Workers' Compensation Board of Nova Scotia

Work Safe, For Life

Drugs listed in the WCB Special Authorization (SA) Formulary (see Appendix I) have specific criteria for coverage which must be met in order to be approved. Not all forms of each drug may be covered. Under exceptional circumstances requests for drugs with no specific criteria may be reviewed on a case-by-case (CBC) basis.

In the WCB program injured workers are assigned to a formulary (see Appendix II) based on nature of injury/illness; this means what may be an open a benefit for some types of injuries or illnesses may not be covered for others.

Quantity limits (see Appendix III) apply to certain medications. If a drug is prescribed in an amount exceeding its quantity limit, a special authorization request must be submitted to Medavie Blue Cross for evaluation.

When interchangeable generic products are available for a brand name drug, the Workers' Compensation Board of Nova Scotia will only reimburse pharmacies for the lowest cost product. Requests for coverage of a brand name medication may be made by submitting a Workers' Compensation Board of Nova Scotia (WCBNS) Mandatory Generic Exemption Request for evaluation.

The following appendices are included with this document:

I. Special Authorization (SA) Criteria
II. WCB Formulary Guide
III. Table of Quantity Limits

APPENDIX I

Special Authorization (SA) Criteria Table

This table contains a list of medications having specific criteria which must be met in order to be approved.

- Certain medications not listed in the table may be reviewed on a case by case basis. If you have questions about coverage of a specific drug/product for a specific patient call Medavie Blue Cross at **1-855-496-5810.**

- Updates to this list will be made on a monthly basis.

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
Aclidinium Bromide	Tudorza® Genuair®	Burns, Environmental, Traumatic Injuries and Disorders, Respiratory, Cancer
Criteria		
Refer to *Long Acting Muscarinic Antagonists (LAMA)*		
Aclidinium Bromide/Formoterol Fumarate Dihydrate	Duaklir™ Genuair®	Burns, Environmental, Traumatic Injuries and Disorders, Respiratory, Cancer
Criteria		
Refer to *Long acting inhaled Beta 2 agonists in combination with long acting inhaled muscarinic antagonists (LABA/LAMA Combinations)*		
Adefovir Dipivoxil	Hepsera®	Infectious
Criteria		
For the treatment of chronic hepatitis B in combination with lamivudine in adult patients who: • have developed resistance[1] to lamivudine therapy after the initial three months of therapy that is not due to lack of adherence 1 demonstrated by a tenfold increase in serum HBV DNA from nadir that has occurred on two separate occasions.		

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
Almotriptan	Axert®	Intracranial
Criteria		
Refer to *Selective 5HT1 - Receptor Agonists*		
Anagrelide	Agrylin®	Cancer
Criteria		
For the treatment of essential thrombocythemia (ET) in patients who: • Have experienced therapeutic failure or are unable to tolerate hydroxyurea therapy		
Apixaban	Eliquis®	Traumatic Injuries and Disorders, Blood & Blood Forming Organs, Circulatory, Cancer
Criteria		
<u>Venous Thromboembolism Prevention (Eliquis® 2.5mg)</u> • following total knee replacement surgery: o for the prophylactic treatment of venous thromboembolism, up to 14 days will be covered **[Criteria Code 14]** • following total hip replacement surgery: o for the prophylactic treatment of venous thromboembolism, up to 35 days will be covered **[Criteria Code 35]**		

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
Treatment of Deep Vein Thrombosis or Pulmonary Embolism (Eliquis® 5mg) • A maximum of 56 tablets (3 weeks' worth) will be covered for patients to allow time for SA request to be reviewed. Up to 6 months of coverage may then be provided **[Criteria Code 32]** • Up to 6 months of coverage may then be provided.		
Azithromycin	Zithromax®	Wounds, Burns, Intracranial, Environmental, Traumatic Injuries and Disorders, Blood & Blood Forming Organs, Circulatory, Respiratory, Digestive, Genitourinary System Disease & Disorder, Skin, Infectious, Cancer
Criteria		
For use in patients who: • are intolerant to clarithromycin and require a macrolide antibiotic **[Criteria Code 02]** • for the treatment of chlamydia trachomatis (1g single dose) **[Criteria Code 05]** • for the prevention and treatment of mycobacterium avium complex (MAC) **[Criteria Code 06]** • require a macrolide antibiotic but cannot take clarithromycin/erythromycin due to drug interactions **[Criteria Code 07]**		

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
Baclofen injectable	Lioresal® Intrathecal	Bones, Nerves & Spinal Cord, Musculoskeletal, Traumatic Injuries and Disorders, Cancer
Criteria		
• For patients suffering with spasticity due to spinal cord injury that is considered to be severe in nature and that are either unresponsive or experience a significant intolerance to oral baclofen at effective oral doses		
Brivaracetam	Brivlera	Intracranial, Traumatic Injuries and Disorders
Criteria		
• For the adjunctive treatment of compensable refractory partial-onset seizures (POS) in patients who are currently receiving at least two antiepileptic drugs, and who have failed treatment or have experienced an intolerance to at least three other antiepileptic drugs. • Please note: The patient must be under the care of a physician experienced in the treatment of epilepsy.		

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
Budesonide suspension (nebuamps for inhalation)	Pulmicort Nebuamps	Burns, Environmental, Traumatic Injuries and Disorders, Respiratory, Cancer
Criteria		
Refer to *Respiratory Aerosol Solutions* NOTE: Bulk solution and MDI are open benefit		
Budesonide/ glycopyrronium [as bromide] /formoterol fumarate dihydrate	Breztri Aerosphere	Burns, Environmental, Traumatic Injuries & Disorders, Respiratory, Cancer
Criteria		
• For the treatment of COPD, as defined by spirometry (i.e., FEV1/FVC <0.7), in patients who experience: ○ Persistent symptoms while being treated with a long-acting beta-2 agonist/long-acting muscarinic receptor antagonists (LABA/LAMA).		

