Breakthrough cancer pain</td>
<td>For the treatment of breakthrough pain in patients with cancer, 18 years of age and older, who are currently on baseline pain control therapy and who have tried and failed or cannot tolerate other listed short acting / immediate release oral opioids AND Fentora.</td>
</tr>
<tr>
<td>ACLASTA and generic ZOLEDRONIC ACID (Zoledronic acid)</td>
<td>Paget's disease of the bone, Postmenopausal osteoporosis</td>
<td>For the treatment of Paget's disease. For the treatment of osteoporosis in postmenopausal women and men who have a bone mineral density (BMD) T-score of less than or equal to -2.5 AND who have tried and failed, or have an intolerance or contraindicated to oral bisphosphonate therapy.</td>
</tr>
<tr>
<td>ACTEMRA IV (Tocilizumab)</td>
<td>Rheumatoid Arthritis, Systemic Juvenile Idiopathic Arthritis (sJIA), Polyarticular Juvenile Idiopathic Arthritis (pJIA)</td>
<td>For patients with a confirmed diagnosis of rheumatoid arthritis with persistent active disease where the patient has not adequately responded to Methotrexate at a dose equal to or greater than 20 mg/week AND at least one other DMARD (i.e. hydroxychloroquine, leflunomide and/or sulfasalazine) for a period of 3 months AND who have tried and failed Cimzia or Enbrel or Humira or Simponi or Actemra SC or Remicade or Orencia SC. For pediatric patients (between ≥ 2 and ≤ 16 years of age) with a confirmed diagnosis of sJIA with fever (&gt;38°C) for at least 2 weeks AND at least ONE of the following symptoms: rash of systemic JIA, serositis, lymphadenopathy, hepatomegaly, splenomegaly AND who have not adequately responded to NSAIDS, corticosteroids and at least a 3 month trial of methotrexate. For patients ages 2 and older with a confirmed diagnosis of juvenile arthritis with persistent active disease where the patient has not adequately responded to Methotrexate at a dose equal to or greater than 15 mg/week AND at least one other DMARD together with oral corticosteroids, AND who has tried and failed Enbrel. Coordinate with provincial government program.</td>
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| **ACTEMRA SC** *(Tocilizumab)* | Rheumatoid Arthritis  
- Giant Cell Arthritis *(GCA)* | - For patients with a confirmed diagnosis of rheumatoid arthritis with persistent active disease where the patient has not adequately responded to Methotrexate at a dose equal to or greater than 20 mg/week AND at least one other DMARD (i.e. hydroxychloroquine, leflunomide and/or sulfasalazine) for a period of 3 months  
- For adult patients with a confirmed diagnosis of giant cell arteritis with persistent active disease where the patient has not adequately responded to prednisone at maximum tolerated dose for a period of 3 months  
- Coordinate with provincial government program |
| **ADCIRCA** *(Tadalafil)* | Pulmonary Arterial Hypertension | - For patients with pulmonary arterial hypertension *(PAH)* WHO functional class II or III who do not respond to optimal conventional therapy (i.e. calcium channel blockers, anticoagulation with warfarin, diuretics, digoxin, supplemental oxygen) |
| **ADEMPAS** *(Riociguat)* | Inoperable chronic thromboembolic pulmonary hypertension *(CTEPH)*  
- Persistent or recurrent CTEPH after surgical treatment  
- Pulmonary arterial hypertension | - Confirmed diagnosis of CTEPH in adult patients with WHO Functional Class II or III pulmonary hypertension with:  
  - Inoperable disease OR  
  - Persistent or recurrent disease post-surgery  
- For the treatment of adult patients with WHO FC II-III pulmonary arterial hypertension who have tried and failed or cannot tolerate Revatio or Adcirca *(minimum 3 months trial)* AND Tracleer *(bosentan)*  
- Coordinate with provincial government program |
| **ADLYXINE** *(Ilixisenatide)* | Type II Diabetes | - For patients who have tried and failed or did not tolerate maximum doses of metformin (>2000 mg) |
| **AFINITOR**  
**AFINITOR DISPERZ TAB** *(Everolimus)* | Second-line treatment of metastatic Renal Cell Carcinoma *(“RCC”)*  
- Neuroendocrine Tumours of pancreatic origin *(PNET)*  
- Advanced breast cancer  
- Renal Angiomyolipoma  
- Subependymal giant cell astrocytoma *(SEGAs)*  
- Neuroendocrine Tumours of Gastrointestinal *(GI)* or Lung origin | - For patients with a confirmed diagnosis of metastatic renal cell carcinoma of clear cell morphology who have tried and failed initial treatment with a tyrosine kinase inhibitor  
- For treatment of well- or moderately differentiated PNET in patients with unresectable, locally advanced or metastatic disease that has:  
  - Progressed within the last 12 months, AND  
  - With an ECOG ≤ 2  
- For postmenopausal women with hormone receptor-positive, HER2-negative advanced breast cancer in combination with exemestane after recurrence or progression following treatment with letrozole or anastrozole  
- For the treatment of adult patients (≥18 years of age) with renal angiomyolipoma associated with tuberous sclerosis complex *(TSC)*, who do not require immediate surgery  
- For the treatment of patients 3 years of age or older with subependymal giant cell astrocytoma *(SEGAs)* associated with tuberous sclerosis complex *(TSC)* that have demonstrated serial growth, who are not candidates for surgical resection and for whom immediate surgical intervention is not required  
- For the treatment of neuroendocrine tumors *(NET)* of gastrointestinal *(GI)* or lung origin in adult patients with unresectable, locally advanced or metastatic, well differentiated, and non-functional disease, who are treatment naïve or treatment-experienced who have:  
  - Progressed on or after the last treatment AND  
  - An ECOG ≤ 1  
- Coordinate with provincial government program |
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<tr>
<td>ANDROGEL (Testosterone 1% pump)</td>
<td>- Endogenous testosterone deficiency</td>
<td>- For patients who have tried and failed Testosterone sachets</td>
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<tr>
<td>ANORO ELLIPTA (Umeclidinium/Vilanterol)</td>
<td>- Chronic Obstructive Pulmonary Disease (COPD)</td>
<td>- For patients diagnosed with COPD, including chronic bronchitis and emphysema who have tried and failed on long-acting bronchodilator monotherapy</td>
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<tr>
<td>APPRILON (Doxycycline)</td>
<td>- Rosacea</td>
<td>- For the treatment of rosacea in patients who have tried and failed at least one topical treatment (i.e. Noritate, MetroCream, MetroGel, MetroLotion, Finacea)</td>
</tr>
<tr>
<td>APTIO (Eslicarbazepine Acetate)</td>
<td>- Partial-onset seizures</td>
<td>- For patients with a diagnosis of partial onset seizures who have tried and failed or experienced intolerant side effects to 2 or more standard care drugs i.e. carbamazepine, lamotrigine, levetiracetam, topiramate, phenytoin, valproic acid/divalproex, gabapentin, Phenobarbital, oxcarbazepine, clobazam, primidone, vigabatrin.</td>
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<tr>
<td>APTIVUS (Tipranavir)</td>
<td>- HIV Infection</td>
<td>- For use in combination with ritonavir for the treatment of HIV in patients 18 years of age and older who have tried and failed or are intolerable to at least one : Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTI) and at least 2 Protease Inhibitors (PI), and in whom no other PI is a treatment option - Coordinate with provincial government program</td>
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<tr>
<td>ARANESP (Darbepoetin Alfa)</td>
<td>- Anemia with chemotherapy</td>
<td>- For patient with chronic renal failure - For patient with anemia secondary to chemotherapy - Coordinate with provincial government program</td>
</tr>
<tr>
<td>ATRIPLA and generics (Efavirenz/Emtricitabine/Tenofovir disoproxil fumarate)</td>
<td>- HIV anti-viral</td>
<td>- Coordinate with provincial government program</td>
</tr>
<tr>
<td>AUBAGIO (Teriflunomide)</td>
<td>- Multiple sclerosis, relapsing remitting</td>
<td>- Confirmed diagnosis of Relapsing or Remitting MS - EDSS value required with every application - Coordinate with provincial government program</td>
</tr>
<tr>
<td>AVODART and generic DUTASTERIDE (Dutasteride)</td>
<td>- Benign Prostatic Hyperplasia</td>
<td>- For male patients in the treatment of benign prostatic hyperplasia</td>
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<td>AVONEX AVONEX PS</td>
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<tr>
<td>REBIF REBIF MULTIDOSE CARTRIDGE</td>
<td>- Multiple sclerosis, relapsing remitting</td>
<td>- For patients with RRMS or progressive MS - For patients diagnosed with clinically isolated syndrome with abnormal brain MRI at presentation - EDSS value required with every application - Coordinate with provincial government program</td>
</tr>
<tr>
<td>BETASERON (Interferon beta-1a)</td>
<td>- Multiple sclerosis, chronic progressive</td>
<td></td>
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<tr>
<td>COPAXONE (Glatiramer acetate)</td>
<td>- Clinically Isolated Syndrome</td>
<td></td>
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<tr>
<td>AXIRON (Testosterone 2% solution)</td>
<td>- Endogenous testosterone deficiency</td>
<td>- For patients who have tried and failed Testosterone sachets</td>
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<tr>
<td>BANZEL (Rufinamide)</td>
<td>- Adjunctive treatment of seizures associated with Lennox-Gastaut syndrome</td>
<td>- For the treatment of Lennox Gastaut Syndrome in children 4 years and older and adults, in combination with other anti-epileptic drugs (e.g. valproic acid, topiramate, lamotrigine)</td>
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<td><strong>BARACLUDE and generic ENTECAVIR (Entecavir)</strong></td>
<td>- Chronic Hepatitis B</td>
<td>- Coordinate with provincial government program</td>
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<tr>
<td><strong>BASAGLAR (Insulin glargine)</strong></td>
<td>- Diabetes mellitus</td>
<td>- For patients who are at high risk for hypoglycemia</td>
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<tr>
<td><strong>BELBUCA (Buprenorphine buccal tablets)</strong></td>
<td>- Chronic severe pain</td>
<td>- For pain management in patients who are unable to tolerate or receive an adequate response to other long acting opioids or continuous opioid therapy (eg. hydromorphone, oxycodone, etc.)</td>
</tr>
<tr>
<td><strong>BENLYSTA (Belimumab)</strong></td>
<td>- Systemic Lupus Erythematosus (SLE)</td>
<td>- For adult patients (≥ 18 years old) with moderate-severe SLE being treated by a rheumatologist - Patient must be autoantibody positive (within last 3 months) i.e. ANA or dsDNA positive with SELENA-SLEDAI score ≥ 6 who have tried and failed or are intolerant to corticosteroid and hydroxychloroquine - Renewal based on achieving/maintain a SELENA-SLEDAI reduction of 4 points or more</td>
</tr>
<tr>
<td><strong>BIPHENTIN CR (Methylphenidate controlled release)</strong></td>
<td>- Attention deficit hyperactivity disorder</td>
<td>- For patients who have tried and failed or had intolerable side effects to generic Ritalin, Concerta, Adderall XR, Dexedrine or Strattera</td>
</tr>
<tr>
<td><strong>BOSULIF (Bosutinib)</strong></td>
<td>- Chronic myeloid leukemia</td>
<td>- For the treatment of Philadelphia chromosome positive (Ph+) chronic, accelerated, or blast phase chronic myeloid leukemia (CML) who are resistant or tolerant to prior TKI therapy, and for whom subsequent treatment with imatinib, nilotinib and dasatinib is not clinically appropriate - Coordinate with provincial government program</td>
</tr>
<tr>
<td><strong>BOTOX (Botulinum toxin type A)</strong></td>
<td>- Blepharospasm - Strabismus - Torticollis - Cervical dystonia - Cerebral palsy - Hyperhidrosis - Chronic Migraines - Bladder Dysfunction</td>
<td>- For the treatment of blepharospasm and strabismus in patients 12 years of age or older - For the treatment of torticollis in adult patients - For spasticity and other approved clinical conditions - For axillary hyperhidrosis in patients that have failed OR are intolerant to an aluminum chloride preparation - For the prophylaxis of headaches in adults with chronic migraines (≥ 15 per month with headaches lasting 4 hours a day or longer) who have tried and failed symptomatic (i.e. opioid and non-opioid analgesics, triptans or ergots) and prophylactic treatment (tricyclic analgesics, antiepileptic drugs or beta blockers) - For the treatment of overactive bladder or neurogenic bladder associated with multiple sclerosis or subcervical spinal cord injury in adults unresponsive to or intolerable to two of the following oral anticholinergics (Uromax, generic Ditropan, Ditropan XL, Enablex, Vesicare, Detrol, Detrol LA, Toviaz, Trosec)</td>
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| BRENZYS (etanercept) | - Ankylosing Spondylitis                      | - For adult patients (18+) with confirmed diagnosis of active ankylosing spondylitis where symptoms are uncontrolled by NSAIDS and the BASDAI score is ≥ 4  
|                     | - Rheumatoid Arthritis                        | - For adult patients (18+) with a confirmed diagnosis of rheumatoid arthritis with persistent active disease who have not adequately responded to Methotrexate at a dose equal to or greater than 20 mg/week AND at least one other DMARD (i.e. hydroxychloroquine, leflunomide and/or sulfasalazine) for a period of 3 months,  
|                     |                                              | - Coordinate with provincial government program                                                                                                       |
| BRILINTA (Ticagrelor) | - Secondary prevention of atherothrombotic events in Acute Coronary Syndrome | - For use in combination with ASA in patients with Acute Coronary Syndrome (STEMI or NSTEMI) who have tried and failed or are intolerant to clopidogrel OR require revascularization via PCI  
|                     |                                              | - OR  
|                     |                                              | - For the secondary prevention of a myocardial infarction (MI) after the initial 12 months of treatment with dual antiplatelet therapy (in patients at high risk of a subsequent MI as defined by at least one of the following: age ≥ 65, diabetes treated with a medication, second prior spontaneous MI, angiographic evidence of multivessel coronary artery disease, chronic renal dysfunction (CrCl< 60 mL/min)  
|                     |                                              | - Dual antiplatelet therapy will be approved for a maximum of 3 years (initial approval of 1 year with 90 mg strength; subsequent approval of 2 years with 60 mg strength)  
| BRIVLERA (Brivaracetam) | - Partial-onset seizures                      | - For use as adjunctive therapy in the treatment of partial onset seizures in patients who have tried and failed or experienced intolerant side effects to 2 or more standard care drugs i.e. carbamazepine, lamotrigine, levetiracetam, topiramate, phenytoin, valproic acid/divalproex, gabapentin, phenobarbital, oxcarbazepine, clobazam, primidone, vigabatrin |
| BUTRANS (buprenorphine transdermal) | - Severe pain                                | - For pain management in patients who are unable to tolerate or receive an adequate response to treatment with opioid therapy  
| BYDUREON (Exenatide extended release) | - Type II Diabetes                           | - For patients who have tried and failed or did not tolerate maximum doses of metformin (>2000 mg)  
<p>| BYETTA (Exenatide)     |                                              |                                                                                                                                                      |</p>
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<td>BYSTOLIC (Nebivolol)</td>
<td>Essential hypertension</td>
<td>- For the treatment of mild to moderate essential hypertension in patients who have tried and failed or had intolerable side effects to at least two generic drugs in the class of beta1-selective blockers (atenolol, bisoprolol, metoprolol)</td>
</tr>
<tr>
<td>CAMBIA (Diclofenac Potassium)</td>
<td>For acute treatment of migraine attacks</td>
<td>- For patients 18 years of age and older who have tried and failed or experienced intolerable side effects to at least one drug in each of the following classes: prescription NSAIDs and triptans</td>
</tr>
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</table>
| CAPRELSA (Vandetanib)                      | For the treatment of symptomatic or progressive medullary thyroid cancer (MTC) in adult patients with unresectable or locally advanced or metastatic disease | - For patients with unresectable locally advanced or metastatic MTC that have enrolled with the CAPRELSA Restricted Distribution Program  
- Coordinate with available provincial plans |
| CAVERJECT (Alprostadil)                  | Erectile Dysfunction                                | - Erectile dysfunction related to one of the following conditions:  
- Adverse side-effect to prescription drugs (e.g., beta blockers, etc.). Medical documentation must be present to validate the drug as causing the problem (up to one year approval)  
- Diabetes mellitus and is on medication(s) and/or insulin (Lifetime approval)  
- Aorta-iliac disease with evidence of decreased blood flow (e.g., abnormal Doppler studies or absent pulses) (Lifetime approval)  
- Post radical prostatectomy and radiation of the prostate (Lifetime approval)  
- Neurological injury or disease (e.g. Multiple Sclerosis, spinal cord injury) (Lifetime approval)  
- Endocrine abnormalities (i.e. specifically low testosterone levels not responding to testosterone treatment) (Lifetime approval)  
- Psychiatric disorder for which the patient is receiving medication or treatment from a psychiatrist (up to one year approval)  
- Annual maximum: $1,000 per year |
| CIALIS (Tadalafil)                      | HIV anti-viral                                      | - For patients who have tried at least one anti-retroviral from each of the following sub-classes: Nucleoside Reverse Transcriptase Inhibitors (NRTI), Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTI) and Protease Inhibitors (PI)  
- Coordinate with provincial government program |
| LEVITRA (Vardenafil)                    | For the management of severe nausea and vomiting    | - For the management of severe nausea and vomiting associated with cancer chemotherapy in patients that have failed or are contraindicated to conventional antiemetic treatments (metoclopramide, corticosteroids, aprepitant, prochlorperazine, ondansetron) |
| MUSE (Alprostadil)                      |                                                      |                                                                                     |
| VIAGRA (Sildenafil)                     |                                                      |                                                                                     |
| STAXYN (Vardenafil)                     |                                                      |                                                                                     |
| CAYSTON (Aztreonam)                     | Treatment of pulmonary infection with Pseudomonas aeruginosa in Cystic Fibrosis Patients | - For patients with confirmed Cystic Fibrosis and pulmonary infection with Pseudomonas aeruginosa, who have tried and failed or did not tolerate prior therapy with TOBI  
- Co-coordinate with provincial programs where possible |
| CELSENTRI (Maraviroc)                   | HIV anti-viral                                      | - For patients who have tried at least one anti-retroviral from each of the following sub-classes: Nucleoside Reverse Transcriptase Inhibitors (NRTI), Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTI) and Protease Inhibitors (PI)  
- Coordinate with provincial government program |
<p>| CESAMET (Nabilone)                      |                                                      | - For the management of severe nausea and vomiting associated with cancer chemotherapy in patients that have failed or are contraindicated to conventional antiemetic treatments (metoclopramide, corticosteroids, aprepitant, prochlorperazine, ondansetron) |</p>
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| CIMZIA (Certolizumab pegol) | - Moderate to Severe Rheumatoid Arthritis - Psoriatic Arthritis - Ankylosing Spondylitis | - For patients with a confirmed diagnosis of rheumatoid arthritis with persistent active disease where the patient has not adequately responded to Methotrexate at a dose equal to or greater than 20 mg/week AND at least one other DMARD (i.e. hydroxychloroquine, leflunomide and/or sulfasalazine) for a period of 3 months  
  - For patients with a confirmed diagnosis of psoriatic arthritis with persistent active disease where the patient has not adequately responded to Methotrexate at a dose equal to or greater than 20 mg/week AND Leflunomide or Sulfasalazine for a period of 3 months  
  - For patients with confirmed diagnosis of active ankylosing spondylitis where symptoms are uncontrolled by NSAIDS and the BASDAI score is ≥ 4  
  - Coordinate with provincial government program |
| CINQAIR (reslizumab)       | - Severe eosinophilic asthma                                             | - For the treatment of asthma in patients 18 years or older who have tried and failed a combination ICS and one other asthma agent, such as long acting beta-agonist or leukotriene receptor antagonists AND Experienced at least 1 or more exacerbations in the previous 12 months; OR dependency on systemic corticosteroid for at least 6 months; AND have a blood eosinophil count ≥ 400 cells/µL in the past 12 months |
| COMBIVIR (Lamivudine/Zidovudine) | - HIV anti-viral                                                        | - Coordinate with provincial government program                                                                                                           |
