

## WCB DRUG FORMULARIES – CRITERIA CODES

The following medications will be covered if the injured worker meets the criteria with respect to his/her workplace illness/injury. Otherwise, Special Authorization is required.

Drug name	Criteria and code
Azithromycin	<p>For the treatment of chlamydia trachomatis (1g single dose). <b>[Criteria Code 05]</b></p> <p>For patients requiring treatment with a macrolide antibiotic and the use of clarithromycin/erythromycin would interact with current medications they are taking <b>[Criteria Code 07]</b></p> <p><b>OR</b></p> <p>Are intolerant to clarithromycin. <b>[Criteria Code 02]</b></p> <p>For the prevention and treatment of mycobacterium avium complex (MAC). <b>[Criteria Code 06]</b></p>
Ciprofloxacin and dexamethasone (otic)	<p>For the treatment of acute otitis media in patients with tympanostomy tubes and experiencing otorrhea. <b>[Criteria Code 01]</b></p> <p>For the treatment of acute otitis externa in patients with a perforated tympanic membrane or in patients with tympanostomy tubes. <b>[Criteria Code 02]</b></p>
Clopidogrel	<p>When prescribed following all types of intracoronary stent placement: <b>[Criteria Code 30]</b> may be used for the initial 30 day coverage period. A written request from the prescriber is needed for coverage beyond this initial time period.</p>
Fluoroquinolones, Respiratory ( <i>Levofloxacin, Moxifloxacin</i> )	<p>For the continuation of treatment for acute exacerbations of chronic bronchitis, community acquired or nosocomial pneumonia when therapy has been initiated in a hospital setting. <b>[Criteria Code 01]</b></p> <p>For the treatment of nursing home patients with severe pneumonia. <b>[Criteria Code 02]</b></p> <p>For the treatment of patients with community acquired pneumonia confirmed by radiograph with co-existing comorbidities (e.g. malignancy, chronic lung disease, congestive heart failure) or when first line treatments have failed (e.g. doxycycline, macrolides, amoxicillin-clavulanate). <b>[Criteria Code 03]</b></p> <p>For the treatment of complicated patients presenting with an acute exacerbation of chronic bronchitis provided they have tried and failed one of the following: amoxicillin, amoxicillin-clavulanate, cefuroxime, doxycycline, macrolide, TMP-SMX. <b>[Criteria Code 04]</b></p>

This information is current as of May 2015.

Up-to-date information will ONLY be available on WCB's website: [www.wcb.ns.ca/formulary](http://www.wcb.ns.ca/formulary).

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Oral Fluoroquinolones ( <i>Ciprofloxacin, Norfloxacin, Ofloxacin</i> )	<p>For the treatment of aerobic, gram-negative infections which are resistant to other effective oral agents. <b>[Criteria Code 02]</b></p> <p>For the treatment of infections in patients when all other effective oral agents are not appropriate due to intolerance or allergies. <b>[Criteria Code 01]</b></p> <p>For the treatment of infections typically requiring parenteral therapy (gram-negative, aerobic, multi-resistant organisms)*When alternative oral agents are not available or effective. <b>[Criteria Code 03]</b> *(e.g., osteomyelitis, prostatitis)</p> <p>For the treatment* of infections caused by <i>Pseudomonas aeruginosa</i>. <b>[Criteria Code 04]</b> (*ciprofloxacin only)</p> <p>For the treatment of necrotizing external otitis. <b>[Criteria Code 05]</b></p> <p>For endophthalmitis prevention* in patients who have had an unplanned vitrectomy (during cataract surgery). <b>[Criteria Code 06]</b> (*ciprofloxacin only)</p>
Ketoconazole	<p>For the treatment of serious or life threatening fungal diseases.</p> <p>Note: Ketoconazole use has been associated with liver damage including cases of death. It should not be used for common and superficial fungal infections. <b>[Criteria Code 01]</b></p>
Rivaroxaban 10mg	<p>Following total knee replacement surgery: For the prophylactic treatment of venous thromboembolism, up to 14 days will be covered. <b>[Criteria Code 14]</b></p> <p>Following total hip replacement surgery: For the prophylactic treatment of venous thromboembolism, up to 35 days will be covered. <b>[Criteria Code 35]</b></p>

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Rivaroxaban 15mg	For the treatment of pulmonary embolism (PE) or deep vein thrombosis (DVT): A maximum of 42 tablets will be covered with a code for patients to allow time for special authorization requests to be reviewed. Up to 6 months of coverage may then be provided. [ <b>Criteria Code 42</b> ]
Ticlopidine	When prescribed following intracoronary stent implantation: Up to 30 days will be covered for the prevention of thrombosis. [ <b>Criteria Code 02</b> ]  For the secondary prevention of transient ischemic attack (TIA) or ischemic stroke in patients who while taking ASA experienced a subsequent thrombotic event (symptoms of TIA, stroke) or with a documented severe ASA allergy. [ <b>Criteria Code 01</b> ]
Vancomycin	For patients with pseudomembranous colitis (PMC) who have failed an adequate trial of metronidazole or have a contraindication or intolerance to metronidazole, or as an initial treatment for patients with severe cases of PMC. [ <b>Criteria Code 01</b> ]

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