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
Butorphanol	N/A	Critical Opioid Formulary
Criteria		
• For the treatment of migraine following intolerance or lack of therapeutic response to conventional treatments NOTE: Written request must be from a neurologist or physician having specialized training in neurology/pain management		
Calcitonin gene-related peptide (CGRP) antagonists		Intracranial
Galcanezumab, Fremanezumab, Eptine zumab	Emgality® Ajovy® Vyepti®	
Criteria		
• For the treatment of chronic migraine in patients who have completed an adequate trial with an inadequate response/failure OR contraindication to at least 2 oral agents • Initial approval is for 24 weeks • Coverage extension contingent upon initial reduction (and maintenance) of baseline migraine frequency by 50% *Must be prescribed by a physician who has experience in the management of migraine headaches.		

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
Carvedilol	Coreg®	Circulatory
Criteria		
• For the treatment of patients with congestive heart failure having a left ventricular ejection fraction (LVEF) less than or equal to 40%		
Ciprofloxacin, Oral	Cipro®	Bones, Nerves & Spinal Cord, Musculoskeletal, Wounds, Burns, Intracranial, Environmental, Traumatic Injuries and Disorders, Blood & Blood Forming Organs, Circulatory, Respiratory, Digestive, Genitourinary System Disease & Disorder, Skin, Infectious, Cancer
Criteria		
Refer to *Fluoroquinolones, Oral*		
Ciprofloxacin and dexamethasone (otic)	Ciprodex®	Traumatic Injuries and Disorders, Cancer
Criteria		
• for the treatment of acute otitis media in patients with tympanostomy tubes and experiencing otorrhea **[Criteria Code 01]**		

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
• for the treatment of acute otitis externa in patients with a perforated tympanic membrane or in patients with tympanostomy tubes **[Criteria Code 02]**		
Clopidogrel	Plavix®	Traumatic Injuries and Disorders, Blood & Blood Forming Organs, Circulatory, Cancer
Criteria		
• for patients requiring secondary prevention of atherothrombotic events[1] or for patients with established peripheral artery disease who have experienced a GI bleed or a stroke/TIA while on ASA or are allergic to ASA • in combination with ASA for patients with acute coronary syndromes without ST segment elevation (i.e. unstable angina or NSTEMI) for a period of 3 months coverage. In patients considered to be high risk[2] twelve months of coverage can be provided <u>Intravascular Stent Implantation:</u> • when prescribed following all types of intracoronary stent placement **[Criteria Code 30]** may be used for the initial 30 day coverage period. A written request from the prescriber is needed for coverage beyond this time 1 myocadrial infarction,stroke 2 high risk patients are defined as those with CAD and are not candidates for revascularization via PCI, have symptomatic PVD, have experienced a subsequent ACS event within the last year or have had a prior stroke		

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
Collagenase	Santyl®	Burns, wounds,traumatic injuries and disorders, skin, infectious, cancer
Criteria		
• for the treatment of wounds (e.g., chronic dermal ulcers and severe skin burns) requiring non-surgical debridement to facilitate the removal of detritus from the wound craters needed to heal the wound • must be used in combination with an antibacterial wound cleansing agent • requests should list what other therapies were tried and their outcomes		
Cromoglycate Sodium	N/A	Burns, Environmental, Traumatic Injuries and Disorders, Respiratory, Cancer
Criteria		
Refer to *Respiratory Aerosol Solutions*		
Darifenacin	Enablex®	Genitourinary System Disease & Disorder
Criteria		
Refer to *Urinary Antispasmodics*		

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
Diclofenac, topical	Pennsaid®	Bones, Nerves & Spinal Cord, Musculoskeletal, Traumatic Injuries and Disorders
Criteria		
• for the treatment of osteoarthritis of the knee(s) • quantity limited to 3 months duration		
Duloxetine	Cymbalta®	Bones, Nerves & Spinal Cord, Musculoskeletal, Wounds, Burns, Intracranial, Environmental, Traumatic Injuries and Disorders, Cancer, Psychological
Criteria		

• prescribed for the treatment of:
  ○ Osteoarthritis of the knee
  ○ Generalized Anxiety Disorder
  ○ Fibromyalgia
  ○ Major Depressive Disorder[1]
  ○ Chronic low back pain[2]
  ○ Neuropathic pain[3]		

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
[1] Patient must have failed or been intolerant to venlafaxine. [2] Patient must have failed or been intolerant to a NSAID. [3] Patient must have failed or been intolerant to ONE of: a TCA OR gabapentinoid		
Entecavir	Baraclude®	Infectious
Criteria		
• for the treatment of chronic hepatitis B infection in patients with cirrhosis (confirmed by either histology or radiology) and a HBV DNA concentration above 2000 iu/mL.		
Fenoterol	N/A	Burns, Environmental, Traumatic Injuries and Disorders, Respiratory and Cancer
Criteria		
Refer to *Respiratory Aerosol Solutions*		