| COMPLERA and generic COMBINATION (Rilpivirine/emtricitabine/tenofovir disoproxil fumarate) | - Irritable bowel syndrome with constipation (IBS-C) and chronic idiopathic constipation (CIC) | - For patients who have tried and failed dietary and lifestyle measures (i.e. high fibre diet, increased water intake, physical exercise) and at least one medication in at least two of the following classes: stool softeners (docusate), osmotic agents (magnesium citrate, magnesium hydroxide, magnesium sulfate, polyethylene glycol 3350, sodium enema), hyperosmotic agents (glycerin suppositories, lactulose) and stimulants (bisacodyl, senna, castor oil). |
| CONSTELLA (Linaclootide)    | - Anti-Obesity                                                           | Initial Authorization Approval (6 months)  
  - Body Mass Index (BMI) greater than or equal to 30 OR a BMI of 27-29 with one of the following disease conditions that is also being treated with medication: hypertension, diabetes mellitus, hyperlipidemia, and/or coronary artery AND trial and failure of prescribed lifestyle therapy (diet and exercise) for at least three months prior to starting Contrave  
  - trial and failure of therapy with Xenical for at least 6 months prior to Contrave AND continuation of prescribed lifestyle therapy (diet and exercise) while using Contrave  
  - Weight prior to initiation of treatment  
Subsequent Authorization Approval (6 months):  
- Body Mass Index (BMI) greater than or equal to 30 OR a BMI of 27-29 with one of the following disease conditions that is also being treated with medication: hypertension, diabetes mellitus, hyperlipidemia, and/or coronary artery AND a minimum reduction of 6% of initial body weight and continuation of prescribed lifestyle therapy (diet and exercise) while using  
  - Coordinate with provincial government program |
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| COSENTYX (Secukinumab) | - Ankylosing spondylitis  
                       | - Plaque Psoriasis  
                       | - Psoriatic Arthritis                                                             |
|                     | For patients who are 18 years and older with moderate to severe chronic plaque psoriasis with at least 10% body involvement AND who have tried and failed phototherapy AND have tried and failed or are intolerant to at least 2 systemic therapies AND who are treated by a dermatologist|
|                     | - For patients with confirmed diagnosis of active ankylosing spondylitis where symptoms are uncontrolled by NSAIDS and the BASDAI score is ≥4  
                       | - For patients with a confirmed diagnosis of psoriatic arthritis with persistent active disease where the patient has not adequately responded to Methotrexate at a dose equal to or greater than 20 mg/week AND Leflunomide or Sulfasalazine for a period of 3 months  
                       | - Coordinate with provincial government program                                     |
| COSOPT (Dorzolamide and timolol preservative-free ophthalmic solution) | - Elevated intra-ocular pressure in open angle glaucoma or ocular hypertension | For patients who are allergic to or cannot tolerate ophthalmic preservatives         |
| COTELLIC (Cobimetinib) | - For the treatment of BRAF V600 mutation-positive unresectable (Stage IIIC or IV) or metastatic melanoma | Initial Criteria (Duration of 6 months):  
                       | - Confirmed BRAF V600 mutation positive disease  
                       | - ECOG ≤ 1  
                       | - For use in combination with ZELBORAF (Vemurafenib)  
                       |
|                     | Renewal Criteria (Duration of 6 months):  
                       | - Absence of disease progression confirmed by medical imaging or by physical exam  
                       | Coordinate with provincial government program                                       |
| CRIXIVAN (Indinavir) | - HIV anti-viral  
                       | - Coordinate with provincial government program                                     |
| CYTOVENE (Ganciclovir) | - Cytomegalovirus Retinitis  
                       | - For the treatment of retinitis caused by the cytomegalovirus (CMV) in HIV or immunocompromised patients  
                       | - Coordinate with provincial government program                                     |
| DAKLINZA (Daclatasvir) | - Hepatitis C genotype 3  
                       |  
                       | - For adults with chronic hepatitis C genotype 3 in combination with Sovaldi:  
                       | - Fibrosis stage F2 or greater (Metavir scale or equivalent)  
                       | - No diagnosis of cirrhosis  
                       | - Failure of standard peg-interferon/ribavirin therapy  
                       | - HCV levels in the past 6 months  
                       | - Have failed or have a true contraindication to Maviret, Epclusa  
                       | - Coordinate with provincial government program  
                       | *Maximum approval 12 weeks*  
                       | **Retreatment requests will not be considered**                                      |
| DAXAS (roflumilast) | - Chronic Obstructive Pulmonary Disease (COPD)  
                       | - Diagnosis of COPD, including chronic bronchitis and emphysema  
                       | - Coordinate with provincial coverage if available                                 |
| DESCovy (Emtricitabine/tenofovir alafenamide) | - HIV Infection  
<pre><code>                   | - Coordinate with provincial government program                                     |
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<td>DEXILANT (dexlansoprazole)</td>
<td>- Erosive esophagitis</td>
<td>- For patients who are unresponsive or intolerable to two of the following: Rabeprazole, Lansoprazole, Omeprazole and/or Pantoprazole</td>
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<td>- Non-erosive gastroesophageal reflux disease (GERD)</td>
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| DIACOMIT (striptentol)      | - Dravet Syndrome or Severe Myoclonic Epilepsy in Infancy (SMEI) | - For patients 3 years of age or older with refractory SMEI or Dravet Syndrome:  
  - Must be used in conjunction with clobazam and valproate after failure with clobazam and valproate alone  
  - Coordinate with provincial government program                                                                                                                            |
| DUAKLIR GENUAIR (Aclidinium bromide and Formoterol Furmarate) | - Chronic Obstructive Pulmonary Disease (COPD) | - For patients diagnosed with COPD, including chronic bronchitis and emphysema who have tried and failed on optimal doses of either a LAMA or LABA alone                                                                 |
| DUODOPA (Levodopa/carbidopa intestinal gel) | - Parkinson's disease | - For individuals with advanced Parkinson's disease and who have tried and failed other oral therapies for control of severe, disabling motor fluctuations  
  - Individuals are being screened and managed by specialists and at appropriate centers where the individuals have responded to the drug during the test phase  
  - Coordinate with provincial government program                                                                                                                             |
| DUPIXENT (Dupilumab)       | - Severe atopic dermatitis                   | **Initial Approval: 6 months duration**  
  For the treatment of adult patients (18+) with confirmed severe atopic dermatitis  
  Severely defined as meeting all 3 conditions below:  
  1) IGA of 3 or more  
  2) BSA of at least 30% or EASI ≥21  
  3) DLQI ≥ 10 or severe disruption in sleep;  
  AND  
  - Tried and failed one product from each class below  
  - High potency topical steroids  
  - Protopic or Elidel  
  - Oral corticosteroid therapy and/or immunosuppressants (cyclosporine, azathioprine, methotrexate, etc)  
  **Renewal criteria: 1 year duration**  
  - IGA of 0 or 1 or 50% improvement, AND improvement of EASI of at least 75% of initial score AND 5 point improvement in DLQ or improvement in sleep                                                                 |
| DYSPORT (abobotulinumtoxin A) | - Cervical dystonia (spasmodic torticollis)  
  - Focal spasticity | - For adult patients with a confirmed diagnosis of cervical dystonia (torticollis) OR focal spasticity affecting the upper limbs                                                                                           |
| EDARBI (Azilsartan)        | - Mild to moderate essential hypertension     | - For patients who have tried and failed or have had intolerable side effects to at least two generic ACE inhibitor or ACE inhibitor combination product(s) OR generic ARB or generic ARB combination product(s)                                                                 |
| EDARBYCLOR (Azilsartan/Chlorthalidone) | - HIV anti-viral                              | - Coordinate with provincial government program                                                                                                                      |
| EDURANT (Rilpivirine)      | - Atopic dermatitis                          | - A confirmed diagnosis of atopic dermatitis (eczema) for individuals who have failed or intolerant to treatments with topical corticosteroid therapy                                                                 |
| ELIDEL (Pimecrolimus 1% cream) | - Atopic dermatitis                          |                                                                                                                                                                                                                   |
### ENBREL (Etanercept)

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<tr>
<th>DRUG</th>
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<th>APPROVAL GUIDELINES</th>
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<tbody>
<tr>
<td></td>
<td>Moderate to Severe Rheumatoid Arthritis</td>
<td>- For patients with a confirmed diagnosis of rheumatoid arthritis with persistent active disease who have not adequately responded to Methotrexate at a dose equal to or greater than 20 mg/week AND at least one other DMARD (i.e. hydroxychloroquine, leflunomide and/or sulfasalazine) for a period of 3 months</td>
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<tr>
<td></td>
<td>Moderate to Severe Juvenile Rheumatoid Arthritis</td>
<td>- For patients 4 to 17 years of age with a confirmed diagnosis of juvenile arthritis with persistent active disease who have not adequately responded to Methotrexate at a dose equal to or greater than 15 mg/week AND at least one other DMARD</td>
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<tr>
<td></td>
<td>Psoriatic arthritis</td>
<td>- For patients with a confirmed diagnosis of psoriatic arthritis with persistent active disease who have not adequately responded to Methotrexate at a dose equal to or greater than 20 mg/week AND Leflunomide or Sulfasalazine for a period of 3 months</td>
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<tr>
<td></td>
<td>Ankylosing spondylitis</td>
<td>- For patients with confirmed diagnosis of active ankylosing spondylitis where symptoms are uncontrolled by NSAIDS and the BASDAI score is ≥ 4</td>
</tr>
<tr>
<td></td>
<td>Moderate to severe chronic plaque psoriasis</td>
<td>- For patients 4 years and older with moderate to severe chronic plaque psoriasis with at least 10% body involvement who have tried and failed phototherapy AND have tried and failed or are intolerant to at least 2 systemic therapies AND who are being treated by a dermatologist</td>
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<td>- Coordinate with provincial government program</td>
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### ENTRESTO (Sacubitril/Valsartan)

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<tr>
<td></td>
<td>Heart failure with reduced ejection fraction</td>
<td>- For adult patients diagnosed Heart failure with reduced ejection fraction</td>
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<tr>
<td></td>
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<td>- LVEF ≤ 40%</td>
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<td></td>
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<td>- Patients with NYHA class II or III</td>
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<td></td>
<td>- Either “BNP ≥ 150pg/mL or ≥ 100pg/mL if was hospitalized within last 12 months” while on maximum tolerated doses of ACE or ARB and other standard therapies</td>
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### ENTYVIO (vedolizumab)

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<td></td>
<td>Ulcerative Colitis</td>
<td>- For patients with active ulcerative colitis who have failed or are intolerant to oral corticosteroid therapy and a 5-ASA product OR immunosuppressants (azathioprine, 6-mercaptopurine, methotrexate, or cyclosporine) AND who have tried and failed or experienced intolerant effects to infliximab, Humira, or Simponi SC</td>
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<td></td>
<td>Crohn’s Disease</td>
<td>- For patients with Crohn’s disease or patients with moderate to severe Crohn’s disease who have failed to respond to corticosteroids AND an immunosuppressant agent (azathioprine, 6-mercaptopurine, methotrexate or cyclosporine) AND who have tried and failed or experienced intolerant effects to another biologic (infliximab, Humira)</td>
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<td>- Coordinate with provincial government programs</td>
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### EPCLUSA (Sofosbuvir/Velpatasvir)

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<tr>
<td></td>
<td>Hepatitis C Infection in genotypes 1-6</td>
<td>- For treatment-naïve or treatment-experienced adult patients with chronic hepatitis C genotype 1-6 infections with:</td>
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<tr>
<td></td>
<td></td>
<td>- Fibrosis stage F2 or greater (Metavir scale or equivalent)</td>
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<td></td>
<td>- Quantitative Hepatitis C Virus Ribonucleic Acid (HCV RNA) value within the last 6 months</td>
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<td>- Maviret treatment is not an option due to a true clinical contraindication.</td>
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<td>- Retreatment requests will not be considered</td>
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<td>- Coordinate with provincial government programs</td>
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<tr>
<td>DRUG</td>
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</table>
| EPREX (Erythropoietin) | - Anemia with chemotherapy  
- Chronic renal failure dialysis  
- Anemia with AIDS         | - For patient with chronic renal failure undergoing dialysis treatment  
- For patient with anemia secondary to chemotherapy  
- For patients requiring a transfusion from anemia related to therapy with zidovudine in HIV-infected patients  
- Coordination with provincial government program if available |
| ERELZI (etanercept)  | - Moderate to Severe Rheumatoid Arthritis  
- Moderate to Severe Juvenile Idiopathic Arthritis  
- Ankylosing spondylitis | - For patients with a confirmed diagnosis of rheumatoid arthritis with persistent active disease who have not adequately responded to Methotrexate at a dose equal to or greater than 20 mg/week AND at least one other DMARD (i.e. hydroxychloroquine, leflunomide and/or sulfasalazine) for a period of 3 months  
- For patients 4 to 17 years of age with a confirmed diagnosis of juvenile arthritis with persistent active disease who have not adequately responded to Methotrexate at a dose equal to or greater than 15 mg/week AND at least one other DMARD  
- For patients with confirmed diagnosis of active ankylosing spondylitis where symptoms are uncontrolled by NSAIDs and the BASDAI score is ≥ 4  
- Coordinate with provincial government program |
| ERIVEDGE (Vismodegib) | - For the treatment of metastatic or locally advanced basal cell carcinoma | - For patients with histologically confirmed metastatic or locally advanced basal cell carcinoma whose condition is inappropriate for surgery or radiotherapy  
- Coordinate with provincial government program |
| ESBRIET (Pirfenidone) | - Idiopathic Pulmonary Fibrosis (IPF)                                  | Initial Criteria:  
- For patients diagnosed with idiopathic pulmonary fibrosis (IPF) as confirmed by clinical chest radiology (HRCT) or a lung biopsy with a Forced Vital Capacity (FVC) between 50-80% predicted, and a Percent Carbon Monoxide Diffusing Capacity (%DLCO) between 30-90% predicted  
Renewal criteria:  
- Stable disease, defined as FVC not decreased by ≥ 10% during the previous 12 months  
- Coordinate with available provincial programs |
| EXTAVIA (Interferon beta-1b) | - Multiple sclerosis, relapsing remitting  
- Multiple sclerosis, chronic progressive | - EDSS value required  
- Coordinate with provincial government program |
| EYLEA (aflibercept)  | - Wet age-related macular degeneration  
- Macular edema secondary to Central Retinal Vein Occlusion (CRVO)  
- Diabetic Macular Edema (DME)  
- Myopic choroidal neovascularization (myopic CNV) | - For patients diagnosed with neovascular (wet) age-related macular degeneration (AMD)  
- For treatment of visual impairment due to diabetic macular edema  
- For treatment of visual impairment due to macular edema secondary to central or branch retinal vein occlusion  
- For patients with a confirmed diagnosis of myopic choroidal neovascularization (myopic CNV)  
- Coordinate with provincial government program |
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| **FAMPYRA**<br>(Fampridine) | - Multiple Sclerosis (MS)     | **Initial Criteria:**<br>- For the symptomatic improvement of walking in adult patients with multiple sclerosis (MS) with walking disability (EDSS 3.5 – 7)  
- Coordinate with available provincial plans  
- An initial 6 weeks of Fampyra will be approved  
**Renewal Criteria:**<br>- Demonstrates a noted improvement in walking speed from baseline based on one of the following clinical tools (e.g. T25FW, Timed Up and Go, MSWS012, Two Minute Walk) |
| **FASLODEX**<br>(Fulvestrant) | - Locally advanced or metastatic breast cancer | **-** Second-line treatment for postmenopausal women who have failed or had intractable side effects to tamoxifen and/or other aromatase inhibitors (ex. Letrozole) OR  
- For postmenopausal women with estrogen receptor-positive, human epidermal growth factor receptor 2-negative (ER+/HER2-) advanced or metastatic breast cancer AND not previously treated with endocrine therapy AND no active or uncontrolled metastases to the liver or lungs |
| **FENTANYL**            | - Severe pain                   | **-** For pain management in patients who are unable to tolerate or receive an adequate response to treatment with long-acting opioids such as sustained release morphine, sustained release hydromorphone, and/or sustained release oxycodone |
| **FENTORA**<br>(Fentanyl citrate) | - Breakthrough cancer pain | **-** For cancer patients who are 18 years or older who experience up to 4 breakthrough pain episodes a day who are currently on or tolerant to opioid therapy for their persistent baseline cancer pain (i.e. at least 60mg/day morphine, or 25mcg/hr transdermal fentanyl, or 30mg/day oxycodone, or 8mg/day hydromorphone or 25mg/day oxymorphone or an equianalgesic dose of another opioid for one week or longer) AND have tried and failed immediate release oral opioids i.e. Dilaudid, Statex, MS-IR, Supeudol, Oxy-IR |
| **FETZIMA**<br>(levomilnacipran) | - Major Depressive Disorder | **-** For patients who have tried and failed (4 week trial minimum) or cannot tolerate or have a contraindication to Venlafaxine or other extended release SNRIs |
| **FIBRISTAL**<br>(Ulipristal Acetate) | - For the treatment of moderate to severe signs and symptoms of uterine fibroids | **-** For women of reproductive age with uterine fibroids  
- Lifetime approval limit maximum of 360 tablets |
| **FLUDARA**<br>(Fludarabine oral tablet) | - Chronic Lymphocytic Leukemia (CLL) | **-** For patients who have failed first-line treatment and meet the following criteria:  
- Provincial cancer drug coverage is not available for Fludara 10mg tablet in the province where the applicant resides  
- Applicant has first tried I.V. / infusion Fludara and has developed intolerance or adverse effects to this formulation |
<p>| <strong>FOQUEST</strong>&lt;br&gt;(Methylphenidate hydrochloride) | - Attention deficit hyperactivity disorder | <strong>-</strong> For patients who have tried and failed or had intolerable side effects to generic Ritalin, Concerta, Adderall XR, Dexedrine or Strattera |</p>
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| FORTEO (Teriparatide) | - Osteoporosis  
- Osteoporosis associated with sustained systemic glucocorticoid therapy | - Severe osteoporosis where patient has a bone scan of less than -3.5 SD AND history of non-trauma related fractures while on bisphosphonates  
- Severe osteoporosis where patient has a bone scan of less than -1.5 SD and a minimum of 3 months of sustained systemic glucocorticoid therapy  
- Maximum lifetime treatment: 24 months |
| FORXIGA (Dapagliflozin) | - Diabetes mellitus | - For treatment of type-2 diabetic persons where metformin and a sulfonylurea are contraindicated, not tolerated or ineffective |
| FREESTYLE LIBRE (Sensor only) | - Glucose monitoring for diabetic patients | - For blood glucose monitoring in adult diabetic patients (18+) treated with insulin  
- For blood glucose monitoring in type 1 diabetic patients under the age of 16, coverage may be considered for patients at risk for severe hypoglycemic events  
- Approval Maximum 26 sensors per calendar year |
| FUZEON (Enfuvirtide) | - HIV infection | - For treatment experienced patients who have tried at least three anti-retrovirals from each of the following sub-classes: Nucleoside Reverse Transcriptase Inhibitors (NRTI), Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTI) and Protease Inhibitors (PI) and where the CD4 count has fallen below 200 cells/uL.  
