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.

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
Butalbital	Unit	180	30 days
Clopidogrel	Unit	30	30 days
Cyclobenzaprine	Strength	630mg	lifetime
Duloxetine	Strength	1,800mg	30 days
Gabapentin	Strength	108,000mg	30 days
Ibuprofen	Strength	72,000mg	30 days
Ketorolac	Unit	28	lifetime
Nebulizer machine	Unit	1	lifetime
Opioids		200 MEQ/day	
Proton pump inhibitors (except for rabeprazole – no quantity limit)	Unit	425	12 mths
Selective 5HT1 – receptor agonists (e.g. Sumatriptan)	Unit	18	90 days
Tramadol	Strength	12,000mg	30 days
Zopiclone	Strength	100mg	lifetime

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		

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
1 demonstrated by a tenfold increase in serum HBV DNA from nadir that has occurred on two separate occasions.		
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		
Aripiprazole	Abilify®	Psychological
Criteria		
• as an adjunct to other anti-depressant medication therapy for the treatment of major depressive disorder in patients who have had an inadequate response to prior antidepressants • dose limit of 10mg/day • injectable not covered		

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
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		
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		

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*		

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
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]** • 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		

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
Intravascular Stent Implantation: • 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		
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		

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
Cromoglycate Sodium	N/A	Burns, Environmental, Traumatic Injuries and Disorders, Respiratory, Cancer
Criteria		
Refer to *Respiratory Aerosol Solutions*		
Dabigatran	Pradaxa®	Traumatic Injuries and Disorders, Blood & Blood Forming Organs, Circulatory, Cancer
Criteria		

Non-Valvular Atrial Fibrillation

- for the treatment of patients with non-valvular atrial fibrillation requiring anticoagulation therapy for the prophylaxis of stroke
- patients must have a $CHADS_2$ score of one or greater

and

- been unsuccessfully anticoagulated[1] on an adequate trial (of at least 2 months) of warfarin therapy **or**
- warfarin therapy is deemed inappropriate (e.g., documented contraindication or unable to monitor INR regularly[2])

Note: Coverage will not be approved for rheumatic valvular heart disease, prosthetic heart valves or in patients with severe renal impairment (CRCL less than 30ml/min). Please refer to the Pradaxa® product monograph for dosing guidelines for patients with impaired renal function

1 Unsuccessfully anticoagulated is defined as those patients who have been unable to keep their INR within range greater than 65% of the time.

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
2 No access to INR testing		
Darifenacin	Enablex®	Genitourinary System Disease & Disorder
Criteria		
Refer to *Urinary Antispasmodics*		
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		

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
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
  - Diabetic peripheral neuropathy
  - Generalized Anxiety Disorder
  - Fibromyalgia
  - Major Depressive Disorder[1]
- failed a trial of a TCA and an anticonvulsant (e.g., gabapentin)
- prevents an opioid start
- dose limit: up to 60mg/day

1 Patient must have failed or been intolerant to venlafaxine

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
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*		
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		

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
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		
Fesoterodone fumarate	Toviaz®	Genitourinary System Disease & Disorder
Criteria		
See *Urinary Antispasmodics*		

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
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		
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		

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
[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		
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-		

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
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]**		
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
Gabapentinoids		Bones, Nerves & Spinal Cord, Musculoskeletal, Wounds, Burns, Intracranial, Environmental and Traumatic Injuries and Disorders
Gabapentin **Pregabalin**	Neurontin® Lyrica®	
Criteria		
• neuropathic pain diagnosis (objective signs to support the diagnosis provided) of a compensable work-related injury AND • failed an adequate trial of one tricyclic antidepressant (e.g., amitriptyline, desipramine, imipramine, nortriptyline) or contraindication or intolerance to TCAs		
Gabapentin	Neurontin®	Bones, Nerves & Spinal Cord, Musculoskeletal, Wounds, Burns, Intracranial, Environmental and Traumatic Injuries and Disorders
Criteria		
Refer to *Gabapentinoids*		

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.		

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
Indacaterol	Onbrez®	Burns, Environmental, Traumatic Injuries and Disorders, Respiratory, Cancer
Criteria		
Refer to *Long Acting Bronchodilators*		
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)*		

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		

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
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.		
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		

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
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.		
Lamivudine 100mg	Heptovir®	Infectious
Criteria		
• upon written request from a specialist for the diagnosis of chronic hepatitis B • approval is for 1 year		

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
Lansoprazole	Prevacid®, Prevacid® FasTab	Traumatic Injuries and Disorders, Digestive, Cancer with a quantity limit and a conditional benefit
Criteria		
Refer to *Proton Pump Inhibitors*		
Ledipasvoir/ sofosbuvir 90/400mg	Harvoni®	Infectious
Criteria		