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
Fentanyl Patch	Duragesic®	With access to the Critical Opioid Formulary
	Criteria	
For the treatment of persistent, moderate to severe **CHRONIC** pain in patients who: • require **CONTINUOUS, AROUND-THE-CLOCK** opioid administration for an extended period of time • pain cannot be managed by other means, such as non-steroidal analgesics, opioid combination products, or immediate release products • are **OPIOID TOLERANT.** Tolerance can be assumed if on a moderate, stable dose of a strong opioid, ie a total daily dose of at least 60-90 mg/day morphine equivalents for at least 2 weeks • do not switch from codeine to fentanyl (no opioid tolerance)		
Ferumoxytol	Feraheme® 30mg/ml injection 510mg/17ml	Blood and Blood Forming Organs, Circulatory
	Criteria	
• for the treatment of iron deficiency anemia in adult patients with chronic kidney disease (CKD) • request must be from a nephrologist and/or an internist • contraindicated in patients whose anemia is not caused by iron deficiency		

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
Fesoterodone fumarate	Toviaz®	Genitourinary System Disease & Disorder
Criteria		
See *Urinary Antispasmodics*		
Fluconazole	Diflucan® P.O.S. Pwd For Oral Susp 10mg	Bones, Nerves & Spinal Cord, Wounds, Burns, Intracranial, Environmental, Traumatic Injuries and Disorders, Blood & Blood Forming Organs, Respiratory, Infectious, Cancer
Criteria		
For the treatment of: • oropharyngeal candidiasis following therapeutic failure to nystatin OR • systemic infections in patients when other oral formulations are not an option		

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
Fluoroquinolones, Oral		Bones, Nerves & Spinal Cord, Musculoskeletal, Wounds, Burns, Intracranial, Environmental, Traumatic Injuries and Disorders, Blood & Blood Forming Organs, Circulatory, Respiratory, Digestive, Genitourinary System Disease & Disorder, Skin, Infectious, Cancer
Ciprofloxacin, Norfloxacin, Ofloxacin	Cipro® Noroxin® Floxin®	

Criteria

- for the treatment of infections in patients when all other effective oral agents are not appropriate due to intolerance or allergies **[Criteria Code 01]**
- for the treatment of aerobic, gram-negative infections which are resistant to other effective oral agents **[Criteria Code 02]**
- for the treatment of infections typically requiring parenteral therapy (gram-negative, aerobic, multi-resistant organisms)[1] when alternative oral agents are not available or effective **[Criteria Code 03]**
- for the treatment[2] of infections caused by Pseudomonas aeruginosa **[Criteria Code 04]**
- for the treatment of necrotizing external otitis **[Criteria Code 05]**
- for endophthalmitis prevention[2] in patients who have had an unplanned vitrectomy (during cataract surgery) **[Criteria Code 06]**

1 osteomyelitis, prostatitis

2 ciprofloxacin only

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
Fluoroquinolones, Respiratory		Bones, Nerves & Spinal Cord, Musculoskeletal, Wounds, Burns, Intracranial, Environmental, Traumatic Injuries and Disorders, Blood & Blood Forming Organs, Circulatory, Respiratory, Digestive, Genitourinary System Disease & Disorder, Skin, Infectious, Cancer
Levofloxacin, Moxifloxacin	Levaquin® Avelox®	

Criteria

- for the continuation of treatment for acute exacerbation of chronic bronchitis, community acquired or nosocomial pneumonia when therapy has been initiated in a hospital setting **[Criteria Code 01]**
- for the treatment of nursing home patients with severe pneumonia **[Criteria Code 02]**
- 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) **[Criteria Code 03]**
- 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 **[Criteria Code 04]**

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
Fluticasone furoate/ umeclidinium /vilanterol	Trelegy® Ellipta®	Burns, Environmental, Traumatic Injuries & Disorders, Respiratory, Cancer
Criteria		
For the treatment of COPD, as defined by spirometry (i.e., FEV1/FVC <0.7), in patients who experience: • Persistent symptoms while being treated with a long-acting beta-2 agonist/long-acting muscarinic receptor antagonists (LABA/LAMA). For the treatment of asthma in adults who are not adequately controlled on a maintenance combination of a medium or high dose of an inhaled corticosteroid (ICS) AND a long-acting beta-2 agonist (LABA).		
Formoterol (single ingredient)	Oxeze®, Foradil®	Burns, Environmental, Traumatic Injuries and Disorders, Respiratory, Cancer
Criteria		
Refer to *Long Acting Bronchodilators*		
Formoterol in combination	Symbicort®	Burns, Environmental, Traumatic Injuries and Disorders, Respiratory, Cancer
Criteria		
Refer to *Long acting Beta2 agonists in combination with corticosteroids*		

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
Formoterol in combination	Zenhale®	Burns, Environmental, Traumatic Injuries and Disorders, Respiratory, Cancer
Criteria		
Refer to *Long acting Beta2 agonists in combination with corticosteroids (mometasone furoate and formoterol fumarate dihydrate)*		
Fosfomycin tromethamine	Monurol®	Burns, Intracranial, Environmental, Traumatic Injuries and Disorders, Blood & Blood Forming Organs, Circulatory, Respiratory, Digestive, Genitourinary System Disease & Disorder, Skin, Infectious, Cancer
Criteria		
For the treatment of acute uncomplicated lower urinary tract infections in women of 18 years of age and older who: • show resistance to other oral therapies **[Criteria Code 01]** **OR** • are unable to tolerate lower cost alternatives **[Criteria Code 02]**		

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
Glycopyrronium bromide	Seebri®	Burns, Environmental, Traumatic Injuries and Disorders, Respiratory, Cancer
Criteria		
Refer to *Long Acting Muscarinic Antagonists (LAMA)*		
Imiquimod cream	Aldara® Zyclara®	Infectious, Cancer
Criteria		
For the treatment of adults with: • condyloma acuminata, perianal, and external genital warts • actinic keratosis (head and neck) unresponsive to 5FU and cryotherapy • biopsy-confirmed primary superficial basal cell carcinoma either recurrent after previous irradiation or where irradiation/surgery is deemed inappropriate (i.e. too many lesions) Note: The tumor diameter must be no more than 2.0cm and not located on the hands or feet. Coverage provided for 6 weeks.		
Indacaterol	Onbrez®	Burns, Environmental, Traumatic Injuries and Disorders, Respiratory, Cancer
Criteria		
Refer to *Long Acting Bronchodilators*		