- Coordinate with provincial government program |
| FYCOMPA (Perampanel) | - Partial onset seizures  
- Primary Generalized Tonic-Clonic Seizures | - For patients with a diagnosis of partial onset seizures or primary generalized tonic-clonic seizures (PGTCS) AND who have tried, failed or experienced intolerant side effects to 2 or more standard care drugs i.e. carbamazepine, lamotrigine, levetiracetam, topiramate, phenytoin, valproic acid/divalproex, gabapentin, Phenobarbital, oxcarbazepine, clobazam, primidone, vigabatrin |
| GALEXOS (Simeprevir) | - Hepatitis C | For adults with chronic hepatitis C genotype 1 infection in combination with peg interferon alpha/ribavirin or Sovaldi  
Quantitative HCV RNA value from within the last 6 months Fibrosis stage F2 or greater (Metavir scale or equivalent)  
No diagnosis of cirrhosis or cirrhosis with a Child Pugh Score = A (5-6)  
Have failed or have a true contraindication to standard of care such as Maviret, Holkira Pak, Harvoni or Epclusa  
- Coordinate with provincial government program |
| GELNIQUE (Oxybutynin chloride gel) | - For the treatment of overactive bladder (OAB) with symptoms of urge urinary incontinence, urgency and frequency | - For patients who have tried and failed or had intolerable side effects to two of the following oral anticholinergics (Uromax, generic Ditropan, Ditropan XL, Enablix, Vesicare, Detrol, Detrol LA, Trosec)  
- Coordinate with provincial government program |
| GENVOYA (Cobicistat/Emtricitabine/Elvitegravir/Tenofovir Alafenamide) | - HIV Infection | - Coordinate with provincial government program |
| GILENYA (Fingolimod) | - Multiple sclerosis, relapsing remitting | - For the treatment of relapsing remitting multiple sclerosis in patients who have failed or are intolerant to one or more therapies for multiple sclerosis treatments i.e. Aubagio, Avonex, Betaseron, Copaxone, Extavia, Plegridy, Rebif, Tecfidera  
- EDSS value required  
- Coordinate with provincial government program |
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| GIOTRIF (afatinib)            | Lung adenocarcinoma                          | - For patients with a confirmed diagnosis of metastatic lung adenocarcinoma (i.e. specific type of non-small cell lung cancer) with activating EGFR mutation(s) who have NOT previously tried and failed EGFR tyrosine kinase inhibitors (e.g. Iressa or Tarceva)  
  - Coordinate with provincial government program |
| GLATECT (glatiramer)          | Multiple sclerosis, relapsing remitting (RRMS) | - For patients with RRMS and diagnosed with clinically isolated syndrome with abnormal brain MRI at presentation  
  - EDSS value required with every application  
  - Coordinate with provincial government program |
| GLEEVEC and generic IMATINIB (Imatinib) | Chronic myeloid leukemia (CML)  
  - Gastrointestinal Stromal Tumour (GIST)  
  - Acute Lymphoblastic Leukemia (ALL) | - For the treatment of newly diagnosed, Philadelphia-chromosome positive, CML in chronic phase OR for the treatment adult patients with Philadelphia chromosome-positive CML in blast crisis, accelerated phase or chronic phase after failure of interferon-alpha therapy  
  - For the treatment of C-Kit positive (CD 117) inoperable recurrent and/or metastatic GIST  
  - Coordinate with provincial government program |
| GLUMETZA and generics (Metformin extended release) | Diabetes                                      | - For patients who have tried and failed or had intolerable side effects to regular release Metformin |
| GLYXAMBI (Empagliflozin/Linagliptin) | Diabetes                                      | - For patients who have tried and failed or did not tolerate maximum doses of SYNJARDY (metformin and empagliflozin) or JENTADUETO (metformin and linagliptin) |
| GRASTEK (Standardized allergenic extract, Timothy Grass) | Moderate to severe seasonal grass pollen allergic rhinitis | - For the treatment of allergic rhinitis in patients 5 years of age and older, who are:  
  - Skin test positive to grass pollen and/or positive titre to pollen-specific IgE antibodies  
  - Symptomatic for at least 2 pollen seasons  
  - Not adequately controlled by at least one drug in three of the four following classes: intransal corticosteroids, oral antihistamines, leukotriene receptor antagonists, and allergen Specific Immunotherapy injections |
| GRASTOFIL (filgrastim)        | Neutropenia associated with chemotherapy, transplant, AIDS, stem cell mobilization | - Co-ordinate with available provincial plans |
| HARVONI (Ledipasvir/Sofosbuvir) | Hepatitis C virus (CHC) genotype 1 infection | - For treatment-naive or treatment-experienced adult patients with chronic hepatitis C genotype 1 infections with:  
  - Quantitative Hepatitis C Virus Ribonucleic Acid (HCV RNA) value within the last 6 months  
  - Fibrosis stage F2 or greater (Metavir scale or equivalent)  
  - Compensated liver disease including compensated cirrhosis  
  - Have failed or have a true contraindication to Maviret  
  - Retreatment requests will NOT be considered  
  - Coordinate with provincial government program |
| HEMANGIOL (Propranolol)       | Proliferating Infantile Hemangioma           | - For infants 6 months of age or under diagnosed with Infantile Hemangioma  
  - Maximum duration of treatment is 6 months per lifetime |
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| HEPSERA and generic ADEFOVIR | Chronic hepatitis B                 | - For chronic hepatitis B patients who develop resistance to Lamivudine or who have severe liver disease (e.g. cirrhosis)  
| (Adefovir)                    |                                     | - For hepatitis B patients co-infected with HIV who do not require HAART therapy for HIV                  |
| HEPTOVIR (Lamivudine)         | Chronic hepatitis B                 | - For treatment of chronic hepatitis B                                                                  |
|                               |                                     | - Coordinate with provincial government program                                                         |
| HOLKIRA PAK                   | Hepatitis C virus (CHC) genotype 1  | - For treatment-naïve or treatment-experienced adult patients with chronic hepatitis C genotype 1 infections with: |
| (Ombitasvir/Paritaprevir/Ritonavir/Dasabuvir) | infection in adults               |  
|                               |                                     |   - Quantitative Hepatitis C Virus Ribonucleic Acid (HCV RNA) value within the last 6 months |
|                               |                                     |   - Fibrosis stage F2 or greater (Metavir scale or equivalent)                                          |
|                               |                                     |   - Compensated liver disease including compensated cirrhosis                                            |
|                               |                                     | - Retreatment requests will NOT be considered                                                           |
|                               |                                     | - Coordinate with provincial government program                                                         |
| HUMATROPE (Somatropin)        | Dwarfism, Turner’s syndrome, Adult  | - For the treatment of patients under 17 years of age with endogenous growth hormone deficiency or with renal failure resulting in slowed growth rate |
|                               | Growth Hormone Deficiency (“Adult GHD”), Idiopathic Short Stature (“ISS”) | - For the treatment of patients with Turner’s syndrome under 14 years of age  
<p>|                               |                                     | - For adolescents/adults who were growth hormone-deficient during childhood and who have growth hormone deficiency syndrome confirmed as an adult. Use of growth hormone as a child must be documented. |
|                               |                                     | - For adults who have GHD (GH ≤ 5 mcg/L ) due to multiple hormone deficiencies as a result of pituitary disease (hypopituitarism); hypothalamic disease; surgery (pituitary gland tumour ablation); radiation therapy; or trauma |
|                               |                                     | - For treatment of ISS which is defined as: (i) normal birth weight; (ii) diagnostic evaluation that excludes other known causes of short stature; (iii) height at least 2.25 standard deviation scores below the mean for age and sex; (iv) height velocity below the 25th percentile for bone age; and (v) patients whose epiphyses are not closed |
|                               |                                     | - Coordinate with provincial government program                                                         |</p>
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| HUMIRA     | Adult                                         | ADULT  
- For patients with fistulizing Crohn's disease or patients with moderate to severe Crohn's disease who have failed to respond to corticosteroids AND an immunosuppressant agent (azathioprine, 6-mercaptourine, methotrexate, or cyclosporine)  
- For patients with active ulcerative colitis who failed or are intolerant to oral corticosteroid therapy and a 5-ASA product OR immunosuppressants (azathioprine, 6-mercaptourine, methotrexate, or cyclosporine)  
- For patients with a confirmed diagnosis of rheumatoid arthritis with persistent active disease who have not adequately responded to Methotrexate at a dose equal to or greater than 20 mg/week AND at least one other DMARD (i.e. hydroxychloroquine, leflunomide and/or sulfasalazine) for a period of 3 months  
- For patients with a confirmed diagnosis of psoriatic arthritis with persistent active disease who have not adequately responded to Methotrexate at a dose equal to or greater than 20 mg/week AND Leflunomide or Sulfasalazine for a period of 3 months  
- For patients with confirmed diagnosis of active ankylosing spondylitis where symptoms are uncontrolled by NSAIDS and the BASDAI score is ≥4  
- For patients 18 years and older with moderate to severe chronic plaque psoriasis with at least 10% body involvement who have tried and failed phototherapy AND have tried and failed or are intolerant to at least 2 systemic therapies AND are being treated by a dermatologist  
- For patients 18 years and older with a confirmed diagnosis of HS where the HS lesions must be present in at least two distinct areas AND both lesions must be at least Hurley stage II or III AND where the patient has tried and failed therapy for at least two months with oral antibiotics (i.e. dicloxacillin, erythromycin, minocycline, tetracycline, doxycycline) AND the Abscess and Nodule count is ≥ 3. Coordination with provincial government program.  
- For patients with confirmed diagnosis of active ankylosing spondylitis where symptoms are uncontrolled by NSAIDS and the BASDAI score is ≥4  
- For patients 18 years and older with severe chronic plaque psoriasis with at least 10% body involvement who have tried and failed phototherapy AND have tried and failed or are intolerant to at least 2 systemic therapies AND are being treated by a dermatologist  
- For patients 18 years and older with a confirmed diagnosis of HS where the HS lesions must be present in at least two distinct areas AND both lesions must be at least Hurley stage II or III AND where the patient has tried and failed therapy for at least two months with oral antibiotics (i.e. dicloxacillin, erythromycin, minocycline, tetracycline, doxycycline) AND the Abscess and Nodule count is ≥ 3. Coordination with provincial government program.  
- For the treatment of non-infectious uveitis (intermediate, posterior, and pan-uveitis) in patients with inadequate response to corticosteroids OR as a corticosteroid-sparing treatment in corticosteroid-dependent patients. Renewal Criteria: Stability or improvement of vision and control of ocular inflammation confirmed by physician.  
- Coordinate with provincial government program  |
|           | PEDIATRIC                                    | PEDIATRIC  
- For patients 13 to 17 years of age weighing more than or equal to 40kg with severely active Crohn's who have had inadequate response or intolerable effects to corticosteroids AND an immunosuppressant or aminosalicylate  
- For therapy in combination with METHOTREXATE, unless intolerable or inappropriate, in patients 4 to 17 years of age with a confirmed diagnosis of juvenile arthritis with persistent active disease where the patient has not adequately responded to Methotrexate at a dose equal to or greater than 15 mg/week AND at least one other DMARD, AND who has tried and failed Enbrel  
- Coordinate with provincial government program  |
| HUMIRA (Adalimumab) |                                |                                                                                                                                                                                                 |

Updated: June 2018
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<td>HYDROMORPHONE CONTINUOUS RELEASE (e.g. Hydromorph Cont)</td>
<td>- Severe pain</td>
<td>- For pain management in patients who are unable to tolerate or receive an adequate response to either the regular release dosage forms of hydromorphone or the sustained release preparations of morphine</td>
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<tr>
<td>IBAVYR (Ribavirin)</td>
<td>- Hepatitis C</td>
<td>- For the treatment of CHC in combination with other antiviral agents</td>
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<td>- If used in combination with Sovaldi with Hepatitis C Genotype 2 or 3, must first try and fail standard Peg-Interferon+ RBV therapy. Ibavir may also be considered for members contraindicated to Peg-Interferon</td>
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<tr>
<td>IBRANCE (Palbociclib)</td>
<td>- Advanced or metastatic breast cancer</td>
<td>Initial Criteria (6 month duration):</td>
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<td>- For postmenopausal women with estrogen receptor-positive, human epidermal growth factor receptor 2-negative (ER+/HER2-) advanced or metastatic breast cancer, who are treatment-naïve or have had no treatment in the past 12 months, in combination with letrozole given continuously, with no active or uncontrolled metastases to the brain and no resistance to prior (neo-) adjuvant aromatase-inhibitor therapy.</td>
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<td>Renewal (6 month duration):</td>
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<td>- Continue until unacceptable toxicity or disease progression</td>
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| ICLUSIG (ponatinib hydrochloride) | Chronic phase (CP), accelerated phase (AP), or blast phase (BP) chronic myeloid leukemia (CML) - Philadelphia chromosome positive acute lymphoblastic leukemia (Ph+ ALL) | **Chronic Myeloid Leukemia:**  
  **Initial Request (3 month approval):**  
  - For patients who are resistant or intolerant to imatinib AND 2 of the follow nilotinib, dasatinib, or bosutinib, and for whom subsequent treatment with imatinib, nilotinib, dasatinib AND bosutinib is not clinically appropriate  
  - Completion of cardiovascular status demonstrated by: Complete blood count, ALT, AST, bilirubin, alkaline phosphatase  
  - ECOG≤1  
  - Proof of enrollment in the Support Program  
  - Coordinate with provincial government program  
  **Renewal (3 month approval):**  
  - Demonstration of hematological response (i.e. Normalization of WBC) showing absence of disease progression (provide lab values)  
  - Completion of cardiovascular status demonstrated by: Complete blood count, ALT, AST, bilirubin, alkaline phosphatase  
  - ECOG≤1  
  - Proof of continued enrollment in the Support Program  
  - Coordinate with provincial government program  |
| IMBRUVICA (ibrutinib)         | Chronic lymphocytic leukemia (CLL), including 17p deletion            | **Philadelphia chromosome positive acute lymphoblastic leukemia (Ph+ ALL)**  
  **Initial Request (3 month approval):**  
  - For patients who are resistant or intolerant to imatinib AND dasatinib, and for whom subsequent treatment with imatinib and dasatinib is not clinically appropriate  
  - Completion of cardiovascular status demonstrated by: Complete blood count, ALT, AST, bilirubin, alkaline phosphatase  
  - ECOG≤1  
  - Proof of enrollment in the Support Program  
  - Coordinate with provincial government program  
  **Renewal (3 month approval):**  
  - Demonstration of hematological response (i.e. Normalization of WBC) showing absence of disease progression (provide lab values)  
  - Completion of cardiovascular status demonstrated by: Complete blood count, ALT, AST, bilirubin, alkaline phosphatase  
  - ECOG≤1  
  - Proof of continued enrollment in the Support Program  
  - Coordinate with provincial government program  |
  **Initial Criteria – 6 months ONLY**  
  - For the treatment of CLL in symptomatic patients with evidence of progression:  
  - Who failed or are experiencing recurrent disease despite prior therapy (e.g. Fludarabine, Ofatumumab, Chlorambucil, etc.) OR  
  - For patients with CLL 17p deletion in whom stem cell transplant surgery is inappropriate  
  - ECOG ≤ 1  
  - Coordinate with provincial government program  
  **Renewal Criteria:**  
  - For the treatment of CLL in symptomatic patients with evidence of progression:  
  - Documentation of no disease progression  
  - ECOG ≤ 1 |
<table>
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<tr>
<th>DRUG</th>
<th>DISEASE</th>
<th>APPROVAL GUIDELINES</th>
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</thead>
</table>
| INFLECTRA (Infliximab) | - Rheumatoid Arthritis  
- Ankylosing Spondylitis  
- Psoriatic Arthritis  
- Plaque Psoriasis  
- Crohn’s Disease  
- Ulcerative colitis | - For adult patients (18+) with a confirmed diagnosis of rheumatoid arthritis with persistent active disease where the patient has not adequately responded to Methotrexate at a dose equal to or greater than 20 mg/week AND at least one other DMARD (i.e. hydroxychloroquine, leflunomide and/or sulfasalazine) for a period of 3 months  
- For adult patients (18+) with a confirmed diagnosis of psoriatic arthritis with persistent active disease where the patient has not adequately responded to Methotrexate at a dose equal to or greater than 20 mg/week AND at least one other DMARD (i.e. hydroxychloroquine, leflunomide and/or sulfasalazine) for a period of 3 months,  
- For adult patients (18+) with confirmed diagnosis of active ankylosing spondylitis where symptoms are uncontrolled by NSAIDS and the BASDAI score is greater than or equal to 4  
- For patients who are 18 years and older with moderate to severe chronic plaque psoriasis with at least 10% body involvement AND who have tried and failed phototherapy AND who have tried and failed or are intolerant to at least 2 systemic therapies AND who are being treated by a dermatologist  
- For adult patients (18+) with fistulizing Crohn’s disease or patients with moderate to severe Crohn’s disease who have failed to respond to corticosteroids AND an immunosuppressant agent (azathioprine, 6-mercaptopurine, methotrexate or cyclosporine)  
- For adult patients (18+) with active ulcerative colitis who failed or are intolerant to oral corticosteroid therapy and 5-ASA product OR immunosuppressants (azathioprine, 6-mercaptopurine, methotrexate, or cyclosporine) | - Coordinate with available provincial plans |
| INLYTA (Axitinib) | - Metastatic Renal Cell Carcinoma | - For patients who have failed prior systemic therapy with either a cytokine or a tyrosine kinase inhibitor |
| INSPIOLTO RESPIMAT (Tiotropim bromide and olidarol hydrochloride) | - Chronic Obstructive Pulmonary Disease (COPD), including chronic bronchitis and emphysema | - For patients diagnosed with COPD, including chronic bronchitis and emphysema who have tried and failed on optimal doses of either a LAMA or LABA alone |
| INTELENCE (Etravirine) | - HIV infection | - Coordinate with provincial government program |
| INTRON A (Interferon Alpha-2B) | - Chronic Hepatitis C  
- Chronic Active Hepatitis B  
- Chronic Myelogenous Leukemia (CML)  
- Thrombocytosis Associated with CML  
- Multiple Myeloma  
- Non-Hodgkin’s lymphoma  
- Malignant melanoma  
- AIDS-Related Kaposi Sarcoma  
- Hairy Cell Leukemia  
- Basal Cell Carcinoma  
- Condylomata Accuminata | - Coordinate with provincial government program |
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<tr>
<th>DRUG</th>
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<tbody>
<tr>
<td>INTUNIV XR</td>
<td>Attention deficit hyperactivity disorder (ADHD)</td>
<td>- For patients who have tried and failed or had intolerable side-effects to methylphenidate, amphetamine, dextroamphetamine or atomoxetine OR&lt;br&gt; - For patients requiring adjunctive therapy with psychostimulants</td>
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<tr>
<td>(Guanfacine Hydrochloride)</td>
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<tr>
