Correctional Service Canada | Service correctionnel Canada

Safety, Respect and Dignity for All

La sécurité, la dignité et le respect pour tous

CSC National Formulary

April 2016

Canada

CSC National Formulary
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CSC – NATIONAL FORMULARY	
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1. INTRODUCTION

The Correctional Service of Canada provides medication coverage to Federal Inmates in Canada. Five regions provide coverage to 43 Federal Institutions, some of which are affiliated with treatment centres and/or 24 hour hospitals.

The CSC National Formulary is a list of medications which CSC will fund when providing essential medical care to federal offenders. It was created following the formation of the CSC National Pharmacy & Therapeutics Committee (October 2007). The committee is made up of physicians, pharmacists, nurses and ad-hoc members comprised of various expertise.

1.1. Purpose of the Formulary

The purpose of the CSC National Formulary is to provide a tool for physicians and pharmacists which encourage the selection of optimal, cost effective drug therapy.

All CSC Institutions must abide by the National Formulary. The processes and listings of the National Formulary are to be applied to the Community Correctional Centers (CCC) and to be utilized by secondary pharmacies whenever possible.

Contracted health care professionals will follow the formulary and comply with requirements for justification of non-formulary products. In doing so, all prescriptions from an outside consultant must be reviewed and either approved / rejected by the institutional physician. Outside consultants may not be familiar with CSC policies pertaining to medication.

Staff pharmacists will review all medication orders for formulary compliance.

Chiefs, Health Services will support the formulary process and ensure compliance at their respective sites.

2. POLICY RELEVANT TO FORMULARY

2.1. Legislation and Regulation

Canada's Food and Drug Act and Regulations
Controlled Drug and Substances Act
Provincial / Territorial Professional Standards of Practice

2.2. CSC Policy — CDs

CD 800 Health Services

2.3. CSC Policy — Guidelines

Discharge Planning Guidelines: A Client-Centred Approach [Public Health]
Clinical Discharge Planning and Community Integration Service Guidelines [CMHI]
Specific Guidelines for the Treatment of Opiate Dependence (Methadone /Suboxone®)
Hospice Palliative Care Guidelines for Correctional Service Canada
Medication Distribution and Administration Guidelines

3. PHARMACY AND THERAPEUTICS COMMITTEES

3.1. CSC Pharmacy and Therapeutics Committee

The National Pharmacy and Therapeutics Committee is a standing committee which provides advice to CSC on pharmaceutical care matters affecting the health and well-being of inmates, and support the provision of optimal pharmaceutical care within the allocated financial resources.

The committee's objectives are:

- To recommend the listing status of drug products on the CSC national drug formulary. Recommendations will be based on objective evaluation of therapeutic efficacy, safety and cost of the drug product.

- To advise on whether or not CSC should accept or reject recommendations made by CDEC (the Canadian Drug Expert Committee) as a result of the Common Drug Review process.

- To formulate and recommend adoption of policies related to selection, distribution, and therapeutic use of drug products for CSC facilities. This also includes recommendation of drug use evaluation studies and activities.

- To recommend education programs for CSC professional staff and for inmates on matters related to drug use.

3.2. Drug Review Process

3.2.1. *Process for Review of Formulary Items*

The review process for drug products that are considered for funding will vary depending on the category of drug submitted, as described below.

CSC funding is taxpayer based and aims to provide savings whenever possible. Funding for medications will be for the **best available price or lowest cost alternative** product in a group of interchangeable drug products. Pharmacists may use discretion to identify interchangeable products and to select the lowest-priced brand particular to their region.

3.2.2. *New Drugs, Combinations or Indications*

The review process for this category (new chemical entities, new combination drug products and existing chemical entities with new indications) is described below:

- The vendor sends the submission to the Common Drug Review (CDR) of the Canadian Agency for Drugs and Technologies in Health (CADTH).
- The CDR process conducts objective, rigourous reviews of the clinical, cost-effectivness and patient evidence for drugs and forwards them to the Canadian Drug Expert Committee (CDEC).
- CDEC makes recommendations regarding formulary listing and forwards them to participating drug plans, including Correctional Service Canada, for consideration.
- CSC will decide to list a product based on CDEC and NP&T recommendations as well as other specific relevant factors, such as mandate, priorities and resources. Prior to listing or otherwise making available a new drug or extending the listing criteria based on a CDR recommendation, CSC will wait until the drug has been added (or criteria changed) to the provincial public drug plan in all 8

provinces where CSC has institutional facilities (i.e. Nova Scotia, New Brunswick, Quebec, Ontario, Manitoba, Saskatchewan, Alberta and British Columbia).

For a list of requirements for manufacturers' submissions and a summary of procedures for the Common Drug Review Process, please direct inquiries to the following organization:

Common Drug Review (CDR)
Canadian Agency for Drugs and Technologies in Health (CADTH)
865 Carling Avenue, Suite 600
Ottawa, Ontario K1S 5S8
Telephone: (613) 226-2553
Website: www.cadth.ca

3.2.3. *Others (including Line Extensions and Generics)*

The review process for this category is described below:

- Requests can be forwarded to the regional pharmacy using a Request to Add/Remove a product from the National Formulary (CSC-SCC 1415-1).
- The regional pharmacist reviews requests and may approve regionally (discretion) or submit the request to the CSC National Pharmacy and Therapeutics (P&T) Committee.
- **Generic drug products** are considered for inclusion in the formulary based on criteria outlined in 3.4.1.
- Only drug products with a Health Canada Notice of Compliance will be considered.

3.3. Guidelines for Including or Removing Medications and Vaccines

3.3.1. *Including Drugs*

All drugs that are to be either considered for listing or currently listed as program benefits must meet the following requirements:

- Must have received a Notice of Compliance from Health Canada.
- Must be in accordance with Correctional Service Canada mandate and policies.

The following additional criteria help guide decisions to list a drug product:

General products	• demonstrated evidence of therapeutic efficacy • demonstrated safety • demonstrated incremental benefit in proportion to incremental cost • consistency with CSC mandate and policies • New formulations and new strengths of listed products may be added or may replace previously approved products.
Generic products	• Added once Notice of Compliance is awarded and according to other relevant factors.
Combination products	Considered for listing if the following applies: • Each component of the combination contributes to the claimed effect. • A pharmacological or pharmaceutical rationale exists for the combination. • The dosage of each component (amount, frequency, duration) is safe and effective for a significant proportion of the patient population requiring such concurrent therapy as defined in the labelling of the drug. • The cost is reduced, or scientific evidence indicates that the advantages outweigh any additional cost; or • An improvement in compliance, resulting in an increase in clinical effectiveness, is demonstrated.
Sustained Release products	• Clinical studies have demonstrated the safety and efficacy of the active ingredient when administered in the sustained released form; and, • A therapeutic advantage is demonstrated in the treatment of the disease entity for which the product is indicated (therapeutic advantage is defined as: improved efficacy relative to the conventional dosage with no increase in toxicity; or less toxicity with improved or similar efficacy); or, • There is demonstrated improvement in compliance resulting in an increase in clinical effectiveness. • There is evidence that the sustained release product is at least as cost-effective as the best price alternative in the conventional form that is currently covered. • There is no suitable conventional dosage form(s) of the drug listed that is readily available. **Note: Once the decision is made to add a drug, the available concentrations will be standardized and kept to a minimum.**

3.3.2. *Including Vaccines*

The following criteria guide in the *potential* addition of a vaccine to the CSC National Formulary:

- The vaccine is approved by Health Canada.
- The vaccine has been given a grade A recommendation by the National Advisory Committee on Immunization (NACI) (i.e., the vaccine is safe and efficacious.)
- The infection(s) against which the vaccine protects pose a significant health burden, which may be defined in terms of severity (causing death, disability or hospitalization.) and/or frequency (affecting a significant proportion of the population.)
- The vaccine is cost-effective.
- If the vaccine is publically funded and the inmate meets the eligibility criteria, he/she would be offered the vaccine as per community standards. If the vaccine is not publically funded, CSC would consider purchasing the vaccine for inmates if the benefits of the vaccine accrue during incarceration.
- The vaccine can be feasibly implemented into the existing vaccination program in CSC.
- The vaccine is necessary due to the uniqueness of CSC environment.
- A complete list of the vaccines provided by CSC can be found in the National Guidelines for the Immunization of Inmates.

3.3.3. *Removing Drugs and Vaccines*

The following criteria guide in the *potential* removal or delisting of a drug product or vaccine from the CSC National Formulary.

- A product is discontinued from the Canadian market.
- New products are listed that possess a clearly demonstrated therapeutic and safety advantage or improvement.
- New toxicity data shift the risk/benefit ratio to make the continued listing of the product inappropriate;
- New information demonstrates that the product does not have the anticipated therapeutic benefit;
- The purchase cost is disproportionate to the benefits provided.
- For drugs, a high potential for misuse or abuse has been identified.
- The drug or vaccine may be removed at the discretion of the National P&T Committee when there are undesirable financial, supply or administrative implications to the continued listing of a product.

4. DRUG BENEFIT CATEGORIES

Only products listed in the CSC National Formulary or those approved by exception are funded for the inmate population.

4.1. Open Benefit

Open benefit listings are drugs that do not require prior approval. Certain classes of medication or similar therapeutic pharmacological moieties may still be substituted for the preferred formulary choice in the Therapeutic Interchange Program (Appendix B).

4.2. Benefits with Criteria

Certain drug products may be inappropriate for general listing, but have value in specific circumstances. These products may be recommended as "benefits with criteria" and are detailed in Appendix C: Criteria Medications.

A product may be designated for criteria listing when it meets *any of* the following conditions:

- Has the potential for widespread use outside the indications for which benefit has been demonstrated.
- Has proven effectiveness, but is associated with predictable severe adverse effects.
- Is usually a second or third line choice for treatment and is required because of allergies, intolerance, treatment failure or non-compliance with a first line alternative.
- Is considered to be one of many drugs in a specific therapeutic class and having similar therapeutic response that it is considered only upon unsuccessful trial of other "preferred" medications in the class.
- Is very costly and a therapeutic effective alternative is available as a benefit.

A Reason for Use (RFU) code is assigned to each criteria. The medications will be provided by the pharmacy when prescribed in accordance with the criteria and when accompanied by a valid, fully completed prescription with the appropriate RFU code on the prescription. The RFU code verifies that the patient meets the criteria. The RFU code can be communicated by one of the following methods:

- writing on Doctor's Order form (CSC-SCC 0471-02) or Medication Reconciliation (CSC-SCC 1244e)
- verbally during a verbal or telephoned order by a prescriber or by a nurse

The authorization is valid for the duration indicated by the listed criteria.

Note: if an applicable code could not be found, the request will require the completion of CSC form Benefit with Criteria and Non-Formulary Medication Request (CSC-SCC 1415).

4.3. Exception Benefits

Drugs which are not openly listed or do not meet all Formulary criteria may be approved in special circumstances. Requests for exceptions will require the Benefits with Criteria and Non-Formulary Medication Request form (CSC-SCC 1415) from the attending physician.

These requests will be reviewed on a case by case basis.

Requests for exceptions will be considered when the following criteria are met:

- The prescription is for a recognized clinical indication and dose which is supported by published evidence or authoritative opinion.

- There is supporting evidence that available formulary alternatives are ineffective, toxic, or contraindicated (personal preference alone does not justify an exception).
- There is significant evidence that the requested drug is superior to drugs already listed as program benefits.

4.4. Non-Benefits

The following are some of the specific products which are **not funded** by CSC.

FORMULARY EXCLUSIONS
1. Patented medicines such as Buckley's Cough Syrup, Extract of Wild Strawberry, etc. that are not funded by the province.
2. Selected over-the-counter medicines with known abuse potential.
3. Non-prescription mouth, throat and nasal preparations, including decongestants.
4. Prescription and non-prescription, cough and cold products (e.g. antitussives, expectorants and decongestants).
5. Non-prescription multivitamin / mineral supplements as routine dietary supplements.
6. Weight loss products (prescription and non-prescription).
7. Alternative therapies, including glucosamine and evening primrose oil.
8. Antacids for routine uncomplicated indigestion / heartburn.
9. Smoking cessation products.
10. Cosmetic drugs.
11. Soaps, cleansers and shampoos, medicated or otherwise.
12. Household remedies e.g. calamine lotion, iodine, hydrogen peroxide, antiseptics and disinfectants.
13. Acne treatment considered minor in nature and self limiting. Note that acne conditions deemed moderate or severe are not considered to be cosmetic and may be funded.
14. All drug products used for the treatment of infertility.
15. Products for the treatment of impotence and sexual dysfunction.
16. Drugs with investigational/experimental status.
17. Hair growth stimulants.
18. Drugs excluded as eligible benefits further to the National Pharmacy and Therapeutics Committee review and recommendation that they not be listed.
19. Drugs rejected by the Common Drug Review (CDR) and / or the National CSC Pharmacy and Therapeutics Committee because published evidence does not support the clinical value or cost of the drug relative to existing therapies, or there is insufficient clinical evidence to support coverage.
20. Medications as per P&T recommendations subsequent to reports of widespread off label usage that may be deemed hazardous to patient safety.

NOTE: Inmate inquiries with respect to dietary / nutritional considerations should be referred to institutional food services. These products will not be sent from pharmacy.

4.5. Inmate Purchasing of Non-Benefit or Unauthorized Drugs

Except for the short list below, medications excluded from the National Formulary or which have not been authorized through a Non-Formulary Request or do not meet all criteria defined by the Formulary will not be made available through CSC, even at the inmate's expense.

Xenical – orlistat 120mg
Propecia – finasteride 1mg
Zovirax cream and ointment – acyclovir

The above medications must be prescribed by a CSC physician and purchased from a pharmacy external to CSC. The inmate will be responsible for any costs incurred for the transaction.

4.6. Pharmaceutical Samples

Pharmaceutical samples are drugs which are approved for use in Canada and are supplied, free of charge, by the manufacturer to the physician or the Regional Pharmacy. Consistent with the Institute for Safe Medication Practices, medication samples are not to be received, stocked or administered, whether listed on the National Formulary or not, within CSC institutions or Regional Pharmacies.

4.7. Special Access Program

Drugs that have not yet been marketed in Canada can often be obtained with the approval of the Special Access Program of Health Canada. When there is a cost for these drugs, approval for payment of these costs must be obtained from the Regional Pharmacist prior to obtaining approval from Health Canada. Once reimbursement is approved, the physician must obtain approval from the Special Access Program by completing a Special Access Request Form. The approval from Health Canada must be forwarded to the Regional Pharmacy, which will order the medication from the manufacturer, and dispense it to the institution.

5. RESTRICTIONS TO QUANTITY OF MEDICATION DISTRIBUTED AND / OR DURATION OF THERAPY

Pills in blister cards will be dispensed in various quantities (28 days, 7 days, individual unit dose, etc.).

The examples in this section are intended to give the national direction to the regional pharmacies and institutional healthcare. At any time, an institution may impose tighter restrictions if deemed appropriate. These restrictions do not apply to discharge (release) medications.

5.1. 28 Day Supply

Unless restrictions apply, oral medications are distributed in blister cards in allotments of 4 weeks (28 days). For those medications prescribed for 1 month, a standard 4 week calendar will be used across CSC.

Copies of the calendar can be obtained from your regional pharmacy.

5.2. 7 Day Supply

The following medications can not be dispensed in allotments of more than 7 days. Institutions may determine additional medications that may be restricted to 7 days.

ADHD medications (non narcotic/control)	Atomoxetine (Strattera)
Antidepressants	• Antidepressants (**exception for SSRI medications** which can be given in 28 day allotments) • Monamine Oxidase Inhibitors • Tricyclics • Other chemical transport inhibitors (Mirtazapine, etc.)
Anticoagulants	Warfarin
Antipsychotics / Neuroleptics	Typical and Atypical
Bipolar disorder treatments	Lithium, L-Tryptophan.
Gabapentin	Additional restrictions can be placed on specific patients or in specific institutions as deemed necessary.

5.3. Individual Medication Restrictions

Certain medications are restricted by both duration of treatment and quantity of tablets dispensed. A request to exceed the restriction to duration of treatment must be accompanied with the CSC form Benefit with Criteria and Non-Formulary Medication Request (CSC-SCC 1415). Regional pharmacies are encouraged to continue with the restriction to quantity of tablets for the duration of therapy for those medications having abuse potential.

MEDICATION	DAYS SUPPLY
Cyclobenzaprine (Flexeril)	5 days
Methocarbamol (Robaxin)	5 days
Diphenhydramine (Benadryl)	5 days
Dimenhydrinate (Gravol)	3 days
Hydroxyzine (Atarax)	5 days
Ketorolac (Toradol)	7 days

Ongoing prescriptions for the above medications will require the completion of a CSC Benefits with Criteria and Non-Formulary Medication Request (CSC-SCC 1415) form in order to provide rationale for the continuing therapy.

Note: ongoing is defined as three prescriptions in a two month period.

5.4. Direct Observed Therapy (DOT) and Medication Access Processes

Medications that cannot be issued to the offender for self administration can be provided through the following:

- Direct Observed Therapy (DOT) which involves the ingestion of a medication by an offender either in front of health care staff or,
- If health care staff are not on site, through the Medication Access process outlined in the Medication Distribution and Administration Guidelines

These processes will be used for certain "high-alert" drugs where safety, risk of diversion and compliance are of concern.

Unless institutional circumstances can not accommodate, the table below lists those medication to be given by direct observed therapy or through the medication access process. **In addition, a DOT or medication access restriction can be placed on specific patients by health care staff. Institutions may determine additional medications that may be restricted to DOT or provided through the medication access process.**

DOT Medications	Comment
Narcotics – **all**	Example – Kadian, nabilone. Exception for Tylenol #2 and Tylenol #3 where **1 day supply** may be given.
Controlled Drugs – **all**	Example - methylphenidate, Dexedrine, Vyvanse.
Targeted Substances	**All benzodiazepines**. Exception permitted for reception / intake area where **1 day supply** may be given.
Tuberculosis Treatment Medications	Example - ethambutalol, pyrazinamide, rifabutin, rifampicin, isoniazid, and other antibiotics when used for tuberculosis prevention/ treatment. Pyridoxine is associated with isoniazid therapy.
Hepatitis C treatments (excluding boceprevir, peginterferon, and ribavirin) – **one day supply provided**	Includes simeprevir, sofosbuvir, sofosbuvir+ledipasvir (Harvoni) and ombitasvir+paritaprevir+ritonavir+dasabuvir (Holkira Pak).
Other	Bupropion

5.5. Modifications of Oral Dosage Forms

In order to ensure the medication is fully ingested and to protect the safety of the offender for those formulations that are sought after, modifications of oral dosage forms are acceptable provided there is no detrimental effect to the release of the product or change in therapeutic efficacy. **Please consult with Regional Pharmacy prior to modifying the dosage form of any medication beyond the ones identified below.**

The following medications **must** be given in a modified oral dosage form:

- **Long Acting Capsules of Kadian, Vyvanse**, Kadian capsules **must** be opened and the contents may be administered in the following way: sprinkled onto a small amount of soft foods (such as yogurt, apple sauce or jam) **OR** dissolved in a glass of water – **must** be consumed immediately. The pellets/beads **must not** be chewed or crushed. The offender **must** be required to follow the medication with a glass of water and/or the mouth **must** be rinsed to ensure that all pellets have been swallowed. For Vyvanse, the capsule **must** be opened and the entire contents must be dissolved in water. The offender **must** be required to follow the medication with another glass of water.

- **Immediate release tablets of Methylphenidate and Dexedrine**. Neither medication is delivered by an extended release mechanism. Tablets/ Caplets/Capsules **must** be crushed and mixed in a cold food source or dispersed in water and given within 5 to 10 minutes to avoid settling.

5.6 Automatic Stop Order – No Quantity Specified

The Automatic Stop Order Policy is an over-riding administrative policy to define the duration of an order if no duration has been specified by the physician. Nurses will be responsible for monitoring the Automatic Stop times for narcotic and controlled drugs. Pharmacy will monitor the automatic stop times for all other drug categories. All narcotic orders excluding methadone and controlled drugs, (i.e. methylphenidate), are subject to an 84 days stop time, regardless of the duration indicated by the physician. The Chief, Health Services will review narcotic prescriptions with the physician at least every three months or more frequently if deemed necessary.

The following “Stop Order Times” will be applied when no duration is specified by the physician writing the original order:

Medication	Automatic Stop Order
straight narcotics (oral & parenteral)	3 days
sedatives and hypnotics	3 days
combination narcotics (e.g. Tylenol #3)	7 days
controlled drugs	7 days
antibiotics (including topical & ophthalmic)	7 days
anticoagulants	7 days
systemic corticosteroids	7 days
all others	28 days

6. SPECIAL PRESCRIBING PRACTICE GUIDELINES

6.1. Sleep Medications

Emphasis is placed on appropriate sleep hygiene practices in conjunction with sleep clinics as part of evaluating requests for sleeping medication. Issues of insomnia that are deemed uncomplicated can be forwarded by psychology to the institutional physician (GP). Psychiatrist referrals will be reserved for those cases where sleep is deemed "complicated" or is a symptom of another underlying mental condition.

The clinician shall prescribe hypnotic or sedative medication only when there is evidence that the inmate's sleep is disturbed and only in exceptional circumstances. If pharmacologicals are warranted, prescriptions should be at the lowest effective dose and are allowed for a maximum duration of 7 days.

Prescriptions for off-label use of formulary medications to treat sleep as well as sleep treatment exceeding 7 days will require completion of CSC form Benefits with Criteria and Non-Formulary Medication Request (CSC-SCC 1415).

6.2. Benzodiazepine Tapering

Inmates arriving at CSC on benzodiazepines should be converted to an equivalent dose of clonazepam and tapered by the physician. Physicians who wish to use benzodiazepines (outside of tapering) are required to use the form Benefits with Criteria and Non-Formulary Medication Request (CSC-SCC 1415).

Prescribers will use their clinical judgment to determine an acceptable taper schedule. The following dosage equivalency chart and taper schedule is offered as a guideline only. Prescribers can alter this schedule based on their judgment.

Dosage Equivalency Chart for clonazepam

Equivalence		Clonazepam
	mg	mg
Alprazolam (Xanax)	0.5	0.25
Bromazepam (Lectopam)	3	0.25
Chlordiazepoxide (Librium)	25	0.25
Clorazepate (Tranxene)	10	0.25
Diazepam (Valium)	5	0.25
Flurazepam (Dalmane)	15	0.25
Lorazepam (Ativan)	1	0.25
Nitrazepam (Mogadon)	2.5	0.25
Oxazepam (Serax)	15	0.25
Temazepam (Restoril)	10	0.25
Triazolam (Halcion)	0.25	0.25

Tapering Schedule for clonazepam

	Initial Dose	Tapering Schedule		
	mg/per day	mg/per day	Dosage	Schedule
Clonazepam	10	8	4mg b.i.d.	x 1 week
Clonazepam	8	6	2mg t.i.d.	x 1 week
Clonazepam	6 or 5	4	2mg b.i.d.	x 1 week
Clonazepam	4	3	1mg t.i.d.	x 1 week
Clonazepam	3	2	1mg b.i.d.	x 1 week
Clonazepam	2	1.5	0.5mg t.i.d.	x 1 week
Clonazepam	1.5	1	0.5mg b.i.d.	x 1 week
Clonazepam	1 or 0.75	0.5	0.25mg b.i.d.	x 1 week
Clonazepam	0.5	0.25	0.25mg daily	x 1 week then STOP

6.3. Compliance Packaging

Compliance packaging is intended only for those inmates who do not have the capacity to manage the self-administration of their medications when provided separately. If compliance packaging is considered for a patient, the physician must indicate the requirement on the patient's medical file, detailing the rationale for its use. The request will be forwarded to the Regional Pharmacy for review and approval.

7. NON-FORMULARY PROCESS

Requests for medication not listed in the CSC formulary must go through the non-formulary process using form Benefits with Criteria and Non-Formulary Medication Request (CSC-SCC 1415). All non-formulary requests must be complete. Prescribers will justify non-formulary requests, provide information on why the formulary agent(s) cannot be used, and provide pertinent supporting information.

Approval Process:

Non-formulary requests are expedited through the regional pharmacy. Non-formulary medications must be authorized by a staff or Regional Pharmacist, often in consultation with the CSC physician and are expected to be completed in a timely manner.

Appeals:

Regional appeals can be forwarded to National Headquarters Clinical Services to be reviewed by the National Pharmacist in consultation with the Senior Medical Officer. Decisions on appeals should be done in a timely manner. Status reports may be requested by the prescribing physician.

7.1. Compounds

Compounding medications involves the combining, mixing, or altering of ingredients by a pharmacist in response to physician's orders. To be funded, extemporaneous preparations must be specifically tailored to a physician's prescription and not contain drugs deemed to be excluded. Acceptable unmedicated vehicles for compounding include non-medicated white petrolatum (ointment base), non-medicated cream

(glaxal base unscented – cream base) or non-medicated lotion (lubriderm unscented) for lotion preparations.

The following compounds are approved:

- Diclofenac powder in compounds for topical applications (prescription strength only).
- Hydrocortisone Powder in concentrations greater than 0.5% in compounds for topical applications.
- LCD (Coal Tar Solution) in compounds for topical applications.
- Salicylic Acid in compounds for topical applications.
- Sulphur in compounds for topical applications.
- Mixing of two or more formulary approved creams / ointments etc.

Note: All other compounds are considered non-formulary and must be authorized through the non-formulary process (using the form Benefits with Criteria and Non-Formulary Medication Request (CSC-SCC 1415). The CSC National P&T Committee will monitor the use of compounded medications and some may be added to the formulary for future use.

7.2. Exception Medication

Drugs which are not openly listed or part of any criteria index may be approved in special circumstances. Requests for exceptions will require the Benefits with Criteria and Non-Formulary Medication Request form (CSC-SCC 1415) from the attending physician.

These requests will be reviewed on a case by case basis.