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
Indacterol/ glycopyrronium	Ultibro® Breezehaler®	Burns, Environmental, Traumatic Injuries and Disorders, Respiratory, Cancer
Criteria		
Refer to *Long acting inhaled Beta 2 agonists in combination with long acting inhaled muscarinic antagonists (LABA/LAMA Combinations)*		
Indacaterol/glycopyrronium/mometasone furoate	Enerzair Breezhaler	Burns, Environmental, Traumatic Injuries and Disorders, Respiratory, Cancer
Criteria		
• For the maintenance treatment of asthma in adults not adequately controlled with a maintenance combination of a medium or high dose of an inhaled corticosteroid (ICS) AND a long-acting beta-2 agonist (LABA) who experienced at least one exacerbation[1] in the last 12 months. 1 Exacerbation is defined as worsening asthma symptoms requiring oral corticosteroids OR asthma-related hospital admission		

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
Ipratropium bromide alone and in combination inhaled solutions (nebules)	Combivent®, Atrovent® and generic formulations	Burns, Environmental, Traumatic Injuries and Disorders, Respiratory, Cancer
Criteria		
Refer to *Respiratory Aerosol Solutions*		
Iron dextran	Dexiron®	Blood and Blood Forming Organs, Circulatory
Criteria		
• for patients with iron deficiency anemia who had intolerance or no therapeutic response to oral therapy. • patient profiles must show that there has been an adequate trial of oral iron treatments		
Iron sucrose	Venofer®	Blood and Blood Forming Organs, Circulatory
Criteria		
• for patients with iron deficiency anemia who had intolerance or no therapeutic response to oral therapy. Patient profiles must show that there has been an adequate trial of oral iron treatments.		

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
Itraconazole	Sporanox®	Bones, Nerves & Spinal Cord, Wounds, Burns, Intracranial, Environmental, Traumatic Injuries and Disorders, Blood & Blood Forming Organs, Respiratory, Infectious, Cancer
Criteria		
For the treatment of patients with: • a diagnosis of onychomycosis confirmed[1] by a physician specializing in dermatology or • systemic fungal infections considered to be severe 1 confirmed by KOH preparation, fungal culture, or nail biopsy		
Ketoconazole	N/A	Bones, Nerves & Spinal Cord, Wounds, Burns, Intracranial, Environmental, Traumatic Injuries and Disorders, Blood & Blood Forming Organs, Respiratory, Infectious, Cancer
Criteria		
• for the treatment of serious or life threatening fungal diseases **[Criteria Code 01]** Note: Ketoconazole use has been associated with liver damage including cases of death. It should not be used for common and superficial fungal infections.		

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
Lamivudine 100mg	Heptovir®	Infectious
Criteria		
• Upon written request from a specialist for the diagnosis of chronic hepatitis B • Approval is for 1 year		
Lansoprazole	Prevacid®, Prevacid® FasTab	Traumatic Injuries and Disorders, Digestive, Cancer and a conditional benefit
Criteria		
Refer to *Proton Pump Inhibitors*		
Leukotriene Receptor Antagonists		Environmental, Respiratory
Montelukast, Zafirlukast	Singulair®, Accolate®	
Criteria		
For the treatment of moderate to severe asthma in adults who: • are using an increased amount of short-acting beta$_2$ agonists AND • require additional treatment because they continue to experience asthma symptoms despite compliance with inhaled corticosteroids at a moderate or high dose		

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
Levofloxacin	Levaquin®	Bones, Nerves & Spinal Cord, Musculoskeletal, Wounds, Burns, Intracranial, Environmental, Traumatic Injuries and Disorders, Blood & Blood Forming Organs, Circulatory, Respiratory, Digestive, Genitourinary System Disease & Disorder, Skin, Infectious, Cancer
Criteria		
Refer to *Fluoroquinolones, Respiratory*		
Linezolid	Zyvoxam®	Burns, Intracranial, Environmental, Traumatic Injuries and Disorders, Blood & Blood Forming Organs, Circulatory, Respiratory, Digestive, Genitourinary System Disease & Disorder, Skin, Infectious, Cancer
Criteria		
For the treatment of patients who have been diagnosed with: • MRSA or MRSE and have not responded to or are intolerant to vancomycin • infections due to vancomycin resistant enterococci (VRE) infections Note: Must be requested from a physician specializing in infectious diseases.		

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
Long acting Beta$_2$ agonists in combination with corticosteroids		Burns, Environmental, Traumatic Injuries and Disorders, Respiratory, Cancer
	Advair®, Breo® Ellipta®, Symbicort®	

Criteria

Asthma

For the treatment of moderate to severe asthma in adults:

- requiring an increase in use of a short acting beta$_2$ agonist
- require additional treatment because they continue to experience symptoms (e.g., cough, being awakened from sleep, not able to participate in usual activities due to asthma symptoms) and
- are compliant with optimal doses of an inhaled corticosteroid

COPD

1. For the treatment of COPD, as defined by spirometry (i.e., FEV1/FVC <0.7), in combination with a LAMA in patients who experience:
    - Persistent symptoms while being treated with a long-acting beta-2 agonist/long-acting muscarinic receptor antagonists (LABA/LAMA).
2. For the treatment of patients with asthma/chronic obstructive pulmonary disease (ACO) overlap, based on patient history and spirometry.