For the treatment of treatment-naïve and treatment-experienced patients with Chronic Hepatitis C genotype 1 (genotype report must be attached) who meet the following criteria:

- compensated liver disease (no cirrhosis or compensated cirrhosis) showing a Child Pugh score = A(5/6)
- detectable levels of hepatitis C virus (HCV RNA) in the last 6 months (HCV RNA report must be attached);
- a fibrosis stage F2 or greater using Metavir scale or other equivalent test (e.g. transient elastography, APRI, FIB-4, biopsy)

Not eligible:

1. patients currently undergoing treatment with another HCV antiviral agent
2. re-treatment requests (received a past treatment with ledispasvir/sofosbuvir)

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR

Treatment Duration:

8 weeks:

- treatment-naïve, non-cirrhosis, viral load less than 6 million IU/ml

12 weeks:

- treatment-naïve, non-cirrhosis, viral load equal to or greater than 6 million IU/ML;
- treatment-naïve, compensated cirrhosis (Child Pugh Score = A (5-6)
- treatment-experienced, non-cirrhosis.

24 weeks:

- treatment –experienced compensated cirrhosis (Child Pugh Score = A (5-6))

Note: Treatment experienced patients are those previously treated with PegINF/RBV (with or without the addition of a protease inhibitor) and did not receive an adequate response.

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
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		
Levetiracetam	Keppra®	Intracranial,Traumatic Injuries and Disorders
Criteria		
For use in the following: • as adjunctive therapy in the management of patients with compensable epilepsy who are not sufficiently controlled by conventional therapy		

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		

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
Note: Must be requested from a physician specializing in infectious diseases.		
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

- experiencing uncontrolled symptoms despite maximum dose ipratropium (12 puffs/day) or short acting bronchodilator therapy (salbutamol 8 puffs/ day) in the past 2 to 3 months
- no trial of short acting bronchodilators are needed if condition severity is supported with spirometric scores indicating moderate to severe COPD (FEV_1 less than 60% and FEV_1/FVC ratio less than 0.7), and significant symptoms (MRC score of 3-5)
- requests for treatment along with a long-acting anticholinergic agent will be considered if supported by

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
all of the following: o spirometric scores indicating moderate to severe COPD (FEV1 less than 60% and FEV1/FVC ratio less than 0.7) o a MRC dyspnea scale score of 3 to 5 o the patient has required treatment for significant exacerbations of COPD with antibiotics and/or oral corticosteroids over a 24 month period Note: Coverage for a LAMA and a LABA as two separate inhalers will not be considered.		
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*		

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
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

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

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 COPD in patients having persistent symptoms despite an adequate trial (2 months) of either a long acting inhaled beta-adrenergic agonist (LABA) or long acting inhaled muscarinic antagonist (LAMA).
- Requests for treatment must be supported with spirometry:
    - post-bronchodilator scores indicating moderate to severe COPD (FEV1 less than 60% and FEV1/FVC ratio less than 0.7)

Note: If there is a clearly explained reason why spirometry cannot be obtained, a MRC dyspnea scale score of 3

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
to 5 (or a clinical evaluation providing evidence that symptoms of dyspnea are at or below the equivalent of MRC grade 3) can be specified for consideration of coverage.		
Long Acting Bronchodilators		Burns, Environmental, Traumatic Injuries and Disorders, Respiratory, Cancer
Incaterol **Formoterol** **Salmeterol**	Onbrez® Oxeze®, Foradil® 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 patients:

- experiencing uncontrolled symptoms despite maximum dose ipratropium (12 puffs/day) or short acting beta$_2$ agonist therapy (salbutamol 8 puffs/ day) in the past 2 to 3 months
- no trial of short acting bronchodilators are needed if condition severity is supported with spirometric scores indicating moderate to severe COPD (FEV1 less than 60% and FEV1/FVC ratio less than 0.7), and a

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
MRC dyspnea score of 3 to 5 Note: Coverage for a LAMA and a LABA as two separate inhalers will not be considered.		
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		
For the treatment of COPD in patients: • experiencing uncontrolled symptoms despite maximum dose ipratropium (12 puffs/day) or short-acting beta$_2$ agonist therapy (salbutamol 8 puffs/ day) in the past 2 to 3 months. • no trial of short-acting bronchodilator is needed if the condition severity is supported with spirometric scores indicating moderate to severe COPD (FEV1 less than 60% and FEV1/FVC ratio less than 0.7), and with a MRC dyspnea scale score of 3 to 5 • requests for treatment along with a long-acting beta$_2$ agonist/inhaled corticosteroid agent will be considered if supported by all of the following: o spirometric scores indicating moderate to severe COPD (FEV1 less than 60% and FEV1/FVC ratio less than 0.7)		