<td>INVEGA SUSTENNA</td>
<td>Schizophrenia and related psychotic disorders</td>
<td>- For patients who are non-compliant or non-adherent with conventional oral therapy (i.e. aripiprazole, clozapine, olanzapine, quetiapine, paliperidone, risperidone, ziprasidone) resulting in multiple relapses/hospitalizations</td>
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<tr>
<td>INVEGA TRINZA</td>
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<tr>
<td>(Paliperidone injection)</td>
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<tr>
<td>INVIRASE</td>
<td>HIV anti-viral</td>
<td>- Coordinate with provincial government program</td>
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<tr>
<td>(Saquninavir)</td>
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<tr>
<td>INVOKAMET/metformin</td>
<td>Diabetes mellitus</td>
<td>- For treatment of type-2 diabetic persons where metformin and a sulfonylurea are contraindicated, not tolerated or ineffective</td>
</tr>
<tr>
<td>INVOKANA</td>
<td>Diabetes mellitus</td>
<td>- For treatment of type-2 diabetic persons where metformin and a sulfonylurea are contraindicated, not tolerated or ineffective</td>
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<tr>
<td>(Canagliflozin)</td>
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<tr>
<td>IRESSA and generics</td>
<td>First-line treatment of locally advanced (not amenable to curative surgery) or metastatic Non-Small Cell Lung Cancer (“NSCLC”)</td>
<td>- For patients with confirmed activating mutations of the EGFR-TK (“mutation-positive”)&lt;br&gt; - Coordinate with provincial government program</td>
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<tr>
<td>(Gefitinib)</td>
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<tr>
<td>ISENTRESS</td>
<td>HIV Infection</td>
<td>- Coordinate with provincial government program</td>
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<tr>
<td>(Raltegravir)</td>
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<tr>
<td>JADENU</td>
<td>Chronic Iron Overload</td>
<td>- For the management of chronic iron overloading patients with transfusion-dependent anemias aged 6 years or older.&lt;br&gt; - For the management of chronic iron overloading patients with transfusion-dependent anemias aged 2 to 5 who cannot be adequately treated with deferoxamine.&lt;br&gt; - For the treatment of chronic iron overloading patients with non-transfusion-dependent thalassemia syndromes (NTDT) aged 10 years and older.&lt;br&gt; - For patients who have tried and failed or cannot tolerate or have a contraindication* to deferoxamine.&lt;br&gt; - Coordinate with provincial government program. **Contraindications to deferoxamine may include one or more of the following: known or suspected hypersensitivity to deferoxamine, recurrent injection or infusion-site reactions (e.g., cellulitis), concomitant bleeding disorder, immunocompromised patients with a documented risk of significant infections with parenteral administration (e.g. neutropenia), patients &lt;16 years of age requiring high doses of deferoxamine with concomitant low ferritin levels (risk of growth retardation)</td>
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<td>(Deferasirox)</td>
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<tr>
<td>JAKAVI</td>
<td>Splenomegaly</td>
<td>- For the treatment of splenomegaly and/or its associated symptoms (weight loss, fever, night sweats, fatigue, bone pain, pruritus, peripheral edema) in adult patients diagnosed with:&lt;br&gt;  - Primary myelofibrosis (also known as chronic idiopathic myelofibrosis)&lt;br&gt;  - Post-polycythemia vera myelofibrosis&lt;br&gt;  - Post-essential thrombocythemia myelofibrosis</td>
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<tr>
<td>(Ruxolitinib)</td>
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<td>- Coordinate with provincial government program</td>
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<tr>
<td>JALYN (Dutasteride and Tamsulosin)</td>
<td>Benign Prostatic Hyperplasia</td>
<td>For male patients in the treatment of benign prostatic hyperplasia</td>
</tr>
<tr>
<td>JANUVIA (Sitagliptin)</td>
<td>Diabetes mellitus</td>
<td>For patients who have tried and failed or did not tolerate maximum doses of metformin (&gt;2000 mg)</td>
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<tr>
<td>JANUMET JANUMET XR (Sitagliptin/metformin)</td>
<td>Diabetes mellitus</td>
<td>For treatment of type-2 diabetic persons where metformin and a sulfonylurea are contraindicated, not tolerated or ineffective OR for the treatment of patients with type-2 diabetes who have inadequate glycemic control and established cardiovascular disease</td>
</tr>
<tr>
<td>JARDIANCE (Empagliflozin)</td>
<td>Diabetes mellitus</td>
<td>For patients who have tried and failed or did not tolerate maximum doses of metformin (&gt;2000 mg)</td>
</tr>
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</table>
| JENTADEUTO (Linagliptin)    | Diabetes mellitus                            | - Confirmed diagnosis of symptomatic vitreomacular adhesion (VMA)  
|                              |                                               | - Coordinate with provincial government program                                        |
| JETREA (Ocriplasmin)        | Symptomatic vitreomacular adhesion (VMA)     | - Lifetime maximum: 1 injection per affected eye                                      |
| JINARC (Tolvaptan)          | Slow progression of kidney enlargement in patients with autosomal dominant polycystic kidney disease (ADPKD) | Initial Criteria:  
|                              |                                               | - Confirmed diagnoses of rapidly progressive ADPKD and must have:  
|                              |                                               | - a) Total kidney volume ≥ 750ml AND  
|                              |                                               | - b) CrCl ≥ 60ml/min  
|                              |                                               | - Proof of enrollment in the Support Program                                            |
|                              |                                               | - Coordinate with provincial drug programs                                              |
| KALETRA (Lopinavir/Ritonavir)| HIV anti-viral                                | - Coordinate with provincial government program                                        |
| KAZANO (Alogliptin/Metformin)| Type 2 Diabetes                              | - For patients who have tried and failed or did not tolerate maximum doses of metformin (>2000 mg/day) |
| KEVZARA (Sarilumab)         | Moderate to Severe Rheumatoid Arthritis       | - For patients with a confirmed diagnosis of rheumatoid arthritis with persistent active disease who have not adequately responded to Methotrexate at a dose equal to or greater than 20 mg/week AND at least one other DMARD (i.e. hydroxychloroquine, leflunomide and/or sulfasalazine) for a period of 3 months or any biologic  
|                              |                                               | - Coordinate with provincial government program                                        |
| KINERET (Anakinra)          | Rheumatoid Arthritis                          | - For patients with a confirmed diagnosis of rheumatoid arthritis with persistent active disease where the patient has not adequately responded to Methotrexate at a dose equal to or greater than 20 mg/week AND at least one other DMARD (i.e. hydroxychloroquine, leflunomide and/or sulfasalazine) for a period of 3 months, AND who have tried and failed Cimzia or Enbrel or Humira or Simponi or Actemra SC or Remicade or Orencia SC  
<p>|                              |                                               | - Coordinate with provincial government program                                        |</p>
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<tr>
<td>KIVEXA and generics</td>
<td>HIV anti-viral</td>
<td>Coordinate with provincial government program</td>
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<tr>
<td>(Abacavir/Lamivudine)</td>
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<tr>
<td>KOMBOGLYZE (Metformin/Saxagliptin)</td>
<td>Diabetes mellitus</td>
<td>For patients who have tried and failed or did not tolerate maximum doses of metformin (&gt;2000 mg/day)</td>
</tr>
<tr>
<td>KUVAN (Sapropterin)</td>
<td>Phenylketonuria (PKU)</td>
<td>Diagnosis of hyperphenylalaninemia (HPA) due to tetrahydrobiopterin (BH4)-responsive Phenylketonuria (PKU) for patients 18 years of age or under</td>
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<td>Initial requests must indicated Phe levels prior to starting therapy</td>
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<td>Patients must demonstrate responsiveness to 30-day trial and maintain Phe-restrictive diet during treatment</td>
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<td>Coordinate with provincial government program</td>
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<td>Renewal: Evidence of decrease blood phenylalanine concentration relative to levels prior to starting therapy</td>
</tr>
<tr>
<td>LANCORA (Ivabradine)</td>
<td>Heart failure with reduced ejection fraction</td>
<td>For add-on treatment in adult patients with stable chronic heart failure with reduced ejection fraction</td>
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<td>(LVEF) ≤ 35%, who are in sinus rhythm with a resting heart rate ≥ 77 beats per minute</td>
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<td>Patients with NYHA class II or III</td>
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<td>Patient's heart failure is not well-managed OR patient has contraindication or intolerance to at least two of the following therapies: ACE-inhibitors, ARBs, Beta-blockers and/or Diuretics.</td>
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<tr>
<td>LANTUS LANTUS SOLOSTAR (Insulin glargine)</td>
<td>Diabetes mellitus</td>
<td>For patients who are at high risk for hypoglycemia</td>
</tr>
<tr>
<td>LEMTRADA (Alemtuzumab)</td>
<td>Multiple sclerosis, relapsing remitting</td>
<td>Diagnosis of relapsing remitting multiple sclerosis EDSS value required</td>
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<tr>
<td></td>
<td></td>
<td>Failure or intolerance to one or more therapies for multiple sclerosis i.e. Aubagio, Avonex, Betaseron, Copaxone, Extavia, Plegridy, Rebif, Tecfidera Coordinate with provincial government program</td>
</tr>
<tr>
<td>LENVIMA (Lenvatinib)</td>
<td>Radioactive iodine-refractory differentiated thyroid cancer</td>
<td>For the treatment of patients with locally advanced or metastatic, progressive, radioactive iodine refractory differentiated thyroid cancer</td>
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<tr>
<td>LEVEMIR LEVEMIR FLEXPEN LEVEMIR FLEXTOUCH (Insulin detemir)</td>
<td>Diabetes mellitus</td>
<td>For patients who are at high risk for hypoglycemia</td>
</tr>
<tr>
<td>LIPIDIL EZ (Fenofibrate nanocrystal formulation)</td>
<td>Hypercholesterolemia</td>
<td>For patients who have failed to respond or have had intolerable side-effects to microcoated and/or micronized Fenofibrate</td>
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<tr>
<td>LODALIS and LODALIS SACHET (Colesevelam)</td>
<td>Hypercholesterolemia</td>
<td>For patients who cannot tolerate HMG-Co-A-Reductase Inhibitors or where these drugs are contraindicated AND who have failed to respond or have had intolerable side effects to resins (Colestid, Questran or Olestryl) As adjunctive therapy with HMG-Co-A-Reductase Inhibitors where such drugs have not provided sufficient lipid control AND who failed to respond or have had intolerable side-effects to resins (Colestid, Questran or Olestryl)</td>
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<td>DRUG</td>
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<tr>
<td><strong>LUCENTIS</strong> (Ranibizumab)</td>
<td>- End-stage or “wet” age-related macular degeneration (“AMD”)</td>
<td>- For treatment of choroidal neovascularization associated with wet AMD</td>
</tr>
<tr>
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<td>- Macular edema following Central or Branch Retinal Vein Occlusion</td>
<td>- For treatment of visual impairment due to diabetic macular edema</td>
</tr>
<tr>
<td></td>
<td>- Diabetic macular edema</td>
<td>- For treatment of visual impairment due to macular edema secondary to central or branch retinal vein occlusion</td>
</tr>
<tr>
<td></td>
<td>- Pathological Myopia</td>
<td>- For treatment of myopic choroidal neovascularization secondary to pathological myopia</td>
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<td>- Drug administration by ophthalmologist</td>
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<td>- Initial authorized is for 4 months</td>
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<td>- Subsequent authorizations as determined by stabilization or improvement of medical condition (EDTRS and/or Snellen VA Charts)</td>
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<td>- Lucentis will not be authorized concomitantly with verteporfin for treatment of the same eye.</td>
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<td>- Validate site of administration</td>
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<td>- Coordinate with provincial government program</td>
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<tr>
<td><strong>MACUGEN</strong> (Pegaptanib)</td>
<td>- End-stage or “wet” age-related macular degeneration (“AMD”)</td>
<td>- For patient with a diagnosis of wet AMD AND where Visudyne is deemed inappropriate.</td>
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<td></td>
<td></td>
<td>- Validate site of administration</td>
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<td>- Coordinate with provincial government program</td>
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<tr>
<td><strong>MARINOL</strong> (dronabinol)</td>
<td>- For the treatment of anorexia</td>
<td>- For the treatment of anorexia associated with weight loss in patients with AIDS</td>
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<td>- For the management of severe nausea and vomiting</td>
<td>- For the management of severe nausea and vomiting associated with cancer chemotherapy in patients that have failed or are contraindicated to conventional antiemetic treatments (metoclopramide, corticosteroids, aprepitant, prochlorperazine, ondansetron)</td>
</tr>
<tr>
<td><strong>MAVENCLAD</strong> (cladidine)</td>
<td>- Multiple sclerosis, relapsing remitting</td>
<td>- Diagnosis of relapsing remitting multiple sclerosis</td>
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<td>- EDSS value required</td>
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<td>- Failure or intolerance to one or more therapies for multiple sclerosis i.e. Aubagio, Avonex, Betaseron, Copaxone, Extavia, Plegridy, Rebif, Tecfidera</td>
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<td></td>
<td></td>
<td>- Coordinate with provincial government program</td>
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<tr>
<td><strong>MAVIRET</strong> (glecaprevir/pibrentasvir)</td>
<td>- Hepatitis C</td>
<td>- For treatment-naïve or treatment-experienced adult patients with chronic hepatitis C genotype 1-6 infections with:</td>
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<td>▪ Quantitative Hepatitis C Virus Ribonucleic Acid (HCV RNA) value within the last 6 months</td>
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<td>▪ Fibrosis stage F2 or greater (Metavir scale or equivalent)</td>
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<td>- Coordinate with provincial government program</td>
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<tr>
<td><strong>MEKINIST</strong> (Trametinib)</td>
<td>- BRAF V600 mutation-positive unresectable (Stage IIIc or IV) or metastatic melanoma</td>
<td>- Confirmed BRAF V600 mutation positive disease – unresectable or metastatic melanoma</td>
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<td></td>
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<td>- ECOG ≤ 1</td>
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<td></td>
<td></td>
<td>- Coordinate with provincial government program</td>
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<tr>
<td><strong>METOJECT</strong> (Methotrexate)</td>
<td>- Neoplastic diseases</td>
<td>- For the treatment of maintenance of neoplastic diseases in patients who have a physical disability which prevents them from drawing-up a syringe</td>
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<td>- Severe, disabling psoriasis, rheumatoid arthritis, psoriatic arthritis or other seronegative arthritis</td>
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<tr>
<td>METOJECT SC (methotrexate)</td>
<td>Psoriasis, Psoriatic arthritis, Rheumatoid Arthritis (RA)</td>
<td>For patients who have tried and failed oral tablets of methotrexate</td>
</tr>
<tr>
<td>METVIX-PDT (Methyl Aminolevulinate)</td>
<td>Primary superficial basal cell carcinoma (BCC) outside the H-zone of the face, Actinic keratosis</td>
<td>For treatment of BCC, Rationale for use is identified i.e. for individuals with multiple lesions, large lesions, bleeding disorders, poor vascularization, delayed healing, body not amenable to surgery, unsuitable for invasive therapy, concerns regarding disfigurement or inadequate response to previous therapies, etc.; and Maximum annual reimbursement of $1800 per patient per year</td>
</tr>
<tr>
<td>MOVANTIK (Naloxegol oxalate)</td>
<td>Opioid-induced constipation (OIC)</td>
<td>For treatment of opioid-induced constipation (OIC) in adults (&gt;18 years old) with non-cancer pain adult, who have tried and failed: 1. Dietary and lifestyle measures (i.e. high fiber diet, increased water intake, physical exercise) AND 2. One medication in at least two of the following classes: stool softeners (docusate), osmotic agents (magnesium citrate, magnesium hydroxide, magnesium sulfate, polyethylene glycol 3350, sodium enema), hyperosmotic agents (glycerin suppositories, lactulose) and stimulants (bisacodyl, senna, castor oil)</td>
</tr>
<tr>
<td>MOZOBIL (Plerixafor)</td>
<td>Stem cell mobilization for autologous transplantation for patients with non-Hodgkin’s lymphoma (NHL) and multiple myeloma (MM)</td>
<td>In combination with G-CSF for NHL and MM patients that are eligible for autologous stem cell transplantation WHERE patients are predicted to mobilize poorly for the following reasons: 1. A peak CD34+ circulating cell count of &lt; 15 cells/μL, AND 2. A history of prior failed mobilization (i.e. Neupogen alone or chemo-mobilization)</td>
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<tr>
<td>MYRBETRIQ (Mirabegron)</td>
<td>Overactive bladder (OAB)</td>
<td>For patients with OAB with urgency, urgency incontinence and urinary frequency who have tried and failed or had intolerable side effects to two of the following oral anticholinergics (Uromax, generic Ditropan, Ditropan XL, Enablex, Vesicare, Detrol, Detrol LA, Toviaz, Trosec)</td>
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<tr>
<td>NESINA (Alogliptin)</td>
<td>Type 2 Diabetes</td>
<td>For patients who have tried and failed or did not tolerate maximum doses of metformin (&gt;2000 mg)</td>
</tr>
<tr>
<td>NEULASTA (Pegfilgrastim)</td>
<td>Neutopenia associated with chemotherapy, transplant, AIDS</td>
<td>For patients who require GCSF (Neupogen 300mcg) treatment for more than or equal to 12 consecutive days OR who require GCSF (Neupogen 480mcg) treatment for more than or equal to 8 consecutive days OR have tried and failed and/or had intolerable adverse effects to Neupogen - To co-ordinate with available provincial plans</td>
</tr>
<tr>
<td>NEUPOGEN (Filgrastim)</td>
<td>Neutopenia associated with chemotherapy, transplant, AIDS, stem cell mobilization</td>
<td>To co-ordinate with available provincial plans</td>
</tr>
<tr>
<td>NEUPRO (Rotigotine)</td>
<td>For the treatment of signs and symptoms of idiopathic Parkinson’s disease – adjunct or monotherapy</td>
<td>For patients who have tried and failed or had intolerable side effects to at least one oral dopamine agonist (i.e. generic Mirapex, generic Parlodel, generic Requip)</td>
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<tr>
<td>NEXAVAR (Sorafenib)</td>
<td>- Metastatic renal cell (clear cell) carcinoma</td>
<td>- For patients who are refractory or resistant to treatment with cytokines</td>
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<td></td>
<td>- Advanced hepatocellular carcinoma</td>
<td>- For patients with advanced hepatocellular carcinoma who are Child-Pugh Class A and have an ECOG between 0 and 2.</td>
</tr>
<tr>
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<td>- Thyroid Carcinoma</td>
<td>- Locally advanced or metastatic, progressive differentiated thyroid carcinoma secondary to radioactive iodine</td>
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<td></td>
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<td>- Coordinate with provincial government program</td>