Requests for exceptions will be considered when the following criteria are met:

- The prescription is for a recognized clinical indication and dose which is supported by published evidence or authoritative opinion.
- There is supporting evidence that available formulary alternatives are ineffective, toxic, or contraindicated (personal preference alone does not justify an exception).
- There is significant evidence that the requested drug is superior to drugs already listed as program benefits.
- A listed medication is intended to be used off-label. Off-label use is considered use other than the approved indication in conjunction with product Notice of Compliance.

7.3. No Substitution Requests

CSC will consider requests for a higher-cost interchangeable product when a patient has experienced an adverse reaction with **all** lower-cost interchangeable alternatives. That is to say that an intolerance or an adverse reaction to a given generic brand will not automatically lead to brand name coverage. Requests for "no substitution" must be done using form Benefits with Criteria and Non-Formulary Medication Request (CSC-SCC 1415) to support the request.

7.4. Override Therapeutic Interchange Program

Requests for a medication which is listed in the therapeutic interchange program but is not considered to be the preferred formulary choice must be done using form Benefits with Criteria and Non-Formulary Medication Request (CSC-SCC 1415) to support the request.

7.5. Override Specific Restrictions to Quantity and / or Duration of treatment

A request to exceed restrictions set out in the formulary (see section 5 - Restrictions to Quantity of Medication Distributed and / or Duration of Therapy) must be done using form Benefits with Criteria and Non-Formulary Medication Request (CSC-SCC 1415) to support the request.

8. CONTINUITY OF CARE

8.1. General Guidelines

In order to promote continuity of care, inmates being released from CSC institutions can be provided with a supply of non-narcotic and non-controlled medications, as well as blood glucose meter test strips. Typically the supply will not be more than 14 days; however, the quantity may be tailored based on confirmed circumstances such as lengthy periods of time to arrange medication coverage, etc. In those instances where a supply greater than two weeks is required, a physician must provide a prescription requesting for a greater days supply. Prescribers can also write a prescription and provide it to the inmate to be filled in the community in case the CSC release supply runs out.

In accordance with the Medication Reconciliation guidelines, medication reconciliation must be completed as close to the release date as possible. The completed Intake Health Status Assessment Section I (CSC-SCC 1244 Section I) 1E form must be reviewed and signed by the physician. In those instances where best efforts have been made to obtain a physician's signature, but due to time limitations a signature could not be obtained, a telephone order from the physician will be accepted. However, the Medication Reconciliation form **MUST** be signed by the physician as soon as possible, even if the inmate has already been released.

8.2. Narcotics, Controlled Drugs and Targeted Substances

Based on the judgment of the physician, a 3 day supply of narcotic (methadone excluded), controlled drugs or targeted substances can be provided, with a prescription to be filled by the inmate in the community. **Release medications categorized as narcotics or controlled drugs must have a red sticker applied on the packaging.**

In exceptional cases and if requested (in writing) by the attending physician, controlled drugs (e.g. medications for the treatment of ADHD) and targeted substances, (i.e. benzodiazepines) may be provided for longer than 3 days as part of discharge medications. A prescriber request must be forwarded to regional pharmacy and the quantity requested must be based on confirmed circumstances such as extended wait times for medical assessment / appointment by a community psychiatrist. The maximum limit for any controlled drug or targeted substance will not exceed 14 days.

8.3. Compliance Packaging

In those instances, where it is determined by the discharge planning team that the inmate would benefit from a compliance package, rationale for the request can be provided by the social worker to the nurse, who will forward the details to the Regional Pharmacy.

8.4. Non Formulary Drugs

8.4.1. *Inmates Currently or Recently Receiving Benefits with Criteria or Non-Formulary Medications*

In instances where an inmate is admitted or transferred to an institution and the medication reconciliation identifies a benefit with criteria or a non-formulary drug, which was previously approved by CSC, the

drug can be continued without submitting a new form if the attending physician is in agreement with the selected therapy. However, if the inmate has been discharged for more than six months, a new Benefit with Criteria or Non-formulary Request form must be completed.

8.4.2. *Initial Supply on Intake*

There are times when inmates are processed into a facility and the necessary information to evaluate an **exception or non-formulary order** is not available. In these cases, continuity of care may be medically necessary because not providing the medication would pose a significant risk to the patient. If this is the case, a four-day allowance of an exception or non-formulary product which the inmate is currently taking can be dispensed or administered while waiting for the approval process. This allowance is to be utilized only for **urgent continuity of care** and not for initiation of routine/non-emergency therapy. The four day supply can be modified based on confirmed timelines. (e.g., it will be more than 4 days until the required information can be obtained.)

8.4.3. *Expired Authorizations*

Existing non-formulary or exception approvals may sometimes expire and require reauthorization. In these cases, a two week supply of the non-formulary/exception product can be provided while the reauthorization process takes place. This two week supply is flexible and can be extended based on individual circumstances.

9. P & T COMMITTEE APPROVED DRUG-RELATED INFORMATION/TOOLS

9.1. Osteoporosis — 10 Year Risk of Fracture

Use the following table as a guide in prescribing Alendronate Sodium, Calcitonin Salmon and Raloxifene (Evista) 60 mg tablets

	Women		
	Low Risk < 10%	**Moderate Risk** 10% - 20%	**High Risk** > 20%
Age (years)	Lowest T-Score[1]		
50	> - 2.3	- 2.3 to -3.9	< - 3.9
55	> - 1.9	- 1.9 to -3.4	< - 3.4
60	> - 1.4	- 1.4 to -3.0	< - 3.0
65	> - 1.0	- 1.0 to -2.6	< - 2.6
70	> - 0.8	- 0.8 to -2.2	< - 2.2
75	> - 0.7	- 0.7 to -2.1	< - 2.1
80	> - 0.6	- 0.6 to -2.0	< - 2.0
85	> - 0.7	- 0.7 to -2.2	< - 2.2

	Men		
	Low Risk < 10%	**Moderate Risk** 10% - 20%	**High Risk** > 20%
Age (years)	Lowest T-Score[1]		
50	> - 3.4	< = 3.4	—
55	> - 3.1	< = 3.1	—
60	> - 3.0	< = 3.0	—
65	> - 2.7	< = 2.7	—
70	> - 2.1	- 2.1 to -3.9	< -3.9
75	> - 1.5	- 1.5 to -3.2	< -3.2
80	> - 1.2	- 1.2 to -3.0	< -3.1
85	> - 1.3	-1.3 to -3.3	< -3.3

Source: Osteoporosis Canada. (Fall 2005).To treat or not to treat: New BMD reporting recommendations will facilitate decision-making [Electronic version]. *Osteoporosis Update, 9*(3) 4–5. Retrieved January 12, 2010 from http://www.osteoporosis.ca/local/files/health_professionals/pdfs/OSTEOFall05edit.pdf

Notes: [1]Lowest T-Score from lumber spine, total hip, femoral neck, trochanter.

9.2. Management of Opioid "Allergy"

9.2.1. *Purpose*

The following guidance is intended as a tool to help healthcare staff when dealing with opioid allergies. It is informational purposes only. Proper medical practice necessitates that all cases be evaluated on an individual basis and that treatment decisions be patient-specific and must consider the availability of drugs on the National Formulary.

9.2.2. *The Facts*

Patients commonly report an "allergy" to opioid medications, but fortunately true allergy remains rare. Often, a description of the patient's symptoms will reveal that the "allergy" is actually an intolerance to a known side effect of opioids, such as nausea or vomiting. However, a report of allergic symptoms, such as itching, hives, rash, or swelling, requires a thorough description of the reaction by the patient as well as information regarding previous opioid exposures. This information is important in order to determine the nature of the allergy and avoid labelling nonallergic patients allergic, and to assess the risk of cross-sensitivity with other opioids to guide future pain management.

9.2.3. *Symptoms to Consider*

Obtain a detailed description of the allergic symptoms from the patient. Match the reported symptoms to those listed in the table below:

Table 1. Match allergic symptoms and follow the instructions in the column to the right.

· Itching, hives, or flushing at injection or application site only · Itching, hives, flushing, sweating and/or mild hypotension only	Go to **"A."**
· Skin reaction other than itching, flushing or hives (i.e. Generalized rash) · Severe hypotension · Breathing, speaking, or swallowing difficulties · Swelling of face, lips, mouth, tongue, pharynx or larynx	Go to **"B."**

9.2.4. *Management Options*

A. – These symptoms may represent a **pseudoallergy**.

These reactions are usually a result of endogenous histamine release from cutaneous mast cells, a non-immunologic effect of some opioids. This reaction is dependent on opioid potency, dose, and route of administration. Lower potencies, higher dosages and parenteral administration of opioids more commonly produce symptoms of pseudoallergy. Management options for opioid pseudoallergy include the following.

Table 2. Management options for opioid pseudoallergy.

1	Use a nonopioid analgesic if appropriate (i.e. Acetaminophen or an NSAID)
2	Avoid most common opioids resulting in pseudoallergy (i.e., codeine, morphine, and meperidine)
3	Use a higher potency opioid, avoid parenteral administration, or reduce the administration rate. *Opioid potency from lowest to highest:* meperidine < codeine < morphine < hydrocodone < hydromorphone < fentanyl
4	Consider concurrent or pre-opioid administration of an H1 and H2 antihistamines (i.e., diphenhydramine and ranitidine).
5	Consider a dosage reduction of the current opioid, if tolerated.

B. – These symptoms may represent **true allergy**.

True opioid allergy is considered to be IgE-mediated and usually requires prior exposure to the opioid or a related opioid, unlike pseudoallergy. When choosing an analgesic for a patient reporting symptoms of a true opioid allergy, the benefits of using an opioid should be considered against the possible risk of a serious reaction. Management options following true opioid allergy include the following:

Table 3. Management options for true opioid allergy.

1	Use a nonopioid analgesic if appropriate (i.e., acetaminophen or an NSAID)
2	Consider the use of an opioid in a *different* structural class than the suspected agent(s) under close medical supervision. There are three main opioid structural classes: *Phenanthrenes*: codeine, hydrocodone, hydromorphone, morphine, pentazocine. *Phenylpiperidines*: fentanyl, meperidine *Diphenylheptanes*: methadone. Note: Due to rare occurence of true opioid allergy, the incidence of cross-reactivity between opioid classes is unknown. Patients may be allergic to opioids from more than one structural class.

References

1) Pharmacist's Letter 2006, #220201. **2)** Drugdex Consult: Opioid analgesics – cross allergenicity. Micromedex, February 2009. **3)** Tramadol HCL oral – Morphine and related allergy. Clin-eguide. Accessed May 2011. **4)** CPS 2011. **5)** Pharmactuel 2009;42(1): 77-86. **6)** J Palliative Med 2009;12(1) : 987. **7)** Allergy 2009;64: 1692. **8)** Québec Pharmacie 2009;56(6): 7-8. **9)** Eur J Clin Pharmacol 2005;60:901-3. **10)** Anesthesia 2008;63:433.

Appendix A. Formulary Drugs by AHFS Classification

The following appendices make up the listing of the CSC National Formulary. Products are generally listed by generic name in the listing with some of the more common brand names included as a reference. The **lowest cost equivalent** of a medication will be utilized at all times unless a non-formulary request has been approved for a higher cost equivalent.

Dosage forms are specified in the listing. If a dosage form of a product is not listed it is to be considered non-formulary.

Liquid formulations will be utilized only for those situations where solid dosage form is unacceptable (post surgery, unable to swallow, etc.).

Although not listed, **I.V. antibiotics** started in hospital and required to complete treatment are funded and need not be requested through the non-formulary process.

AHFS #	Category	Drug	Trade Name(s)	Dosage Form / Notes
04:00	**Antihistamine Drugs**			
04:04:00	Antihistamines	Cetirizine	Reactine	• tablet (10mg, 20mg)
		Diphenhydramine (restricted supply)	Benadryl	• capsule (25mg, 50mg) • injection (50mg/ml) • tablet (25mg, 50mg)
		Loratadine	Claritin	• tablet (10mg)
08:00	**Anti-Infective Agents**			
08:08:00	Anthelmintics	Mebendazole	Vermox	• tablet (100mg)
		Praziquantel	Biltracide	• tablet (600mg)
		Pyrantel pamoate	Combantrin	• tablet (125mg)
08:12:06	Cephalosporins	Cefaclor	Ceclor	• capsule (250mg, 500mg)
		Cefadroxil	Duricef	• capsule (500mg)
		Cefixime	Suprax	• tablet (400mg)
		Cefprozil	Cefzil	• tablet (250mg, 500mg)
		Cefuroxime axetil	Ceftin	• tablet (250mg, 500mg)
		Cephalexin	Keflex	• tablet (250mg, 500mg) • capsule (250mg)
08:12:12	Macrolides	Azithromycin	Zithromax	• tablet (250mg, 600mg)
		Clarithromycin	Biaxin film coated (XL formula not funded)	• tablet (250mg, 500mg film coated)
		Erythromycin	Eryc	• capsule enteric coated (250mg, 333mg) • tablet enteric coated (333mg) • tablet (250mg)
		Erythromycin ethylsuccinate	EES 600	• tablet (600mg)

AHFS #	Category	Drug	Trade Name(s)	Dosage Form / Notes
		Erythromycin stearate	Erythro-S	• tablet (250mg)
		Spiramycin	Rovamycin	• capsule (250mg)
08:12:16	Penicillins	Amoxicillin	Amoxil	• capsule (250mg, 500mg)
		Amoxicillin, clavulanic acid	Clavulin	• tablet (250mg & 125mg, • tablet (875mg & 125mg)
		Cloxacillin	Orbenin	• capsule (250mg, 500mg)
		Penicillin G Benzathine	Bicillin L-A	• 1,200,000 units / 2ml
		Penicillin V Potassium	Pen VK	• tablet (300mg)
08:12.18	Quinolones	Ciprofloxaxin HCL	Cipro (XL format not funded)	• tablet (250mg, 500mg, 750mg)
		Moxifloxacin	Avelox	• tablet (400mg)
		Norfloxacin	Noroxin	• tablet (400mg)
		Levofloxacin	Levaquin	• tablet (250mg, 500mg, 750mg)
08:12.20	Sulfonamides	Sulfamethoxazole		• tablet (500mg)
		Sulfamethoxazole, trimethoprim	Bactrim / Bactrim DS Septra / Septra DS	• tablet (400mg/80mg) • tablet (800mg/160mg)
		Sulfasalazine	Salazopyrin	• tablet enteric coated (500mg) • tablet (500mg)
08:12:24	Tetracyclines	Doxycycline	Vibramycin	• capsule (100mg) • tablet (100mg)
		Minocycline HCL	Minocin	• capsule (50mg, 100mg)
		Tetracycline HCL	Tetracyn	• capsule (250mg) • tablet (250mg)
08:12:28	Miscellaneous Antibiotics	Clindamycin HCL	Dalacin	• capsule (150mg, 300mg)
		Fusidate sodium	Fucidin	• tablet (250mg)
		Rifaximin (criteria)	Zaxine	• tablet (550mg)
		Vancomycin HCL	Vancocin	• capsule (125mg, 250mg)
08:14.04	Allylamines	Terbinafine HCL	Lamisil	• tablet (250mg)
08:14.08	Azoles	Fluconazole	Diflucan	• tablet (50mg, 100mg)
		Itraconazole	Sporanox	• capsule (100mg)
		Ketoconazole	Nizoral	• tablet (200mg)
		Voriconazole (criteria)	VFEND	• tablet (50mg, 200mg)

AHFS #	Category	Drug	Trade Name(s)	Dosage Form / Notes
08:14.28	Polyenes	Nystatin	Mycostatin	• suspension (100,000u/ml) • tablet (500,000u)
08:16.04	Antituberculosis agents	Ethambutol HCL	Etibi	• tablet (100mg, 400mg)
		Isoniazid	Isotamine	• tablet (50mg, 300mg)
		Pyrazinamide	Tebrazyd	• tablet (500mg)
		Rifabutin	Mycobutin	• capsule (150mg)
		Rifampin	Rifadin Rofact	• capsule (150mg) • capsule (300mg)
08:18.04	Adamantanes	Amantadine	Symmetrel	• capsule (100mg)
08:18.08	Antiviral Agents	Abacavir	Ziagen	• tablet (300mg)
		Abacavir, Lamivudine	Kivexa	• tablet (600mg/300mg)
		Abacavir, Lamivudine, Zidovudine	Trizivir	• tablet (300mg/150mg/ 300mg)
		Atazanavir sulfate	Reyataz	• capsule (150mg, 200mg, 300mg)
		Darunavir	Prezista	• tablet (600mg, 800mg)
		Darunavir, cobicistat	Prezcobix	• tablet (800mg/150mg)
		Didanosine	Videx EC	• capsule (125mg, 200mg, 250mg, 400mg)
		Dolutegravir	Tivicay	• tablet (50mg)
		Dolutegravir, abacavir, lamivudine	Triumeq	• tablet (50mg/600mg/ 300mg)
		Efavirenz	Sustiva	• capsule (50mg, 100mg, 200mg, 600mg)
		Efavirenz, emtricitabine, tenofovir disoproxil fumarate	Atripla	• tablet (600mg/200mg/ 300mg)
		Emtricitabine, tenofovir disoproxil fumarate	Truvada	• tablet (200mg/300mg)
		Fosamprenavir calcium	Telzir	• tablet (700mg)
		Indinavir sulfate	Crixivan	• capsule (200mg, 400mg)
		Lamivudine	Heptovir 3TC	• tablet (100mg, 150mg, 300mg)
		Lamivudine, zidovudine	Combivir	• tablet (150mg/300mg)
		Lopinavir, ritonavir	Kaletra	• tablet (100mg/25mg) • tablet (200mg/50mg)
		Maraviroc (criteria)	Celsentri	• tablet (150mg, 300mg)

AHFS #	Category	Drug	Trade Name(s)	Dosage Form / Notes
		Nelfinavir mesylate	Viracept	• tablet (250mg, 625mg)
		Nevirapine	Viramune	• tablet (200mg)
		Raltegravir	Isentress	• tablet (400mg)
		Rilpivirine	Edurant	• tablet (25mg)
		Rilpivirine, emtricitabine, tenofovir	Complera	• tablet (25mg/200mg/300mg)
		Ritonavir	Norvir Sec	• capsule (100mg)
		Saquinavir mesylate	Invirase	• capsule (200mg) • tablet (500mg)
		Stavudine	Zerit	• capsule (15mg, 20mg, 30mg, 40mg)
		Tenofovir disoproxil fumarate	Viread	• tablet (245mg)
		Tipranavir	Aptivus	• capsule (250mg)
		Zidovudine	Retrovir	• capsule (100mg)
08:18.08.12	Nucleoside and Nucleotide Reverse Transcriptase Inhibitors	Cobicistat, emtricitabine, elvitegravir, tenofovir disoproxil fumarate (criteria)	Stribild	• tablet (150mg/200mg/150mg/300mg)
08:18.08.16	Nonnucleoside Reverse Transcriptase Inhibitors	Etravirine (criteria)	Intelence	• tablet (25mg, 100mg, 200mg)
08:18.20	Interferons	Peginterferon Alfa-2A	Pegasys	• injection (180mcg/0.5ml) • injection (180mcg/1ml) • Proclick (autoinjector)
		Peginterferon Alfa-2A, ribavirin	Pegasys RBV	• injection & tablet (180mcg/0.5ml & 200mg) • injection & tablet (180mcg/1ml & 200mg) • Proclick (autoinjector)
		Peginterferon Alfa-2B	Unitron Peg	• injection (74mcg, 118.4mcg, 177.6mcg, 222mcg/vial)

AHFS #	Category	Drug	Trade Name(s)	Dosage Form / Notes
		Peginterferon Alfa-2B, ribavarin	Pegetron Pegetron Repiden	• injection & capsule (50mcg/0.5ml & 200mg) • injection & capsule (80mcg/0.5ml & 200mg) • injection & capsule (100mcg/0.5ml & 200mg) • injection & capsule (120mcg/0.5ml & 200mg) • injection & capsule (150mcg/0.5ml & 200mg)
08:18.28	Neuraminidase Inhibitors	Oseltamivir phosphate (criteria)	Tamiflu	• capsule (75mg)
		Zanamivir (criteria)	Relenza	• powder for inhalation (5mg/g)
08:18.32	Nucleosides and nucleotides	Acyclovir	Zovirax	• tablet (200mg, 800mg)
		Adefovir dipivoxil	Hepsera	• tablet (10mg)
		Entecavir	Baraclude	• tablet (0.5mg)
		Famciclovir	Famvir	• tablet (125mg, 250mg, 500mg)
		Ganciclovir sodium	Cytovene	• injection (500mg)
		Ribavirin	Ibavyr	• tablet (200mg, 400mg, 600mg)
		Valacyclovir HCL	Valtrex	• tablet (500mg)
		Valganciclovir HCL	Valcyte	• tablet (450mg)
8 :18:40. 16	HCV Polymerase Inhibitor	Sofosbuvir (criteria)	Sovaldi	• tablet (400mg)
		Sofosbuvir + ledipasvir (criteria)	Harvoni	• tablet (400mg/90mg)
		Ombitasvir/ Paritaprevir/ Ritonavir + Dasabuvir (criteria)	Holkira	• tablet (12.5mg/75mg/50mg/250mg)
8 :18.40. 20	HCV Protease Inhibitors	Boceprevir (criteria)	Victrelis	• capsule (200mg)
		Simeprevir (criteria)	Galexos	• tablet (150mg)
08:26:00	Sulfones	Dapsone	Avlosulfon	• tablet (100mg)
08:30.04	Ambicides	Diodohydroxyquin	Diodoquin	• tablet (210mg, 650mg)
		Paromomycin sulphate	Humatin	• capsule (250mg)
08:30.08	Antimalarials	Quinine sulphate	Quinine sulphate	• capsule (300mg)
		Chloroquine diphosphate	Aralen	• tablet (250mg)

AHFS #	Category	Drug	Trade Name(s)	Dosage Form / Notes
		Hydroxychloroquine sulphate	Plaquenil	• tablet (200mg)
		Primaquine phosphate	Primaquine	• tablet (26.3mg)
		Pyrimethamine	Daraprim	• tablet (25mg)
08:30.92	Miscellaneous antiprotozoals	Atovaquone	Mepron	• suspension (150mg/ml)
		Metronidazole	Flagyl	• tablet (250mg)
		Pentamidine isethionate	Pentamidine	• injection (300mg/vial)
08:36:00	Urinary Anti-Infectives	Nitrofurantoin	Macrodantin Macrobid	• capsule (50mg, 100mg) • tablet (50mg, 100mg)
		Trimethoprim	Trimethoprim	• tablet (100mg)
10:00	Antineoplastic Agents			
10:00:00	Antineoplastic agents	Anastrozole	Arimidex	• tablet (1mg)
		Bicalutamide	Casodex	• tablet (50mg)
		Buserelin acetate	Superfact Superfact Depot	• injection (1mg/ml) • nasal solution (1mg/ml) • subcutaneous injection (6.3mg/implant) • subcutaneous injection (9.45mg/implant)
		Busulfan	Myleran	• tablet (2mg)
		Capecitabine	Xeloda	• tablet (150mg, 500mg)
		Chlorambucil	Leukeran	• tablet (2mg)
		Cyclophosphamide	Cytoxan Procytox	• tablet (25mg, 50mg)
		Cyproterone acetate	Androcur	• tablet (50mg)
		Erlotinib hydrochloride	Tarceva	• tablet (100mg, 150mg)
		Etoposide	Vepesid	• capsule (50mg)
		Exemestane	Aromasin	• tablet (25mg)
		Fludarabine phosphate	Fludara	• tablet (10mg)
		Flutamide	Euflex	• tablet (250mg)
		Goserelin acetate	Zoladex Zoladex LA	• depot injection (3.6mg, 10.8mg)
		Hydroxyurea	Hydrea	• capsule (500mg) • tablet (500mg)
		Imatinib mesylate (criteria)	Gleevec	• capsule (100mg) • tablet (100mg, 400mg)
		Interferon Alfa-2A	Roferan-A	• injection (9,000,000iu/ml)

AHFS #	Category	Drug	Trade Name(s)	Dosage Form / Notes
		Interferon Alfa-2B	Intron-A	• injection (6,000,000iu/ml, 10,000,000iu/ml, 15,000,000iu/ml, 25,000,000iu/ml, 50,000,000iu/ml) • injection (10,000,000iu/vial, 18,000,000iu/vial)
		Letrozole	Femara	• tablet (2.5mg)
		Leuprolide acetate	Eligard Lupron Depot	• injection (3.75mg, 7.5mg, 11.25mg, 22.5mg, 30mg, 45mg/vial)
		Lomustine	Ceenu	• capsule (10mg, 40mg, 100mg)
		Megestrol acetate	Megace	• tablet (40mg, 160mg)
		Melphalan	Alkeran	• tablet (2mg)
		Mercaptopurine	Purinethol	• tablet (50mg)
		Methotrexate sodium	Methotrexate	• injection (pre-filled syringe only) • tablet (2.5mg)
		Mitotane	Lysodren	• tablet (500mg)
		Nilutamide	Anandron	• tablet (50mg)
		Procarbazine HCL	Natulan	• capsule (50mg)
		Rituximab (criteria)	Rituxan	• injection (10mg/ml)
		Sunitinib malate	Sutent	• capsule (12.5mg, 25mg, 50mg)
		Tamoxifen citrate	Tamoxen	• tablet (10mg)
		Temozolomide (criteria)	Temodal	• capsule (5mg, 20mg, 100mg, 250mg)
		Thioguanine	Lanvis	• tablet (40mg)
		Tretinoin	Vesanoid	• capsule (10mg)
		Triptorelin pamoate	Trelstar Trelstar LA	• injection (3.75mg/vial, 11.258mg/vial)
		Vincristine sulphate	Vincristine	• injection (1mg/ml)
12:00:00	Autonomic Agents			
12:04:00	Parasympatho-mimetic Agents	Bethanechol chloride	Duvoid	• tablet (10mg, 25mg, 50mg)
		Donezepil HCL (criteria)	Aricept	• tablet (5mg, 10mg)
		Galantamine (criteria)	Reminyl	• extended release capsule (8mg, 16mg, 24mg)