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
Long acting Beta2 agonists in combination with corticosteroids (fluticasone furoate and vilanterol)		Burns, Environmental, Traumatic Injuries and Disorders, Respiratory, Cancer
	Breo® Ellipta®	
Criteria		
Refer to *Long acting Beta2 agonists in combination with corticosteroids*		
Long acting Beta$_2$ agonists in combination with corticosteroids (mometasone furoate and formoterol fumarate dihydrate)		Burns, Environmental, Traumatic Injuries and Disorders, Respiratory, Cancer
	Zenhale®	
Criteria		
<u>Asthma</u> For the treatment of moderate to severe asthma in adults: • requiring an increase in use of a short acting beta$_2$ agonist • require additional treatment because they continue to experience symptoms (e.g., cough, being awakened from sleep, not able to participate in usual activities due to asthma symptoms) and • are compliant with optimal doses of an inhaled corticosteroid **Zenhale is not indicated for use in COPD.**		

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
Long acting inhaled Beta 2 agonists in combination with long acting inhaled muscarinic antagonists (LABA/LAMA Combinations)		Burns, Environmental, Traumatic Injuries and Disorders, Respiratory, Cancer
Indacterol/ glycopyrronium, Vilanterol/ Umeclidinium, Aclidinium bromide/ Formoterol fumarate dehydrate, tiotropium/ olodaterol	Ultibro Breezhaler, Anoro Ellipta, Duaklir Genuair, Inspiolto Respimat	
Criteria		
For the treatment of chronic obstructive pulmonary disease (COPD), as defined by spirometry (i.e., FEV1/FVC <0.7), in patients who experience: • Persistent symptoms while being treated with either a long-acting beta-2 agonist (LABA) or long-acting muscarinic antagonist (LAMA).		

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
Long Acting Bronchodilators		Burns, Environmental, Traumatic Injuries and Disorders, Respiratory, Cancer
Incaterol	Onbrez®	
Formoterol	Oxeze®, Foradil®	
Salmeterol	Serevent®	

Criteria

Asthma (Oxeze®, Foradil® and Servent®)

For the treatment of moderate to severe asthma in adults:

- requiring an increase in use of a short acting beta$_2$ agonist and
- require additional treatment because they continue to experience symptoms (e.g. cough, being awakened from sleep, not able to participate in usual activities due to asthma symptoms) and
- are compliant with optimal doses of an inhaled corticosteroid

COPD (Foradil®, Onbrez® and Serevent®)

For the treatment of COPD, as defined by spirometry (i.e., FEV1/FVC <0.7), in patients who experience:

- Sustained symptoms, as defined by Medical Research Council (MRC) of at least grade 2 or COPD Assessment test (CAT) score of at least 10, and a post-bronchodilator FEV1 less than 80% predicted; OR
- One or more exacerbation(s) of COPD requiring hospitalization OR two or more exacerbations in the past year requiring treatment with antibiotics and/or systemic corticosteroids
- Note: Coverage for a LAMA and a LABA as two separate inhalers will not be considered

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
Long Acting Muscarinic Antagonists (LAMA)		Burns, Environmental, Traumatic Injuries and Disorders, Respiratory, Cancer
Aclindinium, Glycopyrronium, Tiotropium, umeclidinium	Tudorza®Genuair™ Seebri® Spiriva®, Spiriva®Respimat®, Incruse™ Ellipta®	

Criteria

1. For the treatment of COPD, as defined by spirometry (i.e., FEV1/FVC <0.7), in patients who experience:
    - Sustained symptoms, as defined by Medical Research Council (MRC) of at least grade 2 or COPD Assessment test (CAT) score of at least 10, and a post-bronchodilator FEV1 less than 80% predicted; OR
    - One or more exacerbation(s) of COPD requiring hospitalization OR two or more exacerbations in the past year requiring treatment with antibiotics and/or systemic corticosteroids
    - Note: Coverage for a LAMA and a LABA as two separate inhalers will not be considered
2. Coverage of a LAMA in combination with a LABA/ICS (i.e., triple therapy) will be considered for the treatment of COPD, as defined by spirometry (i.e., FEV1/FVC <0.7), in patients who experience:
    - Persistent symptoms while being treated with a LABA/ICS or a long-acting beta-2 agonist/long-acting muscarinic receptor antagonists (LABA/LAMA).

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
Montelukast	Singulair®	Environmental, Respiratory
Criteria		
Refer to *Leukotriene Receptor Antagonists*		
Moxifloxacin	Avelox®	Bones, Nerves & Spinal Cord, Musculoskeletal, Wounds, Burns, Intracranial, Environmental, Traumatic Injuries and Disorders, Blood & Blood Forming Organs, Circulatory, Respiratory, Digestive, Genitourinary System Disease & Disorder, Skin, Infectious, Cancer
Criteria		
Refer to *Fluoroquinolones, Respiratory*		
Nabilone	Cesamet®	
Criteria		
Due to the lack of objective data supporting the safety and efficacy of synthetic cannabinoids, consideration of coverage on an exceptional basis will be limited to the following criteria: • For the management of severe nausea and vomiting associated with cancer chemotherapy in occupational cancers		

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
• For compensable refractory neuropathic pain in Injured Workers who have failed to respond to adequate trials of a minimum of three different categories of first line (e.g. TCA, SNRI, Gabapentinoid) AND/OR second line agents (e.g., Tramadol or Opioids). If any category of agent was not trialed, a compelling reason must be provided. o An adequate trial is considered appropriate pharmaceutical treatment (minimum 12 weeks), titrating up to an effective dose, with documented evidence that they were ineffective or not tolerated.		
Naratriptan	Amerge®	Intracranial
Criteria		
Refer to *Selective 5HT1 - Receptor Agonists*		