</tr>
<tr>
<td>NEXIUM NEXIUM GRANULES</td>
<td>- Gastroesophageal Reflux Disease</td>
<td>- For the treatment of Moderate to Severe Gastroesophageal Reflux Disease or Peptic Ulcers unresponsive to two of the following: Rabeprazole, Lansoprazole, Omeprazole and/or Pantoprazole</td>
</tr>
<tr>
<td>and generic ESOMEPRAZOLE</td>
<td>- Duodenal and Gastric Ulcers</td>
<td>- For the treatment of H. Pylori positive (verified by serology or endoscopy or breath-test) Peptic ulcers unresponsive to two of the following: Rabeprazole, Lansoprazole, Omeprazole and/or Pantoprazole</td>
</tr>
<tr>
<td>(Esomeprazole)</td>
<td>- Zollinger-Ellison Syndrome</td>
<td>- For the treatment of pathological hypersecretory conditions (i.e. Zollinger-Ellison syndrome) unresponsive to two of the following: Rabeprazole, Lansoprazole, Omeprazole and/or Pantoprazole</td>
</tr>
<tr>
<td>NORDITROPIN NORDIFLEX</td>
<td>- Growth Hormone Deficiency (&quot;GHD&quot;) in children</td>
<td>Treatment for children with growth failure:</td>
</tr>
<tr>
<td>(somatropin)</td>
<td>- Idiopathic Short Stature (&quot;ISS&quot;)</td>
<td>- For the treatment of children and adolescents</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Under 17 years of age with endogenous growth hormone deficiency. Other causes of short stature should be excluded.</td>
</tr>
<tr>
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<td></td>
<td>- The treatment of growth disturbance (current height Standard Deviation Score (SDS) &lt; -2) in short children born small for gestational age (SGA) with a birth weight and/or length below -2 standard deviations (SD), who failed to show catch-up growth (Height Velocity SDS &lt; 0 during the last year) by 2 years of age or later</td>
</tr>
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<td></td>
<td></td>
<td>- Patients who have tried and failed therapy with Omnitrope or where it is deemed unsuitable for the patient’s condition</td>
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<tr>
<td></td>
<td></td>
<td>Patients born small for gestational age:</td>
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<tr>
<td></td>
<td></td>
<td>- For treatment of ISS which is defined as: (i) normal birth weight; (ii) diagnostic evaluation that excludes other known causes of short stature; (iii) height at least 2.25 standard deviation scores below the mean for age and sex; (iv) height velocity below the 25th percentile for bone age; and (v) patients whose epiphyses are not closed</td>
</tr>
<tr>
<td>NORVIR (Ritonavir)</td>
<td>- HIV anti-viral</td>
<td>Coordinate with provincial government program</td>
</tr>
<tr>
<td>NUCALA (Mepolizumab)</td>
<td>- Asthma</td>
<td>- For the treatment of asthma in patients 18 years or older who have tried and failed a combination of three of the four following drugs used concomitantly: ICS, LABA, LTRA, and long-acting theophylline AND who have experienced at least 2 exacerbations in the previous 12 months OR have a dependency on systemic corticosteroids for at least 6 months; AND a blood eosinophil count ≥ 150 cells/µL (0.15 G/L) or ≥300 cells/µL in the past 12 months</td>
</tr>
<tr>
<td>NUCYNTA IR (Tapentadol)</td>
<td>- Moderate to moderately severe pain</td>
<td>- Coordinate with provincial government program</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Pain management in a specified acute pain diagnosis</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- For patient who are unable to tolerate or receive an adequate response to the immediate release preparations of either hydromorphone, oxycodone or morphine</td>
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<tr>
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<td>DISEASE</td>
<td>APPROVAL GUIDELINES</td>
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<tr>
<td><strong>NUCYNTA CR / ER</strong></td>
<td>Moderate to severe acute pain</td>
<td>- Pain management in a specified chronic pain diagnosis</td>
</tr>
<tr>
<td>(Tapentadol)</td>
<td></td>
<td>- For patient who are unable to tolerate or receive an adequate response to the sustained release preparations of either hydromorphone, oxycodone or morphine</td>
</tr>
<tr>
<td><strong>NUTROPIN SAIZEN</strong></td>
<td>Dwarfism</td>
<td>- For the treatment of children and adolescents under 17 years of age with endogenous growth hormone deficiency or with renal failure resulting in slowed growth rate</td>
</tr>
<tr>
<td>(Somatropin)</td>
<td>Turners syndrome</td>
<td>- For the treatment of patients with Turners syndrome under 14 years of age</td>
</tr>
<tr>
<td></td>
<td>Adult Growth Hormone Deficiency (“Adult GHD”)</td>
<td>- For adolescents/adults who were growth hormone-deficient during childhood and who have growth hormone deficiency syndrome confirmed as an adult. Use of growth hormone as a child must be documented</td>
</tr>
<tr>
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<td></td>
<td>- For adults who have GHD (GH ≤ 5 mcg/L ) due to multiple hormone deficiencies as a result of pituitary disease (hypopituitarism); hypothalamic disease; surgery (pituitary gland tumour ablation); radiation therapy; or trauma.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Coordinate with provincial government program</td>
</tr>
<tr>
<td><strong>NUVARING</strong></td>
<td>Conception Control</td>
<td>- For patients who do not tolerate oral contraceptives</td>
</tr>
<tr>
<td>(etongestrel/ethinyl estradiol)</td>
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<tr>
<td><strong>OCALIVA</strong></td>
<td>Primary biliary cholangitis (PBC)</td>
<td>- For the treatment of primary biliary cholangitis in adults:</td>
</tr>
<tr>
<td>(obeticholic acid)</td>
<td></td>
<td>▪ In combination with URSO/URSO DS in patients who have had an inadequate response to an appropriate dose of URSO/URSO DS for at least 1 year OR</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ As monotherapy in patients who are intolerant to URSO/URSO DS</td>
</tr>
<tr>
<td><strong>OCREVUS</strong></td>
<td>Multiple sclerosis, relapsing remitting (RRMS)</td>
<td>- For patients with RRMS who have failed or are intolerant to one or more therapies for multiple sclerosis treatments i.e. Aubagio, Avonex, Betaseron, Copaxone, Extavia, Plegridy, Rebif, Tecfidera</td>
</tr>
<tr>
<td>(ocrelizumab)</td>
<td>Primary Progressive Multiple Sclerosis (PPMS)</td>
<td>- EDSS value required</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Coordinate with provincial government program</td>
</tr>
<tr>
<td></td>
<td>HIV-1 infection</td>
<td>- Coordinate with provincial government program</td>
</tr>
<tr>
<td><strong>ODEFSEY</strong></td>
<td>- Idiopathic Pulmonary Fibrosis</td>
<td>- Initial Criteria</td>
</tr>
<tr>
<td>(emtricitabine/rilpivirine/tenofovir alafenamide)</td>
<td></td>
<td>- For patients diagnosed with idiopathic pulmonary fibrosis (IPF) as confirmed by clinical chest radiology (HRCT) or a lung biopsy with a Forced Vital Capacity (FVC) between 50-80% predicted, and a Percent Carbon Monoxide Diffusing Capacity (%DLCO) between 30-90% predicted</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Renewal criteria:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Stable disease, defined as FVC not decreased by ≥ 10% during the previous 12 months</td>
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<td></td>
<td></td>
<td>▪ Coordinate with provincial government program</td>
</tr>
<tr>
<td><strong>OFEV</strong></td>
<td>Idiopathic Pulmonary Fibrosis</td>
<td></td>
</tr>
<tr>
<td>(nintedanib)</td>
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Updated: June 2018

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<tr>
<th>DRUG</th>
<th>DISEASE</th>
<th>APPROVAL GUIDELINES</th>
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</thead>
</table>
| **OMNITROPE**       | - Growth Hormone Deficiency ("GHD") in children | - For the treatment of children and adolescents under 17 years of age with endogenous growth hormone deficiency or with renal failure resulting in slowed growth rate  
- For the treatment of growth failure in children born with birth weight below 2.0 standard deviations of normal and who fail to achieve catch-up growth by 2-4 years of age and who have a height velocity <0 standard deviations during the last year  
- For adolescents/adults who were growth hormone-deficient during childhood and who have growth hormone deficiency syndrome confirmed as an adult. Use of growth hormone as a child must be documented  
- For adults who have GHD (GH ≤ 5 mcg/L ) due to multiple hormone deficiencies, as a result of pituitary disease (hypopituitarism); hypothalamic disease; surgery (pituitary gland tumour ablation); radiation therapy; or trauma.  
- For the treatment of patients with Turner’s syndrome in patients whose epiphyses are not closed  
- For treatment of ISS which is defined as: (i) diagnostic evaluation that excludes other causes of short stature; and (ii) height at least 2.25 standard deviation scores below the mean for age and sex; and (iii) patients whose epiphyses are not closed  
- Coordinate with provincial government program** |
| (Somatropin)        | - Small for gestational age (SGA)             |                                                                                     |
|                     | - Adult Growth Hormone Deficiency ("Adult GHD") |                                                                                     |
|                     | - Turner Syndrome                            |                                                                                     |
|                     | - Idiopathic Short Stature (ISS)             |                                                                                     |
| **ONGLYZA**         | - Diabetes mellitus                          | - For patients who have tried and failed or did not tolerate maximum doses of metformin (>2000 mg) |
| (Saxagliptin)       |                                              |                                                                                     |
| **ONRELTEA**        | - Facial erythema (redness) of rosacea        | - For the treatment of rosacea in patients who have tried and failed at least one topical treatment (i.e. Noritate, MetroCream, MetroGel, MetroLotion, Finacea) |
| (Brimonidine 0.33% topical gel) |                                              |                                                                                     |
| **OPSUMIT**         | - Pulmonary Hypertension                     | - For the treatment of patients with a confirmed diagnosis of pulmonary arterial hypertension functional class II or III AND who have tried and failed or cannot tolerate Revatio or Adcirca (minimum 3 months trial)  
- For WHO FC III, patients must also have tried and failed or cannot tolerate Tracleer (bosentan)  
- Coordinate with provincial government program**  
- May be used in conjunction with phosphodiesterase-5 inhibitors (i.e. Revatio or Adcirca) |
<p>| (macitentan)        |                                              |                                                                                     |
| <strong>ORALAIR</strong>         | - Treatment of moderate to severe seasonal grass pollen allergic rhinitis | - For the treatment of allergic rhinitis in patients 5 to 50 years old, who are skin test positive to grass pollen and who are not adequately controlled by at least one drug in three of the four following classes: intranasal corticosteroids, oral antihistamines, leukotriene receptor antagonists, and allergen Specific Immunotherapy injections |
| (Grass Pollen Allergen Extract) |                                              |                                                                                     |</p>
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| ORENCIA IV (Abatacept) | - Rheumatoid Arthritis <br>- Moderate to Severe Juvenile Rheumatoid Arthritis | - For patients with a confirmed diagnosis of rheumatoid arthritis with persistent active disease where the patient has not adequately responded to Methotrexate at a dose equal to or greater than 20 mg/week AND at least one other DMARD (i.e. hydroxychloroquine, leflunomide and/or sulfasalazine) for a period of 3 months, AND who have tried and failed Cimzia or Enbrel or Humira or Simponi or Actemra SC or Remicade or Ocrenica SC  
- For patients ages 6 and older with a confirmed diagnosis of juvenile arthritis with persistent active disease where the patient has not adequately responded to Methotrexate at a dose equal to or greater than 15 mg/week AND at least one other DMARD, AND who have tried and failed Enbrel  
- Coordinate with provincial government program |
| ORENCIA SC (Abatacept) | - Rheumatoid Arthritis                       | - For patients with a confirmed diagnosis of rheumatoid arthritis with persistent active disease where the patient has not adequately responded to Methotrexate at a dose equal to or greater than 20 mg/week AND at least one other DMARD (i.e. hydroxychloroquine, leflunomide and/or sulfasalazine) for a period of 3 months Coordinate with provincial government program |
| OTEZLA (Apremilast)  | - Plaque psoriasis <br>- Psoriatic Arthritis  | - For patients who are 18 years and older with moderate to severe chronic plaque psoriasis with at least 10% body involvement AND who have tried and failed phototherapy AND have tried and failed or are intolerant to at least 2 systemic therapies AND who are treated by a dermatologist  
- For patients with a confirmed diagnosis of psoriatic arthritis with persistent active disease where the patient has not adequately responded to Methotrexate at a dose equal to or greater than 20 mg/week AND Leflunomide or Sulfasalazine for a period of 3 months  
- Coordinate with provincial government program |
<p>| OXYCODONE IMMEDIATE RELEASE (i.e. Oxycodone IR, Supeudol) | - Severe pain                                | - For pain management in patients who are unable to tolerate or receive an adequate response to other prescription pain medications |</p>
<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>OXYCODONE CONTINUOUS RELEASE (i.e. Oxyneo, Oxycodone CR)</td>
<td>Severe pain</td>
<td>For pain management in patients who are unable to tolerate or receive an adequate response to either the regular release dosage forms of oxycodone or the sustained release preparations of morphine</td>
</tr>
<tr>
<td>OXYTROL (Oxybutynin transdermal system)</td>
<td>Urinary incontinence</td>
<td>For individuals who have tried and failed oral anticholinergics (ex. Oxybutynin)</td>
</tr>
<tr>
<td>OZEMPIC (semaglutide)</td>
<td>Diabetes Mellitus</td>
<td>For patients who have tried and failed or did not tolerate maximum doses of metformin (≥2000 mg)</td>
</tr>
</tbody>
</table>
| OZURDEX (Dexamethasone) | Macular edema following Central Retinal Vein Occlusion | **Initial Authorization Approval:**  
- Patient must meet the following criteria to receive 1 implant per affected eye(s) for six months:  
  - For treatment of macular edema following Central Retinal Vein Occlusion  
  - Validate site of administration  
**Subsequent Authorization Approval:**  
- Patient must have received a beneficial effect from the initial injection with a subsequent loss in visual acuity to receive an additional 1 implant per affected eye(s) for six months  
- Renewal will not be granted in the following circumstances:  
  - Patient experienced vision deterioration without any beneficial effect from initial injection  
  - Patient continues to benefit from initial injection and has not experienced a subsequent loss in visual acuity  
- Maximum lifetime approval: 6 injections in 3 years per affected eye(s)  
- Coordinate with provincial government plan  
**Initial Authorization Approval for Non-infectious Uveitis:**  
- For the treatment of non-infectious uveitis (intermediate, posterior, and pan-uveitis) in patients with inadequate response to corticosteroids OR as a corticosteroid-sparing treatment in corticosteroid-dependent patients. |
<table>
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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Renewal Criteria:</strong></td>
<td></td>
<td><strong>Stability or improvement of vision and control of ocular inflammation confirmed by physician.</strong></td>
</tr>
<tr>
<td><strong>An approval of 2 implants/affected eye for 1 year</strong></td>
<td></td>
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</tr>
<tr>
<td><strong>Initial Criteria for DME:</strong></td>
<td></td>
<td><strong>For the treatment of Diabetic Macular Edema who are pseudophakic</strong></td>
</tr>
<tr>
<td>- Validate site of administration</td>
<td></td>
<td><strong>Coordinate with available provincial programs</strong></td>
</tr>
<tr>
<td><strong>An approval of 2 implants/affected eye for 1 year</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Renewal Criteria:</strong></td>
<td></td>
<td><strong>Must demonstrate presence of macular edema after initial positive response with Ozurdex</strong></td>
</tr>
<tr>
<td>- Coordinate with available provincial programs</td>
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</tr>
</tbody>
</table>

**PAXIL CR**
(Paroxetine controlled release)
- Depression
- Patient must have tried and failed and/or had adverse side-effects to regular release SSRIs or extended release SNRIs or atypical antidepressants

**PEGASYS, PEGASYS RBV, PEGETRON, PEGETRON REdIPEN**
(Peg interferon alfa-2b and ribavirin)
- Hepatitis C
- Hepatitis B
- For all Hepatitis C patients, an initial 16 weeks will be approved. For genotypes 2 and 3, an additional 8 weeks and for all other genotypes, an additional 32 weeks will be approved if they are responsive to the initial therapy as measured by Early Viral Response (EVR) protocol
- For chronic Hepatitis B patients with compensated liver disease, liver inflammation and evidence of viral replication (both cirrhotic and non-cirrhotic disease). An initial 16 weeks will be approved; an additional 32 weeks will be approved if there is response to the initial therapy as measured by HbeAg seroconversion or EVR protocol

**PENNSAID and generic DICLOFENAC SOLUTION**
(Diclofenac 15% topical solution)
- Medical conditions requiring chronic NSAIDs
- For the treatment of patients requiring chronic NSAIDs who have failed to respond OR had intolerable side-effects to at least two Non-Steroidal Anti-Inflammatory Drugs (NSAID) OR for patients with a documented history of a clinically significant ulcer OR GI bleed

**PHEBURANE**
(Sodium phenybutyrate)
- Urea cycle disorder
- Diagnosis of urea cycle disorders; AND
- For patients who weigh ≥ 20 kg WITH a BSA ≤ 1.5 m2 and prescribed with a usual recommended dose of 9.9-13.0 g/m2/day; AND
- Patient is currently on dietary protein restrictions; AND
- Initial request must indicate ammonia levels prior to starting therapy

**PLEGRIDY**
(Peg interferon beta-1a)
- Multiple sclerosis, relapsing remitting
- Diagnosis of Relapsing-Remitting Multiple Sclerosis (RRMS)
- EDSS value
- Coordinate with provincial government program
<table>
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</thead>
</table>
| POMALYST (Pomalidomide)            | Multiple Myeloma                             | - For the treatment of refractory or recurrent multiple myeloma, in combination with dexamethasone, in patients who have tried and failed at least two therapies including lenalidomide (Revlimid) AND bortezomib (Velcade) AND whose ECOG is 3 or less  
- Coordinate with provincial government program |
| POSANOL DELAYED RELEASE TABLET     | Invasive Aspergillosis / Candida             | - For the prophylaxis of aspergillosis and/or candidiasis in high risk patients with prolonged neutropenia or hematopoietic stem cell transplant patients who have failed or cannot tolerate fluconazole OR  
- For patients with invasive aspergillosis who have failed or cannot tolerate amphotericin B or itraconazole |
| POSANOL SUSPENSION (Posaconazole) | Invasive Aspergillosis / Candida             | - For the prophylaxis of aspergillosis and/or candidiasis in high risk patients with prolonged neutropenia or hematopoietic stem cell transplant patients who have failed or cannot tolerate fluconazole OR  
- For patients with invasive aspergillosis who have failed or cannot tolerate amphotericin B or itraconazole  
- For the treatment of Oropharyngeal Candidiasis in patients who have failed treatment with two other antifungals (systemic or oral or combination) |
| PRALUENT (Alirocumab)              | Heterozygous Familial Hypercholesterolemia   | **Initial Request – 6 months approval:**  
- For use as adjunctive therapy to diet and maximally tolerated statin therapy for the treatment of adults (18 years and older) with a confirmed diagnosis of Heterozygous Familial Hypercholesterolemia* or clinical atherosclerotic cardiovascular disease (i.e. MI, PCI, CABG, stroke) who require additional lowering of LDL-C despite trial and failure of maximum tolerated statin therapy with at least 2 statins AND one other cholesterol lowering medication (i.e. Ezetrol or Fenofibrates) concomitantly for at least six months. Current LDL-C value required.  