AHFS #	Category	Drug	Trade Name(s)	Dosage Form / Notes
		Neostigmine bromide	Progstigmin	• tablet (15mg)
		Pyridostigmine	Mestinon SR Mestinon	• tablet (60mg) • sustained release tablet (180mg)
		Rivastigmine (criteria)	Exelon	• capsule (1.5mg, 3mg, 4.5mg, 6mg)
12:08:08	Antimuscarinics/ Antispasmodics	Atropine sulfate	Atropine	• injection (0.6mg/ml)
		Atropine sulfate monohydrate	Atropine sulfate monohydrate	• injection (0.1mg/ml)
		Dicyclomine	Bentylol	• tablet (10mg)
		Glycopyrrolate	Glycopyrrolate	• injection (0.2mg/ml)
		Hyoscine butylbromide	Buscopan	• tablet (10mg) • injection (20mg/ml)
		Ipratropium bromide	Atrovent	• inhalation solution (250mcg/ml multi-dose) • inhalation solution (125mcg/ml, 250mcg/ml-unit dose) • inhaler HFA (20mcg/inhalation) • nasal spray (0.03%, 0.06%)
		Pinaverium bromide	Dicetel	• tablet (50mg, 100mg)
		Scopolamine hydrobromide	Scopolamine	• injection (0.4mg/ml, 0.6mg/ml)
12:12.04	Alpha adrenergic agonists	Midodrine HCL	Amatine	• tablet (2.5mg, 5mg)
12:12.08	Beta adrenergic agonists	Formoterol fumarate dihydrate, budesonide	Symbicort turbuhaler	• inhaler (6mcg & 100mcg/inhalation) (6mcg & 200mcg/inhalation)
		Salbutamol	Ventolin	• inhalation solution (5mg/ml) • inhalation solution (1mg/ml, 2mg/ml-unit dose) • inhaler HFA (100mcg/inhalation) • capsule (400mcg powder for inhalation) • disk (200mcg, 400mcg powder for inhalation) • tablet (2mg)
12:12.08.12	Selective Beta 2-adrenergic agonists	Indacaterol maleate	Onbrez (Patients also receving Seebri should be switched to UtibroBreezhaler)	• breezhaler (75µG)

AHFS #	Category	Drug	Trade Name(s)	Dosage Form / Notes
12:12.08.12 & 12:08.08	Selective Beta 2-adrenergic agonists & Antimuscarinic/ antispasmotic	Indacaterol maleate + Glycopyrronium Bromide (criteria)	Ultibro Breezhaler	• breezhaler (50ug/110ug)
12:12.12	Alpha and Beta adrenergic agonists	Epinephrine	Adrenalin Epipen	• injection (1/1000 (1mg/ml) • injection (0.3mg)
12:16:00	Sympatholytic Agents	Dihydroergotamine	Dihydroergotamine Migranal	• injection (1mg/ml) • nasal spray (4mg/ml)
12:20.04	Central acting skeletal muscle relaxants	Cyclobenzaprine HCL (restriction – 5 days supply)	Flexeril	• tablet (10mg)
		Methocarbamol (restriction – 5 days supply)	Robaxin	• tablet (500mg)
12:20.12	Gaba-derivative skeletal muscle relaxant	Baclofen (criteria)	Lioresal	• tablet (10mg)
		Tizanidine HCL (criteria)	Zanaflex	• tablet (4mg)
20:00:00	Blood Formation Coagulation and Thrombosis			
20:04.04	Iron Preparations	Ferrous fumarate	Palafer	• suspension (300mg/5ml)
		Ferrous gluconate	Fergon	• tablet (300mg) • suspension (300mg/5ml)
		Ferrous sulfate	Ferrous sulfate Fer-In-Sol	• tablet (300mg) • suspension (150mg/5ml)
		Iron dextran	Dexiron Infufer	• injection (50mg/ml)
20:12.04	Anticoagulants	Dabigatran (criteria)	Pradaxa	• tablet (75mg, 110mg, 150mg)
		Dalteparin sodium	Fragmin	• injection (10,000iu/0.4ml) • injection (10,000iu/ml) • injection (12,500iu/0.5ml) • injection (15,000iu/0.6ml) • injection (18,000iu/0.72ml) • injection (2,500iu/0.2ml pre-filled syringe) • injection (5,000iu/0.2ml pre-filled syringe)

AHFS #	Category	Drug	Trade Name(s)	Dosage Form / Notes
		Enoxaparin sodium	Lovenox	• injection • 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/1.0ml, 120mg/0.8mg, 150mg/1.0ml, 300mg/3ml
		Heparin sodium	Hepalean Hepalean lock flush	• injection • 1,000u/ml – 10,000u/ml* • lock flush • 10u/ml – 100u/ml *10,000u/ml must be provided in patient's name.
		Nadroparin calcium	Fraxiparine Fraxiparine Forte	• injection • 9,500iu/ml – 19,000iu/ml
		Nicoumalone	Sintron	• tablet (1mg, 4mg)
		Tinzaparin sodium	Innohep	• injection 10,000iu/ml (2ml) • injection 20,000iu/ml (2ml) • injection (20,000iu/ml – graduated syringe) • pre-filled syringe (10,000iu/ml) • pre-filled syringe (20,000iu/ml)
		Warfarin sodium	Coumadin	• tablet (1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg)
20:12.04.14	Direct Factor Xa Inhibitors	Apixaban (criteria)	Eliquis	• tablet (2.5mg, 5mg)
20:12.04.92	Miscellaneous Anticoagulatns	Rivaroxaban (criteria)	Xarelto	• tablet (10mg, 15mg)
20:12.18	Platelet aggregation inhibitors	Anagrelide HCL	Agrylin	• capsule (0.5mg)
		Clopidrogel bisulfate	Plavix	• tablet (75mg)
		Ticlopidine HCL	Ticlid	• tablet (250mg)
20:16:00	Hematopoietic Agents	Darbepoetin alfa	Aranesp	• injection • 25mcg/ml • 40mcg/ml • 100mcg/ml • 200mcg/ml • 500mcg/ml

AHFS #	Category	Drug	Trade Name(s)	Dosage Form / Notes
		Epoetin alfa	Eprex	• injection (5,000iu/ml, 20,000iu/ml) • pre-filled syringe • 1,000iu/0.5ml • 2,000iu/0.5ml • 3,000iu/0.3ml • 4,000iu/0.4ml • 6,000iu/0.6ml • 8,000iu/0.8ml • 10,000iu/ml • 40,000iu/ml
		Filgrastim	Neupogen	• injection • 300mcg/ml • 480mcg/1.6ml
		Pegfilgrastim	Neulasta	• injection (10mg/ml)
20:24:00	Hemorheologic Agents	Pentoxifylline	Trental	• sustained release tablet (400mg)
20:28.16	Hemostatics	Tranexamic acid	Cyclokapron	• tablet (500mg)
24:00:00	Cardiovascular Drugs			
24:00:04	Antiarrhythmic agents	Amiodarone HCL	Cordarone	• tablet (100mg, 200mg)
		Disopyramide	Rythmodan Rythmodan LA	• capsule (100mg, 150mg) • tablet (250mg)
		Flecainide acetate	Tambocor	• tablet (100mg)
		Mexiletine	Mexiletine	• capsule (100mg, 200mg)
		Procainamide HCL	Procan SR	• sustained release tablet • (250mg, 500mg)
		Propafenone hydrochloride	Rythmol	• tablet (150mg)
24:04.08	Cardiotonic agents	Digoxin	Lanoxin	• tablet (0.0625mg, 0.125mg, 0.25mg)
24:06:04	Bile acid sequestrants	Cholestyramine resin	Questran light	• powder (4g)
		Colestipol HCL	Colestid	• granules (5g) • tablet (1g)
24:06.05	Cholesterol absorption inhibitors	Ezetimibe	Ezetrol	• tablet (10mg)
24:06.06	Fibric acid derivatives	Bezafibrate	Bezalip SR Bezalip	• tablet 400mg SR • tablet 200mg
		Fenofibrate	Lipidil Micro	• capsule (67mg, 100mg, 200mg)
		Gemfibrozil	Lopid	• capsule (300mg) • tablet (600mg)

AHFS #	Category	Drug	Trade Name(s)	Dosage Form / Notes
24:06.08	HMG-COA reductase inhibitors	Atorvastatin	Lipitor	• tablet (10mg, 20mg, 40mg, 80mg)
		Rosuvastatin calcium	Crestor	• tablet (5mg, 10mg, 20mg, 40mg)
		Simvastatin	Zocor	• tablet (5mg, 10mg)
24:06.92	Miscellaneous antilipemic agents	Nicotinic acid	Niaspan FCT	• tablet (500mg, 750mg, 1000mg)
24:08.16	Central alpha-agonists	Clonidine HCL	Catapres Dixarit	• tablet (0.025mg, 0.1mg, 0.2mg)
		Methyldopa	Aldomet	• tablet (125mg, 250mg)
		Methyldopa	Methazide	• tablet (250mg & 15mg, 250mg & 25mg)
24:08.20	Direct vasodilators	Diazoxide	Proglycem	• capsule (100mg)
		Hydralazine HCL	Apresoline	• tablet (10mg, 25mg, 50mg)
		Minoxidil	Loniten	• tablet (2.5mg, 10mg)
24:12.00	Vasodilating agents	Isosorbide-5-monohydrate	Imdur	• tablet (60mg)
24:12.08	Nitrates and nitrites	Isosorbide dinitrate	Isordil	• sublingual tablet (5mg) • tablet (10mg, 30mg)
		Nitroglycerin	Nitrol Nitro-dur Transderm nitro Minitran Nitrolingual spray Nitrostat	• ointment (2%) • patch (0.2mg, 0.4mg, 0.6mg, 0.8mg) • spray (0.4mg) • sublingual tablet ((0.3mg, 0.6mg)
24:12.92	Miscellaneous vasodilating agents	Dipyridamole	Persantine	• tablet (25mg, 50mg)
24:20.00	Alpha adrenergic blocking agents	Alfuzosin hydrochloride (criteria)	Xatral	• sustained release tablet (10mg)
		Tamsulosin HCL	Flomax	• long acting capsule (0.4mg)
		Prazosin HCL	Minipress	• tablet (1mg, 2mg)
		Terazosin HCL	Hytrin	• tablet (1mg, 2mg, 10mg)
24:24.00	Beta adrenergic blocking agents	Acebutolol HCL	Monitan Rhotral Sectral	• tablet (100mg, 200mg)
		Atenolol	Tenormin	• tablet (25mg, 50mg)
		Atenolol/Chlorthalidone	Tenoretic	• tablet • 50mg &25mg, • 100mg & 25mg
		Bisoprolol fumarate	Monocor	• tablet (5mg, 10mg)

AHFS #	Category	Drug	Trade Name(s)	Dosage Form / Notes
		Carvedilol	Coreg	• (tablet 3.125mg, 6.25mg, 25mg)
		Labetalol HCL	Trandate	• tablet (100mg, 200mg)
		Metoprolol tartrate	Betaloc durules Lopresor SR Betaloc Lopresor	• tablet SR (100mg, 200mg) • tablet (25mg, 50mg, 100mg)
		Nadolol	Corgard	• tablet (40mg)
		Oxprenolol HCL	Trasicor	• tablet (40mg, 80mg)
		Pindolol	Visken	• tablet (5mg, 10mg)
		Propranolol HCL	Inderal LA Inderal	• long acting capsule (60mg, 80mg, 120mg, 160mg) • tablet (10mg, 20mg, 40mg, 80mg, 120mg)
		Sotalol HCL	Sotacor	• tablet (80mg, 160mg)
		Timolol maleate	Blocadren	• tablet (5mg, 10mg, 20mg)
24:28.08	Dihydropyridines	Amlodipine	Norvasc	• tablet (5mg, 10mg)
		Felodipine	Plendil	• tablet (2.5mg, 5mg, 10mg)
		Nifedipine	Adalat Adalat XL	• capsule (5mg, 10mg) • extended release tablet (20mg, 30mg, 60mg)
24:28.92	Miscellaneous calcium channel blocking agents	Diltiazem HCL	Cardiazem CD Cardizem	• controlled delivery capsule (120mg, 180mg, 240mg, 300mg) • tablet (30mg, 60mg)
		Verapamil HCL	Isoptin SR Isoptin	• sustained release tablet (120mg, 180mg, 240mg) • tablet (80mg, 120mg)
24:32.04	Angiotensin converting enzyme inhibitors	Captopril	Capoten	• tablet (6.25mg, 12.5mg, 25mg, 50mg)
		Ramipril	Altace	• capsule (1.25mg, 2.5mg, 5mg, 10mg, 15mg)
24:32.08	Angiotensin II receptor antagonists	Valsartan	Diovan	• tablet (40mg, 80mg, 160mg, 320mg)
24:32.20	Mineralocorticoid e (Aldosterone) Receptor antagonists	Spironolactone	Aldactone	• tablet (25mg, 100mg)

AHFS #	Category	Drug	Trade Name(s)	Dosage Form / Notes
28:00	Central Nervous System Agents			
28:08:04	Non-steroidal Anti-inflammatory Agents	Acetylsalicylic acid	Asaphen Entrophen	• chewable tablet (80mg) • enteric coated tablet (81mg, 325mg, 650mg) • suppository (650mg) • tablet (325mg)
		Celecoxib (criteria)	Celebrex	• capsule (100mg, 200mg)
		Diclofenac sodium	Voltaren	• enteric coated tablet (25mg, 50mg) • suppository (50mg, 100mg) • SR tablet (75mg, 100mg)
		Diclofenac sodium/misoprostol	Arthrotec	• tablet (50mg EC/200mcg, 75mg/200mcg)
		Floctafenine	Idarac	• tablet (200mg, 400mg)
		Ibuprofen	Advil Motrin	• tablet (200mg, 400mg, 600mg)
		Indomethacin	Indocid	• capsule (25mg, 50mg) • suppository (50mg, 100mg)
		Ketorolac (restriction of 7 days for tablet)	Toradol	• tablet (10mg) • injection (10mg/ml, 30mg/ml)
		Mefenamic acid	Ponstan	• capsule (250mg)
		Meloxicam	Mobicox	• tablet (7.5mg, 15mg)
		Naproxen	Naprosyn	• enteric coated tablet (250mg, 375mg, 500mg) • suppository (500mg) • tablet (250mg, 375mg, 500mg)
		Piroxicam	Feldene	• capsule (10mg, 20mg)
28:08:08	Opiate agonists	Acetaminophen, caffeine, codeine phosphate	Atasol15 Tylenol 2	• tablet • 300mg & 15mg & 15mg • 300mg & 30mg & 30mg
			Atasol 30 Tylenol 3	• tablet • 300mg & 30mg & 30mg • 300mg & 30mg & 30mg
		Codeine phosphate	Codeine syrup	• syrup (5mg/ml)

AHFS #	Category	Drug	Trade Name(s)	Dosage Form / Notes
		Fentanyl (criteria)	Duragesic	• patch (12mcg/h, 25mcg/h, 50mcg/h, 75mcg/h, 100mcg/h)
		Methadone (CSC-program)	Diluted in juice	• diluted in juice
		Morphine sulfate	Morphine sulfate Kadian MOS Statex	• injection (10mg/ml) • sustained release capsule (10mg, 20mg, 50mg, 100mg) • Tablet (5mg, 10mg, 20mg, 25mg, 30mg, 50mg)
28:08.12	Opiate partial agonists	Buprenorphine / Naloxone (criteria)	Suboxone	• sublingual tablets (2mg/0.5mg and 8mg/2mg)
28:08.92	Miscellaneous analgesics and antipyretics	Acetaminophen	Tylenol Abenol	• tablet / caplet (500mg) • suppository 650mg
28:10.00	Opiate antagonists	Naloxone	Narcan	• injection (0.4mg/ml)
28:12.04	Anticonvulsants-Barbiturates	Phenobarbital	Phenobarb	• tablet (15mg, 30mg, 60mg, 100mg)
		Primidone	Mysoline	• tablet (125mg, 250mg)
28:12.08	Anticonvulsants-Benzodiazepines	Clonazepam (restriction)	Rivotril	• tablet (0.25mg, 0.5mg, 1mg, 2mg)
28:12.12	Anticonvulsants-Hydantoins	Phenytoin	Dilantin	• capsule (30mg, 100mg) • injection (50mg/ml)
28:12.20	Anticonvulsants-Succinimides	Ethosuximide	Zarontin	• capsule (250mg) • syrup (50mg/ml)
28:12.92	Miscellaneous anticonvulsants	Carbamazepine	Tegretol CR Tegretol	• sustained release tablet (200mg, 400mg) • tablet (200mg)
		Divalproex sodium	Epival	• enteric coated tablet (125mg, 250mg, 500mg)
		Eslicarbazepine acetate	Aptiom	• tablet (200 mg, 400 mg, 600 mg, 800 mg)
		Gabapentin (criteria)	Neurontin	• tablet (600mg, 800mg)
		Lacosamide (criteria)	Vimpat	• tablet (50mg, 100mg, 150mg, 200mg) • injection (10mg/ml)
		Lamotrigine	Lamictal	• tablet (25mg, 100mg, 150mg)
		Levetiracetam (criteria)	Keppra	• tablet (250mg, 500mg, 750mg)
		Oxcarbazepine (criteria)	Trileptal	• tablet (150mg, 300mg, 600mg)

AHFS #	Category	Drug	Trade Name(s)	Dosage Form / Notes
		Topiramate	Topamax	• tablet (25mg, 50mg, 100mg, 200mg)
		Valproic acid	Depakene	• 250mg/5mg
		Vigabatrin	Sabril	• tablet (500mg)
28:16:04	Antidepressants	Amitriptyline	Elavil	• tablet (10mg, 25mg, 50mg, 75mg)
		Bupropion (criteria)	Wellbutrin	• tablet (150mg)
		Citalopram	Celexa	• tablet (10mg, 20mg, 40mg)
		Clomipramine	Anafranil	• tablet (10mg, 25mg, 50mg)
		Desipramine	Desipramine	• tablet (10mg, 25mg, 50mg, 75mg, 100mg)
		Doxepin HCL	Sinequan	• capsule (10mg, 25mg, 50mg, 75mg, 100mg, 150mg)
		Duloxetine	Cymbalta	• delayed-release capsules (30mg, 60mg)
		Escitalopram oxalate	Cipralex	• tablet (10mg, 20mg)
		Fluoxetine HCL	Prozac	• capsule (10mg, 20mg)
		Fluvoxamine maleate	Luvox	• tablet (50mg, 100mg)
		Imipramine HCL	Imipramine HCL	• tablet (10mg, 25mg)
		Maprotiline HCL	Maprotiline HCL	• tablet (25mg, 50mg, 75mg)
		Mirtazapine	Remeron	• orally disintegrated tablet (15mg, 30mg, 45mg) • tablet (15mg, 30mg, 45mg)
		Moclobemide	Manerix	• tablet (100mg, 150mg)
		Nortriptyline HCL	Aventyl	• capsule (10mg, 25mg)
		Paroxetine HCL	Paxil	• tablet (10mg, 20mg, 30mg, 40mg)
		Phenelzine sulfate	Nardil	• tablet (15mg)
		Sertraline	Zoloft	• capsule (25mg, 50mg, 100mg)
		Tranylcypromine sulfate	Parnate	• tablet (10mg)
		Trazodone HCL	Desyrel	• tablet (50mg, 75mg, 100mg, 150mg)
		Trimipramine maleate	Surmontil	• capsule (75mg) • tablet (12.5mg, 25mg, 50mg, 100mg)

AHFS #	Category	Drug	Trade Name(s)	Dosage Form / Notes
		Venlafaxine HCL	Effexor	• sustained release capsule (37.5mg, 75mg, 150mg)
28:16:08	Antipsychotic agents	Chlorpromazine	Largactil	• injection (25mg/ml) • tablet (25mg, 50mg, 100mg)
		Flupenthixol decanoate (criteria)	Fluanxol Depot	• injection (20mg/ml, 100mg/ml)
		Flupenthixol dihydrochloride	Fluanxol	• tablet (0.5mg, 3mg)
		Fluphenazine (criteria)	Modecate	• injection (25mg/ml, 100mg/ml)
		Fluphenazine	Fluphenazine	• tablet (1mg, 2mg, 5mg)
		Haloperidol	Haldol	• injection (5mg/ml) • tablet (0.5mg, 1mg, 2mg, 5mg)
		Haloperidol	Haldol LA	• injection (50mg/ml, 100mg/ml)
		Loxapine succinate	Loxapac	• tablet (2.5mg 5mg, 10mg, 25mg, 50mg)
		Methotrimeprazine	Nozinan	• tablet (2mg, 5mg, 25mg, 50mg) • injection (25mg/ml)
		Perphenazine	Trilafon	• tablet (2mg, 4mg, 16mg)
		Pimozide	Orap	• tablet (2mg, 4mg)
		Pipotiazine palmitate	Piportil L4	• injection (25mg/ml, 50mg/ml)
		Prochlorperazine	Stemetil	• injection (5mg/ml) • suppository (10mg) • tablet (5mg, 10mg)
		Thiothixene	Navane	• tablet (1mg, 2mg, 5mg)
		Trifluoperazine HCL	Stelazine	• tablet (10mg, 20mg)
		Zuclopenthixol dihydrochloride	Clopixol	• tablet (10mg, 25mg)
		Zuclopenthixol acetate	Clopixol Accuphase	• injection (50mg/ml)
		Zuclopenthixol decanoate	Clopixol Depot	• injection (200mg/ml)
28:16:08.04	Atypical Antipsychotics	Aripiprazole (criteria)	Abilify	• tablet (2mg, 5mg, 15mg)
		Asenapine maleate (criteria)	Saphris	• sublingual tablet (5mg, 10mg)
		Clozapine (criteria)	Clozaril	• tablet (25mg, 50mg, 100mg, 200mg)
		Lurasidone (criteria)	Latuda	• tablet (40mg, 80mg)

AHFS #	Category	Drug	Trade Name(s)	Dosage Form / Notes
		Olanzapine **Warning for injection (do not use benzodiazepines or other CNS depressants with IM olanzapine because of increased risk of cardiorespitory depression, hypotension and bradycardia)**	Zyprexa Zydis Zyprexa Zyprexa IM	• orally disintegrating tablet (5mg, 10mg, 15mg) • tablet (2.5mg, 5mg, 7.5mg, 10mg, 15mg) • injection (10mg IM) **Warning**
		Paliperidone	Invega Sustenna	• IM injection
		Quetiapine fumarate (criteria)	Seroquel	• tablet (25mg, 100mg, 150mg, 200mg, 300mg)
		Risperidone	Risperdal Risperdal Consta	• orally disintegrating tablet (0.5mg, 1mg, 2mg, 3mg, 4mg) • tablet (0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg, 10mg) • IM injection
		Ziprasidone HCL (criteria)	Zeldox	• capsule (20mg, 40mg, 60mg, 80mg)
28:19.92	Miscellaneous Anticonvulsants	Perampanel (criteria)	Fycompa	• tablet (4mg, 6mg)
28:20:04	Amphetamines	Dextroamphetamine sulfate	Dexedrine	• immediate release tablet (5mg)
		Lisdexamfetamine dimesylate	Vyvanse	• long acting capsule (20mg, 30mg, 60mg)
28:20.92	Miscellaneous anorexigenic agents & respitory & cerebral stimulants	Methylphenidate HCL	Ritalin	• immediate release tablet (5mg, 10mg, 20mg)
28:24.08	Anxiolytics sedatives and hypnotics – Benzodiazepines	Clobazam	Frisium	• tablet (10mg)
		Diazepam	Valium	• injection (5mg/ml)
		Lorazepam (criteria)	Ativan	• tablet (0.5mg, 1mg, 2mg) • sublingual tablet (1mg) • injection (4mg/ml)
		Midazolam	Midazolam	• injection (1mg/ml, 5mg/ml)
28:24.92	Miscellaneous anxiolytics, sedatives and hypnotics	Buspirone	Buspar	• tablet (10mg)
		Hydroxyzine HCL (restriction)	Atarax	• capsule (10mg, 25mg, 50mg)

AHFS #	Category	Drug	Trade Name(s)	Dosage Form / Notes
28:28:00	Antimanic Agents	Lithium carbonate	Carbolith	• capsule (150mg, 300mg, 600mg)
		Lithium citrate	Lithium citrate	• 300mg carbonate eq/5ml
		L-Tryptophan (criteria)	Tryptan	• tablet (250mg, 500mg, 1g)
28:32.28	Selective serotonin agonists	Sumatriptan hemisulfate	Imitrex nasal spray	• nasal spray (20mg)
		Sumatriptan succinate	Imitrex injection Imitrex	• injection (12mg/ml) • tablet (50mg, 100mg)
28:36.08	Antiparkinsonian agents – Antocholinergic agents	Benztropine mesylate	Cogentin	• injection (1mg/ml) • tablet (2mg)
		Procyclidine HCL	Kemadrin	• tablet (2.5mg, 5mg)
		Trihexyphenidyl HCL	Artane	• tablet (2mg, 5mg)
28:36.12	Antiparkinsonian agents-Catechol-Omethyltransferase (Compt) inhibitors	Entacapone	Comptan	• tablet (200mg)
28:36.16	Antiparkinsonian agents-Dopamine precursors	Levodopa-benzerazide	Prolopa	• capsule • 50mg & 12.5mg • 100mg & 25mg • 200mg & 50mg
		Levodopa, Cardidopa	Sinemet	• controlled release tablet • 100mg & 25mg • 200mg & 50mg • tablet 100mg & 10mg • 250mg & 25mg
28:36.20	Antiparkinsonian agents-Dopamine receptor agonists	Bromocriptine mesylate	Parlodel	• tablet (2.5mg)
		Pramipexole dihydrochloride	Mirapex	• tablet (0.25mg, 0.5mg, 1mg, 1.5mg)
		Ropinirole HCL	Requip	• tablet (0.25mg, 1mg, 2mg, 5mg)
28:36.32	Antiparkinsonian agents – Monoamine oxibase B inhibitors	Selegiline HCL	Selegiline HCL	• tablet (5mg)
28:92.00	Miscellaneous central nervous system agents	Atomoxetine	Strattera	• capsule (10mg, 18mg, 25mg, 40mg, 60mg)
		Dimethyl fumarate (criteria)	Tecfidera	• delayed-release capsule (120mg)