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
Norfloxacin	Noroxin®	Bones, Nerves & Spinal Cord, Musculoskeletal, Wounds, Burns, Intracranial, Environmental, Traumatic Injuries and Disorders, Blood & Blood Forming Organs, Circulatory, Respiratory, Digestive, Genitourinary System Disease & Disorder, Skin, Infectious, Cancer
Criteria		
Refer to *Fluoroquinolones, Oral*		
Ofloxacin	Floxin®	
Criteria		
Refer to *Fluoroquinolones, Oral*		
Omeprazole	Losec®	Open benefit Digestive, Traumatic Injuries and Disorders, Cancer and a conditional benefit
Criteria		
Refer to *Proton Pump Inhibitors*		

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
Onabotulinumto-xin-A	Botox 50iu/vial and 100iu/vial injection	Bones, Nerves, & Spinal Cord, Intracranial, Traumatic Injuries and Disorders

Criteria

Review may be considered for treatment of the following indications:

- Management of focal spasticity post stroke or spinal cord injury adults
- Blepharospasm, hemifacial spasm (VII nerve disorder) or strabismus in adult patients
- Chronic migraine
- Cervical dystonia

Notes:

- Indication must be related to compensable injury
- There must be failure(s) of adequate standard pharmaceutical trials
- Chronic migraine:
    - Provider must be a Neurologist
    - Neurologist must provide the authorization number from MSI on the request form (for injection of onabotulinumtoxin A for the treatment of Chronic Migraine)

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
Opioids		Acute Opioid Formulary (AOF) • Musculoskeletal • Bones/Nerves/Spinal Cord • Wounds • Burns • Intracranial Injuries • Environmental Trauma • Digestive System Diseases • Other Traumatic Injuries Critical Opioid Formulary (COF) • Neoplasms • Tumors • Cancer
Criteria		
• Please refer to the **Opioid Special Authorization Request Form** NOTE: A special authorization request is required for the following: • an extension of access to the AOF (initial access is for 12 weeks from date of injury) • COF (initial access is for 24 weeks from date of injury) • opioids not included in either formulary		

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
• opioids exceeding an amount of 200 morphine equivalents (MEQ) per day		
Oxcarbazepine	Trileptal®	Intracranial, Traumatic Injuries and Disorders
Criteria		
• for the treatment of compensable epilepsy in adults who have failed to respond to or are unable to tolerate carbamazepine and at least 2 other therapies		
Oxybutynin XL (entended release)	Ditropan XL®, Uromax®	Genitourinary System Disease & Disorder
Criteria		
Refer to *Urinary Antispasmodics*		

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
Oxycodone (extended release)	OxyNeo®	SA for patients with access to Critical Opioid Formulary (COF)
Criteria		
• the compensable condition has objective clinical pathology and is not a psychiatric or psychological condition (chronic pain included) • there should be proof that other pain medication management trials have occurred and failed • biopsychosocial factors are minimal (e.g. Orebro score is below 148, ideally below 98)		
Pantoprazole magnesium	Tecta®	Traumatic Injuries and Disorders, Digestive, Cancer and a conditional benefit
Criteria		
Refer to *Proton Pump Inhibitors*		
Pantoprazole sodium	Pantoloc®	Traumatic Injuries and Disorders, Digestive, Cancer and a conditional benefit
Criteria		
Refer to *Proton Pump Inhibitors*		

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
Perampanel	Fycompa®	Intracranial, Traumatic Injuries and Disorders
Criteria		
As an adjunctive therapy in the management of partial-onset seizures and primary generalized tonic-clonic seizures (PGTCS), in adult patients with compensable epilepsy who are not satisfactorily controlled with conventional therapy who meet all of the following criteria: • Are under the care of a physician experienced in the treatment of compensable epilepsy; • Are currently receiving two or more antiepileptic drugs; And In whom all other antiepileptic drugs are ineffective or not appropriate		
Prasugrel hydrochloride	Effient®	Traumatic Injuries and Disorders, Blood & Blood Forming Organs, Circulatory, Cancer
Criteria		
• for hospital initiated treatment of patients having an ST-elevated myocardial infarct currently undergoing PCI • therapy is approved in combination with ASA for those patients who haven't been previously treated with an antiplatelet agent • length of treatment approved for the following:		

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
○ Bare metal stent, 3 months ○ Drug eluting stent, 12 months		
Proton Pump Inhibitors (PPIs)		Open benefit for: Traumatic Injuries and Disorders, Digestive, Cancer Note: Patients currently receiving an NSAID will be granted access without SA to an open benefit PPI for the duration of NSAID therapy as a conditional benefit
Omeprazole, Pantoprazole Magnesium, Pantoprazole Sodium, Lansoprazole, Rabeprazole	Losec®, Tecta®, Pantoloc®, Prevacid®, Prevacid FasTab®, Pariet®	
Criteria		
Prevacid FasTab® • for the treatment of patients with a feeding tube and require PPI treatment		
Rabeprazole	Pariet®	Traumatic Injuries and Disorders, Digestive, Cancer and a conditional benefit
Criteria		
Refer to *Proton Pump Inhibitors*		

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
Respiratory Aerosol Solutions		Burns, Environmental, Traumatic Injuries and Disorders, Respiratory and Cancer
Cromoglycate, Fenoterol, Ipratropium Bromide, Salbutamol, Budesonide	Atrovent®, Ventolin®, Intal®, Combivent®, Pulmicort®	

Criteria

- for adult patients who are unable to actuate a metered dose inhaler, have difficulty following directions and are unable to hold a spacer device
- to be eligible, patients must have evidence of tachypnea showing a breathing rate greater than 25 breaths each minute combined with a low vital capacity of 900ml (or less)