*Diagnosis must be confirmed either by genotyping or clinical criteria (Simon Broome criteria or World Health Organization/Dutch Lipid Network criteria with a score of ≥8 points) |
|                                   | Primary Hyperlipidemia                       |**Renewal Criteria – 1 year approval:**  
- Patient must provide LDL levels showing a decrease of 25% |
| PREVACID FASTAB (Lansoprazole)     | Gastroesophageal Reflux Disease              | - For the treatment of Moderate to Severe Gastroesophageal Reflux Disease or Peptic Ulcers unresponsive to two of the following: Rabeprazole, Lansoprazole (regular formulation), Omeprazole and/or Pantoprazole  
- For the treatment of H. Pylori positive (verified by serology or endoscopy or breath-test) Peptic ulcers unresponsive to two of the following: Rabeprazole, Lansoprazole (regular formulation), Omeprazole and/or Pantoprazole  
- For the treatment of pathological hypersecretory conditions (i.e. Zollinger-Ellison syndrome) unresponsive to two of the following: Rabeprazole, |
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<tbody>
<tr>
<td>PREZCOBIX (Darunavir/Cobicistat)</td>
<td>Combination with other antiretroviral agents for the treatment of HIV infection in treatment-naive and in treatment-experienced patients without DRV RAMS</td>
<td>- For the treatment of treatment-naive HIV patients OR for the treatment of treatment-experienced HIV patients who have NOT tried and failed Prezista (i.e. without Darunavir Resistance-Associated Mutations) - Coordinate with provincial government program</td>
</tr>
<tr>
<td>PREZISTA (Darunavir)</td>
<td>HIV infection</td>
<td>- For patients who have tried and failed traditional PIs while receiving HAART - Coordinate with provincial government program - ** Prezista 400mg and 800mg also indicated for treatment-naive patients (once-daily dosing)</td>
</tr>
<tr>
<td>PRISTIQ and generics (Desvenlafaxine)</td>
<td>Major Depressive Disorder</td>
<td>- For patients who have tried and failed (4 week trial minimum) or cannot tolerate or have a contraindication to Venlafaxine or other extended release SNRIs</td>
</tr>
<tr>
<td>PROLIA (Denosumab)</td>
<td>Osteoporosis - Glucocorticoid-induced osteoporosis - Treatment to increase bone mass in men with non-metastatic prostate cancer receiving androgen deprivation therapy - Treatment to increase bone mass in women with non-metastatic breast cancer receiving aromatase inhibitor therapy</td>
<td>- For patients who have failed treatment with oral bisphosphonates (alendronate, etidronate, risedronate) or have had intractable intolerance or adverse effects to Bisphosphonate therapy - Approval duration: 2 injections per calendar year</td>
</tr>
<tr>
<td>PROSCAR and generic FINASTERIDE (Finasteride)</td>
<td>Benign Prostatic Hyperplasia</td>
<td>- For the treatment of benign prostatic hyperplasia</td>
</tr>
<tr>
<td>PROTROPIN (Somatropin)</td>
<td>Dwarfism - Turner’s syndrome</td>
<td>- For the treatment of children and adolescents under 17 years of age with endogenous growth hormone deficiency OR with renal failure resulting in slowed growth rate - For the treatment of patients with Turner’s syndrome under 14 years of age</td>
</tr>
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<td>DRUG</td>
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<tr>
<td>PULMOZYME (Dornase alfa)</td>
<td>Cystic fibrosis</td>
<td>For treatment in patients, aged 5 years or older, diagnosed with cystic fibrosis and who have a forced vital lung capacity more than 40%</td>
</tr>
<tr>
<td>QUINSAIR (Levofoxacin)</td>
<td>Cystic Fibrosis</td>
<td>For patients aged 18 or over with confirmed Cystic Fibrosis and pulmonary infection with Pseudomonas aeruginosa, who have tried and failed or did not tolerate prior therapy with TOBI inhaled solution or TOBI Podhaler Coordinate with provincial programs</td>
</tr>
</tbody>
</table>
| RAGWITEK (Standardized allergen extract, Short Ragweed) | Moderate to severe seasonal short ragweed allergic rhinitis | For the treatment of allergic rhinitis in patients 18 years of age and older, who are  
  - Skin test positive to short ragweed pollen  
  - Symptomatic for at least 2 pollen seasons  
  - Not adequately controlled by at least one drug in three of the four following classes: intranasal corticosteroids, oral antihistamines, leukotriene receptor antagonists, and allergen Specific ImmunoTherapy injections |
<p>| RAPAFLO (Silodosin)           | Benign prostatic hyperplasia                 | For the treatment of benign prostatic hyperplasia in patients who have tried and failed or are intolerant to at least two of the following medications: Flomax CR, Hytrin, Cardura, Xatral |
| RAPTIVA (Efalizumab)          | Moderate to severe chronic plaque psoriasis  | Patients who are 18 years and older with moderate to severe chronic plaque psoriasis with at least 10% body involvement AND who have tried and failed phototherapy AND have tried and failed or are intolerant to at least 2 systemic therapies AND is being treated by a dermatologist. |
| RELISTOR (methylnaltrexone bromide) | Opioid-Induced Constipation (OIC)         | For patients with Opioid-Induced Constipation (OIC) receiving palliative care, who have tried and failed traditional laxatives and/or enemas |</p>
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<tbody>
<tr>
<td>REMICADE</td>
<td><em>(Infliximab)</em></td>
<td><strong>DRUG</strong>&lt;br&gt;<strong>DISEASE</strong>&lt;br&gt;<strong>APPROVAL GUIDELINES</strong>&lt;br&gt;- Crohn’s Disease&lt;br&gt;- Moderate to severe active&lt;br&gt;- Ulcerative Colitis&lt;br&gt;- Moderate to Severe&lt;br&gt;- Rheumatoid Arthritis&lt;br&gt;- Psoriatic arthritis&lt;br&gt;- Ankylosing spondylitis&lt;br&gt;- Moderate to severe&lt;br&gt;chronic plaque psoriasis&lt;br&gt;- For patients with fistulizing Crohn’s disease or patients with moderate to severe Crohn’s disease who have failed to respond to corticosteroids AND an immunosuppressant agent (azathioprine, 6-mercaptourine, methotrexate, or cyclosporine)&lt;br&gt;- Patients with active ulcerative colitis who failed or are intolerant to oral corticosteroid therapy and a 5-ASA product OR immunosuppressants (azathioprine, 6-mercaptourine, methotrexate, or cyclosporine)&lt;br&gt;- For patients with a confirmed diagnosis of rheumatoid arthritis with persistent active disease where the patient has not adequately responded to Methotrexate at a dose equal to or greater than 20 mg/week AND at least one other DMARD (i.e. hydroxychloroquine, leflunomide and/or sulfasalazine) for a period of 3 months For patients with a confirmed diagnosis of psoriatic arthritis with persistent active disease where the patient has not adequately responded to Methotrexate at a dose equal to or greater than 20 mg/week AND Leflunomide or Sulfasalazine for a period of 3 months&lt;br&gt;- For patients with confirmed diagnosis of active ankylosing spondylitis where symptoms are uncontrolled by NSAIDS and the BASDAI score is greater than or equal to 4&lt;br&gt;- For patients who are 18 years and older with moderate to severe chronic plaque psoriasis with at least 10% body involvement AND who have tried and failed phototherapy AND who have tried and failed or are intolerant to at least 2 systemic therapies AND who are being treated by a dermatologist&lt;br&gt;- Coordinate with provincial government program</td>
</tr>
<tr>
<td>REPATHA</td>
<td><em>(Evolocumab)</em></td>
<td><strong>Homozygous Familial Hypercholesterolemia:</strong>&lt;br&gt;<strong>Initial Request – 6 months approval:</strong>&lt;br&gt;- Diagnosed with Homozygous Familial Hypercholesterolemia, confirmed by an untreated LDL-C level of &gt; 13.0mmol/L&lt;br&gt;- Must be greater than 12 years of age&lt;br&gt;- Tried and failed compliant therapy with at least 2 statins at maximum tolerated dose, used concomitantly with one other cholesterol lowering medication (i.e. Ezetrol or Fenofibrates) plus lifestyle modifications for six months&lt;br&gt;- Current, on therapy, LDL-C levels&lt;br&gt;- Must continue with diet and exercise &amp; other lifestyle modifications while on Repatha&lt;br&gt;<strong>Renewal Criteria – 1 year approval:</strong>&lt;br&gt;- Must provide LDL-C levels showing a decrease of at least 25% from initial baseline</td>
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**Updated: June 2018**

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<thead>
<tr>
<th>DRUG</th>
<th>DISEASE</th>
<th>APPROVAL GUIDELINES</th>
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<tbody>
<tr>
<td>Primary Hyperlipidemia:</td>
<td>Initial Request – 6 months approval:</td>
<td>- For use as adjunctive therapy to diet and maximally tolerated statin therapy for the treatment of adults (18 years and older) with a confirmed diagnosis of Heterozygous Familial Hypercholesterolemia* or clinical atherosclerotic cardiovascular disease (i.e. MI, PCI, CABG, stroke) who require additional lowering of LDL-C despite trial and failure of maximum tolerated statin therapy with at least 2 statins AND one other cholesterol lowering medication (i.e. Ezetrol or Fenofibrates) concomitantly for at least six months. Current LDL-C value required. *Diagnosis must be confirmed either by genotyping or clinical criteria (Simon Broome criteria or World Health Organization/Dutch Lipid Network criteria with a score of &gt;8 points)</td>
</tr>
<tr>
<td>Rescriptor (Delavirdine)</td>
<td>HIV anti-viral</td>
<td>- Coordinate with provincial government program</td>
</tr>
<tr>
<td>Resotran (prucalopride)</td>
<td>Chronic idiopathic constipation</td>
<td>- For adult female patients who have tried and failed dietary and lifestyle measures (i.e. high fibre diet, increased water intake, physical exercise) and at least one medication in at least two of the following classes: stool softeners (docusate), osmotic agents (magnesium citrate, magnesium hydroxide, magnesium sulfate, polyethylene glycol 3350, sodium enema), hyperosmotic agents (glycerin suppositories, lactulose) and stimulants (bisacodyl, senna, castor oil)</td>
</tr>
<tr>
<td>Restasis and generic cyclosporine (Cyclosporine 0.05%)</td>
<td>Moderate to moderately severe dry eyes</td>
<td>- For the treatment of moderate to moderately severe dry eye disease and for patients who have tried and failed artificial tears</td>
</tr>
<tr>
<td>Retisert (Fluocinolone acetonide)</td>
<td>For treatment of chronic Non-Infectious Posterior Uveitis</td>
<td>- For the treatment of chronic Non-Infectious Posterior Uveitis in patients who have tried and failed oral prednisone or an equivalent corticosteroid alone and/or an immunosuppressive agent (cyclosporine, azathioprine, methotrexate etc.)</td>
</tr>
<tr>
<td>Retrovir (Zidovudine)</td>
<td>HIV anti-viral</td>
<td>- Coordinate with provincial government program</td>
</tr>
<tr>
<td>Revatio and generic Sildenafil (Sildenafil low dose)</td>
<td>Pulmonary Hypertension</td>
<td>- For patients with a confirmed diagnosis of pulmonary arterial hypertension functional class II or III who do not respond to optimal conventional therapy (i.e. calcium channel blockers, anticoagulation with warfarin, diuretics, digoxin, supplemental oxygen) - Coordinate with provincial government program</td>
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<td>DRUG</td>
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<tr>
<td>REVLIMID (Lenalidomide)</td>
<td>- Multiple Myeloma</td>
<td>- For the treatment of refractory or recurrent multiple myeloma, in combination with dexamethasone, in patients who have tried and failed at least two therapies (e.g. Bortezomib, Melphalan + Prednisone, Thalomid) and whose ECOG is of 2 or less. - Coordinate with provincial government program</td>
</tr>
<tr>
<td>REVOLADE (Eltrombopag Olamine)</td>
<td>- Chronic Immune (idiopathic) Thrombocytopenic Purpura (ITP)</td>
<td>- For adult patients who are splenectomised and have tried and failed corticosteroids and immunoglobulins - For adult patients who are non-splenectomised (where surgery is contraindicated) and have tried and failed corticosteroids and immunoglobulins - For pediatric patients 1 year of age or older who have tried and failed corticosteroids and immunoglobulins - Platelet counts less than 30 x 10^9/L - Adults: Maximum approval is 1 year of continuous treatment where therapy should be discontinued thereafter should platelet count exceed 400 x 10^9/L - Pediatrics: Maximum approval is 9 months of continuous treatment where therapy should be discontinued thereafter should platelet count exceed 400 x 10^9/L</td>
</tr>
<tr>
<td>REYATAZ (Atazanavir)</td>
<td>- HIV anti-viral</td>
<td>- Coordinate with provincial government program</td>
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<tr>
<td>RILUTEK (Riluzole)</td>
<td>- Amyotrophic lateral sclerosis (ALS)</td>
<td>- For the treatment of ALS in patients with symptoms of less than 5 years and who still have a vital lung capacity of 60% or more in the absence of tracheotomy (6 months per authorization)</td>
</tr>
<tr>
<td>RISPERIDAL CONSTA (Risperidone injection)</td>
<td>- For the management of the manifestations of schizophrenia and related psychotic disorders</td>
<td>- Reserved for patients who are non-compliant or non-adherent with conventional oral therapy, resulting in multiple relapses/hospitalizations</td>
</tr>
<tr>
<td>RITUXAN (Rituximab)</td>
<td>- Rheumatoid Arthritis</td>
<td>- For patients who have tried and failed or could not tolerate at least one or more anti-TNF treatment i.e. Cimzia or Enbrel or Humira or Simponi or Actemra SC or Remicade or Ocrenica SC - Coordinate with provincial government program</td>
</tr>
<tr>
<td>ROSIVER (Ivermectin)</td>
<td>- Rosacea</td>
<td>- For the treatment of rosacea in patients who have tried and failed at least one topical treatment (i.e. Noritate, MetroCream, MetroGel, MetroLotion, Finacea)</td>
</tr>
<tr>
<td>SAIZEN (Somatropin)</td>
<td>- Dwarfism</td>
<td>- For the treatment of children and adolescents under 17 years of age with endogenous growth hormone deficiency or with renal failure resulting in slowed growth rate - For the treatment of patients with Turner’s syndrome under 14 years of age - For adolescents/adults who were growth hormone-deficient during childhood and who have growth hormone deficiency syndrome confirmed as an adult. Use of growth hormone as a child must be</td>
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<tr>
<td>SANDOSTATIN</td>
<td>Metastatic Carcinoid Syndrome</td>
<td>For treatment of severe diarrhea and flushing in patients with carcinoid or VIP secreting tumours who are adequately controlled with subcutaneously administered Sandostatin</td>
</tr>
<tr>
<td>SANDOSTATIN LAR</td>
<td>Vasoactive Intestinal Peptide- Secreting Tumour (VIPoma)</td>
<td>For acromegalic patients who are adequately controlled with subcutaneously administered Sandostatin OR those in whom surgery, radiotherapy or dopamine agonist treatment is inappropriate or ineffective, or in the interim period until radiotherapy becomes fully effective</td>
</tr>
<tr>
<td>OCPHYL (Octreotide)</td>
<td>Acromegaly</td>
<td>Coordinate with provincial government program</td>
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<tr>
<td>SATIVEX</td>
<td>Emergency management for the bleeding of Gastro-oesophageal varices</td>
<td></td>
</tr>
<tr>
<td>(TETRAHYDRO-CANNABINOL AND CANNABIDIOL BUCCAL SPRAY)</td>
<td>Prevention of complications following pancreatic surgery</td>
<td></td>
</tr>
<tr>
<td>SATIVEX</td>
<td>For symptomatic relief of neuropathic pain in adults with multiple sclerosis</td>
<td>Adult MS patients with neuropathic pain who have tried other medications such as analgesics, opioids, antidepressants or anticonvulsants, with little or no effect</td>
</tr>
<tr>
<td>SAXENDA</td>
<td>Anti-Obesity</td>
<td>Initial Authorization Approval (6 months):</td>
</tr>
<tr>
<td>(Liraglutide)</td>
<td></td>
<td>- Body Mass Index (BMI) greater than or equal to 30 OR a BMI of 27-29 with one of the following disease conditions that is also being treated with medication: hypertension, diabetes mellitus, hyperlipidemia, and/or coronary artery AND trial and failure of prescribed lifestyle therapy (diet and exercise) for at least three months prior to starting Saxenda AND</td>
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<td></td>
<td>- Trial and failure of therapy with Xenical for at least 6 months prior to Saxenda AND continuation of prescribed lifestyle therapy (diet and exercise) while using Saxenda</td>
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<td>- Weight prior to initiation of treatment</td>
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<tr>
<td>SEBIVO</td>
<td>Chronic hepatitis B</td>
<td>Subsequent Authorization Approval (6 months):</td>
</tr>
<tr>
<td>(TELBIVUDINE)</td>
<td></td>
<td>- Body Mass Index (BMI) greater than or equal to 30 OR a BMI of 27-29 with one of the following disease conditions that is also being treated with medication: hypertension, diabetes mellitus, hyperlipidemia, and/or coronary artery AND a minimum reduction of 6% of initial body weight and continuation of prescribed lifestyle therapy (diet and exercise) while using Saxenda</td>
</tr>
<tr>
<td>SENSIPAR AND GENERIC CINACALCET (CINACALCET)</td>
<td>Hyperparathyroidism secondary to Chronic Kidney Disease (“CKD”)</td>
<td>For patients with hyperparathyroidism secondary to CKD with parathyroid hormone levels greater than 33pmol/L or 300pg/mL</td>
</tr>
<tr>
<td>SILENOR (DOXEPIN HYDROCHLORIDE)</td>
<td>Insomnia</td>
<td>For patients 18 years and older who have failed to respond or have had intolerable side effects to at least two agents within the following drug classes: benzodiazepines, sedating antidepressants (e.g. trazodone) and hypnotic agents (e.g. Imovane)</td>
</tr>
<tr>
<td>SIGNIFOR/ SIGNIFOR LAR</td>
<td>Cushing’s Disease</td>
<td>Initial Criteria</td>
</tr>
<tr>
<td>(Pasireotide)</td>
<td></td>
<td>- For the treatment of Cushing’s Disease in adult patients:</td>
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- Who have tried and failed or are experiencing recurrent disease despite prior treatment