AHFS #	Category	Drug	Trade Name(s)	Dosage Form / Notes
		Riluzole	Rilutek	• tablet (50mg)
36:00	Diagnostic agents (DX)			
36:00.00	Diagnostic agents (DX)	Thyrotropin alfa	Thyrogen	• powder for solution (0.9mg/ml)
36:26.00	DX – Diabetes mellitus	Glucose oxidase, peroxidase	Glucose Test strips	• glucose control solution • glucose test strips
36:58.00	Ocular disorders	Fluorescein sodium drops 2%	Minims fluorescein sodium (wardstock use only)	• 2% ophth drops
36:88.00	DX – Urine contents	Glucose oxidase, peroxidase	Urine test strips	• Diastix • Ketostix
40:00	Electrolytic, caloric and water base			
40:08.00	Alkalinizing agents	Citric acid, sodium citrate	Dicitrate	• solution (66.8mg & 100mg/ml)
		Sodium bicarbonate	Sodium bicarbonate	• tablet (325mg, 500mg) • pre-filled syringe (8.4%)
40:12.00	Replacement preparations	Calcium carbonate (criteria)	OsCal	• 1250mg (500mg elemental calcium)
		Electrolyte & Dextrose	Gastrolyte	• powder (3.56g & 300mg & 470mg & 530mg)
		Magnesium oxide	Magnesium oxide	• tablet (420mg)
		Potassium chloride	Slow K	• long acting tablet (8mmol)
40:17.00	Calcium – Removing resins	Calcium polystyrene sulfonate	Resonium calcium	• 1g binds with approx. 1.6mmol K powder
40:18.00	Ion-Removing agents	Sodium polystyrene sulfonate	Kayexalate K-Exit Polystyrene sulfonate	• 1g binds with approx. 1mmol K powder • oral suspension (250mg/ml • retention enema (250mg/ml)
40:18.19	Phosphate – Removing agents	Sevelamer hydrochloride (criteria)	Renagel	• tablet (800mg)
		Lanthanum carbonate	Fosrenol	• chewable tablet (800mg)
40:24.00	Sugar substitutes	Dextrose	Dextrosol Dextro Energy Insta glucose 31g	• tablet (47g) • 40% oral liquid (31g)
40:28.08	Loop diuretics	Ethacrynic acid	Edecrin	• tablet (25mg)

AHFS #	Category	Drug	Trade Name(s)	Dosage Form / Notes
		Furosemide	Lasix	• solution (10mg/ml) • tablet (20mg, 40mg, 80mg, 500mg)
40:28:16	Potassium sparing diuretics	Amiloride/HCL	Midamor	• tablet (5mg)
		Amiloride HCL, hydrochlorothiazide	Moduret	• tablet (5mg & 50mg)
		Triamterene, hydrochlorothiazide	Dyazide	• tablet (50mg & 25mg)
40:28.20	Tiazide diuretics	Hydrochlorothiazide	Hydrodiuril	• tablet (12.5mg, 25mg)
		Spironolactone/HCTZ	Aldactazide	• tablet (25mg & 25mg, 50mg & 50mg)
40:28.24	Thiazide like diuretics	Chlorthalidone	Chlorthalidone	• tablet (50mg, 100mg)
		Indapamide	Lozide	• tablet (1.25mg, 2.5mg)
		Metolazone	Zaroxolyn	• tablet (2.5mg)
40:40:00	Uricosuric Agents	Probenecid	Benuryl	• tablet (500mg)
		Sulfinpyrazone	Sulfinpyrazone	• tablet (100mg)
48:00	Respiratory Tract Agents			
48:10.24	Leukotriene modifiers	Montelukast (criteria)	Singulair	• tablet (10mg)
48:10.32	Mast cell stabilizers	Sodium cromoglycate	Nalcrom sodium chromoglycate Cromolyn Opticrom	• capsule (100mg) • inhalation solution (10mg/ml unit dose) • opht. solution (2%)
48:12.08	Anticholinergic Agents	Glycopyrronium bromide	Seebri (Patients also receving Onbrez should be switched to UtibroBreezhaler)	• capsule (50µG) inhalation solution
52:00	Eye, Ear, Nose & Throat (EENT) Preparations			
52:04.04	EENT – Antibacterials	Bacitracin zinc, polymyxin B sulfate	Polysporin	• ophth ointment (500iu & 10,000iu/g)
		Chloramphenicol	Pentamycetin Optymixin	• ophth ointment (1%) • ophth solution (0.5%)
		Ciprofloxacin HCL	Ciloxan	• ophth solution (0.3%) • ophth ointment (3.5mg/g)
		Ciprofloxacin HCL, dexamethasone	Ciprodex	• otic solution (0.3%/0.1%)
		Erythromycin	Ilotycin	• ophth ointment (5mg/g)
		Fucidic aid	Fucithalmic	• ophth suspension (1%)
		Gatifloxacin	Zymar	• ophth suspension (0.3%)

AHFS #	Category	Drug	Trade Name(s)	Dosage Form / Notes
		Gramicidin, neomycin sulfate, polymyxin B sulfate	Neosporin	• solution (0.025mg & 2.5mg & 10,000u/ml)
		Gramicidin, polymyxin B sulfate	Polysporin Optymixin	• solution (0.025mg & 10,000u/ml)
		Moxifloxacin	Vigamox	• ophth solution (0.5%)
		Ofloxacin	Ocuflox	• ophth solution (0.3%)
		Polymyxin B sulfate, trimethoprim sulfate	Polytrim	• ophth solution (10,000u & 1mg/ml)
		Sulfacetamide sodium	Diosulf Sulamyd	• ophth solution (10%)
		Tobramycin	Tobrex	• ophth ointment (0.3%) • ophth solution (0.3%)
52:04.20	EENT – Antivirals	Trifluridine	Viroptic	• ophth solution (1%)
52:08.08	EENT – Corticosteroids	Beclomethasone dipropionate	Beconase AQ	• nasal spray (50mcg/dose)
		Dexamethasone	Maxidex	• ophth ointment (0.1%) • ophth solution (0.1%) • ophth suspension (0.1%)
		Dexamethasone tobramycin	Tobradex	• ophth ointment (0.1% & 0.3%) • ophth solution (0.1% & 0.3%)
		Flumethasone pivalate, clioquinol	Locacorten Vioform	• otic solution (0.02% & 1%)
		Fluorometholone	FML FML Forte	• ophth solution (0.1%) • ophth suspension (0.1%, 0.25%)
		Fluorometholone	Flarex	• ophth solution (0.1%)
		Framycetin sulfate, gramicidin, dexamethasone	Sofracort E/E	• ophth/otic solution (5mg & 0.05mg/ml & 0.5mg)
		Hydrocortisone, neomycin sulfate, polymyxin B sulfate	Cortisporin	• otic solution (10mg & 3.5mg & 10,000u/ml) • suspension (10mg & 5mg & 10,000u/ml)
		Prednisolone acetate	Pred Mild Pred Forte	• ophth suspension (0.12%) • ophth suspension (1%)
		Prednisolone acetate, sulfacetamide sodium	Blephamide	• ophth ointment (0.2% & 10%) • ophth suspension (0.2% & 10%)
52:08.20	EENT – Nonsteroidal anti-inflammatory agents	Diclofenac sodium	Voltaren	• ophth solution (0.1%)

AHFS #	Category	Drug	Trade Name(s)	Dosage Form / Notes
		Ketorolac tromethamine	Acular	• ophth solution (0.5%)
		Nepafenac	Nevanac	• ophth solution (0.1%)
52:16.00	Local anesthetics	Benoxinate HCL/fluorescein drops	Fluorescein sodium & benoxinate hydrochl (wardstock use only)	• ophth solution (0.4/0.25%
52:20.00	EENT – Miotics	Carbachol	Isopto-Carbachol	• ophth solution (1.5%)
52:24.00	EENT – Mydriatics	Atropine sulfate	Atropine	• ophth ointment (1%) • ophth solution (1%)
		Cyclopentolate HCL	Cyclogel	• ophth solution (1%)
		Dipivefrin HCL	Dipivefrin HCL	• ophth solution (0.1%)
		Homatropine HBR	Isopto-Homatropine	• ophth solution (2%, 5%)
		Tropicamide	Mydriacil	• ophth solution (1%)
52:28.00	EENT – Mouthwashes and Gargyles	Benzydamine HCL (criteria)	Tantum	• rinse (0.15%)
		Chlorhexidine gluconate	Perichlor Peridex	• rinse (0.12%)
52:32.00	EENT – Vasoconstrictors	Phenylephrine HCL	Mydfrin	• ophth solution (2.5%, 10%)
52:40.04	EENT – Alpha-Adrenergic agonists	Brimonidine tartrate	Alphagan	• ophth solution (0.2%)
		Brimonidine tartrate/brinzolamide (criteria)	Simbrinza	• ophth suspension (0.2%/1.0%)
		Brimonidine tartrate/timolol	Combigan	• ophth solution (0.2/0.5%)
52:40.08	EENT – Beta-Adrenergic blocking agents	Timolol maleate	Timoptic XE Timolol Maleate EX Timoptic	• long acting ophth solution (0.25%, 0.5%) • ophth gel solution (0.25%, 0.5%) • ophth solution (0.25%, 0.5%)
		Timolol maleate/travoprost	Duotrav	• ophth drops (0.5/0.004%)
		Timolol maleate/lantanoprost	Xalacom	• ophth drops (0.5/0.05%)
52:40.12	EENT – Carbonic anhydrase inhibitors	Acetazolamide	Acetazolamide	• tablet (250mg)
		Dorzolamide HCL	Trusopt	• ophth solution (2%)
		Dorzolamide/Timolol	Cosopt	• ophth drops (0.2/0.5%)
		Methazolamide	Methazolamide	• tablet (50mg)

AHFS #	Category	Drug	Trade Name(s)	Dosage Form / Notes
52:40.20	EENT – Miotics	Carbachol	Isopto-Carbachol	• ophth solution (1.5%, 3%)
		Pilocarpine	Pilopine Isopto-Carpine	• ophth gel (4%) • ophth solution (1%, 2%, 4%)
		Pilocarpine	Pilocarpine	• ophth solution minims (2%, 4%)
52:40.28	EENT – Prostaglandin agents	Travoprost	Travatan	• ophth solution (0.004%)
52:92.00	Miscellaneous EENT drugs	Ipratropium bromide	Atrovent	• nasal spray (0.06%)
		Lodoxamide tromethamine	Alomide	• ophth solution (0.1%)
56:00	Gastrointestinal Drugs			
56:04.00	Antacids and Adsorbents	Activated charcoal	Charac-50 Charcodoate	• oral suspension (200mg/ml) • oral suspension (50g/225ml)
		Aluminum hydroxide (criteria)	Amphogel	• liquid (64mg/ml)
		Aluminum hydroxide/magnesium oxide (criteria)	Almagel	• liquid (0.3g & 0.1g per 5ml)
56:08:00	Antidiarrhea agents	Loperamide HCL	Imodium	• tablet (2mg)
56:12:00	Cathartics and Laxatives	Bisacodyl	Dulcolax	• enteric coated tablet (5mg) • suppository (10mg)
		Citric acid, magnesium oxide, sodium picosulfate	Pico-Salax	• powder
		Dioctyl sodium sulfosuccinate	Colace	• capsule (100mg)
		Glycerine	Glycerine	• adult suppository
		Lactulose	Acilac	• oral liquid (667mg/ml)
		Magrogol, potassium chloride, sodium bicarbonate, sodium chloride, sodium sulfate	Colyte Golytely Peglyte	• powder (60g & 750mg & 1.68g & 1.46g & 5.68g/l)
		Magnesium citrate	Citro-Mag	• solution (15g/300ml)
		Magnesium hydroxide	Milk of Magnesia	• oral liquid 80mg/ml
		Mineral oil	Mineral oil heavy (100%)	• liquid
		Mineral oil / magnesium hydroxide	Magnolax	• emulsion (25/6%)

AHFS #	Category	Drug	Trade Name(s)	Dosage Form / Notes
		Polyethylene glycol, potassium chloride, sodium bicarbonate, sodium chloride, sodium sulfate	Klean-Prep, Lax-A-Day	• oral liquid, powder
		Psyllium hydrophilic mucilloid	Metamucil Sugar Free	• powder (680mg/g)
		Sennosides	Senokot	• tablet (8.6mg)
		Sodium citrate, sodium lauryl sulfoacetate, sorbitol	Microlax	• enema (90mg & 9mg & 625mg)
		Sodium phosphate dibasic, sodium phosphate monobasic	Phospho soda fleet PMS-Phosphates Soln Fleet Enemol	• oral liquid (180mg & 480mg/ml) • rectal liquid (60mg & 160mg/ml)
56:14.00	Cholelitholytic agents	Ursodiol	Urso	• tablet (250mg)
		Lipase, amylase, protease	Cotazym Creon Pancrease Ultrase	• all strengths
56:20.00	Emetics			
56:22.08	Antihistamines	Dimenhydrinate (restriction – 3 days)	Gravol	• injection (50mg/ml) • suppository (100mg) • tablet (50mg)
		Doxylamine succinate, pyridoxine	Diclectin	• tablet (10mg & 10mg)
56:22.20	5-HT3 Receptor antagonists	Ondansetron HCL Dihydrate (criteria)	Zofran	• tablet (4mg, 8mg)
56:22.92	Miscellaneous antiemetics	Aprepitant (criteria)	Emend	• capsule (80mg, 125mg)
		Domperidone maleate	Motilium	• tablet (10mg)
		Nabilone (criteria)	Cesamet	• capsule (0.25mg)
56:28.12	Histamine H2-antagonists	Ranitidine HCL	Zantac	• tablet (150mg, 300mg)
56:28.28	Prostaglandins	Misoprostol	Cytotec	• tablet (100mcg, 200mcg)
56:28.32	Protectants	Sucralfate	Sulcrate	• tablet (1g) • suspension (1g/5ml)
56:28.36	Proton-Pump Inhibitors	Lansoprazole	Prevacid	• delayed release capsule (15mg, 30mg)
		Omeprazole	Losec	• delayed release tablet (10mg, 20mg)
		Pantoprazole sodium	Pantoloc	• enteric coated tablet (40mg)
		Rabeprazole sodium	Pariet	• enteric coated tablet (10mg, 20mg)

AHFS #	Category	Drug	Trade Name(s)	Dosage Form / Notes
56:32.00	Prokinetic agents	Metoclopramide	Maxeran Reglan	• tablet (10mg) • injection (5mg/ml)
56:36.00	Anti-Inflammatory agents	5-Aminosalicylic acid	Oral Pentasa Teva-5ASA Rectal Pentasa Salofalk	• delayed release tablet (500mg) • enteric coated tablet (400mg) • enema (1g/100ml, 4g/100ml) • suppository (1g) • enema (4g/60g) • suppository (500mg, 1000mg)
		Olsalazine sodium	Dipentum	• capsule (250mg)
60:00	Gold Compounds			
60:00.00	Gold compounds	Auranofin	Ridaura	• capsule (3mg)
		Sodium aurothiomalate	Myochrysine	• injection (10mg/ml, 5mg/ml, 50mg/ml)
64:00.00	Heavy metals antagonists			
64:00.00	Heavy metals antagonists	Penicillamine	Cupramine	• capsule (250mg)
68:00	Hormones and Synthetic Substitutes			
68:04:00	Adrenals	Budesonide	Pulmicort Nebuamp Entocort Entocort enema	• inhalation solution 0.125mg/ml 0.25mg/ml 0.5mg/ml • capsule (3mg) • enema (0.02mg/ml)
		Cortisone acetate	Cortone	• tablet (25mg)
		Dexamethasone	Decadron	• tablet (0.5mg, 0.75mg, 2mg, 4mg)
		Dexamethasone phosphate	Dexamethasone phosphate	• injection (4mg/ml, 10mg/ml)
		Fludrocortisone acetate	Florinef	• tablet (0.1mg)
		Fluticasone acetate	Flovent	• inhaler HFA (125mcg/inhalation, 250mcg/inhalation) • powder diskus (100mcg/dose, 250mcg/dose, 500mcg/dose)
		Hydrocortisone	Cortef	• tablet (10mg, 20mg)
		Hydrocortisone sodium succinate	Solucortef	• injection (100mg/2ml)
		Methylprednisolone	Medrol	• tablet (4mg)

AHFS #	Category	Drug	Trade Name(s)	Dosage Form / Notes
		Methylprednisolone acetate	Depo-Medrol	• suspension for injection (40mg/ml)
		Methylprednisolone acetate/lidocaine	Depo-Medrol with lidocaine	• suspension for injection (40mg & 10mg/ml)
		Methylprednisolone sodium succinate	Solu-Medrol	• injection (40mg, 125mg, 500mg, 1g)
		Mometasone furoate	Asmanex	• twisthaler (200µG, 400µG)
		Prednisone	Winpred Deltasone	• tablet (1mg, 5mg, 50mg)
		Triamcinolone acetonide	Kenalog-10 Kenalog-40	• suspension for injection (10mg/ml) • suspension for injection (40mg/ml)
		Triamcinolone diacetate	Triamcinolone Diacetate	• suspension for injection (40mg/ml)
		Triamcinolone hexacetonide	Aristopan	• suspension for injection (20mg/ml)
68:08.00	Androgens	Danazol	Cyclomen	• capsule (50mg, 100mg)
		Testosterone cypionate (criteria)	Depo-testosterone	• injection (100mg/ml)
		Testosterone enanthate (criteria)	Delatestryl	• injection (200mg/ml)
68:12:00	Contraceptives	Ethinyl estradiol, desogestrel	Apri Linessa Marvelon Ortho Cept	• tablet 25mcg & 150mcg 30mcg & 150mcg
		Ethinyl estradiol, d-norgestrel	Ovral	• tablet (50mcg & 250mcg)
		Ethinyl estradiol, drospirenone	Yasmin	• tablet (30mcg & 3mg)
		Ethinyl estradiol, etonogestrel (criteria)	Nuvaring	• device 11.4mg & 2.6mg
		Ethinyl estradiol, ethynodiol diacetate	Demulen-30	• tablet (30mcg & 2mg)
		Ethinyl estradiol, levonorgestrel	Alesse Aviane	• tablet (20mcg & 100mcg)
		Ethinyl estradiol, levonorgestrel	Min-Ovral Portia Triquilar	• tablet (30mcg & 0.05mg (6), 40mcg & 0.075mg (5), 30mcg & 0.125mg) • tablet (30mcg & 150mcg)

AHFS #	Category	Drug	Trade Name(s)	Dosage Form / Notes
		Ethinyl estradiol, norethindrone	Brevicon 0.5/35 Ortho 0.5/35 Brevicon 1/35 Synphasic Select 1/35 Ortho 7/7/7	• tablet (35mcg & 0.5mg) • tablet (35mcg & 0.5mg (7), 35mcg & 1mg (9), 35mcg & 0.5mg (5)) • tablet (35mcg & 1mg) • tablet (35mcg & 500mcg (7), 35mcg & 750mcg (7), 35mcg & 1mg)
		Ethinyl estradiol, norethindrone acetate	Minestrin 1/20 Loestrin 1.5/30	• tablet (20mcg & 1mg) • tablet (30mcg & 1.5mg)
		Ethinyl estradiol, norgestimate	Tri-Cyclen LO Tri-Cyclen Cyclen	• tablet (25mcg & 0.180mg (7), 25mcg & 0.215mg (7), 25mcg & 0.25mg) • tablet (35mcg & 0.180mg (7), 35mcg & 0.215mg (7), 35mcg & 0.25mg) • tablet (35mcg & 0.25mg)
		Levonorgestrel	Plan B	• tablet (0.75mcg)
			Mirena	• intrauterine (52mg)
		Norethindrone	Micronor	• tablet (0.35mg (28))
68:16.04	Estrogens	Conjugated estrogens	CES Premarin	• tablet (0.3mg, 0.625mg, 0.9mg, 1.25mg) • vaginal cream (0.625mg/g)
		Estradiol	Estrogel Estrace Vagifem	• gel (0.06%) • tablet (0.5mg, 1mg, 2mg) • vaginal ring (2mg) • vaginal tablet (25mcg)
		Estradiol valerate	Delestrogen	• injection (10mg/ml)
		Estradiol – 17B	Estraderm	• patch (25mcg, 50mcg, 100mcg)
		Estropipate	Ogen	• tablet (0.625mg, 1.25mg, 2.5mg)
		Ethinyl estradiol, norethindrone acetate	FemHRT	• tablet (1mg/5mcg)
68:16.12	Estrogen agonists antagonists	Raloxifene HCL (criteria)	Evista	• tablet (60mg)
68:20.02	Alpha-Glucosidase inhibitors	Acarbose	Glucobay Prandase	• tablet (50mg)
68:20.04	Biguanides	Metformin HCL	Glucophage	• tablet (500mg, 850mg)

AHFS #	Category	Drug	Trade Name(s)	Dosage Form / Notes
68:20.05	Dipeptidyl Peptidase-4 Inhibitors	Linagliptin (criteria)	Trajenta	• tablet (5 mg)
68:20:08	Insulins	Insulin aspart	NovoRapid	• 100u/ml
		Insulin detemir	Levemir	• 100u/ml
		Insulin glargine	Lantus	• 100u/ml
		Insulin glulisine	Apidra	• 100u/ml
		Insulin (30% neutral & 70% isophane) human biosynthetic	Novolin GE 30/70	• injection 100u/ml 100u/ml (3ml)
		Insulin (40% neutral & 60% isophane) human biosynthetic	Novolin GE 40/60	• injection 100u/ml (3ml)
		Insulin (50% neutral & 50% isophane) human biosynthetic	Novolin GE 50/50	• injection 100u/ml (3ml)
		Insulin (isophane) human biosynthetic	Humulin N Novolin GE NPH	• injection 100u/ml • injection 100u/ml (3ml)
		Insulin (zinc crystalline) human biosynthetic (RDNA origin)	Humulin R	• injection 100u/ml 100u/ml (3ml)
		Insulin biosynthetic	Novolin GE Toronto	• injection 100u/ml 100u/ml (3ml)
		Insulin human biosynthetic 20% & isophane 80%	Humulin 20/80	• injection 100u/ml (3ml)
		Insulin human biosynthetic 30% & isophane 70%	Humulin 30/70	• injection 100u/ml 100u/ml (3ml)
		Insulin lispro	Humalog	• 100u/ml
		Insulin lispro mix (biphasic)	Humalog Mix 25 & 50	• 100u/ml
		Insulin zinc suspension medium human biosynthetic (RDNA origin)	Humulin L	• injection 100u/ml
68:20.16	Meglitinides	Nateglinide	Starlix	• tablet (60mg, 120mg, 180mg)
		Repaglinide	Gluconorm	• tablet (0.5mg, 1mg)
68:20:18	SGLT-2 Inhibitors	Canagliflozin (criteria)	Invokana	• tablet (100mg)
68:20:20	Antidiabetics	Gliclazide	Diamicron Diamicron MR	• tablet (30mg) • tablet (80mg)
		Glimepiride	Amaryl	• tablet (1mg, 2mg, 4mg)
		Glyburide	Diabeta	• tablet (2.5mg, 5mg)
		Tolbutamide	Orinase	• tablet (500mg)
68:20.28	Thiazolidinediones	Pioglitazone HCL (criteria)	Actos	• tablet (15mg, 30mg, 45mg)

AHFS #	Category	Drug	Trade Name(s)	Dosage Form / Notes
68:22.12	Glycogenolytic agents	Glucagon recombinant DNA origin	Glucagon	• injection (1mg/ml)
68:24.00	Parathyroid	Calcitonin salmon (criteria)	Miacalcin	• nasal spray (200iu/dose)
68:28.00	Pituitary	Desmopressin acetate	DDAVP	• injection (4mcg/ml) • nasal spray (10ug/ml) • tablet (0.2mg)
68:32.00	Progestrins	Medroxyprogesterone acetate	Depo-Provera Provera	• injection (50mg/ml, 150mg/ml) • tablet (2.5mg, 5mg, 10mg, 100mg)
68:36:04	Thyroids agents	Levothyroxine sodium	Eltroxin Synthroid	• tablet (0.025mg, 0.05mg, 0.075mg, 0.088mg, 0.11mg, 0.112mg, 0.125mg, 0.137mg, 0.15mg, 0.175mg, 0.2mg, 0.3mg)
		Liothyronine sodium	Cytomel	• tablet (5mcg, 25mcg)
		Thyroid	Thyroid	• tablet (30mg, 60mg, 125mg)
68:36.08	Antihyroid agents	Propylthiuoracil	Propyl Thyracil	• tablet (50mg, 100mg)
		Methimazole	Tapazole	• tablet (5mg)
72.00	Local Anesthetics			
72:00.00	Local Anesthetics	Bupivacaine HCL	Marcaine VL	• injection (0.25% (2.5mg/ml))
84:00	Skin and Mucous Membrane agents (SMMA)			
84:04:04	SMMA – Antibiotics	Bacitracin zinc, polymyxin B sulfate	Polysporin	• ointment (500iu & 10,000iu)
		Clindamycin phosphate	Dalacin	• vaginal cream (2%)
		Gentamycin	Garamycin	• cream (0.1%)
		Gramicidin, polymyxin B sulfate	Polysporin	• cream (0.25mg & 10,000iu)
		Mupirocin	Bactroban	• cream (2%) • ointment (2%)
84:04.08	SMMA – Antifungals	Ciclopirox olamine	Loprox	• cream (1%) • lotion (1%)