NOTE: bulk solution (vials) is open benefit

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
Rivaroxaban	Xarelto®	Traumatic Injuries and Disorders, Blood & Blood Forming Organs, Circulatory, Cancer

Criteria

Venous Thromboembolism Prevention (Xarelto® 10mg)

- following total knee replacement surgery:
  - for the prophylactic treatment of venous thromboembolism, up to 14 days will be covered **[Criteria Code 14]**
- following total hip replacement surgery:
  - for the prophylactic treatment of venous thromboembolism, up to 35 days will be covered **[Criteria Code 35]**

DVT/PE Treatment (Xarelto® 15mg, Xarelto® 20mg, Xarelto® Deep Vein Thrombosis (DVT) / Pulmonary Embolism (PE) Starter Pack)

- for the treatment of pulmonary embolism (PE) or deep vein thrombosis (DVT):
  - a maximum of 42 tablets (15mg strength only) or one Xarelto DVT/PE Starter Pack 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 **[Criteria Code 42]**

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
Rizatriptan	Maxalt®	Intracranial
Criteria		
Refer to *Selective 5HT1 - Receptor Agonists*		
Salbutamol nebules (alone and in combination) for inhalation	N/A	Burns, Environmental, Traumatic Injuries and Disorders, Respiratory, Cancer
Criteria		
Refer to *Respiratory Aerosol Solutions* NOTE: Bulk solution and MDI are open benefit		
Salmeterol in combination with corticosteroid	Advair®	Burns, Environmental, Traumatic Injuries and Disorders, Respiratory, Cancer
Criteria		
Refer to *Long acting Beta2 agonists in combination with corticosteroids*		

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
Salmeterol in combination with corticosteroid	Arbesda Respiclick™	Burns, Environmental, Traumatic Injuries and Disorders, Respiratory, Cancer
Criteria		
For the treatment of moderate to severe asthma in adults: • requiring an increase in use of a short-acting beta$_2$ agonist • require additional treatment because they continue to experience symptoms (e.g., cough, being awakened from sleep, not able to participate in usual activities due to asthma symptoms) and • are compliant with optimal doses of an inhaled corticosteroid. **Arbesda Respiclick is not indicated for use in COPD.**		
Selective 5HT1 - Receptor Agonists		Intracranial
Almotriptan, Naratriptan, Rizatriptan, Sumatriptan, Zolmitriptan	Amerge®, Axert®, Imitrex®, Maxalt®, Zomig®	
Criteria		
• A tiered approach will be used for the approval of triptans for migraine treatment.		

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR

Criteria

- for the treatment of compensable work-related migraine headaches considered to be severe in nature

  OR
- for the treatment of compensable work-related migraine headaches of moderate severity that have not responded to alternative therapies (e.g. acetaminophen, NSAIDs, DHE spray)

Tiers

1. rizatriptan tablets and wafers, zolmitriptan tablets and oral dissolving tablets, sumatriptan tablets, naratriptan tablets, almotriptan tablets
2. zolmitriptan nasal spray, sumatriptan nasal spray – will be considered only after treatment failure of multiple oral selective 5HT1-receptor agonists
3. sumatriptan injection will only be approved for severe migraines when oral or nasal triptans are not appropriate.

- Approval is for maximum of 18 doses in a 3 month period. Higher quantities require special authorization request for dose override.

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
Sodium ferric gluconate 12.5mg/ml inj	Ferrlecit®	Blood and Blood Forming Organs, Circulatory
Criteria		
• for patients with iron deficiency anemia who had intolerance or no therapeutic response to oral therapy. Patient profiles must show there was an adequate trial of oral iron treatments.		
Solifenacin	Vesicare®	Genitourinary System Disease & Disorder
Criteria		
Refer to *Urinary Antispasmodics*		
Sumatriptan	Imitrex®	Intracranial
Criteria		
Refer to *Selective 5HT1 - Receptor Agonists*		

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
Tenofovir Disoproxil	Viread®	Infectious
Criteria		
Chronic hepatitis B infection in patients 18 years of age and older with: • liver cirrhosis that is confirmed through histology or radiology AND • a HBV DNA concentration above two thousand international units per millilitre (2000iu/mL)		
Terbinafine systemic	Lamisil® tablet	Burns, Respiratory, Infectious
Criteria		
• to treat fungal dermatophyte infections in patients treated unsuccessfully with alternative treatments or to treat severe infections unlikely to respond to other therapies. • to treat onychomycosis caused by dermatophyte fungi.		
Ticlopidine	Ticlid®	Traumatic Injuries and Disorders, Blood & Blood Forming Organs, Circulatory, Cancer
Criteria		
When prescribed following intracoronary stent implantation: • for prevention of transient ischemic attack (TIA) or ischemic stroke in patients who cannot take acetylsalicylic acid (allergy) or had a thrombotic event while taking acetylsalicylic acid **[Criteria Code 01]**		

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
• up to 30 days will be covered for the prevention of thrombosis. **[Criteria Code 02]**		
Tiotropium	Spiriva®	Burns, Environmental, Traumatic Injuries and Disorders, Respiratory, Cancer
Criteria		
Refer to *Long Acting Muscarinic Antagonists (LAMA)*		
Tiotropium/ Olodaterol	Inspiolto™ Respimat®	Burns, Environmental, Traumatic Injuries and Disorders, Respiratory, Cancer
Criteria		
Refer to *Long acting inhaled Beta 2 agonists in combination with long acting inhaled muscarinic antagonists (LABA/LAMA Combinations)*		
Tizanidine	Zanaflex®	Bones, Nerves & Spinal Cord, Musculoskeletal, Traumatic Injuries and Disorders, Cancer
Criteria		
• for the treatment of spasticity in patients who have tried baclofen without success (intolerance/therapeutic failure) or when baclofen is contraindicated. Conditions accepted include spasticity from: • brain injury (trauma including cerebral vascular accident) • spinal cord injury (SCI)		