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
o a MRC dyspnea scale score of 3 to 5 o the patient has required treatment for significant exacerbations of COPD with antibiotics and/or oral corticosteroids over a 24 month period Note: Coverage for a LAMA and a LABA as two separate inhalers will not be considered.		
Montelukast	Singulair®	Environmental, Respiratory
Criteria		
Refer to *Leukotriene Receptor Antagonists*		

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
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®	SA
Criteria		
• approval is not recommended due to the lack of objective data supporting the safety and efficacy of synthetic cannabinoids • exceptions may be considered in occupational cancers for the management of severe nausea and vomiting associated with cancer chemotherapy as there is objective data supporting efficacy for this indication		

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
Naratriptan	Amerge®	Intracranial
Criteria		
Refer to *Selective 5HT1 - Receptor Agonists*		
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*		

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
Ombitasvir/paritaprevir/ritonavir and dasabuvir	Holkira Pak	Infectious

Criteria

For the treatment of treatment-naïve and treatment-experienced patients with Chronic Hepatitis C genotype 1 (genotype report must be attached: sub-type 1a and 1b required) who meet the following criteria:

- Compensated liver disease (including either compensated cirrhosis or no cirrhosis) showing a Child Pugh score = A(5-6)
- Detectable levels of hepatitis C virus (HCV RNA) in the last 6 months (HCV RNA report must be attached);
- A fibrosis stage F2 or greater using Metavir scale or other equivalent test (e.g. transient elastography, APRI, FIB-4, biopsy)
- Prescribed by a hepatologist (or another specialist with experience treating patients with chronic hepatitis C).

Note: Patients with HIV-HCV co-infections (genotype 1) may be considered as per the criteria outlined below.

Not eligible:

1. Patients currently undergoing treatment with another HCV antiviral agent
2. Patients who have previously undergone treatment with a NS3/4A protease inhibitor-based regimen (e.g., boceprevir, simeprevir, telaprevir) or treatment with sofosbuvir/ledispavir or other sofasbuvir-based regimens.

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR

3. Re-treatment requests (i.e., received a past treatment with Holkira Pak)
4. Patients with decompensated disease

Treatment Duration:

12 weeks (in combination with ribavirin)

1. Patients who are treatment naïve and treatment experienced (i.e., previous treatment with PegINF/RBV and did not receive adequate response: either partially responded or relapsed in the past), non-cirrhotic or cirrhotic, Genotype 1a
2. Patients who are treatment naïve and treatment experienced, cirrhotic, Genotype 1b

Note: it is recommended to use Holkira Pak with ribavirin in patients with mixed genotype infections or an unknown genotype 1 subtype infection

12 weeks (not in combination with ribavirin)

1. Treatment naïve and treatment experienced, non-cirrhotic, Genotype 1b

24 weeks (in combination with ribavirin)

1. Treatment experienced, cirrhotic Genotype 1a patients who have previously had a null response to treatment with PegIFN and RBV

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
Omeprazole	Losec®	Open benefit Digestive, Traumatic Injuries and Disorders, Cancer with quantity limits and a conditional benefit
Criteria		
Refer to *Proton Pump Inhibitors*		
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

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
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 • 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		

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
Oxybutynin XL (entended release)	Ditropan XL®, Uromax®	Genitourinary System Disease & Disorder
Criteria		
Refer to *Urinary Antispasmodics*		
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)		

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
Pantoprazole magnesium	Tecta®	Traumatic Injuries and Disorders, Digestive, Cancer with quantity limits and a conditional benefit
Criteria		
Refer to *Proton Pump Inhibitors*		
Pantoprazole sodium	Pantoloc®	Traumatic Injuries and Disorders, Digestive, Cancer with quantity limits and a conditional benefit
Criteria		
Refer to *Proton Pump Inhibitors*		
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		

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
• length of treatment approved for the following: o Bare metal stent, 3 months o Drug eluting stent, 12 months Note **[Criteria Code 30]** automatically approved for initial 30 days of therapy		
Pregabalin	Lyrica®	Bones, Nerves & Spinal Cord, Musculoskeletal, Wounds, Burns, Intracranial, Environmental, Traumatic Injuries and Disorders
Criteria		
Refer to *Gabapentinoids*		

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
Proton Pump Inhibitors (PPIs)		Open benefit (with quantity limit) for: Traumatic Injuries and Disorders, Digestive, Cancer Note: Patients currently receiving an NSAID will be granted access without SA to an open benefit PPI at standard doses 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		
• rabeprazole is open benefit without a quantitative limit • omeprazole, pantoprazole sodium/magnesium and lansoprazole are open benefits up to a quantity limit of 425 tabs/caps per calendar year. In order to be considered for double dose the patient must have tried and failed standard dosing of all open benefit PPIs and double dose therapy with rabeprazole. <u>Prevacid FasTab®</u> • for the treatment of patients with a feeding tube and require PPI treatment NOTE: Requests for double dose therapy with PPIs will only be granted an initial 8 week trial at which time a follow up request will be required for an extension of coverage. Documentation that the patient was unable to return to standard dosing will be required.		
Rabeprazole	Pariet®	Traumatic Injuries and Disorders,