AHFS #	Category	Drug	Trade Name(s)	Dosage Form / Notes
		Clotrimazole	Canesten	• cream (1%) • cream & vaginal suppository (1% & 200mg) • cream & vaginal suppository (1% & 500mg) • vaginal cream (1%, 2%)
		Miconazole nitrate	Monistat 7 dual pak MCL Monistat 3 dual pak MCL Monistat Monistat 7 MCL Monistat 3	• 2% & 100mg cream & vaginal suppository • 2% & 400mg cream & vaginal suppository • 2% vaginal cream & 100mg vaginal suppository • 400mg vaginal suppository
		Terbinafine HCL	Lamisil	• cream (1%) • spray (1%)
84:04.12	SMMA – Scabicides and Pediculicides	Lindane	Hexit	• lotion (1%) • shampoo (1%)
		Permethrin	Nix-Dermal Kwellada P	• cream (5%) • lotion (5%) • rinse (1%)
84:04.92	SMMA – Miscellaneous local anit-infectives	Erythromycin base/tretinoin	Stievamycin regular Stievamycin strong	• 4/0025% • 4/0.05%
		Metronidazole	Metro cream Metro gel Metro lotion Flagyl Nidagel	• cream (0.75%) • gel (1%) • lotion (0.75%) • vaginal cream (10%) • vaginal gel (0.75%)
		Metronidazole, Nystatin	Flagystatin	• vaginal cream (100mg & 20,000u/g) • vaginal suppository (500mg & 100,000iu)
		Silver sulfadiazine	Flamazine	• cream (1%)
84:06.00	SMMA – Anti-inflammatory agents	Betamethasone dipropionate	Diprosone	• cream (0.05%) • ointment (0.05%) • lotion (0.05%)
		Betamethasone dipropionate salicylic acid	Diprosalic	• lotion (0.05% & 2%) • ointment (0.05% & 3%)
		Betamethasone disodium phosphate	Betnesol	• enema (0.05mg/ml)

AHFS #	Category	Drug	Trade Name(s)	Dosage Form / Notes
		Betamethasone valerate	Betnovate Betaderm Valisone	• cream (0.05%, 0.1%) • lotion (0.05%, 0.1%) • ointment (0.05%, 0.1%) • scalp lotion (0.1%)
		Betamethasone valerate, gentamicin sulfate	Valisone G	• cream (0.1% & 0.1%) • ointment (0.1% & 0.1%)
		Budesonide	Entocort	• enema (0.02mg/ml)
		Clioquino/flumethasone pivalate	Locacorten Vioform	• 3%/0.02%
		Desonide	Desocort Desonide Tridesilon	• cream (005%) • lotion (0.05%) • ointment (0.05%)
		Hydrocortisone	Cortate Hyderm Emo-Cort Cortenema Hycort	• cream (0.5%, 1%) • enema (100mg/60ml) • lotion (0.5%, 1%) • ointment (0.5%, 1%)
		Hydrocortisone acetate	Cortifoam Hyderm Dermaflex HC	• aerosol foam (10%) • cream (0.5%, 1%) • lotion (1%)
		Hydrocortisone acetate/pramoxine HCL	Proctofoam HC	• rectal foam (1-1%)
		Hydrocortisone acetate, zinc sulfate	Anusol HC Anuzinc HC	• suppository (10mg & 10mg) • ointment (0.5% & 0.5%)
		Hydrocortisone, urea	Uremol HC	• cream (1% & 10%) • lotion (1% & 10%)
		Nystatin/neomycin sulfate/triamcinolone acetonide/gramicidin	Kenacomb Viaderm K-C	• cream/ointment 100000iu/2.5mg/1mg/0.25mg
		Triamcinolone acetonide	Kenalog in orabase Oracort	• dental paste 0.1%
84:08.00	SMMA – Antipruritics and Local anesthetics	Lidocaine	Xylocaine Viscous Xylocaine Jelly	• liquid (2%) • jelly (2%)
		Lidocaine	Lidocaine	• injection (1%, 2%) • injection with epinephrine (1%, 2%)
		Tetracaine HCL	Tetracaine drops Tetracaine minims Pontocaine injection	• drops (0.5%) • drops (1%) • injection (20mg/ml)
84:16.00	SMMA – Cell Stimulants and Proliferants	Tretinoin	Retin-A (water base) Stieva-A (water base)	• cream (0.01%) • cream (0.025%) • cream (0.05%) • cream (0.1%)

AHFS #	Category	Drug	Trade Name(s)	Dosage Form / Notes
84:28.00	Keratolytic agents	Adapalene	Differin	• cream (0.1%)
		Benzoyl peroxide	Benoxyl-water base Desquam X-water base Panoxyl-water base	• cream (10-20%) • lotion (10-20%)
		Benzoyl peroxide/Clindamycin	Benzaclin Clindoxyl	• gel (5%/1%)
		Podofilox	Condyline Wartec	• solution (0.5%)
84:36.00		Cyclosporine (criteria)	Neoral	• tablet (25mg, 50mg, 100mg) • oral solution (100mg/ml)
84:50.06	Miscellaneous SMMA	Methoxsalen	Oxsoralen Ultramop	• capsule (10mg) • lotion (1%)
84:92.00	Pigmenting agents	Acitretin	Soriatane	• capsule (10 and 25mg)
	Miscellaneous skin and mucous membrane agents	Azélaic acid	Finacea	• gel (15%)
		Calcipotriol (criteria)	Dovonex	• cream (50mcg/g) • ointment (50mcg/g) • solution (50mcg/g)
		Fluorouracil	Efudex	• cream (5%)
		Isotretinoin	Accutane Clarus	• capsule (10mg) • capsule (40mg)
		Pimecrolimus (criteria)	Elidel	• cream (1%)
		Tacrolimus (criteria)	Protopic	• ointment (0.1%)
		Tazarotene	Tazorac	• cream (0.05%, 0.1%)
86:00				
86:12.00	Smooth Muscle Relaxants	Flavoxate HCL	Urispas	• tablet (200mg)
	Genitourinary Smooth Muscle Relaxants	Oxybutynin chloride	Ditropan	• tablet (2.5mg, 5mg)
		Fesoterodine fumarate (criteria)	Toviaz	• tablet (4mg, 8mg)
		Tolterodine	Detrol	• tablet (1mg, 2mg, 4mg)
86:16.00		Aminophylline	Phyllocontin	• SR tablet (225mg, 350mg)
	Respiratory smooth muscle relaxants	Theophylline	Theolair Uniphyl	• SR tablet(100mg, 200mg, 300mg) • SR tablet (400mg, 600mg)

AHFS #	Category	Drug	Trade Name(s)	Dosage Form / Notes
88:00				
88:04.00	Vitamins	Vitamin A	Vitamin A	• capsule (25,000iu, 50,000iu)
88:08.00	Vitamin A	Cyanocobalamin	Rubramin Vitamin B12	• injection (1,000mcg/ml)
	Vitamin B Complex	Folic acid	Folic acid	• tablet (5mg)
		Pyridoxine (criteria)	Vitamin B6	• tablet (25mg, 100mg)
		Thiamine HCL (criteria)	Thiamine	• tablet (50mg)
88:16.00		Alfacalcidol	One-Alpha	• capsule (0.25mcg, 1mcg)
	Vitamin D	Calcitriol	Rocaltrol	• capsule (0.25mcg, 0.5mcg)
		Cholecalciferol (criteria)	Cholecalciferol Vitamin D	• tablet (1,000iu)
88:24.00		Phytonadione	Vitamin K1	• injection (10mg/ml)
88:28.00	Vitamin K	Multivitamins (prenatal)	Centrum Materna	• once daily tablet
	Multivitamin preparations	Multivitamins complete (criteria)	Centrum Centrum Forte	• once daily tablet
92:00				
92:00:00	**Miscellaneous Therapeutic Agents**	Alendronate sodium	Fosamax	• tablet (10mg) • tablet (40mg) • tablet (70mg)
	Unclassified Therapeutic Agents	Allopurinol	Zyloprim	• tablet (100mg, 200mg, 300mg)
		Azathioprine	Imuran	• tablet (50mg)
		Betahistine HCL	Serc	• tablet (16mg, 24mg)
		Cabergoline (criteria)	Dostinex	• tablet (0.5mg)
		Colchicine	Colchicine	• tablet (0.6mg)
		Cyproterone acetate, ethinyl estradiol	Diane 35	• tablet (2mg & 35mcg)
		Dutasteride (criteria)	Avodart	• capsule (0.5mg)
		Etidronate disodium	Didronel	• tablet (200mg)
		Finasteride	Proscar	• tablet (5mg)
		Flunarizine HCL	Sibelium	• capsule (5mg)
		Flumazenil	Anexate	• injectable (0.1mg/ml)
		Leflunomide (criteria)	Arava	• tablet (10mg, 20mg)
		Leucovorin calcium	Leucovorin calcium	• tablet (5mg)
		Mycophenolate mofetil	Cellcept	• capsule (250mg) • tablet (500mg)

AHFS #	Category	Drug	Trade Name(s)	Dosage Form / Notes
		Mycophenolate sodium	Myfortic	• enteric coated tablet (180mg, 360mg)
		Pentosan polysulfate sodium	Elmiron	• capsule (100mg)
		Trimebutine maleate	Modulon	• tablet (200mg)
		Ustekinumab (criteria)	Stelara	• SC solution (45mg/0.5mL)
92:16.00		Febuxostat (criteria)	Uloric	• tablet (80mg)
92:20.00	Antigout Agents	Glatiramer acetate (criteria)	Copaxone	• prefiled syringe (20mg)
	Biologic Response Modifiers	Interferon beta-1a (criteria)	Avonex PS/Avonex PEN Rebif	• prefilled syringe (30ug) • prefilled syringe (22ug, 44ug) • prefilled cartridge (66ug, 132ug)
		Interferon beta-1b (criteria)	Betaseron, Extavia	• injection (0.3mg)
		Natalizumab (criteria)	Tysabri	• injection (300 mg)
92:36.00	Disease-Modifying Antirheumatic Agents	Abatacept (criteria)	Orencia	• injection (125mg/ml, 250mg/vial)
		Adalimumab (criteria)	Humira	• SC solution (40mg/0.8mL)
		Certolizumab Pegol (criteria)	Cimzia	• SC solution (200mg/mL)
		Etanercept (criteria)	Enbrel	• SC solution (25mg/kit or 50mg/mL)
		Infliximab (criteria)	Remicade Inflectra	• IV injection (100mg/vial)
		Tocilizumab (criteria)	Actemra	• SC injection (162mg/0.9ml)
92:44.00	Immuno suppressive agents	Sicrolimus	Rapamune	• tablet (1mg)
		Tacrolimus	Advagraf	• capsule – extended release (0.5mg, 1mg, 3mg, 5mg)
			Prograf	• capsule (0.5mg, 1mg, 5mg) • injection (5mg/ml)
94:00				
94:01.00	Devices	Diabetic (syringe, needle)	Syringe Needle	• syringe & needle

Appendix B. Therapeutic Interchange Program

Automatic substitution is defined as "the dispensing of an approved therapeutically interchangeable product by the pharmacist." CSC uses a Therapeutic Interchange Program to substitute a medication with a preferred formulary choice. The automatic substitution list is approved by the National Pharmacy and Therapeutics Committee.

Some classes of medication allow for regional differences in the Therapeutic Interchange Program. This is permitted for those classes that have no conclusive evidence with respect to patient outcomes and the region has secured better purchase pricing on specific medications. Examples of this include Antihistamines, Inhaled Corticosteroids, Proton Pump Inhibitors and Statins for cholesterol. In these cases, the regional preference will be stated and the information disseminated to the regional institutions. Regional differences may change without notice and come in line with National Preferred Choices depending on literature review and changes to CSC purchase pricing.

When a substitutable product is ordered, the substitution process is as follows:

Regional Pharmacy:

- Receives prescription of a drug and automatically interchanges it as indicated in **Appendix B: Therapeutic Interchange Program**.
- Records the interchange on the form Notification of Automatic Substitution of prescribed medication (CSC-SCC 1415-3) and forwards the form to institutional health services. This form will indicate the original medication ordered and the medication that will be interchanged for it.

Nurse:

- Ensures the notification of automatic substitution is placed on the offender's health care file for signature by the institutional physician. (This is considered a change in the medication order.)
- Documents the change on the Medication Administration Record (MAR).

Institutional physician:

- Sign the form Notification of Automatic Substitution of prescribed medication (CSC-SCC 1415-3). This becomes a permanent part of the medical file.
- **Request to override the automatic therapeutic interchange** of medications requires the completion of form Benefits with Criteria and Non-Formulary Medication Request (CSC-SCC 1415).

THERAPEUTIC INTERCHANGE PROGRAM

The following is a current list of interchangeable drugs / dosages. Medications are generally listed alphabetically by generic name except when the entire class of medication is being referenced.

Written Order	Formulary Equivalent
5-Aminosalicylic acid (oral) (Salofalk, Asacol, Mesasal, Mezavant)	The total prescribed daily dose will be used to calculate the nearest corresponding total Teva-5ASA dose, which will be provided in three divided doses. **Note:** administration intervals may be modified upon request.
Ace Inhibitors	The following dosage equivalency chart will be used to substitute a non-formulary ACE inhibitor for ramipril. • Benazapril (Lotensin) 20mg daily = Ramipril 5mg daily • Cilazapril (Inhibace) 5mg daily = Ramipril 5mg daily • Enalapril (Vasotec) 10mg daily = Ramipril 5mg daily • Fosinopril (Monopril) 20mg daily = Ramipril 5mg daily • Lisinopril (Zestril) 20mg daily = Ramipril 5mg daily • Perindopril (Coversyl) 4mg daily = Ramipril 5mg daily • Quinapril (Accupril) 20mg daily = Ramipril 5mg daily • Trandolapril (Mavik) 2mg daily = Ramipril 5mg daily
Acetaminophen (Tylenol)	All orders for Acetaminophen 325mg 1 or 2 tablets will be substituted by Acetaminophen 500mg 1 tablet.
Acetaminophen with codeine compounds (Tylenol 2, Tylenol 3)	All orders for acetaminophen with codeine compounds will be substituted with the lowest cost therapeutic equivalent.
Aclidinium bromide (Tudorza Genuair)	Automatic substitution with Glycopyrronium bromide (Seebri)
Almotriptan (Axert)	Prescriptions for Almotriptan (Axert) will be substituted automatically with Sumatriptan using the following dosage equivalency. Almotriptan (Axert 12.5mg) = Sumatriptan 100mg
Amcinonide 0.1% (Cyclocort) cream/ lotion / ointment	Automatic substitution with Betamethasone valerate 0.1% cream / lotion / ointment at same interval.
Amoxicillin 500 and potassium clavulanate (Clavulin-500) TID	Amoxicillin 875 and potassium clavulanate (Clavulin- 875) BID
Ampicillin taken (PO) every 6 hours	Amoxicillin same dose (PO) taken every 8h
Antihistamine 2nd and 3rd Generation	All orders for 2nd and 3rd generation oral antihistamines will be substituted with the lowest cost therapeutic equivalent. Loratadine 10mg = Cetirizine 10mg = Fexofenadine 60mg = Desloratadine 5mg

<table>
<tr><th>Written Order</th><th>Formulary Equivalent</th></tr>
<tr><td>Angiotensin Receptor Blockers (ARB)</td><td>The following dosage equivalency chart will be used to substitute a non-formulary ARB inhibitor for Valsartan.
Candesartan 8mg daily = Valsartan 80mg daily
Eprosartan 600mg daily = Valsartan 80mg daily
Irbesartan 150mg daily = Valsartan 80mg daily
Losartan 50mg daily = Valsartan 80mg daily
Olmesartan 10mg daily = Valsartan 80mg daily
Telmisartan 40mg daily = Valsartan 80mg daily</td></tr>
<tr><td>Anti-cholinergics, long-acting (Enablex, Detrol LA, Vesicare, Ditropan XL, Trosec)</td><td>All orders for long-acting anti-cholinergics will be substituted by fesoterodine (Toviaz) according to the following equivalencies:

<table>
<tr><th>Medication</th><th>Available Doses</th><th>Frequency</th><th>Equivalent Fesoterodine</th><th>Dose Frequency</th></tr>
<tr><td>Darifenacin</td><td>7.5 mg
15 mg</td><td>Daily</td><td>4mg
8mg</td><td>Daily</td></tr>
<tr><td>Tolterodine</td><td>2mg
4mg</td><td>Daily</td><td>4mg
8mg</td><td>Daily</td></tr>
<tr><td>Solifenacin Succinate</td><td>5mg
10mg</td><td>Daily</td><td>4mg
8mg</td><td>Daily</td></tr>
<tr><td>Oxybutynin XL</td><td>5mg
10mg</td><td>Daily</td><td>4mg
8mg</td><td>Daily</td></tr>
<tr><td>Trospium</td><td>20mg
20mg</td><td>Daily
Twice Daily</td><td>4mg
8mg</td><td>Daily
Daily</td></tr>
</table></td></tr>
<tr><td>Antifungals (topical)</td><td>All orders for miconazole and ketoconazole will be substituded with clotrimazole.</td></tr>
<tr><td>Atorvastatin (Lipitor)</td><td>All orders for statins will be substituted with an equivalent dose of the lowest cost therapeutic equivalent.

Atorvastatin 20mg = Lovastatin 80mg = Fluvastatin 80mg = Pravastatin 80mg = Simvastatin 40mg = Rosuvastatin 5mg</td></tr>
<tr><td>Bacitracin (Baciguent)</td><td>Automatic substitution with Bacitracin zinc, Polymyxin B sulphate (topical Polysporin)</td></tr>
<tr><td>Benazapril 20mg daily</td><td>Ramipril 5mg daily</td></tr>
<tr><td>Beta-agonists (long-acting)</td><td>All orders for long-acting beta agonists will be substituted with an equivalent dose of Indacaterol (Onbrez) using the following dosage conversion:

<table>
<tr><th>Product</th><th>Dose</th><th>Substitution Indacaterol - Onbrez</th></tr>
<tr><td>Salmeterol – Serevent 50mcg</td><td>• 1 puff BID</td><td>• 75mcg in the evening</td></tr>
<tr><td>Formoterol – Oxeze 12mcg</td><td>• 1 inhalation BID</td><td>• 75mcg in the evening</td></tr>
</table></td></tr>
<tr><td>Betaxolol Ophth Soln (Betoptic / betoptic S) 0.25%/0.5%</td><td>Timolol Solution 0.25/0.5%</td></tr>
<tr><td>Biaxin XL</td><td>Clarithromycin regular release (BID). Same total daily dose</td></tr>
</table>

Written Order	Formulary Equivalent
Bimatoprost (Lumigan)	Automatic substitution with Travoprost (Travatan)
Brimonidine 0.15% (Alphagan P (TID)	Brimonidine 0.2% BID
Brinzolamide (Azopt)	• Dorzolamide is the formulary choice for an ophthalmic Carbonic Anhydrase Inhibitor. • Prescriptions for Brinzolamide (Azopt) 1% tid will automatically be substituted with Dorzolamide (Trusopt) 2% TID
Budesonide Nebules No Strength	Budesonide 0.25mg/ml (0.5 mg/2 mL)
Budesonide Aqueous (generic) 64mcg 1 spray bid or 2 sprays once daily	Beclomethasone Aqueous 50mcg 2 sprays BID
Bupropion (Wellbutrin/Wellbutrin XL)	All orders for Wellbutrin XL 150mg or 300 mg daily will be substituted by Bupropion SR 150mg once or twice daily.
Candesartan 8mg	Valsartan 80mg daily
Cetirizine	All orders for 2nd and 3rd generation oral antihistamines will be substituted with the lowest cost therapeutic equivalent. Cetirizine 10mg = Loratadine 10mg = Fexofenadine 60mg = Desloratadine 5mg
Ciclesonide (Omnaris) 50mcg 2 sprays once daily	Beclomethasone Aqueous 50mcg 2 sprays BID
Cilazapril 5mg daily	Ramipril 5mg daily
Cimetidine (Tagamet)	Orders for cimetidine will be substituted with ranitidine as follows: • Cimetidine < 800mg daily = Ranitidine 150mg • Cimetidine 800-2400mg daily = Ranitidine 300mg daily • Ranitidine >300mg may be divided into 2 daily doses
Cipro XL –once daily	Ciprofloxacin Regular release (BID). Same total daily dose
Clobetasol Propionate 0.05% (Dermovate)	Automatic Substitution with Betamethasone dipropionate (Diprosone)

<table>
<tr><th>Written Order</th><th>Formulary Equivalent</th></tr>
<tr><td>Clozapine
(Clozaril)</td><td>Health Canada has mandated that any distributor of clozapine must have a patient monitoring system to ensure the optimal safety of all patients using this drug. This monitoring system must be able to register patients and their respective physicians, pharmacists and laboratories as well as monitor for adverse effects of the drug. It must continue for as long as the patient is on the drug. Furthermore, monitoring should occur at least weekly for a period of four weeks following discontinuation of clozapine therapy, irrespective of the cause of discontinuation.

If a patient has been identified for registration on clozapine, the following must be in place prior to start:

1. Psychiatrist must initiate and sign the appropriate registration form. The completed form must then be forwarded to the appropriate monitoring program.
2. Clozapine therapy cannot be started until the monitoring program approves the start.
3. Once the monitoring program approves the new start they will notify the psychiatrist and the pharmacist.
4. The psychiatrist can then order the medication. An order must also be written stating “blood work as per clozapine protocol”.

Note: all new starts for clozaril will be filled with the lowest cost therapeutic equivalent</td></tr>
<tr><td>Combination corticosteroid/long-acting beta agonist (inhaled)</td><td>All orders for inhaled corticosteroid/long-acting beta agonist combinations will be substituted with an equivalent dose of formoterol/budesonide (Symbicort) using the following dosage conversion:

<table>
<tr><th>Product</th><th>Dose</th><th>Substitution
Formoterol/Budesonide
Symbicort</th></tr>
<tr><td>Salmeterol/Fluticasone
Advair HFA
25mcg/125mcg
25mcg/250mcg</td><td>

• 2 puffs BID
• 2 puffs BID</td><td>

• 6mcg/100mcg - 2 inh BID
• 6mcg/200mcg - 2 inh BID</td></tr>
<tr><td>Salmeterol/Fluticasone
Advair Diskus
50mcg/250mcg
50mcg/500mcg</td><td>

• 1 inh BID
• 1 inh BID</td><td>

• 6mcg/100mcg - 2 inh BID
• 6mcg/200mcg - 2 inh BID</td></tr>
<tr><td>Formoterol/Mometasone
Zenhale
5mcg/100mcg
5mcg/200mcg</td><td>

• 2 inh BID
• 2 inh BID</td><td>

• 6mcg/100mcg - 2 inh BID
• 6mcg/200mcg - 2 inh BID</td></tr>
<tr><td>Fluticasone
furoate/vilanterol
Breo Ellipta
100 mcg/ 25 mcg</td><td>• 1 inh once daily</td><td>• 6mcg/200mcg - 2 inh BID</td></tr>
</table>
</td></tr>
</table>

<table>
<tr><th>Written Order</th><th>Formulary Equivalent</th></tr>
<tr><td>Corticosteroids (inhaled)</td><td>All orders for inhaled corticosteroids will be substituted with an equivalent dose of Mometasone (Asmanex) using the following dosage conversion:
<table>
<tr><th>Product</th><th>Dose
L=low
M=medium and H=high</th><th>Substitution
Mometasone - Asmanex</th></tr>
<tr><td>Beclomethasone – Qvar 100mcg</td><td>• 100 – 200mcg/day (L)
• 200 – 400mcg/day (M)
• >400mcg /day (H)</td><td>• 200mcg in the evening (L)
• 400mcg /day in the evening
or 200mcg BID (M)
• 400mcg BID* (H)</td></tr>
<tr><td>Ciclesonide - Alvesco 200mcg and 400mcg</td><td>• 200-400mcg/ day (L)
• 400-600mcg/day (M)
• .>600mcg/ day (H)</td><td>• 200mcg in the evening (L)
• 400mcg in the evening
or 200mcg BID (M)
• 400mcg BID* (H)</td></tr>
<tr><td>Budesonide - Pulmicort 200mcg and 400mcg</td><td>• 200-600mcg /day (L)
• 600-1200mcg/day (M)
• >1200mcg/day (H)</td><td>• 200mcg in the evening (L)
• 400mcg in the evening
or 200mcg BID (M)
• 400mcg BID* (H)</td></tr>
<tr><td>Fluticasone - Flovent 125 mcg, 250mcg and 500mcg</td><td>• 125 -250mc/day (L)
• 500-1000mcg /day (M-H)
• >1000mcg/day(H)*</td><td>• 200mcg in the evening (L)
• 400mcg in the evening (or split into 200mcg BID) (M-H)
• 400mcg BID* (H)</td></tr>
</table>
*400mcg BID dosing for Asmanex (and 1000mg BID dosing for Flovent) are to be given only when patient is concurrently receiving an oral steroid. Once reduction of the oral steroid dose is complete, patient should be titrated down to the lowest effective dose of Asmanex.</td></tr>
<tr><td>Corticosteroids (nasal)</td><td>All orders for non-formulary corticosteroid nasal sprays will be substituted with an equivalent dose of generic beclomethasone aqueous based on manufacturer recommended dosage:
• Beclomethasone Aqueous 50mcg 2 sprays BID =
• Budesonide Aqueous 64mcg 1 spray bid or 2 sprays QD =
• Ciclesonide (Omnaris) 50mcg 2 sprays once daily =
• Flunisolide 25mcg 2 sprays bid =
• Fluticasone propionate 50mcg 2 sprays once daily=
• Fluticasone furoate (Avamys) 27.5mcg 2 sprays once daily =
• Mometasone (Nasonex) 50mcg 2 sprays QD (Allergic rhinitis) or 50mcg 2 sprays BID (Nasal polyps / acute rhinosinusitis) =
• Triamcinolone (Nasacort Aq) 55mcg 2 sprays once daily</td></tr>
</table>

<table>
<tr><th>Written Order</th><th>Formulary Equivalent</th></tr>
<tr><td>Corticosteroids (topical)</td><td>Formulary agents from each level of potency will be automatically dispensed for prescriptions of agents within the category. Dosage forms will be consistent (i.e. a lotion will not be substituted for a cream, etc). A complete list of interchangeable single ingredient topical corticosteroids is located at bottom of interchange policy.