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<tr>
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<tbody>
<tr>
<td>SIMPONI IV (Golimumab)</td>
<td>- Moderate to Severe Rheumatoid Arthritis</td>
<td>- For patients with a confirmed diagnosis of rheumatoid arthritis with persistent active disease where the patient has not adequately responded to Methotrexate at a dose equal to or greater than 20 mg/week AND at least one other DMARD (i.e. hydroxychloroquine, leflunomide and/or sulfasalazine) for a period of 3 months. Coordinate with provincial government program.</td>
</tr>
<tr>
<td>SIMPONI SC (Golimumab)</td>
<td>- Moderate to Severe Rheumatoid Arthritis</td>
<td>- For patients with a confirmed diagnosis of psoriatic arthritis with persistent active disease where the patient has not adequately responded to Methotrexate at a dose equal to or greater than 20 mg/week AND at least one other DMARD (i.e. hydroxychloroquine, leflunomide and/or sulfasalazine) for a period of 3 months. Coordinate with provincial government program.</td>
</tr>
<tr>
<td>SOMATULINE (Lanreotide)</td>
<td>- Acromegaly - Enteropancreatic neuroendocrine tumors</td>
<td>- For the treatment of acromegaly in patients who have tried and failed or are ineligible for surgery and/or radiation therapy and other medical therapies. For the treatment enteropancreatic neuroendocrine tumors characterized as Grade 1 or Grade 2 (equivalent to Ki67 &lt; 10%) that are unresectable, locally advanced or metastatic. Coordinate with provincial government program.</td>
</tr>
<tr>
<td>SOMAVERT (Pegvisomant)</td>
<td>- Treatment of Acromegaly</td>
<td>- For patients who have tried and failed surgery and/or radiation therapy and other medical therapies OR are ineligible for surgery and/or radiation therapy and other medical therapies.</td>
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<td>DRUG</td>
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</table>
| SOVALDI (sofosbuvir)     | Hepatitis C                       | - For adults with chronic hepatitis C with:  
  - Fibrosis stage F2 or greater (Metavir scale or equivalent)  
  - No diagnosis of cirrhosis OR cirrhosis with a Child Pugh Score = A (5-6)  
  - For genotype 1, must use in combination with peg-interferon/ribavirin  
  - For genotype 2 & 3, must use in combination with ribavirin only after failure to standard peg-interferon/ribavirin therapy  
  - For genotype 4, must use in combination with peg-interferon/ribavirin after failure to standard peg-interferon/ribavirin therapy  
  - Have failed or have a true contraindication to Maviret  
  - Coordinate with provincial government program |
| SPRYCEL (Dasatinib)      | Chronic myeloid leukemia          | - For the treatment of Chronic Myeloid Leukemia (CML) for patients who have tried and failed Gleevec  
  - Coordinate with provincial government program |
| STELARA (Ustekinumab)    | - For treatment of patients with moderate to severe chronic plaque psoriasis who are candidates for phototherapy and systemic therapy  
  - Psoriatic Arthritis  
  - Crohn's Disease       | - For patients who are 18 years and older with moderate to severe chronic plaque psoriasis with at least 10% body involvement AND who have tried and failed phototherapy AND have tried and failed or are intolerant to at least 2 systemic therapies AND who are being treated by a dermatologist  
  - For patients with a confirmed diagnosis of psoriatic arthritis with persistent active disease where the patient has not adequately responded to Methotrexate at a dose equal to or greater than 20 mg/week AND Leflunomide or Sulfasalazine for a period of 3 months  
  - For maintenance treatment for patients with confirmed diagnosis of Crohn’s Disease who have failed to respond to corticosteroids AND an immunosuppressant agent (azathioprine, 6-mercaptopurine, methotrexate, or cyclosporine) AND who have received their IV induction dose and are registered with Bioadvance  
  - Coordinate with provincial government program |
| STIVARGA (Regorafenib)   | - Metastatic Colorectal Cancer  
  - Metastatic and/or unresectable gastrointestinal stromal tumors (GIST) | - For patients with a diagnosis of metastatic colorectal cancer (CRC) AND  
  - Treated previously with all of the following: fluoropyrimidine-based chemotherapy, oxaliplatin, irinotecan, an anti-VEGF therapy (bevacizumab), AND  
  - If KRAS wild type, an anti-EGFR therapy (cetuximab, panitumumab)  
  - For metastatic and/or unresectable GIST patients who have tried and failed or is intolerable to imatinib and sunitinib therapy  
  - ECOG ≤ 1  
  - Coordinate with provincial government program |
<p>| STRIBILD (Cobicistat/Tenofovir/ Emtricitabine/ Elvitegravir/) | HIV anti-viral                    | - Coordinate with available provincial government programs |
| SUBLINOX and generic ZOLPIDEM (Zolpidem) | Insomnia                         | - For patients 18 years and older who have failed to respond or have had intolerable side effects to at least two agents within the following drug classes: benzodiazepines, sedating antidepressants (e.g. trazodone) and hypnotic agents (e.g. Imovane) |</p>
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<tr>
<td>SUSTIVA and generic EFAVIRENZ (Efavirenz)</td>
<td>HIV anti-viral</td>
<td>Coordinate with provincial government program</td>
</tr>
<tr>
<td>SUTENT (Sunitinib)</td>
<td>Gastrointestinal Stromal Tumor (GIST)</td>
<td>For GIST patients who have tried and failed or had no response to Gleevec (imatinib)</td>
</tr>
<tr>
<td></td>
<td>First-line treatment of metastatic Renal Cell</td>
<td>Diagnosis of metastatic RCC. ECOG of two or less must be documented</td>
</tr>
<tr>
<td></td>
<td>Carcinoma (&quot;RCC&quot;)</td>
<td>Coordinate with provincial government program</td>
</tr>
<tr>
<td>SYMTUZA (darunavir/cobicistat/emtricitabine/tenofovir alafenamide)</td>
<td>HIV anti-viral</td>
<td>Coordinate with available provincial government programs</td>
</tr>
<tr>
<td>SYNJARDY (Empagliflozin/metformin)</td>
<td>Diabetes mellitus</td>
<td>For treatment of type-2 diabetic persons where metformin and a sulfonylurea are contraindicated, not tolerated or ineffective OR for the treatment of patients with type-2 diabetes who have inadequate glycemic control and established cardiovascular disease.</td>
</tr>
<tr>
<td>TAFINLAR (Dabrafenib mesylate)</td>
<td>For the treatment of BRAF V600 mutation-positive unresectable (Stage IIIC or IV) or metastatic melanoma</td>
<td>Confirmed BRAF V600 mutation positive disease – unresectable or metastatic melanoma</td>
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<td>ECOG ≤ 1</td>
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<td>Coordinate with available provincial plans</td>
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<tr>
<td>TALTZ (Ixekizumab)</td>
<td>Plaque Psoriasis</td>
<td>For patients who are 18 years and older with moderate to severe chronic plaque psoriasis with at least 10% body involvement AND who have tried and failed phototherapy AND have tried and failed or are intolerant to at least 2 systemic therapies AND who are treated by a dermatologist</td>
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<td>Coordinate with provincial government program</td>
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<tr>
<td>TARCEVA and generic ERLOTINIB (Erlotinib)</td>
<td>Second or Third-line treatment of locally advanced or metastatic Non-Small Cell Lung Cancer (&quot;NSCLC&quot;)</td>
<td>For patients who have tried and failed first-line and second-line chemotherapy or are ineligible for second-line therapy. Treatment with cisplatin or carboplatin must be documented. ECOG performance status must be three or less</td>
</tr>
<tr>
<td></td>
<td>Maintenance treatment of locally advanced or metastatic NSCLC</td>
<td>Maintenance treatment in patients with stable disease after 4 cycles of standard platinum based first line chemotherapy. ECOG performance status must be one or less</td>
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<td>Coordinate with provincial government program</td>
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<tr>
<td>TASIGNA (Nilotinib)</td>
<td>For treatment of newly diagnosed Philadelphia chromosome-positive chronic myeloid leukemia (Ph+ CML) in chronic phase</td>
<td>For adult patients with accelerated phase Ph+CML resistant to OR intolerant of at least one prior therapy including imatinib</td>
</tr>
<tr>
<td></td>
<td>Second-line treatment of accelerated phase of Philadelphia chromosome-positive (Ph+) chronic myeloid leukemia (CML)</td>
<td>Coordinate with provincial government program</td>
</tr>
<tr>
<td>TECFIDERA (Dimethyl Fumarate)</td>
<td>Multiple sclerosis, relapsing remitting</td>
<td>Coordinate with provincial government program</td>
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<td>EDSS value required</td>
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<tr>
<td><strong>TECHNIVIE</strong>&lt;br&gt;(ombitasvir/paritaprevir/ritonavir)</td>
<td>Hepatitis C virus (CHC) genotype 4 infection in adults</td>
<td>- For adults with chronic hepatitis C genotype 4 with:&lt;br&gt;  - Fibrosis stage F2 or greater (Metavir scale or equivalent)&lt;br&gt;  - No diagnosis of cirrhosis&lt;br&gt;  - Failure of standard peg-interferon/ribavirin therapy&lt;br&gt;  - HCV levels within the past 6 months&lt;br&gt;  - Have failed or have a true contraindication to Maviret&lt;br&gt;  - Coordinate with provincial government program&lt;br&gt;  - <em>Maximum approval 12 weeks</em>&lt;br&gt;  - <strong>Retreatment requests will not be considered</strong></td>
</tr>
<tr>
<td><strong>TELZIR</strong>&lt;br&gt;(Fosamprenavir)</td>
<td>HIV anti-viral</td>
<td>- Coordinate with provincial government program</td>
</tr>
<tr>
<td><strong>TEMODAL and generic TEMOZOLOMIDE</strong>&lt;br&gt;(Temozolomide)</td>
<td>Tumours, Brain, Primary Treatment (Astrocytoma)</td>
<td>- For the second-line treatment of glioblastoma multiforme or astrocytoma&lt;br&gt;  - For the treatment of newly diagnosed glioblastoma multiforme concurrently with radiation and post radiation.&lt;br&gt;  - Coordinate with provincial government program</td>
</tr>
<tr>
<td><strong>THALOMID</strong>&lt;br&gt;(Thalomide)</td>
<td>Multiple myeloma</td>
<td>- For patients ≥ 65 years of age who are not eligible for autologous stem cell transplantation&lt;br&gt;  - For use in combination with dexamethasone OR melphalan and prednisone&lt;br&gt;  - ECOG ≤ 2&lt;br&gt;  - Coordinate with provincial government program</td>
</tr>
<tr>
<td><strong>THYROGEN</strong>&lt;br&gt;(Thyrotropin alpha Injection)</td>
<td>Adjunctive therapy to radiiodine imaging of thyroid cancer</td>
<td>- Patient(s) must have well-differentiated thyroid cancer AND cannot tolerate Thyroid Hormone Suppression Therapy (THST) withdrawal&lt;br&gt;  - Validate site of administration and coordinate with provincial program/cancer agency&lt;br&gt;  - Approval duration: 2 treatments per calendar year</td>
</tr>
<tr>
<td><strong>TIVICAY</strong>&lt;br&gt;(Dolutegravir)</td>
<td>HIV anti-viral</td>
<td>- Coordinate with provincial government program</td>
</tr>
<tr>
<td><strong>TOBI PODHALER and generic TOBRAMYCIN</strong>&lt;br&gt;(Tobramycin for inhalation)</td>
<td>Cystic fibrosis</td>
<td>- For management of cystic fibrosis patients, aged 6 years or older, with chronic pulmonary Pseudomonas aeruginosa infections&lt;br&gt;  - Coordinate with provincial government</td>
</tr>
<tr>
<td><strong>TOCTINO</strong>&lt;br&gt;(Alitretinoin)</td>
<td>Chronic Hand Eczema (CHE)</td>
<td>- Diagnosis of severe CHE characterized by fissures, vesicles, bumps, edema, exudation, scaling or lichenification&lt;br&gt;  - Trial of at least 2 of the following high potency topical steroids: amcinonide (Cyclocort), desoximetasone (Topicort), flucinonide (Lyderm, Tiamol), betamethasone dipropionate (Diprosone), clobetasol propionate (Clobex)</td>
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<tr>
<td><strong>TOUJEQ</strong> (insulin glargine)</td>
<td>- Diabetes mellitus</td>
<td>- For patients who are at high risk for hypoglycemia</td>
</tr>
<tr>
<td><strong>TRACLEER and generic BOSENTAN</strong> (Bosentan)</td>
<td>- Pulmonary Hypertension</td>
<td>- For the treatment of patients with a confirmed diagnosis of pulmonary arterial hypertension functional class III AND who have tried and failed or cannot tolerate Revatio or Adcirca (minimum 3 months trial)</td>
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<td></td>
<td>- For the treatment of patients with a confirmed diagnosis of pulmonary arterial hypertension functional class IV</td>
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<td>- Coordinate with provincial government program</td>
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<tr>
<td><strong>TRAJENTA</strong> (Linagliptin)</td>
<td>- Diabetes mellitus</td>
<td>- For patients who have tried and failed or did not tolerate maximum doses of metformin (&gt;2000 mg)</td>
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<tr>
<td><strong>JENTADUETO</strong> (Linagliptin/Metformin)</td>
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<tr>
<td><strong>TREMFYA</strong> (Gusekumab)</td>
<td>- Moderate to severe chronic plaque psoriasis</td>
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<tr>
<td><strong>TRESIBA</strong> (Insulin degludec)</td>
<td>- Diabetes mellitus</td>
<td>- For patients who are at high risk for hypoglycemia</td>
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<tr>
<td><strong>TRINTELLIX</strong> (Vortioxetine Hydrobromide)</td>
<td>- Major depressive disorder</td>
<td>- For individuals diagnosed with major depressive disorder and who have previously tried and failed therapy with any other antidepressant</td>
</tr>
<tr>
<td><strong>TRIUMEQ</strong> (Dolutegravir/Abacavir/ Lamivudine)</td>
<td>- HIV infection in adults</td>
<td>- Coordinate with provincial government program</td>
</tr>
<tr>
<td><strong>TRIZIVIR</strong> (Abacavir/Lamivudine/Zidovudine)</td>
<td>- HIV anti-viral</td>
<td>- Coordinate with provincial government program</td>
</tr>
<tr>
<td><strong>TRULICITY</strong> (dulaglutide)</td>
<td>- Diabetes mellitus</td>
<td>- For patients who have tried and failed or did not tolerate maximum doses of metformin (&gt;2000 mg)</td>
</tr>
<tr>
<td><strong>TRUSOPT</strong> (Dorzolamide (preservative-free ophthalmic solution))</td>
<td>- Treatment of elevated intra-ocular pressure in open angle glaucoma or ocular hypertension</td>
<td>- For patients who are allergic to or cannot tolerate the formulation with the preservative</td>
</tr>
<tr>
<td><strong>TRUVADA and generics</strong> (Emtricitabine/Tenofovir)</td>
<td>- HIV anti-viral</td>
<td>- Coordinate with provincial government program</td>
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<tr>
<td><strong>TYKERB</strong> (Lapatinib)</td>
<td>- Advanced or metastatic breast cancer</td>
<td>- In combination with Xeloda, for patients with tumours over-expressing ErbB2 (HER2) who have tried and failed taxanes, anthracyclines and trastuzumab</td>
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<td>- Coordinate with provincial government program</td>
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<tr>
<td>DRUG</td>
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<td>APPROVAL GUIDELINES</td>
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| TYSABRI (Natalizumab)       | - Treatment of Relapsing-Remitting Multiple Sclerosis (RRMS) in patients who have had an inadequate response to, or are unable to tolerate, other MS therapies | - For RRMS - patients have had an inadequate response to, or are unable to tolerate, other therapies, i.e. Aubagio, Avonex, Betaseron, Copaxone, Extavia, Pregridy, Rebif, Tecfidera  
  - Patients should have evidence of lesions on their MRI scan, an EDSS value less than 6 and have had at least one relapse in previous year  
  - For patients with rapidly evolving severe MS, they must have had two or more disabling relapses in one year and at least nine T2-hyperintense lesions in their cranial MRI or at least one gadolinium-enhancing (Gd-enhancing) lesion  
  - Coordinate with provincial government program |
| ULORIC (Febuxostat)         | - To lower serum uric acid levels in patients with gout                  | - For patients who have tried and failed or had intolerable side effects to allopurinol                                                                                                                                 |
| ULTIBRO BREEZHALER (Indacater maleate / Glycopyrronium bromide) | - Chronic Obstructive Pulmonary Disease (COPD)                            | - For patients diagnosed with COPD, including chronic bronchitis and emphysema who have tried and failed on long-acting bronchodilator monotherapy                                                                 |
| UPTRAVI (Selexipag)         | - Pulmonary Arterial Hypertension (PAH) WHO functional class (FC) II-III (idiopathic, heritable, or associated with connective tissue disease or congenital heart disorders) | - For patients who have tried and failed or cannot tolerate at least one ERA (i.e. Tracleer, Volibris, Ospumit) or PDE-5 inhibitor (i.e. Revatio, Adcirca)  
  - May be used as monotherapy OR an add-on to existing ERA/PDE-5 inhibitor OR triple combination therapy |
| UROCIT-K (Potassium citrate)| - Kidney Stones                                                          | - For patients with renal tubular acidosis (RTA) with calcium stones, hypocitraturic calcium oxalate nephrolithiasis of any etiology, and uric acid lithiasis with or without calcium stone |
| VALCYTE and generic VALGANCICLOVIR | - Cytomegalovirus Retinitis                                             | - For the treatment of retinitis caused by the cytomegalovirus (CMV) in HIV or immunocompromised patients  
  - For the prevention of CMV disease in solid organ transplant patients at risk (i.e. risk is defined as donor +ve/recipient -ve for CMV, or recipient +ve post-active treatment of CMV disease with IV ganciclovir, or recipient +ve in patients receiving antilymphocyte antibody [ALA]).  