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
Tolterodine	Detrol®, Detrol LA®	Genitourinary System Disease & Disorder
	Criteria	
See *Urinary Antispasmodics*		
Trospium	Trosec®	Genitourinary System Disease & Disorder
	Criteria	
See *Urinary Antispasmodics*		
Umeclidinium	Incruse™ Ellipta®	Burns, Environmental, Traumatic Injuries and Disorders, Respiratory, Cancer
	Criteria	
Refer to *Long Acting Muscarinic Antagonists (LAMA)*		

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
Urinary Antispasmodics		Genitourinary System Disease & Disorder
Darifenacin, **Fesoterodine,** **Mirabegron,** **Oxybutynin XL,** **Solifenacin,** **Tolterodine,** **Trospium**	Enablex® Toviaz® Mybetriq® Ditropan XL® Vesicare® Detrol®, Detrol LA® Trosec®	
Criteria		
For the treatment in patients who: • have over-active bladder with symptoms of urge urinary incontinence, urinary urgency and urinary frequency who cannot tolerate or have inadequate response to an adequate trial of immediate release oxybutynin. • initial approval will be 3 months with further approval based on follow up assessment NOTE: Stress incontinence does not qualify for approval.		

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
Valganciclovir	Valcyte®	Intracranial, Blood & Blood Forming Organs, Respiratory, Infectious
Criteria		
• for the prophylaxis of CMV disease post solid organ transplant (kidney, heart, liver or kidney-pancreas) in patients at high-risk for CMV disease (donor positive/recipient negative) • for the treatment of retinitis arising from cytomegalovirus (CMV) in patients with HIV infection. Request must be from a physician specializing in infectious disease • initial approval for 3 months. Renewal would require a special authorization request with a follow up reassessment		
Vancomycin	Vancocin® 125mg, 250mg Capsule	Digestive, Infectious
Criteria		
• 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 **[Criteria Code 01]**		

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
Vigabatrin	Sabril	Intracranial, Traumatic Injuries and Disorders
Criteria		
• As adjunctive therapy in the management of patients with compensable epilepsy who are not sufficiently controlled by conventional therapy		
Vilanterol/ Umeclidinium	Anoro™ Ellipta®	Burns, Environmental, Traumatic Injuries and Disorders, Respiratory, Cancer
Criteria		
Refer *Long acting inhaled Beta 2 agonists in combination with long acting inhaled muscarinic antagonists (LABA/LAMA Combinations)*		
Voriconazole	Vfend®	Bones, Nerves & Spinal Cord, Wounds, Burns, Intracranial, Environmental, Traumatic Injuries and Disorders, Blood & Blood Forming Organs, Respiratory, Infectious, Cancer
Criteria		
• for the treatment of culture proven invasive candidiasis shown to be resistant to fluconazole • for continued treatment of hospital-initiated treatment of invasive aspergillosis		

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
Zafirlukast	Accolate®	Environmental, Respiratory
Criteria		
Refer to *Leukotriene Receptor Antagonists*		
Zolmitriptan	Zomig®	Intracranial
Criteria		
Refer to *Selective 5HT1 - Receptor Agonists*		

APPENDIX II

WCB Formulary Guide

Primary Formulary		Secondary Formulary
N1	Bones, Nerves & Spinal Cord	Acute Opioid Formulary (AOF)
N2	Musculoskeletal	Acute Opioid Formulary (AOF)
N3	Wounds	Acute Opioid Formulary (AOF)
N4	Burns	Acute Opioid Formulary (AOF)
N5	Intracranial	Acute Opioid Formulary (AOF)
N6	Environmental	Acute Opioid Formulary (AOF)
N7	Traumatic Injuries & Disorders	Acute Opioid Formulary (AOF)
N8	Blood & Blood Forming Organs	
N10	Circulatory	
N11	Respiratory	
N12	Digestive	Acute Opioid Formulary (AOF)
N13	Genitourinary System Disease & Disorder	
N14	Skin	
N16	Infectious	
N17	Cancer	Critical Opioid Formulary (COF)
N18	Psychological	

Note:

WCB formularies are linked to nature of illness/injury. Approvals are individual in nature meaning that what is covered for one injured worker may not be covered for another.

Inquiries about WCB coverage for individual medications including drugs, products and/or compounds should be done through Medavie Blue Cross at **1-855-496-5810**. If your question involves a specific injured worker, please ensure you have the worker's WCB claim number ready.

APPENDIX III

Table of Quantity Limits

Drug Name	Billing Type	Limit Maximum	Benefit Period
Acetaminophen	Strength	120,000mg	30 days
Aerochamber	Unit	1	12 mths
Aripiprazole	Strength	300mg	30 days
ASA	Strength	120,000mg	30 days
Clopidogrel	Unit	30	30 days
Cyclobenzaprine	Strength	630mg	12 mths
Duloxetine	Strength	2,700mg	30 days
Ibuprofen	Strength	72,000mg	30 days
Ketorolac	Unit	28	lifetime
Nebulizer machine	Unit	1	lifetime
Opioids		200 MEQ/day	
Selective 5HT1 – receptor agonists (e.g. Sumatriptan)	Unit	18	90 days
Tramadol	Strength	12,000mg	30 days
Zopiclone	Strength	100mg	lifetime