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
		Digestive, Cancer with quantity limits and a conditional benefit
Criteria		
Refer to *Proton Pump Inhibitors*		
Respiratory Aerosol Solutions		Burns, Environmental, Traumatic Injuries and Disorders, Respiratory and Cancer
Cromoglycate, Fenoterol, Ipratropium Bromide, Salbutamol	Atrovent®, Ventolin®, Intal®, Combivent®	
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		
Ribavirin	Ibavyr®	Infectious

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
Criteria		
• to be used as combination therapy in chronic Hep C as part of approved drug regimens		
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]**

Non-Valvular Atrial Fibrillation (Xarelto® 15mg, 20mg)

- for the treatment of patients with non-valvular atrial fibrillation requiring anticoagulation therapy for prophylaxis of stroke. Patients must have a $CHADS_2$ score of one or greater and have been unsuccessfully anticoagulated[1] on a trial of at least 2 months of warfarin therapy or warfarin therapy is deemed inappropriate (e.g., documented contraindication or unable to monitor INR regularly[2]).

1 Unsuccessfully anticoagulated is defined as those patients who have been unable to keep their INR within range greater than 65% of the time.

2 No access to INR testing

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
Note: Coverage will not be approved for rheumatic valvular heart disease, prosthetic heart valves or in patients with renal impairment considered moderate to severe. <u>DVT/PE Treatment (Xarelto® 15mg, Xarelto® 20mg, Xarelto® Deep Vein Thrombosis (DVT) / Pulmonary Embolism (PE) Starter Pack)</u> • for the treatment of pulmonary embolism (PE) or deep vein thrombosis (DVT): o 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]**		
Rizatriptan	Maxalt®	Intracranial
Criteria		
Refer to *Selective 5HT1 - Receptor Agonists*		

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
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
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.

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

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
appropriate. • Approval is for maximum of 18 doses in a 3 month period. Higher quantities require special authorization request for dose override.		
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.		

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
Sofosbuvir 40mg	Sovaldi®	Infectious

Criteria

For the treatment of Chronic Hepatitis C genotype 1, 2 or 3 (genotype report must be attached) who meet the following criteria:

- Compensated liver disease (no cirrhosis or compensated cirrhosis) showing a Child Pugh score = A(5/6)
- Detectable levels of hepatitis C virus (HCV RNA) in the last 6 months (HCV RNA report must be attached);
- A fibrosis stage F2 or greater using Metavir scale or other equivalent test (e.g. transient elastography, APRI, FIB-4, biopsy)

Not eligible:

1. Patients currently undergoing treatment with another HCV antiviral agent
2. Re-treatment requests (received a past treatment with sofosbuvir)

Treatment Regimens:

Genotype 1:

- In combination with peginterferon / ribavirin
- Treatment-naïve
- 12 weeks coverage

Genotype 2

Treatment-naïve:

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR

- In combination with ribavirin
- Interferon is medically contraindicated (details must be provided)
- 12 weeks coverage

Treatment-experienced:

- In combination with peginterferon and ribavirin
- 12 weeks coverage

Genotype 3
Treatment-naïve:

- In combination with ribavirin
- Interferon is medically contraindicated (details must be provided)
- 24 weeks coverage

Treatment-experienced:

- In combination with peginterferon and ribavirin
- 24 weeks coverage

NOTE: Treatment experienced patients are those previously treated with PegINF/RBV and did not receive an adequate response.

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
Solifenacin	Vesicare®	Genitourinary System Disease & Disorder
Criteria		
Refer to *Urinary Antispasmodics*		
Sumatriptan	Imitrex®	Intracranial
Criteria		
Refer to *Selective 5HT1 - Receptor Agonists*		
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)		

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
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]** • up to 30 days will be covered for the prevention of thrombosis. **[Criteria Code 02]**		

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
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)		

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
• spinal cord injury (SCI)		
Tolterodine	Detrol®, Detrol LA®	Genitourinary System Disease & Disorder
Criteria		
See *Urinary Antispasmodics*		
Topiramate	Topamax®	Intracranial, Traumatic Injuries and Disorders
Criteria		
<u>Migraine headache prophylaxis</u> • in adult patients that have contraindications to or have experienced therapeutic failure despite an adequate trial with both beta adrenergic blockers and TCAs <u>Epilepsy</u> • for patients requiring add-on therapy for compensable epilepsy not being adequately controlled with conventional treatment(s)		

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
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)*		

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