<table>
<tr><th>WRITTEN ORDER</th><th>DISPENSE</th></tr>
<tr><td>WEAK</td><td>Hydrocortisone 0.5% and 1% cream, lotion, ointment
1% chosen when no strength specified</td></tr>
<tr><td>MODERATE</td><td>Desonide 0.05 % cream, lotion, ointment</td></tr>
<tr><td>POTENT</td><td>Betamethasone Valerate 0.05% and 0.1% cream, lotion and ointment
0.1% chosen when no strength specified.</td></tr>
<tr><td>VERY POTENT</td><td>Betamethasone diproprionate 0.05% cream, lotion, ointment</td></tr>
</table></td></tr>
<tr><td>Desloratadine 5mg</td><td>All orders for 2nd and 3rd generation oral antihistamines will be substituted with the lowest cost therapeutic equivalent.

Loratadine 10mg = Cetirizine 10mg = Fexofenadine 60mg = Desloratadine 5mg</td></tr>
<tr><td>Desoximetasone 0.05% cream (Topicort)</td><td>Automatic Substitution with Betamethasone Valerate 0.05% cream at same interval</td></tr>
<tr><td>Desoximetasone 0.25% cream (Topicort)</td><td>Automatic Substitution with Betamethasone Valerate 0.1% cream at same interval</td></tr>
<tr><td>Detemir, insulin (Levimir)</td><td>Automatic substitution with insulin Glargine (Lantus).</td></tr>
<tr><td>Diltiazem Once Daily</td><td>Diltiazem CD (controlled delivery) is the formulary choice for all once daily Diltiazem formulation requests (ER, XC, etc.). All once daily formulations will be substituted with Diltiazem CD.</td></tr>
<tr><td>Diltiazem SR (BID)</td><td>Diltiazem CD (same total daily dose given once daily).</td></tr>
<tr><td>Diflucortolone Valerate 0.1% (Nerisone / Nerisone Oily)</td><td>Automatic Substitution with Betamethasone Valerate 0.1% cream / ointment at same interval.</td></tr>
<tr><td>Dipeptidyl Peptidase-4 Inhibitors – Saxagliptin (Onglyza), Sitagliptin (Januvia), Alogliptin (Nesina)</td><td>Automatic substitution with Linagliptin (Trajenta).</td></tr>
<tr><td>Docusate Calcium 240mg</td><td>Docusate Sodium 100mg</td></tr>
<tr><td>Dovobet Ointment
(50 µg/g calcipotriol and 0.5 mg/g betamethasone dipropionate)</td><td>To be dispensed as 2 separate products.
Note: Criteria for calcipotriol use must be met. Patient must have had unsuccessful trial of corticosteroid (mono therapy)</td></tr>
</table>

Written Order	Formulary Equivalent
Doxazosin (Cardura) 1-3mg daily 4-7mg daily 8mg daily	Terazosin (Hytrin) 2mg hs 5mg hs 10mg hs
Eletriptan (Relpax)	Prescriptions for eletriptan (relpax) will be substituted automatically with Sumatriptan using the following dosage equivalency. Eletriptan (Relpax) 20 to 40mg = Sumatriptan 100mg Eletriptan (Relpax) is not funded by CSC
Enalapril (Vasotec)10mg daily	Ramipril 5mg daily
Eprosartan (Teveten)600mg daily	Valsartan 80mg daily
Esomoprazole (Nexium)	Automatically substitution for a lower cost PPI. Nexium 40mg = Omeprazole 20mg daily (generic) Pantoprazole Sodium 40mg daily Rabeprazole 20mg daily (generic) Lansoprazole 30mg daily (generic)
Extended Release (ER) format	Regular release products (same total daily dose) will be given in divided dosage when more economical and no change in therapeutic efficacy.
Famotidine (Pepcid)	Automatic substitution with Ranitidine as follows: Famotidine 20mg = Ranitidine 150mg
Fenoterol HBR (Berotec 100mcg/Inhalation Inhaler)	Salbutamol 200 mcg/dose
Fenofibrate (nanocrystals) Lipidil EZ 48mg Lipidil EZ 145mg Fenofibrate (micro coated) Lipidil Supra 100mg Lipidil Supra 160mg	Automatic substitution with micronized formulation Fenofibrate micronized 67mg Fenofibrate micronized 200mg Fenofibrate micronized 100mg Fenofibrate micronized 200mg
Ferrous Fumarate 300mg (= 100 mg elemental iron)	Ferrous Gluconate 300 mg – 3 tablets (3 tablets =105 mg elemental iron)
Fexofenadine 60mg	All orders for 2nd and 3rd generation oral antihistamines will be substituted with the lowest cost therapeutic equivalent. Fexofenadine 60mg = Cetirizine 10mg = Loratadine 10mg = Desloratadine 5mg
Flunisolide (generic) 25mcg 2sprays bid	Beclomethasone Aqueous 50mcg 2 sprays BID
Fluocinonide 0.05% (Lydex, Lyderm)	Automatic Substitution with Betamethasone Valerate 0.1%

Written Order	Formulary Equivalent
Fluocinolone Acetonide Synalar 0.025% ointment Derma-Smooth 0.01% scalp lotion Capex 0.01% shampoo	Automatic Substitution with Betamethasone Valerate 0.05%
Fluticasone propionate (generic) 50mcg 2 sprays once daily	Beclomethasone Aqueous 50mcg 2 sprays BID
Fluticasone furoate (Avamys) 27.5mcg 2 sprays once daily	Beclomethasone Aqueous 50mcg 2 sprays BID
Fluvastatin (Lescol)	All orders for statins will be substituted with an equivalent dose of the lowest cost therapeutic equivalent. Atorvastatin 20mg = Lovastatin 80mg = Fluvastatin 80mg = Pravastatin 80mg = Simvastatin 40mg = Rosuvastatin 5mg
Fosinopril 20mg daily	Fosinopril 20mg daily = Ramipril 5mg daily
Framycetin Ophthalmic Drops	Automatic substitution with Tobramycin
Fucidin cream / ointment	Bactroban cream / ointment (same frequency)
Fucidin HC (Fusidic acid (hemihydrate) 2% and hydrocortisone acetate 1%)	To be dispensed as separate products (Bactroban cream + HC 1% cream).
Garasone Ophthalmic Drops / Ointment	Automatic substitution with same dose of Tobradex eye drops / ointment
Gentamicin Ophthalmic / Otic Drops / Ointment	Orders for gentamicin 0.3% otic drops will be substituted with the same dose of tobramycin drops /ointment. Note: Orders for 0.3% otic drops will be substituted with the same dose of Tobramycin ophthalmic drops to be administered into the ear.
Halcinonide 0.1% cream / oint (Halog)	Automatic substitution with Betamethasone Dipropionate 0.05% cream / ointment at same interval
Hp-PAC (Lansoprazole 30mg cap, Amoxicillin 500mg, Clarithromycin 500mg)	To be dispensed as separate ingredients
H2 Blockers	All orders for non-formulary H2 Blocker will be substituted with the following dosage equivalencies Cimetidine < 800mg = Ranitidine 150mg OD 800-2400mg = Ranitidine 300mg OD (or 150mg BID) Famotidine 20 = Ranitidine 150mg Nizatidine 150 = Ranitidine 150mg
Hydrocortisone Valerate 0.2% (Westcort)	Automatic Substitution with desonide 0.05% at same interval

Written Order	Formulary Equivalent
Insulin Detemir (Levemir)	Automatic substitution with insulin glargine (Lantus)
Irbesartan (Avapro) 150mg daily	Valsartan 80mg daily
Ketoconazole . topical cream . vaginal inserts	Clotrimazole 1% cream (same frequency) Clotrimazole Vaginal Inserts (same frequency)
Ketoprofen (Orudis)	All orders for Ketoprofen will be substituted with a comparable dosage of Diclofenac (same route of administration will be used)
Latanoprost (Xalatan)	Automatic substitution with Travoprost (Travatan)
Levobunol (Betagan)	To be dispensed as timolol. Same strength same frequency. Levobunol 0.25% = Timolol 0.25% soln Levobunolol 0.5% soln = Timolol 0.5% Solution
Lisinopril (Zestril) 20mg daily	Ramipril 5mg daily
Loratadine 10mg daily	All orders for 2nd and 3rd generation oral antihistamines will be substituted with the lowest cost therapeutic equivalent. Loratadine 10mg = Cetirizine10mg = Desloratadine 5mg = Fexofenadine 60mg
Losartan (Cozaar)50mg daily	Valsartan 80mg daily
Lotriderm Cream (clotrimazole USP 10 mg and 0.64 mg betamethasone dipropionate)	To be dispensed as separate components of Betamethasone dipropionate + Clotrimazole 1% in equal parts.
Lovastatin (Mevacor)	All orders for statins will be substituted with an equivalent dose of the lowest cost therapeutic equivalent. Atorvastatin 20mg = Lovastatin 80mg = Fluvastatin 80mg = Pravastatin 80mg = Simvastatin 40mg = Rosuvastatin 5mg
Miconazole topical cream vaginal inserts	Clotrimazole 1% cream (same frequency) Clotrimazole Vaginal Inserts (same frequency)
Mometasone (Nasonex) 50mcg 2 sprays QD (Allergic rhinitis) or 50mcg 2 sprays BID (Nasal polyps/acute rhinosinusitis)	Beclomethasone Aqueous 50mcg 2 sprays BID
Mometasone Furoate 0.1% Cream / lot / ointment (Elocom)	Automatic Substitution with Betamethasone Valerate 0.1% at same interval.
Morphine Sulfate SR (BID)	Morphine Long Acting (Kadian) once daily

Written Order	Formulary Equivalent
Naproxen Sodium (Anaprox) Naproxen Sodium 275mg Naproxen Sodium 550mg	All orders for Naproxen Sodium (Anaprox) will be automatically substituted with an equivalent dose of Naproxen (Naprosyn) Naproxen 250mg Naproxen 500mg
Naratriptan (Amerge)	Prescriptions for Naratriptan (Amerge) will be substituted automatically with Sumatriptan using the following dosage equivalency: Naratriptan (Amerge) 1mg= Sumatriptan 50mg Naratriptan (Amerge) 2.5mg= Sumatriptan 100mg
Neosporin Ointment	Polysporin Ointment
Nifedipine PA	All orders for Nifedipine prolonged action (Adalat PA) will be substituted with an equivalent dose of Nifedipine XL (Adalat XL or equivalent) 10 or 20mg BID = XL 30mg OD 30 or 40mg BID = XL 60mg OD
Nizatidine (Axid)	Automatically substitution with Ranitidine as follows: Nizatidine 150mg = Ranitidine 150mg
Nystatin (any strength/regimen) - dermal cream - vaginal cream - vaginal tablets	Clotrimazole dermal cream Clotrimazole vaginal cream Clotrimazole 200mg vaginal inserts **Regional preference may be used to have miconazole as preferred choice**
Olopatadine Drops (Patanol)	Sodium Cromoglycate (Opticrom)
Ophthalmic Aminoglycosides	Prescriptions for ophthalmic aminoglycosides (Framycetin, Gentamycin) will be substituted with **Tobramycin**. Combination aminoglycoside / corticosteroid (e.g. Garasone) will be substituted with **Tobradex**
Ophthalmic Beta Blockers	Prescription for the following ophthalmic beta blockers (solution) will be **substituted with Timolol** (same percentage and same dosage interval) Betaxolol (Betoptic S) 0.25%/ 0.5% Levobunol (Betagan) 0.25% / 0.5%
Ophthalmic Prostaglandin Analogues	Prescription for the following ophthalmic prostaglandin analogues will be **substituted with Travoprost** (same dosage interval) Bimatoprost (Lumigan) 0.03% OD Lantanoprost (Xalatan) 0.005% OD
Ophthalmic Topical Carbonic Anhydrase Inhibitor	Prescription for ophthalmic Carbonic Anhydrase Inhibitor will be **substituted with Dorzolamide 2% (Trusopt)** (formulary choice) Brinzolamide (Azopt) 1% BID = Dorzolamide (Trusopt) 2% TID
Pantoprazole Magnesium (Tecta)	Prescriptions for Tecta will be substituted for a lower cost PPI. Omeprazole 20mg daily (generic) Rabeprazole 20mg daily (generic) Lansoprazole 30mg daily (generic) Tecta is currently not funded by CSC.
Paroxetine CR (12.5mg, 25mg)	Automatic substitution with regular release formulation. Paxil CR 12.5mg = Paroxetine Reg release 10mg Paxil CR 25mg = Paroxetine Reg release 20mg

Written Order	Formulary Equivalent
Perindopril 4mg daily	Ramipril 5mg daily
Pravastatin (Pravachol)	All orders for statins will be substituted with an equivalent dose of the lowest cost therapeutic equivalent. Atorvastatin 20mg = Lovastatin 80mg = Fluvastatin 80mg = Pravastatin 80mg = Simvastatin 40mg = Rosuvastatin 5mg
Proton Pump Inhibitors (PPI)	All orders for PPIs will be substituted with an equivalent dose of the lowest cost therapeutic equivalent. Dosage equivalency Esomeprazole 40mg = Omeprazole 20mg = Rabeprazole 20mg = Lansoprazole 30mg = Pantoprazole Sodium 40mg
Quinapril 20mg daily	Ramipril 5mg daily
Rectal Ointments and suppositories	Classified into 2 groups: With hydrocortisone and without hydrocortisone Products with Hydrocortisone will be substituted with (Anuzinc) Anusol HC or equivalent Products without Hydrocortisone will be substituted with (Anuzinc) Anusol Plain or equivalent
Risedronate (Actonel)	Alendronate is the oral bisphonate formulary choice. Prescriptions for oral risedronate (actonel) will be substituted automatically with alendronate using the following equivalency. Risedronate 5mg = Alendronate 10mg Risedronate 30mg = Alendronate 40mg Risedronate 35mg (weekly)= Alendronate 70mg (weekly)
Rizatriptan (Maxalt)	Prescriptions for Rizatriptan (Maxalt) will be substituted automatically with Sumatriptan using the following dosage equivalency: Rizatriptan (Maxalt) 10mg = Sumatriptan 100mg
Rosiglitazone (Avandia) 2mg 4mg 8mg	Automatic substitution with Pioglitazone hydrochloride (Actos) 15mg 30mg 45mg Note: Eligible criteria must be met.
Rosuvastatin (Crestor)	All orders for statins will be substituted with an equivalent dose of the lowest cost therapeutic equivalent. Atorvastatin 20mg = Lovastatin 80mg = Fluvastatin 80mg = Pravastatin 80mg = Simvastatin 40mg = Rosuvastatin 5mg
Salbutamol (Ventolin) MDI *For inmates in Special Handling Unit (SHU) **ONLY**	Salbutamol (Ventolin) Diskus Note: The SHU is an enhanced supervision unit, located at the Regional Reception Centre in Ste-Anne-des-Plaines, Québec, for those inmates who pose an ongoing danger to staff, other inmates or the public, and who cannot be safely managed at any other maximum-security institution.

Written Order	Formulary Equivalent
Salbutamol Nebules –No Strength	Salbutamol 1mg/ml (2.5mg/nebule)
Simvastatin (Zocor)	All orders for statins will be substituted with an equivalent dose of the lowest cost therapeutic equivalent. Atorvastatin 20mg = Lovastatin 80mg = Fluvastatin 80mg = Pravastatin 80mg = Simvastatin 40mg = Rosuvastatin 5mg
Seroquel XR (OD)	Automatic substitution with Quetiapine immediate release tablets. Same total daily dose.
Statins	All orders for statins will be substituted with an equivalent dose of the lowest cost therapeutic equivalent. Atorvastatin 20mg = Lovastatin 80mg = Fluvastatin 80mg = Pravastatin 80mg = Simvastatin 40mg = Rosuvastatin 5mg
Senokot S	Orders for each tablet of Senokot S are substituted with the 1 capsule of Docusate sodium 100mg plus 1 tablet of Sennosides 8.6mg. Note (Substitution based on sennosides content. Docusate content will not always be equivalent)
Slow Release (SR) format	Regular release products (same total daily dose) will be given in divided dosage when more economical and no change in therapeutic efficacy.
Tamsulosin CR	Tamsulosin sustained regular capsule at equivalent daily dose
Tecta (Pantoprazole magnesium)	Prescriptions for Tecta will automatically be substituted for a lower cost PPI. Regional preference in effect. Tecta 40mg = Omeprazole 20mg daily (generic) Pantoprazole Sodium 40mg daily (generic) Rabeprazole 20mg daily (generic) Lansoprazole 30mg daily (generic)
Terbutaline 500mcg turbuhaler (Bricanyl)	Salbutamol 200 mcg/dose
Terconazole 3 or 7 day vaginal cream 3 day vaginal ovules 3 day Dual Pak	Clotrimazole 6-day Vaginal Cream Clotrimazole 3-day 200mg vaginal inserts Clotrimazole 3-day 200mg vaginal inserts + cream **Regional preference may be used to have miconazole as preferred choice**
Telmisartan 40mg daily	Valsartan 80mg daily
Timolol Ophthalmic (Timoptic)	Timolol is the formulary choice for ophthalmic beta blockers
Tiotropium (Spiriva)	Glycopyrronium bromide (Seebri)
Tocilizumab (Actemra) IV	Therapeutic Interchange is tocilizumab (Acterma) SC

Written Order	Formulary Equivalent
Triptans	The following dosage equivalency will be used to substitute a non-formulary (oral) triptan for Sumatriptan, not to exceed 200mg in any 24hrs. Almotriptan (axert 12.5mg) = Sumatriptan 100mg Eletriptan (relpax) 20 to 40mg = Sumatriptan 100mg Naratriptan (amerge) 2.5mg= Sumatriptan 100mg Rizatriptan (maxalt) 10mg = Sumatriptan 100mg Zolmitriptan (zomig) 5mg= Sumatriptan 100mg **All other non-formulary oral triptans will only be considered following unsuccessful trial or intolerance to sumatriptan.** Note: Eletriptan (Relpax) is not funded by CSC.
Trandolapril 2mg daily	Ramipril 5mg daily
Triamcinolone (Nasacort Aq) 55mcg 2 sprays once daily	Beclomethasone Aqueous 50mcg 2 sprays BID
Triamcinolone Acetonide (Aristocort R, Aristocort C)	Automatic Substitution with Desonide 0.05%
Umeclidinium Bromide + Vilanterol Trifenatate (Anoro Ellipta)	Automatic Substitution with Ultibro Breezhaler (indacaterol + glycopyrronium)
Valproic Acid (Depakene)	All orders for Valproic acid will be automatically substituted with Divalproex sodium (Epival). Valproic Syrup (Depakene) will not be substituted.
Verapamil once daily	Verapamil SR (same dose, once daily)
Vioform HC Cream (Iodochlorhydroxyquin/Hydrocortisone Acetate 3%/1%)	Prescription will automatically be substituted with **Locacorten vioform Cream** (Clioquino/Flumethasone Pivalate 3%/0.02%)
XL release products	Regular release products (same total daily dose) will be given in divided dosage when more economical and no change in therapeutic efficacy.
Xamiol Shampoo (50 µg/g calcipotriol (as monohydrate) and 0.5 mg/g betamethasone (as dipropionate)	Prescriptions for Xamiol Shampoo will be automatically substituted with 2 separate products (beclomethasone dipropionate scalp lotion and dovonex scalp lotion) Note: Criteria for calcipotriol use must be met. Patient must have had unsuccessful trial of corticosteroid (mono therapy) treatment.
Zafirlukast (Accolate 20mg)	Montelukast 10mg HS Patient must meet non formulary criteria (presently using steroid treatment and compliance is shown)
Zolmitriptan (Zomig)	Prescriptions for zolmitriptan (Zomig) will be substituted automatically with sumatriptan using the following dosage equivalency: Zolmitriptan (Zomig) 5mg= Sumatriptan 100mg

Written Order	Formulary Equivalent
Factor correction	Orders incorrect by a factor of 1000 are filled using the correct strength (e.g., Misoprostol 200 mg is filled as Misoprostol 200 mcg)
Combination Products	Combination products composed of separate ingredients currently listed on the formulary will be dispensed as the separate components if more economical (e.g. Altace HCT). Those combination products having 2 components, whereby one (or both) component(s) is interchangeable, will utilize the formulary preference(s) to make up the ingredients (e.g. Avalide substituted with Valsartan and hydrochlorothiazide).
Route of administration	The oral route will be assumed unless otherwise specified.
Topical preparations but not specified if cream or ointment	Cream is dispensed. Exception: Polysporin - ointment is dispensed if not specified.

B-1. Corticosteroid – Single Ingredient Interchangeable List

Single Ingredient	Available on Canadian Market	Preferred
Weak Hydrocortisone / Hydrocortisone acetate	 0.5% cream, lotion, oint 1% cream, lotion, oint 2% cream 2.5% cream, liquid, lotion	 Hydrocortisone 0.5% and 1% cream, lotion, ointment 1% chosen when no strength specified
Moderately Potent Clobetasone 17-butyrate Desonide Flumethasone pivalate Fluticasone propionate Hydrocortisone valerate Prednicarbate Triamcinolone acetonide	 0.05% cream 0.05% cream, lot, oint 0.05% cream 0.2% cream, oint 0.1% cream, oint 0.025% cream 0.1% cream, oint, paste 0.5% cream	 Desonide 0.05 % cream, lotion, ointment
Potent Amcinonide Betamethasone valerate Desoximetasone Diflucortolone valerate Fluocinolone acetonide Fluocinonide Mometasone furoate	 0.1% cream, lotion oint 0.05% cream, lot, oint 0.1% cream, lot, oint 0.05% cream, gel 0.25% cream oint 0.1% cream, ointment 0.01% cream, shampoo, soln 0.025% cream, oint 0.05% cream, gel, oint 0.1% cream, lotion, oint	 Betamethasone Valerate 0.05% and 0.1% cream, lotion and ointment 0.1% chosen when no strength specified Prescriptions for shampoo will be substituted with scalp lotion if required.
Very Potent Betamethasone dipropionate Clobetasol 17-propionate Halcinonide	 0.05% (cream, lot, oint) 0.05% (cream, lot, oint, shampoo, soln) 0.1% (cream, ointment)	 Betamethasone diproprionate (Diprosone) 0.05% cream, lotion, ointment Prescriptions for shampoo formulations may be substituted with lotion if required

Appendix C. Criteria Medications

The drugs listed below have specific criteria which must be met in order to be approved.

Prescriptions for most Criteria Medcations require a Reason for Use (RFU) code. The RFU code verifies that the patient meets the criteria. The RFU code can be communicated by one of the following methods:

- writing on Doctor's Order form (CSC-SCC 0471-02) or Medication Reconciliation (CSC-SCC 1244e)
- verbally during a verbal or telephoned order by a prescriber or by a nurse

The authorization is valid for the duration indicated by the listed criteria.

Note: if a corresponding code could not be found, the request will be considered as an Exception Benefit and will require the completion the CSC form Benefit with Criteria and Benefits with Criteria and Non-Formulary Medication Request (CSC-SCC 1415).

Medication	Reason For Use Code	Duration	Criteria for approval
Abatacept (Orencia)	101 (initial)	6 months	**NOTE:** Failure or intolerance with a SC biologic (e.g. Humira) should be assessed prior to starting an IV biologic (e.g. Remicade, Orencia, Actemra). Rheumatoid Arthritis Criteria for initial 6 month coverage for a MAXIMUM dose of 1000mg at 0, 2 and 4 weeks then every 4 weeks: 1) Must be prescribed by a rheumatologist **AND** 2) Patient must be refractory or intolerant to: • Methotrexate (MTX) (PO, SC or IM) at 20mg or greater total weekly dosage (15mg or greater if patient is >65 years of age) for a minimum of 12 weeks, (patients who do not exhibit a clinical response to oral MTX or experience gastrointestinal intolerance to PO methotrexate may consider a trial of parenteral methotrexate before being deemed intolerant) **AND** • MTX in combination with ≥ two other disease modifying anti-rheumatic agents (DMARDs), such as sulfasalazine (SSZ) and hydrochloroquine (HCQ), for a minimum 12 weeks of continuous treatment NOTE: If patient could not receive an adequate trial of MTX, SSZ, HCQ due to contraindication(s) or intolerance(s), the nature must be provided along with the details of trial of other DMARDs or clear rationale why other DMARDs cannot be considered.
	102 (ongoing)	1 year	In order to obtain yearly approval after initial coverage, rheumatologist must confirm that the patient's symptoms have improved by 20%. The following are a few examples of what may be used to demonstrate improvement: number of swollen joints, DAS28 score, HAQ scores, C-reactive protein level, ACR20.