  - Coordinate with provincial government program |
| VALCYTE POS (Valganciclovir) | - Chronic Hepatitis B                                                   | - For adult patients with a confirmed diagnosis of chronic Hepatitis B infection with compensated liver disease  
  - Coordinate with provincial government program |
| VEMLIDY (tenofovir alafenamide) | - Treatment of invasive aspergillosis  
  - Treatment of Candidemia in non-neutropenic patients and Candida infections | - For the treatment of invasive aspergillosis for post-hospital discharge only  
  - For patients with candidemia who cannot tolerate Amphotericin B and Fluconazole or who have infections with Fluconazole-resistant Candida species  
  - Coordinate with provincial government program |
| VFEND and generic VORICONAZOLE (Voriconazole) | - Irritable bowel syndrome with diarrhea (IBS-D)                           | - For treatment of irritable bowel syndrome with diarrhea (IBS-D) in adult patients who have tried and failed dietary and lifestyle measures and standard therapy (i.e. Imodium) |
| VIBERZI (Eluxadoline)       | - Chronic Hepatitis B                                                   | - For adult patients with a confirmed diagnosis of chronic Hepatitis B infection with compensated liver disease  
  - Coordinate with provincial government program |
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<tr>
<td>VICTOZA (Liraglutide)</td>
<td>- Diabetes mellitus</td>
<td>- For patients who have tried and failed or did not tolerate maximum doses of metformin (&gt;2000 mg)</td>
</tr>
</tbody>
</table>
| VICTRELIS (Boceprevir) | - Hepatitis C | - For adults with chronic hepatitis C genotype 1 infection in combination with peg interferon alpha/ribavirin (Pegetron)  
- Quantitative HCV RNA value from within the last 6 months  
- Fibrosis stage F2 or greater (Metavir scale or equivalent)  
- No diagnosis of cirrhosis OR cirrhosis with a Child Pugh Score = A (5-6)  
- An initial 12 weeks of Victrelis will be approved  
- Coordinate with available provincial plans |
| VICTRELIS TRIPLE (Boceprevir/Ribavirin/Peg interferon alfa-2b) | - Hepatitis C | - For adults with chronic hepatitis C genotype 1 infection  
- Quantitative HCV RNA value from within the last 6 months  
- Fibrosis stage F2 or greater (Metavir scale or equivalent)  
- No diagnosis of cirrhosis OR cirrhosis with a Child Pugh Score = A (5-6)  
- An initial 12 weeks of Victrelis Triple will be approved  
- Coordinate with available provincial plans |
| VIDEX (Didanosine) | - HIV anti-viral | - For individuals diagnosed with major depressive disorder and who have previously tried and failed therapy with any other antidepressant |
| VIIBRYD (Vilazodone) | - Major depressive disorder | - Coordinate with provincial government program |
| VIMOVO XR and generic NAPROXEN/ESOMEPRAZOLE (Naproxen/Esmoprazole) | - Medical conditions requiring NSAIDs | - For patients who have failed to respond or had intolerable side-effects with the concomitant use of an NSAID with at least two of the following proton pump inhibitors: Rabeprazole, Lansoprazole, Omeprazole, and/or Pantoprazole |
| VIMPAT (lacosamide) | - Monotherapy or Adjunctive therapy for partial onset seizures | - For patients with a diagnosis of partial onset seizures AND  
- Tried, failed or have experienced intolerant side effects to 2 or more standard care drugs i.e. carbamazepine, lamotrigine, levetiracetam, topiramate, phenytoin, valproic acid/divalproex, gabapentin, Phenoobarbital, oxcarbazepine, clobazam, primidone, vigabatrin |
<p>| VIRACEPT (Nelfinavir) | - HIV anti-viral | - Coordinate with provincial government program |
| VIRAMUNE (Nevirapine) | - HIV anti-viral | - Coordinate with provincial government program |
| VIREAD and generics (Tenofovir) | - HIV anti-viral - Hepatitis B | - Coordinate with provincial government program |
| VISANNE (Dienogest) | - Pelvic pain associated with endometriosis | - For patients who have failed to respond or have had intolerable side-effects to oral contraceptives |</p>
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<tr>
<td>VISUDYNE (Verteprofine)</td>
<td>- Age related macular degeneration</td>
<td>- For the treatment of age-related macular degeneration in patients with neovascularization of 50% or more on the macular surface AND no provincial coverage is available</td>
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<td></td>
<td>- Pathological myopia</td>
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<tr>
<td>VOLIBRIS (Ambrisentan)</td>
<td>- Pulmonary Hypertension</td>
<td>- For the treatment of patients with a confirmed diagnosis of pulmonary arterial hypertension functional class II or III AND who have tried and failed or cannot tolerate Revatio or Adcirca (minimum 3 months trial)</td>
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<td>- For WHO FC III, patients must also have tried and failed or cannot tolerate Tracleer (bosentan)</td>
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<td>- Coordinate with provincial government program</td>
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<tr>
<td>VOSSEVI (sofosbuvir/velpatasvir/voxilaprevir)</td>
<td>- Hepatitis C</td>
<td>- For adult patients with chronic hepatitis C infection, without cirrhosis or with compensated cirrhosis, who have:</td>
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<td>- Genotypes 1 – 6 and previously treated with an NSSA inhibitor OR</td>
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<td>- Genotypes 1 – 4 and previously treated with sofosbuvir but not an NSSA inhibitor OR</td>
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<td>- Quantitative Hepatitis C Virus Ribonucleic Acid (HCV RNA) value within the last 6 months</td>
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<td>- Fibrosis stage F2 or greater (Metavir scale or equivalent)</td>
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<td>- Retreatment due to re-infection will not be considered</td>
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<td>- Coordinate with provincial government program</td>
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<tr>
<td>VOTRIENT (Pazopanib Hydrochloride)</td>
<td>- Metastatic renal cell (clear cell) carcinoma (mRCC)</td>
<td>- For patients who have received no prior systemic therapies OR who have documented failure to first line cytokine based therapy</td>
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<td>- Coordinate with provincial government program</td>
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<tr>
<td>VYVANSE (Lisdexamfetamine)</td>
<td>- Attention deficit hyperactivity disorder</td>
<td>- For patients who have tried and failed or had intolerable side effects to methylphenidate (long or short acting), amphetamine, dextroamphetamine, or atomoxetine</td>
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<td></td>
<td>- Binge Eating Disorder (BED)</td>
<td>- For patients with a confirmed diagnosis of Binge Eating Disorder (BED)</td>
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<tr>
<td>WELLBUTRIN SR/XL and generic BUPROPION (Bupropion)</td>
<td>- Depression</td>
<td>- For patients with a confirmed diagnosis of depression</td>
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<tr>
<td>XELJANZ (Tofacitinib)</td>
<td>- Rheumatoid Arthritis</td>
<td>- For patients with a confirmed diagnosis of rheumatoid arthritis with persistent active disease where the patient has not adequately responded to Methotrexate at a dose equal to or greater than 20 mg/week AND at least one other DMARD (i.e. hydroxychloroquine, leflunomide and/or sulfasalazine) for a period of 3 months</td>
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<td>- Coordinate with provincial government program</td>
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<td>DRUG</td>
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| XELODA and generic CAPECITABINE          | Adjuvant treatment of stage III (Dukes' stage C) colon cancer | - For the first-line treatment of metastatic colorectal cancer  
- For the treatment of metastatic colorectal cancer in combination with oxaliplatin after failure of irinotecan-containing combination chemotherapy  
- For treatment of advanced or metastatic breast cancer after failure of standard therapy including a taxane unless contraindicated OR in combination with docetaxel after failure of prior anthracycline containing chemotherapy  
- Coordinate with provincial government program |
|                                          | Metastatic colorectal cancer                  |                                                                          |
|                                          | Metastatic breast cancer                      |                                                                          |
| XENICAL (Orlistat)                       | Obesity                                      | Initial Authorization Approval (6 months):  
- Body Mass Index (BMI) greater than or equal to 30 OR a BMI of 27-29 with one of the following disease conditions that is also being treated with medication: hypertension, diabetes mellitus, hyperlipidemia, and/or coronary artery  
- trial and failure of prescribed lifestyle therapy (diet and exercise) for at least three months prior to starting Xenical AND continuation of prescribed lifestyle therapy (diet and exercise) while using Xenical  
- Weight prior to initiation of treatment |
|                                          |                                              | Subsequent Authorization Approval (6 months):  
- Body Mass Index (BMI) greater than or equal to 30 OR a BMI of 27-29 with one of the following disease conditions that is also being treated with medication: hypertension, diabetes mellitus, hyperlipidemia, and/or coronary artery AND a minimum reduction of 6% of initial body weight and continuation of prescribed lifestyle therapy (diet and exercise) while using Xenical |
| XEOMIN (Botulinum toxin type A)          | Blepharospasm                                 | - For the treatment of blepharospasm in patients 18 years of age or older  
- For the treatment of torticollis in adult patients  
- For the treatment of post-stroke spasticity of the upper limbs in adult patients |
|                                          | Cervical dystonia (spasmodic torticollis)    |                                                                          |
|                                          | Post-stroke spasticity of the upper limbs     |                                                                          |
| XGEVA (Denosumab)                        | Bone metastases                              | - For patients with bone metastases from breast cancer, prostate cancer, non-small cell lung cancer and other solid tumors AND  
- For patients who have tried and failed or experienced intolerable side effects with bisphosphates (Clasteon, Bonefos, Zometa or Aredia) |

Updated: June 2018
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</table>
| XIAFLEX (Collagenase Clostridium Histolyticum) | Dupuytren’s Contracture with a Palpable Cord | - For patients with a confirmed diagnosis of Dupuytren’s Contracture with a palpable cord AND  
- Who are ineligible or inappropriate for surgical intervention  
- Coordinate with provincial government program  
- Approval maximum: 3 injections per finger |
| XIIDRA (Lifitegrast)                      | Moderate to moderately severe dry eyes        | - For the treatment of moderate to moderately severe dry eye disease and for patients who have tried and failed artificial tears |
| XIGDUO (Dapagliflozin/metformin)          | Diabetes mellitus                            | - For treatment of type-2 diabetic persons where metformin and a sulfonylurea are contraindicated, not tolerated or ineffective |
| XOLAIR (Omalizumab)                       | For patients 6 years and older with moderate to severe persistent asthma who have a positive skin test  
- Chronic idiopathic urticaria | - For the treatment of patients 12 years or older who have moderate to severe asthma and who are skin test positive or have in-vitro reactivity to a perennial aeroallergen with a baseline IgE level within 30-700IU/ml and who are not adequately controlled by a concomitant high-dose or maximum tolerated doses of ICS with two or more of the following drug classes: LABA, LTRA, and theophylline  
- For pediatric patients age 6-11 with moderate-severe persistent allergic asthma, with uncontrolled symptoms despite high doses of an inhaled corticosteroid (ICS) and/or a leukotriene receptor antagonist (LTRA)  
  - Documentation of positive skin test or in vitro reactivity to a perennial aeroallergen  
  - Documentation of weight and pretreatment serum IgE  
- For the treatment of chronic idiopathic urticarial in patients 12 years and older who remain symptomatic despite an adequate trial of a maximum-tolerated dose of H-1 antihistamine for at least 3 months. Prescriber must clearly specify the severity of symptoms (i.e. impact on quality of life, and the extent of the lesions etc.)  
- Coordinate with provincial government program |
| XTANDI (Enzalutamide)                     | Metastatic prostate cancer (castration resistant prostate cancer – CRPC) | - For patients with a diagnosis of CRPC AND  
- Received prior chemotherapy containing docetaxel  
- Coordinate with provincial government program |
| XULTOPHY (insulin degludec/liraglutide)   | Diabetes mellitus                            | - Trial and failure with a basal insulin (i.e. Levemir, Basaglar, Lantus, Toujeo, Tresiba) OR  
- Trial and failure with a GLP-1 agonist (i.e. Ozempic, Victoza, Byetta, Trulicity) |
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<tr>
<td>XYREM (Sodium oxybate)</td>
<td>- Treatment of cataplexy (sudden loss of muscle strength) in narcoleptic patients</td>
<td>- Diagnosis of narcolepsy with chronic symptoms of cataplexy</td>
</tr>
<tr>
<td>ZAXINE (Rifaximin)</td>
<td>- For reduction in risk of overt hepatic encephalopathy</td>
<td>- For adult patients susceptible to overt hepatic encephalopathy WITH</td>
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<td>- MELD score of ≤ 25 or Child-Pugh score of A or B</td>
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<td>- Coordinate with provincial government program</td>
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<tr>
<td>ZELBORAF (Vemurafenib)</td>
<td>- For the treatment of BRAF V600 mutation-positive unresectable (Stage IIIC or IV) or metastatic melanoma</td>
<td>Initial Criteria:</td>
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<tr>
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<td>- Confirmed BRAF V600 mutation positive disease</td>
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<td>- ECOG ≤ 1</td>
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<td>- Coordinate with available provincial plans</td>
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<tr>
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<td></td>
<td>- An initial approval for 6 months</td>
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<td>Renewal Criteria (6 months):</td>
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<td>- For patients who experience a beneficial clinical effect AND who do not have evidence of disease progression</td>
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<tr>
<td>ZENAPAX (Daclizumab)</td>
<td>- For kidney transplant patients receiving immunosuppressants</td>
<td>- For the prophylaxis of acute rejection in kidney transplant patients</td>
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<tr>
<td>ZEPATIER (elbasvir/grazoprevir)</td>
<td>- Hepatitis C Infection</td>
<td>For treatment-naïve or treatment-experienced* adult patients with or without cirrhosis diagnosed with chronic hepatitis C genotype 1 and genotype 4 with:</td>
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<td></td>
<td>- Quantitative Hepatitis C Virus Ribonucleic Acid (HCV RNA) value within the last 6 months</td>
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<td>- Fibrosis stage F2 or greater (Metavir scale or equivalent)</td>
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<td>- Have failed or have a true contraindication to Maviret</td>
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<td>- Retreatment requests will not be considered</td>
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<td>- Coordinate with provincial government program</td>
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<td>- Maximum approval 12 weeks</td>
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<td>- *Treatment relapse or failure to standard peg-interferon/ribavirin OR peg-interferon/ribavirin/bocaprevir, simeprevir, or telaprevir.</td>
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<tr>
<td>ZERIT (Stavudine)</td>
<td>- HIV anti-viral</td>
<td>- Coordinate with provincial government program</td>
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<tr>
<td>ZIAGEN (Abacavir)</td>
<td>- HIV anti-viral</td>
<td>- Coordinate with provincial government program</td>
</tr>
<tr>
<td>ZUACTA (Zucapsaicin cream)</td>
<td>- Osteoarthritis</td>
<td>- A confirmed diagnosis of osteoarthritis, where the patient failed to respond OR had intolerable side-effects to Meloxicam AND at least one Non-Steroidal Anti-Inflammatory Drug (NSAID)</td>
</tr>
<tr>
<td>ZYDELIG Idelalisib</td>
<td>- Treatment of patients with relapsed Chronic Lymphocytic Leukemia (CLL)</td>
<td>- For the treatment of patients with who have relapsed CLL</td>
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<td>- Who failed or are experiencing recurrent disease despite 1 prior therapy (e.g. bendamustine + rituximab, fludarabine + cyclophosphamide + rituximab, single-agent rituximab, fludarabine + rituximab, chlorambucil, fludarabine, ofatumumab, chlorambucil, etc.)</td>
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| ZYTIGA (Abiraterone acetate) | - Metastatic prostate cancer (castration resistant prostate cancer – CRPC) | - Must be taken in combination with rituximab  
- Coordinate with provincial government program  
- For treatment of CRPC in combination with prednisone in patients who have received prior chemotherapy containing docetaxel  
OR  
- For treatment of CRPC in combination with prednisone in patients who are asymptomatic or mildly symptomatic after failure of androgen deprivation therapy  
- Coordinate with provincial government program |