Medication	Reason For Use Code	Duration	Criteria for approval
Adalimumab (Humira)	104 (initial)	6 months	<u>Rheumatoid Arthritis</u> Criteria for initial 6 month coverage for a MAXIMUM dose of 40mg every 2 weeks: 1) Must be prescribed by a rheumatologist **AND** 2) Patient must be refractory or intolerant to: • Methotrexate (MTX) (PO, SC or IM) at 20mg or greater total weekly dosage (15mg or greater if patient is >65 years of age) for a minimum of 12 weeks, (patients who do not exhibit a clinical response to oral MTX or experience gastrointestinal intolerance to PO methotrexate may consider a trial of parenteral methotrexate before being deemed intolerant) **AND** • MTX in combination with ≥ two other disease modifying anti-rheumatic agents (DMARDs), such as sulfasalazine (SSZ) and hydrochloroquine (HCQ), for a minimum 12 weeks of continuous treatment NOTE: If patient could not receive an adequate trial of MTX, SSZ, HCQ due to contraindication(s) or intolerance(s), the nature must be provided along with the details of trial of other DMARDs or clear rationale why other DMARDs cannot be considered.
	105 (ongoing)	1 year	In order to obtain yearly approval after initial coverage, rheumatologist must confirm that the patient's symptoms have improved by 20%. The following are a few examples of what may be used to demonstrate improvement: number of swollen joints, DAS28 score, HAQ scores, C-reactive protein level, ACR20.

Medication	Reason For Use Code	Duration	Criteria for approval
Adalimumab (Humira)	106 (initial)	6 months	Psoriatic Arthritis Criteria for initial 12 week coverage for a MAXIMUM dose of 40mg every 2 weeks: 1) Must be prescribed by a rheumatologist AND 2) Must have three active and tender joints AND 3) Patient is refractory to: a) a three month trial of at least two NSAID's at maximum tolerated doses **AND** **b)** methotrexate weekly (PO, SC or IM) at 20mg or greater (15mg or greater if patient is >65 years of age) for more than 12 weeks, (patients who experience gastrointestinal intolerance to PO methotrexate must have a trial of parenteral methotrexate before being deemed intolerant) **AND** c) an adequate trial of at least 2 other DMARD's, including: i) Leflunomide - 20mg daily for 10 weeks ii) Gold - minimum 5 month trial iii) Cyclosporine - mininimum 3 month trial iv) Azathioprine - minimum 3 month trial v) Sulfasalazine – minimum 3 month trial
	107 (ongoing)	1 year	In order to obtain yearly approval after initial coverage, rheumatologist must confirm that the patient's symptoms have improved by 20%. The following are a few examples of what may be used to demonstrate improvement: number of swollen joints, DAS28 score, HAQ scores, C-reactive protein level, ACR20.

Medication	Reason For Use Code	Duration	Criteria for approval
Adalimumab (Humira)	108 (initial)	12 weeks	<u>Ankylosing Spondylitis</u> Criteria for initial 12 week coverage for a MAXIMUM dose of 40mg every 2 weeks: 1) Must be prescribed by a rheumatologist, **AND** 2) Must have Bath AS Disease Activity Index (BASDAI) > 4 **AND** 3) Patient is refractory to a three month trial of at least three NSAIDs at maximum tolerated dose **AND** 4) for peripheral symptoms must be refractory to: i) methotrexate weekly (PO, SC or IM) at 20mg or greater (15mg or greater if patient is >65 years of age) for more than 12 weeks, (patients who experience gastrointestinal intolerance to PO methotrexate must have a trial of parenteral methotrexate before being deemed intolerant) **OR** ii) sulfasalazine – minimum 3 months trial **NOTE**: For axial involvement, patient does not need to be tried on methotrexate or sulfasalazine.
	109 (ongoing)	1 year	In order to obtain yearly approval after initial coverage, rheumatologist must confirm that the patient's symptoms have improved. The following are a few examples of what may be used to demonstrate improvement: 50% improvement is ASAS 50 or BASDAI 50.
	110 (inital)	4 weeks	<u>Crohn's Disease</u> Criteria for initial four week coverage, which will allow for an induction dose of 160mg followed by 80mg 2 weeks: 1) Must be prescribed by a gastroenterologist, **AND** 2) Patient must be refractory to or has contraindications to an adequate course of: a) 5-ASA – minimum 6 week trial **AND** b) Corticosteroids – minimum 2 week trial **AND** c) immunosuppressive therapy – minimum 3 month trial (e.g. Methotrexate, Azathioprine, 6-mercaptopurine)
	111 (ongoing)	1 year	In order to obtain yearly approval after initial coverage, gastroenterologist must confirm that the patient's symptoms have improved. The following are examples of what may be used to demonstrate improvement: 100 point reduction in the Crohn's Disease Activity Index (CDAI), 3 point reduction in the Modified Harvey Bradshaw Index.

Medication	Reason For Use Code	Duration	Criteria for approval
Adalimumab (Humira)	112 (initial)	16 weeks	<u>Plaque Psoriasis</u> Criteria for initial 16 week coverage for a MAXIMUM dose of 40mg every 2 weeks: 1) Must be prescribed by a dermatologist, **AND** 2) Body surface Area (BSA) involvement of > 10% and/or significant involvement of the face, hands, feet or genital region **AND** 3) patient is refractory to or has contraindications to an adequate course of: a) Methotrexate weekly (PO, SC or IM) at 20mg or greater (15mg or greater if patient is >65 years of age) for more than 12 weeks, (patients who experience gastrointestinal intolerance to PO methotrexate must have a trial of parenteral methotrexate before being deemed intolerant) **AND** b) Cyclosporine – minimum trial of 6 weeks **AND** a) phototherapy if access is available
	113 (ongoing)	1 year	In order to obtain yearly approval after initial coverage, dermatologist must confirm that the patient's symptoms have improved. The following are a few examples of what may be used to demonstrate improvement: 75% reduction in the Psoriasis Area and Severity Index (PASI) score 50% reduction in PASI with a 5 point improvement in the Dermatology Life Quality Index, significant reduction in BSA involved.
Alfuzosin (Xatral) 10mg	114	Indefinite	Treatment of Benign Prostatic Hyperplasia (BPH) in patients who do not tolerate or have failed a trial on other formulary alpha- adrenergic blockers (terasozin and/or tamsulosin).
Aluminum Hydroxide (Amphogel, Alugel)	115	1 year	Currently taking PPI medication with breakthrough heartburn. Must be physician ordered as it will not be provided for routine use of heartburn / indigestion.
Aluminum Hydroxide / Magnesium Oxide (Almagel, Generic Antacid liquids)	115	1 year	Currently taking PPI medication with breakthrough heartburn. Must be physician ordered as it will not be provided for routine use of heartburn / indigestion.

Medication	Reason For Use Code	Duration	Criteria for approval
Apixaban (Eliquis)	232 (Initial)	6 months	For the treatment of venous thromboembolism (VTE) – deep vein thrombosis (DVT) or pulmonary embolism (PE) - and prevention of recurrent DVT and PE, for a duration of up to six months. For the prevention of VTE: • in patients who have undergone elective total knee replacement (TKR) surgery • in patients who have undergone elective total hip replacement (THR).
	116	14 days	
	117	35 days	
	118	Indefinite	For patients in whom warfarin is indicated but who fail to achieve adequate INR control, despite monitored warfarin treatment; **OR** for patients who have a history of a serious hypersensitivity reaction to warfarin: in at risk patients with non-valvular atrial fibrillation
Aprepitant (Emend)	119	Indefinite	• For the prevention of acute and delayed nausea and vomiting due to highly emetogenic cancer chemotherapy in patients who have experienced emesis despite treatment with a combination of a 5-HT_3 antagonist a dexamethasone in a previous cycle of highly emetogenic chemotherapy • Used in combination with a 5-HT_3 antagonist and dexamethasone
Artificial Tears / Gel	120	Indefinite	Chronic eye problems and regular optometrist or ophthalmologist visits. Not approved for routine treatment of dry eyes.
Aripiprazole (Abilify)	121	Indefinite	For the treatment of schizophrenia and schizoaffective disorders in patients who have a contraindication to less expensive antipsychotic agents, or who failed a trial of less expensive antipsychotic agents because of intolerance or lack of response.
Asenapine (Saphris)	122	Indefinite	For the acute treatment of manic or mixed episodes associated with bipolar I disorder as either: • Monotherapy, after a trial of lithium or divalproex sodium has failed, and trials of less expensive atypical antipsychotic agents have failed due to intolerance or lack of response • Co-therapy with lithium or divalproex sodium, after trials of less expensive atypicalantipsychotic agents have failed due to intolerance or lack of response.
Baclofen (Lioresal)	123 219 220 221	Indefinite	Documented muscle spasm due to: • Multiple sclerosis • Spinal cord injury or intrinsic cord lesions (not herniated spinal discs, not low back pain due to muscle spasm) • Stroke • Cerebral palsy

Medication	Reason For Use Code	Duration	Criteria for approval
Benzodiazepines Short Term (< 5 days) Clonazepam / Lorazepam	Benefit With Criteria and Non-Formulary Medication Request form must be completed	Maximum 4 days	• See CSC benzodiazepine tapering. • Prior to medical and dental procedures. • Use during inter-regional transfer. • Acute agitation.
Benzodiazepines Long Term (>5 days) Clonazepam / Lorazepam	Benefit With Criteria and Non-Formulary Medication Request form must be completed	Maximum of 6 months	• Control of severe agitation in psychiatric patients • Part of a taper schedule • Detoxification for substance dependence • Adjunct to neuroleptic therapy to stabilize psychosis • Psychotic syndromes presenting with catatonia Akathisia which is non-responsive to beta blocker at maximum dose or unsuccessful conversion to another antipsychotic agent
Benzydamine HCL (Tantum)	124	Indefinite	• Treatment of radiation mucositis and oral ulcerative complications of chemotherapy. • Use in immunocompromised patients who are at risk of mucosal breakdown.
Boceprevir (Victrelis and Victrelis Triple)	125	One course only	For the treatment of Chronic Hepatitis C (CHC) genotype 1 infection in adult patients with compensated liver disease, in combination with peginterferon alpha (PegIFNα)/ribavirin (RBV), and the following criteria: • detectable levels of Hepatitis C virus RNA in the last 6 months • a fibrosis stage of F2, F3 or F4 Note: one course of treatment only (up to 44 weeks)
Brinzolamide/ Brimonidine (Simbrinza)	233	Indefinite	For the reduction of intraocular pressure (IOP) in adult patients with open-angle glaucoma or ocular hypertension for whom monotherapy provides insufficient IOP reduction
Buprenorphine / Naloxone (Suboxone)	Benefit With Criteria and Non-Formulary Medication Request form must be completed	Indefinite	• Refer to CSC Methadone/Suboxone Maintenance Treatment Program • For the treatment of opioid dependence for patients in whom methadone is contraindicated (e.g. patients at high risk of, or with QT prolongation, or hypersensitivity to methadone). Commonly reported adverse effects associated with methadone therapy (eg. sweating, constipation, insomnia, etc.) will not be considered to be hypersensitivity • Offenders who enter CSC already on Suboxone may continue treatment. • In preparation for an offender already stabilized on methadone who is being released to a community which does not have access to methadone maintenance treatment but has access to coverage of Suboxone from a private or public drug plan coverage (provincial or federal)

Medication	Reason For Use Code	Duration	Criteria for approval
Bupropion (Wellbutrin)	Benefit With Criteria and Non-Formulary Medication Request form must be completed	Indefinite	• the treatment of major depressive disorder if the patient has failed or has a contraindication to an SSRI AND an SNRI **OR** • as an add-on for treatment resistant depression.
Cabergoline (Dostinex)	126	Indefinite	For treatment of hyperprolactinemia in patients who have failed therapy with or are intolerant to bromocriptine.
Calcipotriol (Dovonex)	127	Indefinite	Unsuccessful trial of topical corticosteroid therapy
Calcitonin Salmon 200iu Nasal Spray (Miacalcin)	128 129	Indefinite 3 months	1. For the treatment of osteoporosis • with documented fragility fracture when alendronate and raloxifene are not tolerated or contraindicated; or • without documented fractures in patients at high 10-year fracture risk (See B-1: Table: Osteoporosis — 10 Year Risk of Fracture below) and alendronate and raloxifene are not tolerated or contraindicated. 2. For the short term (up to 3 months) treatment of pain associated with osteoporotic fragility fractures, bone metastases or pathological fractures.
Canagliflozin (Invokana)	235	Indefinite	As a third drug added on to metformin and a sulfonylurea for patients with inadequate glycemic control on metformin and a sulfonylurea and for whom insulin is not an option.
Celecoxib (Celebrex)	130	Indefinite	For treatment of patients who: • have experienced an adverse event or have failed to achieve adequate response with 2 other listed NSAIDs, or • have a history of a serious gastrointestinal complication such as bleeding or perforation, or • have experienced intolerance with 2 other NSAIDs, along with at least 2 risk factors for serious GI complications

Medication	Reason For Use Code	Duration	Criteria for approval
Certolizumab pegol (Cimzia)	227 (Initial)	6 months	<u>Ankylosing Spondylitis</u> Criteria for initial 6 month coverage for a MAXIMUM loading dose of 400mg at weeks 0, 2, 4, followed by a maintaince dose of 200 mg every 2 weeks or 400mg every 4 weeks: 1) Must be prescribed by a rheumatologist, **AND** 2) Bath AS Disease Activity Index (BASDAI) > 4 **AND** 3) Patient is refractory to a three month trial of at least three NSAIDs at maximum tolerated dose **AND** Ffor peripheral symptoms must be refractory to: i) Methotrexate weekly (PO, SC or IM) at 20mg or greater (15mg or greater if patient is >65 years of age) for more than 12 weeks, (patients who experience gastrointestinal intolerance to PO methotrexate must have a trial of parenteral methotrexate before being deemed intolerant); **OR** ii) Sulfasalazine – minimum 3 months trial **NOTE**: For axial involvement, patient does not need to be tried on methotrexate or sulfasalazine.
	228 (Ongoing)	1 year	In order to obtain yearly approval after initial coverage, rheumatologist must confirm that the patient's symptoms have improved. The following are a few examples of what may be used to demonstrate improvement: 50% improvement is ASAS 50 or BASDAI 50.
	229 (Initial)	6 months	<u>Psoriatic Arthritis</u> Criteria for initial 12 week coverage for a MAXIMUM dose of 40mg every 2 weeks: 1) Must be prescribed by a rheumatologist AND 2) Must have three active and tender joints AND 3) Patient is refractory to: a) a three month trial of at least two NSAID's at maximum tolerated doses,**AND** b) methotrexate weekly (PO, SC or IM) at 20mg or greater (15mg or greater if patient is >65 years of age) for more than 12 weeks, (patients who experience gastrointestinal intolerance to PO methotrexate must have a trial of parenteral methotrexate before being deemed intolerant), **AND** c) an adequate trial of at least 2 other DMARD's, including: i) Leflunomide - 20mg daily for 10 weeks ii) Gold - minimum 5 month trial iii) Cyclosporine - mininimum 3 month trial iv) Azathioprine - minimum 3 month trial v) Sulfasalazine – minimum 3 month trial
	230 (Ongoing)	1 year	In order to obtain yearly approval after initial coverage, rheumatologist must confirm that the patient's symptoms have improved by 20%. The following are a few examples of what may be used to demonstrate improvement: number of swollen joints, DAS28 score, HAQ scores, C-reactive protein level, ACR20.

Medication	Reason For Use Code	Duration	Criteria for approval
Cobicistat, emtricitabine, elvitegravir, tenofovir disoproxil fumarate (Stribild)	132	Indefinite	For the treatment of HIV in treatment-naive HIV-1 infected patients in whom efavirenz is not indicated.
Cyclosporine (Neoral)	133	Indefinite	• For transplant therapy; • For the treatment of psoriasis in patients who have failed, or are intolerant to, methotrexate and topical therapies; • For the treatment of rheumatoid arthristis in patients who have failed, or are intolerant to, other systemic therapies, including 2 other Disease-Modifying Antirheumatic Drugs (DMARDs).
Dabigatran (Pradaxa)	134	Indefinite	For the prevention of stroke and systemic embolism in at risk patients with non-valvular atrial fibrillation (AF), AND in whom • warfarin is indicated but who fail to achieve adequate INR control, despite monitored warfarin treatment; **OR** • who have a history of a serious hypersensitivity reaction to warfarin.
Dimenhydrinate >3days	135	1 year	Nausea associated with specific disease state.
Dimethyl fumarate (Tecfidera)	222	Indefinite	For the treatment of relapsing-remitting multiple sclerosis if both the clinical criterion and the condition are met: **Clinical criterion:** patients who have a contraindication to, or who have failed to respond to adequate courses of both of the following: at least one interferon beta-1b formulation and glatiramer acetate. **Condition**: patient is under the care of a neurologist who is experienced in the diagnosis and management of multiple sclerosis. **Note:** patients previously or currently treated with interferon beta-1a who fail to respond do not require a trial of interferon beta-1b.
Dutasteride (Avodart)	136	Indefinite	Intolerance or treatment failure (minimum 4 month trial) of another 5-alpha reductase inhibitor

Medication	Reason For Use Code	Duration	Criteria for approval
Donepezil (Aricept)	137 (intial)	6 months	Donepezil in the non-formulary cholinesterase inhibitor of choice. FAST / MMSE forms may be requested through regional pharmacy. <u>Initial six month coverage for cholinesterase inhibitors</u>: • Diagnosis of mild to moderate Alzheimer's disease; AND • Mini Mental State Exam (MMSE) score of 10-26, established within the last 60 days; AND • Global Deterioration Scale (GDS) score between 4 to 6, established within the last 60 days Continued coverage beyond 6 months will be based on improvement or stabilization of cognition, function or behaviour.
	139 (ongoing)	6 months	<u>Criteria for coverage at every six month interval</u>: • Diagnosis is still mild to moderate Alzheimer's disease; AND • MMSE score > 10; AND • GDS score between 4 to 6; AND • Improvement or stabilization in at least one of the following domains (please indicate improved, worsened, or no change): (1) Memory, reasoning and perception (e.g., names, tasks, MMSE) (2) Instrumental activities of daily living (IADLs: e.g., telephone, cantine shopping, meal preparation) (3) Basic activities of daily living (e.g., bathing, dressing, hygiene, toileting) (4) Neuropsychiatric symptoms (e.g. agitation, delusions, hallucination, apathy)
Eslicarbazepine acetate (Aptiom)	234	Indefinite	As adjunctive therapy in the management of partial-onset seizures in patients with who are not satisfactorily controlled with conventional therapy, if the following clinical criteria and condition are met: **Clinical Criteria:** • Patients are currently receiving two or more antiepileptic drugs (AEDs). • Less costly AEDs are ineffective or not appropriate. **Condition:** • Patients are under the care of a physician experienced in the treatment of epilepsy.

Medication	Reason For Use Code	Duration	Criteria for approval
Etanercept (Enbrel)	141 (initial)	6 months	<u>Rheumatoid Arthritis</u> Criteria for initial 6 month coverage for a MAXIMUM dose of 50mg weekly: 1) Must be prescribed by a rheumatologist **AND** 2) Patient must be refractory or intolerant to: • Methotrexate (MTX) (PO, SC or IM) at 20mg or greater total weekly dosage (15mg or greater if patient is >65 years of age) for a minimum of 12 weeks, (patients who do not exhibit a clinical response to oral MTX or experience gastrointestinal intolerance to PO methotrexate may consider a trial of parenteral methotrexate before being deemed intolerant) **AND** • MTX in combination with ≥ two other disease modifying anti-rheumatic agents (DMARDs), such as sulfasalazine (SSZ) and hydrochloroquine (HCQ), for a minimum 12 weeks of continuous treatment **NOTE:** If patient could not receive an adequate trial of MTX, SSZ, HCQ due to contraindication(s) or intolerance(s), the nature must be provided along with the details of trial of other DMARDs or clear rationale why other DMARDs cannot be considered.
	142 (ongoing)	1 year	In order to obtain yearly approval after initial coverage, rheumatologist must confirm that the patient's symptoms have improved by 20%. The following are a few examples of what may be used to demonstrate improvement: number of swollen joints, DAS28 score, HAQ scores, C-reactive protein level, ACR20.
	143 (initial)	6 months	<u>Psoriatic Arthritis</u> Criteria for initial 6 month coverage for a MAXIMUM dose of 50mg weekly: 3) Must be prescribed by a rheumatologist, **AND** 4) Must have three active and tender joints; **AND** 5) Patient is refractory to: a) a three month trial of at least two NSAID's at maximum tolerated doses **AND** b) methotrexate weekly (PO, SC or IM) at 20mg or greater (15mg or greater if patient is >65 years of age) for more than 12 weeks, (patients who experience gastrointestinal intolerance to PO methotrexate must have a trial of parenteral methotrexate before being deemed intolerant) **AND** c) an adequate trial of at least 2 other DMARD's, including: i) Leflunomide - 20mg daily for 10 weeks ii) Gold - minimum 5 month trial iii) Cyclosporine - mininimum 3 month trial iv) Azathioprine - minimum 3 month trial v) Sulfasalazine – minimum 3 month trial

Medication	Reason For Use Code	Duration	Criteria for approval
	145 (ongoing)	1 year	In order to obtain yearly approval after initial coverage, rheumatologist must confirm that the patient's symptoms have improved by 20%. The following are a few examples of what may be used to demonstrate improvement: number of swollen joints, DAS28 score, HAQ scores, C-reactive protein level, ACR20.
	146 (initial)	6 months	<u>Ankylosing Spondylitis</u> Criteria for initial 6 month coverage for a MAXIMUM dose of 50mg every week: 1) Must be prescribed by a rheumatologist, **AND** 2) Bath AS Disease Activity Index (BASDAI) > 4 **AND** 3) Patient is refractory to a three month trial of at least three NSAIDs at maximum tolerated dose **AND** 4) for peripheral symptoms must be refractory to: i) Methotrexate weekly (PO, SC or IM) at 20mg or greater (15mg or greater if patient is >65 years of age) for more than 12 weeks, (patients who experience gastrointestinal intolerance to PO methotrexate must have a trial of parenteral methotrexate before being deemed intolerant) **OR** ii) Sulfasalazine – minimum 3 months trial **NOTE**: For axial involvement, patient does not need to be tried on methotrexate or sulfasalazine.
	147 (ongoing)	1 year	In order to obtain yearly approval after initial coverage, rheumatologist must confirm that the patient's symptoms have improved. The following are a few examples of what may be used to demonstrate improvement: 50% improvement is ASAS 50 or BASDAI 50.
Ethinyl estradiol, Etonogestrel (Nuvaring)	148	Indefinite	For patients who are intolerant to or unable to take oral contraceptives.
Etravirine (Intelence)	149	Indefinite	For the treatment of HIV in treatment-experienced adult patients who have failed prior antiretroviral therapy and have strains resistant to multiple antiretroviral agents, including other NNRTIs.
Febuxostat (Uloric)	150	Indefinite	Only used when hypersensitivity intolerance to allopurinol.

Medication	Reason For Use Code	Duration	Criteria for approval
Fentanyl (Duragesic)	151	1 year	• Patient's requiring opiate therapy for the management of chronic pain **who unable to take oral therapy**. Patient must have previously taken continuous opioid administration (i.e. not opioid naive) and was unresponsive / intolerant to at least one long-acting oral sustained released product, such as morphine, despite appropriate dose titration and adjunctive therapy including laxatives and antiemetics; or • For use in palliative care setting (hospital / treatment centre); or • Patient requiring opiate therapy in the presence of declining kidney function (creatinine clearance <30ml/min).
Fesoterodine fumarate (Toviaz)	152	Indefinite	For the symptomatic relief of patients with an overactive bladder with symptoms of urinary frequency, urgency or urge incontinence or any combination of these in patients who are intolerant or are unsuccessful with oxybutynin and tolterodine.
Fluphenazine Decanoate (Modecate Inj.)	153	Indefinite	Maintenance treatment of non-agitated chronic schizophrenic patients who have been stabilized with short acting neuroleptics.
Gabapentin (Neurontin)	Benefit With Criteria and Non-Formulary Medication Request form must be completed	Indefinite	• Patients with epilepsy who are not satisfactorily controlled by conventional therapy. • For treatment of patients with diabetic peripheral neuropathy (DPN) or post herpetic neuralgia (PHN).
Galantamine (Remenyl ER)	154	6 months	• Donepezil is the formulary cholinesterase inhibitor of choice. • Intolerance or unsuccessful trial of donepezil.
Glatiramer (Copaxone)	155 (initial) 156 (renewal) 157 (change)	1 year 2 years 1 year	1. Initial Coverage for Relapsing Remitting Multiple Sclerosis • Must be recommended by a neurologist • Patient has experienced at least two clinical attacks in the last two years • Diagnosed according to current clinical criteria (McDonald diagnostic criteria), and MRI evidence • Ambulatory with or without aid 2. Renewal Coverage • Must be re-evaluated by a neurologist • Patient has had continued therapeutic benefit since initiation (i.e. reduction in relapses, improvement or stability of EDSS score, etc…) 3. Change of Therapy • Must be recommended by a neurologist • Evidence of failure or intolerance (i.e. lack of effectiveness, neutralizing antibodies, intolerance, etc…)

Medication	Reason For Use Code	Duration	Criteria for approval
Golimumab (Simponi)	158 (initial)	4 months	<u>Rheumatoid Arthritis</u> Criteria for initial 16 week coverage for a MAXIMUM dose of 50mg monthly: 1) Must be prescribed by a rheumatologist **AND** 2) Patient must be refractory or intolerant to: • Methotrexate (MTX) (PO, SC or IM) at 20mg or greater total weekly dosage (15mg or greater if patient is >65 years of age) for a minimum of 12 weeks, (patients who do not exhibit a clinical response to oral MTX or experience gastrointestinal intolerance to PO methotrexate may consider a trial of parenteral methotrexate before being deemed intolerant) **AND** • MTX in combination with ≥ two other disease modifying anti-rheumatic agents (DMARDs), such as sulfasalazine (SSZ) and hydrochloroquine (HCQ), for a minimum 12 weeks of continuous treatment **NOTE:** If patient could not receive an adequate trial of MTX, SSZ, HCQ due to contraindication(s) or intolerance(s), the nature must be provided along with the details of trial of other DMARDs or clear rationale why other DMARDs cannot be considered.
	159 (ongoing)	1 year	In order to obtain yearly approval after initial coverage, rheumatologist must confirm that the patient's symptoms have improved by 20%. The following are a few examples of what may be used to demonstrate improvement: number of swollen joints, DAS28 score, HAQ scores, C-reactive protein level, ACR20.
	160 (initial)	3 months	<u>Psoriatic Arthritis</u> Criteria for initial 12 week coverage for a MAXIMUM dose of 50mg monthly: 1) Must be prescribed by a rheumatologist, **AND** 2) Must have three active and tender joints; **AND** 3) Patient is refractory to: a) a three month trial of at least two NSAID's at maximum tolerated doses **AND** b) Methotrexate weekly (PO, SC or IM) at 20mg or greater (15mg or greater if patient is >65 years of age) for more than 12 weeks, (patients who experience gastrointestinal intolerance to PO methotrexate must have a trial of parenteral methotrexate before being deemed intolerant) **AND** c) an adequate trial of at least 2 other DMARD's, including: i) Leflunomide - 20mg daily for 10 weeks ii) Gold - minimum 5 month trial iii) Cyclosporine - mininimum 3 month trial iv) Azathioprine - minimum 3 month trial v) Sulfasalazine – minimum 3 month trial

Medication	Reason For Use Code	Duration	Criteria for approval
Golimumab (Simponi)	161 (ongoing)	1 year	In order to obtain yearly approval after initial coverage, rheumatologist must confirm that the patient's symptoms have improved by 20%. The following are a few examples of what may be used to demonstrate improvement: number of swollen joints, DAS28 score, HAQ scores, C-reactive protein level, ACR20.
	162 (initial)	3 months	<u>Ankylosing Spondylitis</u> Criteria for initial 12 week coverage for a MAXIMUM dose of 50mg monthly: 4) Must be prescribed by a rheumatologist, **AND** 5) Bath AS Disease Activity Index (BASDAI) > 4 **AND** 6) Patient is refractory to a three month trial of at least three NSAIDs at maximum tolerated dose **AND** 7) for peripheral symptoms must be refractory to: iii) Methotrexate weekly (PO, SC or IM) at 20mg or greater (15mg or greater if patient is >65 years of age) for more than 12 weeks, (patients who experience gastrointestinal intolerance to PO methotrexate must have a trial of parenteral methotrexate before being deemed intolerant); **OR** iv) Sulfasalazine – minimum 3 months trial **NOTE**: For axial involvement, patient does not need to be tried on methotrexate or sulfasalazine.
	163 (ongoing)	1 year	In order to obtain yearly approval after initial coverage, rheumatologist must confirm that the patient's symptoms have improved. The following are a few examples of what may be used to demonstrate improvement: 50% improvement is ASAS 50 or BASDAI 50.
Imatinib mesylate (Gleevec)	164a 164b 164c	Indefinite	1) For the treatment of patients with chronic myeloid with Leukemia in blast crisis, accelerated phase, or in chronic phase after failure of interferon-alpha therapy. 2) For the treatment of patients with gastrointestinal stromal tumour. 3) For newly diagnosed adult patients with Philadelphia chromosome-positive chromic myeloid leukemia (CML).
Imiquimod (Aldara) 5% cream	165a 165b	6 months	• For the treatment of external genital and external perianal/condyloma acuminate warts following unsuccessful trial of podofilox solution (Condyline™, Wartec™). • For the treatment of actinic keratosis in patients who have failed treatment with 5-Fluorouracil / 5-FU (Efudex™).

Medication	Reason For Use Code	Duration	Criteria for approval
Indacaterol maleate + Glycopyrronium bromide (Ultibro Breezhaler)	226	Indefinite	• For the long term once daily maintenance bronchodilator treatment of airflow obstruction in patients with chronic obstructive pulmonary disease (COPD), including chronic bronchitis and emphysema, if the following clinical criteria are met: • Moderate to severe COPD as defined by spirometry • Inadequate response to indacaterol maleate (Onbrez) OR glycopyrronium bromide (Seebri) used individually
Infliximab (Remicade) (Inflectra)	166 (initial)	3 months	**NOTE:** Failure or intolerance with a SC biologic (e.g. Humira) should be assessed prior to starting an IV biologic (e.g. Remicade, Orencia, Actemra). <u>Rheumatoid Arthritis</u> Criteria for initial 12 week coverage of 3 doses at 0, 2 and 6 weeks: 1) Must be prescribed by a rheumatologist **AND** 2) Patient must be refractory or intolerant to: • Methotrexate (MTX) (PO, SC or IM) at 20mg or greater total weekly dosage (15mg or greater if patient is >65 years of age) for a minimum of 12 weeks, (patients who do not exhibit a clinical response to oral MTX or experience gastrointestinal intolerance to PO methotrexate may consider a trial of parenteral methotrexate before being deemed intolerant) **AND** • MTX in combination with ≥ two other disease modifying anti-rheumatic agents (DMARDs), such as sulfasalazine (SSZ) and hydrochloroquine (HCQ), for a minimum 12 weeks of continuous treatment If patient could not receive an adequate trial of MTX, SSZ, HCQ due to contraindication(s) or intolerance(s), the nature must be provided along with the details of trial of other DMARDs or clear rationale why other DMARDs cannot be considered.
	167 (ongoing)	1 year	In order to obtain yearly approval after initial coverage, rheumatologist must confirm that the patient's symptoms have improved by 20%. The following are a few examples of what may be used to demonstrate improvement: number of swollen joints, DAS28 score, HAQ scores, C-reactive protein level, ACR20.

Medication	Reason For Use Code	Duration	Criteria for approval
Infliximab (Remicade)	168 (initial)	6 weeks	<u>Crohn's Disease</u> **Fistulizing Disease** Criteria for initial coverage of 3 doses of 5m/kg administered at 0, 2 and 6 weeks: 1) Must be prescribed by a gastroenterologist 2) Actively draining perianal or entercutaneous fistula(e) that have recurred or persisted despite: a) a course of an appropriate dose of antibiotic therapy (e.g. ciprofloxacin with or without metronidazole for a minimum of 3 weeks), unless contraindicated **AND** b) immunosuppressive therapy such as: i) Azathioprine – minimum 6 week trial or treatment discontinued at < 6 weeks due to severe adverse reactions; **OR** ii) 6-mercaptopurine – minimum 6 week trial or treatment discontinued at <6 weeks due to severe adverse reactions
	169 (intial)	6 weeks	**Moderate to Severe Active Disease** 1) Must be prescribed by a gastroenterologist **AND** 2) Patient must be refractory to or has contraindications to an adequate course of: a) 5-ASA products (at least 3g/day for a minimum of 6 weeks); **AND** b) Glucocorticoids equivalent to prednisone 40mg/day for a minimum of 2 weeks **AND** c) Immunosuppresive therapy such as: i) Azathioprine – minimum 3 month trial **OR** ii) 6-mercaptopurine – minimum 3 month trial **OR** iii) Methotrexate – minimum 3 month trial
	170 (ongoing)	1 year	In order to obtain yearly approval for a MAXIMUM dose of 5mg/kg every 8 weeks, gastroenterologist must confirm that the patient's symptoms have improved. The following are examples of what may be used to demonstrate improvement: 100 point reduction in the Crohn's Disease Activity Index (CDAI), 3 point reduction in the Modified Harvey Bradshaw Index, closure of fistulas.

Medication	Reason For Use Code	Duration	Criteria for approval
Interferon beta-1a (Avonex, Rebif)	171 (initial)	1 year	1. Initial Coverage for Relapsing Remitting Multiple Sclerosis • Must be recommended by a neurologist • Patient has experienced at least two clinical attacks in the last two years • Diagnosed according to current clinical criteria (McDonald diagnostic criteria), and MRI evidence • Ambulatory with or without aid
	172 (renewal)	2 years	2. Renewal Coverage • Must be re-evaluated by a neurologist • Patient has had continued therapeutic benefit since initiation (i.e. reduction in relapses, improvement or stability of EDSS score, etc…)
	173 (change)	1 year	3. Change of Therapy • Must be recommended by a neurologist • Evidence of failure or intolerance (i.e. lack of effectiveness, neutralizing antibodies, intolerance, etc…)
Interferon beta-1b (Betaseron, Extavia)	174 (initial)	1 year	1. Initial Coverage for Relapsing Remitting Multiple Sclerosis and Secondary Progressive Multiple Sclerosis • Must be recommended by a neurologist • Patient has experienced at least two clinical attacks in the last two years • Diagnosed according to current clinical criteria (McDonald diagnostic criteria), and MRI evidence • Ambulatory with or without aid
	175 (renewal)	2 years	2. Renewal Coverage • Must be re-evaluated by a neurologist • Patient has had continued therapeutic benefit since initiation (i.e. reduction in relapses, improvement or stability of EDSS score, etc…)
	176 (change)	1 year	3. Change of Therapy • Must be recommended by a neurologist • Evidence of failure or intolerance (i.e. lack of effectiveness, neutralizing antibodies, intolerance, etc…)
Lacosamide (Vimpat)	178	Indefinite	• For treatment of patients who are under the care of a physician experienced in the treatment of epilepsy, **AND** • are currently receiving two or more antiepileptic drugs.
Leflunomide (Arava)	179	Indefinite	For treatment of patients with rheumatoid arthritis who: a) Have failed treatment with methotrexate: weekly dose (PO, SC or IM) of 20mg or greater (15mg or greater if patient is 65 years of age or older) for more than 8 weeks. b) Cannot tolerate or have contraindications to methotrexate.

Medication	Reason For Use Code	Duration	Criteria for approval
Levetiracetam (Keppra)	180	Indefinite	• For the use in combination with other anti-epileptic medication(s) in the treatment of partial seizures in patients who are refractory to adequate trials of three anti-epileptic medications used either as monotherapy or in combination. • This product must be prescribed by a eurologist.
Linagliptin (Trajenta)	181	Indefintie	As a third drug added on to metformin and a sulfonylurea for patients with inadequate glycemic control on metformin and a sulfonylurea and for whom insulin is not an option.
L-Tryptophan (Tryptan)	182	Indefinite	Adjunct therapy in combination with lithium in bipolar patients for whom lithium alone or in combination with neuroleptics or tricyclics has shown little or no effect.
Lurasidone (Latuda)	218	Indefinite	For the treatment of schizophrenia or schizoaffective disorders in patients who have: a) intolerance to an adequate trial of another antipsychotic agent OR b) a contraindication to another antipsychotic agent
Maraviroc (Celsentri)	183	Indefinite	For treatment of patients who : • Have CCR% tropic viruses and • Who have documented resistance to at least one agent from each of the three major classes of antiretroviral agents (NRTIs, NNRTIs, PIs).
Montelukast (Singulair)	184 224	Indefinite Indefinite	• Asthma: Third line agent in the treatment of asthma. Compliance with other medications must be shown (e.g. oral steroid inhalers) • Allergic Rhinitis: Third line agent after documented compliance with OTC antihistamine and nasal steroid.
Nabilone (Cesamet)	185	1 year	Patients with chemotherapy-induced nausea and vomiting (CINV) who have failed to respond adequately to conventional antiemetic treatments, including dopamine antagonists, dexamethasone, 5-HT3 antagonists.

Medication	Reason For Use Code	Duration	Criteria for approval
Natalizumab (Tysabri)	186 (initial)	1 year	1. <u>Initial Coverage</u> • As monotherapy for patients with a diagnosis of Multiple Sclerosis established according to current clinical criteria and MRI evidence. Patients must also meet all of the following criteria: ○ Must be recommended by a neurologist ○ Failure to respond to full and adequate courses of treatment with at least two disease-modifying therapies or have contraindications to, or be intolerant of these therapies; ○ Significant increase in T2 lesion load compared to a previous MRI or at least one gadolinium-enhancing lesion; ○ Two or more disabling relapses in the previous year.
	187 (remewal)	2 years	2. <u>Renewal Coverage</u> • Must be re-evaluated by a neurologist • Patient has had continued therapeutic benefit since initiation (i.e. reduction in relapses, improvement or stability of EDSS score, etc…)
	188 (change)	1 year	3. <u>Change of Therapy</u> • Must be recommended by a neurologist • Evidence of failure or intolerance (i.e. lack of effectiveness, neutralizing antibodies, intolerance, etc…)

<table>
<tr><th>Medication</th><th>Reason For Use Code</th><th>Duration</th><th>Criteria for approval</th></tr>
<tr><td>Ombitasvir/ Paritaprevir/ Ritonavir + Dasabuvir (Holkira Pak)</td><td>Benefit With Criteria and Non-Formulary Medication Request form must be completed</td><td>12 weeks
12 weeks
24 weeks</td><td>For the treatment of chronic hepatitis C (CHC) virus infection in adult patients with compensated liver disease, including cirrhosis, if the following clinical criteria and conditions are met:
Patients with Genotype 1 CHC infection with a fibrosis stage of F2, F3 or F4 and treatment-naive
Patients with Genotype 1 CHC infection with a fibrosis stage of F2, F3 or F4 and previous treatment failure with Peg-IFN/RBV (Not null response)
Patients with Genotype 1 CHC infection with a fibrosis stage of F2, F3 or F4 and previous treatment failure with Peg-IFN/RBV (Null response)
*One course of treatment only (Maximum of 12 weeks for treatment-naive patients and patients with previous treatment failure. Maximum of 24 weeks for patients with cirrhosis who had a previous null response to PEGIFN/RBV).

Ribavirin (RBV) should be used according to the following table

<table><tr><th>Patient Population</th><th>RBV</th></tr><tr><td>Treatment naive and experienced, non-cirrhotic, G1b</td><td>No RBV</td></tr><tr><td>Treatment naive and experienced, non-cirrhotic, G1a</td><td>RBV</td></tr><tr><td>Treatment naive and experienced, cirrhotic, G1b + G1a not null responders to peg IFN and RBV</td><td>RBV</td></tr><tr><td>Treatment naive and experienced, cirrhotic, G1a with previous null response to peg IFN and RBV</td><td>RBV</td></tr></table></td></tr>
<tr><td>Ondansetron (Zofran)</td><td>189</td><td>Indefinite</td><td>ONDANSETRON IS FORMULARY 5-HT$_3$ ANTAGONIST OF CHOICE
a) are currently receiving a course of highly emetogenic chemotherapy (i.e. contains cisplatin) or moderately emetogenic chemotherapy (i.e. contains cyclophosphamide, doxorubicin, epirubicin, melphalan) AND,
b) have experienced adverse effects to metoclopramide, prochlorperazine or dexamethasone or have a specific contraindication which does not allow use of these drugs as antiemetics
OR
c) have had continued episodes of nausea and vomiting related to chemotherapy which have not responded to therapeutic doses of metoclopramide, dexamethasone or prochlorperazine.</td></tr>
<tr><td>Oseltamivir (Tamiflu)</td><td>190</td><td>1 year</td><td>Refer to CSC guideline “Seasonal Influenza Guideline 2014-2015”
CSC - Tamiflu tracking form to be used.</td></tr>
</table>

Medication	Reason For Use Code	Duration	Criteria for approval
Oxcarbazepine (Trileptal)	191	Indefinite	For the treatment of epilepsy in patients who have had an inadequate response or are intolerant to at least 3 other antileptics including carbamazepine.
Perampanel (Fycompa)	224	Indefinite	As adjunctive therapy in the management of partial-onset seizures in patients with who are not satisfactorily controlled with conventional therapy, if the following clinical criteria and condition are met: **Clinical Criteria:** • Patients are currently receiving two or more antiepileptic drugs (AEDs). • Less costly AEDs are ineffective or not appropriate. **Condition:** Patients are under the care of a physician experienced in the treatment of epilepsy.
Pimecrolimus (Elidel)	192	1 year	For patients who have failed topical corticosteroid therapy or have experienced side effects from such treatment.
Pioglitazone (Actos)	193	Indefinite	For patients with type 2 diabetes who are not adequately controlled by diet, exercise and drug therapy. Drug therapy should include a trial of a sulfonylurea and metformin, alone and in combination, unless one of these agents is not tolerated or is contraindicated.
Quetiapine (Seroquel)	Benefit With Criteria and Non-Formulary Medication Request form must be completed	Indefinite	For the treatment of schizophrenia and bipolar disorder.
Raloxifene (Evista)	194	Indefinite	For the treatment of postmenopausal osteoporosis • with documented fragility fracture when bisphosphonates are not tolerated or contraindicated or • without documented fractures in patients at high 10-year fracture risk (See B-1: Table: Osteoporosis — 10 Year Risk of Fracture below) when • bisphosphonates are not tolerated or contraindicated.
Rifaximin (Zaxine)	231	Indefinite	For the treatment of hepatic encephalopathy (HE) recurrence: • In patients who are unable to achieve adequate control of HE recurrence with lactulose alone

Medication	Reason For Use Code	Duration	Criteria for approval
Rituxan (Rituximab)	195 (initial) 196 (ongoing)	6 months 1 year	1. Prescribed by a rheumatologist for treatment of adult patients with severely active rheumatoid arthritis who have failed to respond to a trial of an anti-TNF agent. 2. Treatment should be combined with methotrexate. Rituximab should not be used in combination with anti-TNF agents. 3. For continued coverage for rituximab beyond twenty-four weeks, patient must meet all the following criteria: • Initially prescribed by a rheumatologist • Patient has been assessed after the twentieth to twenty-fourth week of rituximab therapy and meets the response criteria of: • a >20% reduction in number of tender and swollen joints • a >20% improvement in physician global assessment scale. • either a >20% improvement in the patient global assessment scale or a >20% reduction in the acute phase as measured by ESR or CRP.
Rivaroxaban (Xarelto)	225 197 198 199	6 months 2 weeks 35 days Indefinite	For the treatment of venous thromboembolism (VTE) – deep vein thrombosis (DVT) or pulmonary embolism (PE) - and prevention of recurrent DVT and PE, for a duration of up to six months. For the prevention of venous thromboembolic events: • in patients who have undergone elective total knee replacement (TKR) surgery • in patients who have undergone elective total hip replacement (THR). For patients in whom warfarin is indicated but who fail to achieve adequate INR control, despite monitored warfarin treatment; **OR** for patients who have a history of a serious hypersensitivity reaction to warfarin: • in at risk patients with non-valvular atrial fibrillation
Rivastigmine (Exelon)	200	6 months	• Donepezil in the non-formulary cholinesterase of choice. • Intolerance or unsuccessful trial of donepezil. • Note: Oral dosage form only. Exelon patch will not be funded
Sevelamer Hydrochloride (Renagel)	201	Indefinite	Restricted to dialysis patients
Simeprevir (Galexos)	Benefit With Criteria and Non-Formulary Medication Request form must be completed	12 weeks	For the treatment of chronic hepatitis C (CHC) genotype 1 infection in adult patients with compensated liver disease, in combination with peginterferon alpha 2 (a or b) + ribavirin, **and** the following criteria: ○ detectable levels of hepatitis C virus RNA in the last six months; ○ a fibrosis stage of F2, F3 or F4; ○ patients with the genotype 1a NS3 Q80K polymorphism should not be treated with simeprevir. One course of treatment only (maximum of 12 weeks).

Medication	Reason For Use Code	Duration	Criteria for approval
Sofosbuvir (Sovaldi)	Benefit With Criteria and Non-Formulary Medication Request form must be completed	12 weeks 12 weeks 24 weeks	For the treatment of chronic hepatitis C (CHC) virus infection in adult patients with compensated liver disease, including cirrhosis, if the following clinical criteria and conditions are met: • Patients with genotype 1 and genotype 4 CHC infection, in combination with peginterferon + ribavirin (Peg-IFN/RBV) with a fibrosis stage of F2, F3 or F4 and treatment naive. • Patients with genotype 2 CHC infection, in combination with RBV with a fibrosis stage of F2, F3 or F4 and previous treatment failure with Peg-IFN/RBV or a medical contraindication to Peg-IFN/RBV • Patients with genotype 3 CHC infection, in combination with RBV with a fibrosis stage of F2, F3 or F4 and previous treatment failure with Peg-IFN/RBV or a medical contraindication to Peg-IFN/RBV. One course of treatment only (maximum of 12 weeks for genotype 1, 2 or 4 and 24 weeks for genotype 3).

Sofosbuvir + Ledipasvir (Harvoni)	Benefit With Criteria and Non-Formulary Medication Request form must be completed	8 weeks
		12 weeks
		
		12 weeks
		
		24 weeks
			For the treatment of chronic hepatitis C (CHC) virus infection in adult patients with Genotype 1 CHC infection and compensated liver disease, including cirrhosis, if the following clinical criteria and conditions are met[1]:
			• Treatment-naive, non-cirrhotic, patients with a fibrosis stage of F2, F3 or F4 (duration of treatment defined below)
			  • viral load < 6M IU/mL - 8 weeks[2]
			  • vial load >6 M IU/mL – 12 weeks
			• Patients with previous treatment failure (i.e. treatment experienced) without cirrhosis (fibrosis stage of F2, F3)
			• Patients with previous treatment failure with cirrhosis (fibrosis stage of F4)
			
			[1]One course of treatment only (maximum of 8 or 12 weeks for treatment-naive patients with or without cirrhosis, maximum of 12 weeks for treatment-experienced patients without cirrhosis and maximum of 24 weeks for treatment-experienced patients with cirrhosis).
			
			[2]For treatment-naive, non-cirrhotic patients with viral load <6M IU/mL, evidence has shown that the SVR rates with the 8 week and 12 week treatment are similar. Treatment regimens of up to 12 weeks are recognized as a Health Canada approved treatment option. Patients may be considered for 12 weeks coverage if they have borderline or severe fibrosis (F3-4) or if they are co-infected with HIV.
			
			Note: Based on treatment guidelines from the Canadian Association for the Study of the Liver (CASL), the following alternate treatment regimen can be considered at the discretion of the clinician:
			• 12 weeks of treatment with Harvoni + ribavirin for treatment experienced patients with cirrhosis

Medication	Reason For Use Code	Duration	Criteria for approval
Tacrolimus (Protopic)	202	6 months	For patients who have failed topical corticosteroid therapy or have experienced side effects from such treatment.
Temozolomide (Temodal)	204	Indefinite	For patients with recurrent or progressive glioblastoma multiforme or anaplastic astrocytoma.
Testosterone Cypionate Testosterone Enanthate (Depo-Testosterone, Delatestryl)	Screening and Assessment for Approval of Testosterone Treatment form must be completed	1 year	Refer to CSC Guidelines for the Prescription of Testosterone • Injectable solution only. • Approved for up to 1 year following review of the CSC-"Testosterone Approval Request Form". The completion of a new form is required each year to approve continuation of therapy.
Tizanidine HCL (Zanaflex)	205	Indefinite	For treatment of spasticity in patients with multiple sclerosis, who have failed therapy with or are intolerant to baclofen.
Tocilizumab (Actemra)	206	1 year	**Note:** Failure or intolerance with a SC biologic (e.g. Humira) should be assessed prior to starting an IV biologic (e.g.Remicade, Orencia, Actemra). For the treatment of adults with moderate-to-severely active rheumatoid arthritis (RA) who have failed to respond to an adequate trial* of both disease-modifying antirheumatic drugs (DMARDS) and a tumor necrosis factor (TNF)-alpha inhibitor.
Ustekinumab (Stelara)	207 (initial)	4 months	Plaque Psoriasis Criteria for initial coverage of 3 doses of a MAXIMUM 90mg administered at 0, 4 and 16 weeks: 1) Must be prescribed by a dermatologist **AND** 2) Body surface Area (BSA) involvement of > 10% and/or significant involvement of the face, hands, feet or genital region **AND** 3) patient is refractory to or has contraindications to an adequate course of: a) Methotrexate weekly (PO, SC or IM) at 20mg or greater (15mg or greater if patient is >65 years of age) for more than 12 weeks, (patients who experience gastrointestinal intolerance to PO methotrexate must have a trial of parenteral methotrexate before being deemed intolerant) **AND** b) Cyclosporine – minimum trial of 6 weeks **AND** c) phototherapy if access is available
	208 (ongoing)	1 year	In order to obtain yearly approval for a MAXIMUM dose of 45mg every 12 weeks, dermatologist must confirm that the patient's symptoms have improved. The following are a few examples of what may be used to demonstrate improvement: 75% reduction in the Psoriasis Area and Severity Index (PASI) score 50% reduction in PASI with a 5 point improvement in the Dermatology Life Quality Index, significant reduction in BSA involved.
Vitamins/ Minerals Centrum Forte or equivalent	209	1 year	GI malabsorption. Example, associated with medication side effects and /or specific disease states (oncology, Hep C, HIV, IBS – Crohn's Disease, Ulcerative Colitis, celiac disease, etc.).

Medication	Reason For Use Code	Duration	Criteria for approval
Replavite WNP Stress Plex C Jam Stresstabs	210	Indefinite	Dialysis
Materna or equivalent – Once daily	211	1 year	Maternity
Pyridoxine (Vitamin B6)	212	Indefinite	For the treatment of INH induced numbness and parasthesia.
Thiamine (Vitamin B1)	213	1 week	Prevention of malnutrition and symptom reduction during alcohol withdrawal for up to one week
Calcium (calcium carbonate) Vitamin D (Cholecalciferol)	214	Indefinite	Osteoporosis treatment /prevention
Voriconazole (VFEND)	215	1 year	For the treatment of: • a. - patients with invasive aspergillosis. • b. - culture proven invasive candidiasis with documented resistance to fluconazole.
Zanamivir (Relenza)	216	1 year	• Influenza treatment with documented resistance to oseltamivir (Tamiflu) • Refer to CSC guideline ““*Seasonal Influenza Guideline 2014-2015*”
Ziprasidone (Zeldox)	217	Indefinite	• Treatment of schizophrenia and schizoaffective disorders in patients who have failed a trial of other listed formulary atypical antipsychotic treatments (risperdal, quetiapine or olanzapine) due to contraindication, intolerance or lack of response OR • Use in individuals requiring antipsychotic / neuroleptic treatment but are at increased risk of developing cardiovascular disease and diabetes (Metabolic Syndrome).

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