Workers' Compensation Board of Nova Scotia

Work Safe, For Life

Injured workers in Nova Scotia are assigned a formulary (see Appendix II) based on the nature of injury or illness. Each formulary includes open benefit medications that are considered related to the compensable injury or condition. The medications available as open benefits vary depending on the worker's formulary assignment.

Medications with specific special authorization criteria are listed in the table below (see Appendix I). Coverage may not apply to all dosage forms of a listed medication. Medications not included in the table may be available as open benefits within the worker's assigned formulary. Other medication requests may be considered through the special authorization process on a case-by-case basis when the indication is directly related to the occupational injury or condition.

Quantity limits (see Appendix III) apply to certain medications. If a medication is prescribed in a quantity that exceeds the applicable limit, a special authorization request may be submitted to Medavie Blue Cross for review.

The Workers' Compensation Board of Nova Scotia (WCBNS) maintains a mandatory generic substitution policy and reimburses pharmacies based on the lowest-cost interchangeable product. Requests for coverage of a brand-name medication may be considered upon submission of a completed WCBNS Mandatory Generic Exemption Request form for review.

The following appendices are included with this document:

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

APPENDIX I

Special Authorization Criteria Table

The following table lists medications with specific approval criteria. Medications not listed may be reviewed on a case-by-case basis.

For inquiries regarding coverage of a specific medication or product, please contact Medavie Blue Cross at **1-855-496-5810**.

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
Anagrelide	N/A	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:
  ○ 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]**
<u>Treatment of Deep Vein Thrombosis or Pulmonary Embolism (Eliquis® 5mg)</u>
• 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.		

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		
Brivaracetam	Brivlera	Intracranial, Traumatic Injuries and Disorders
Criteria		
• For the adjunctive treatment of 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
Buprenorphine/ naloxone	Suboxone	Bones, Nerves & Spinal Cord, Musculoskeletal, Wounds, Burns, Intracranial, Environmental, Traumatic Injuries & Disorders
Criteria		
Buprenorphine/naloxone may be considered as first line therapy for patients with opioid use disorder.		
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, Eptinezumab	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		

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
• 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.		
Carvedilol	N/A	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 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]**		

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
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
Desvenlafaxine ER	Pristiq	Intracranial, Cancer, Psychological
Criteria		
• For the treatment of a compensable mood disorder following adequate trials, OR documented contraindication to, at least 2 agents from different medication classes.		
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	N/A	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]

[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

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
Dupilumab	Dupixent	Burns, Environmental, Traumatic Injuries and Disorders, Respiratory, Skin, Cancer

Criteria

1) Moderate to Severe Atopic Dermatitis

For the treatment of moderate to severe atopic dermatitis (Eczema Area and Severity Index 7.1 or greater and baseline Physician Global Assessment score of 3 or greater) after adequate trials with:

- maximally tolerated topical therapies (e.g., corticosteroids, calcineurin inhibitors, PDE-4 inhibitors - with phototherapy where available) combined with at least 1 systemic immunomodulator (methotrexate, azathioprine, cyclosporine OR mycophenolate mofetil).

Renewal Criteria:

- Maintenance of clinical benefit as defined as a 75% or greater improvement from baseline EASI must be provided/maintained.

2) Severe Asthma

For the adjunctive treatment of compensable severe asthma with type 2/eosinophilic phenotype (blood eosinophil count at least 0.15 x 109/L within the past 12 months) OR oral corticosteroid dependant severe asthma when inadequately controlled with high-dose inhaled corticosteroids and one additional asthma controller(s) (e.g. long-acting beta-agonist)

*Must be prescribed by an allergist experienced in the treatment of severe asthma

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.		
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)		

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®	
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]**		

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR

- 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

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	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 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]**		

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
OR • are unable to tolerate lower cost alternatives **[Criteria Code 02]**		
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/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.		

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
1 Exacerbation is defined as worsening asthma symptoms requiring oral corticosteroids OR asthma-related hospital admission		
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	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 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	N/A	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
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.		
Long acting Beta$_2$ agonists in combination with corticosteroids		Burns, Environmental, Traumatic Injuries and Disorders, Respiratory, Cancer
	Advair®, Breo® Ellipta®, Symbicort®	
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		

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
• are compliant with optimal doses of an inhaled corticosteroid <u>COPD</u> 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.		
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		

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
Zenhale is not indicated for use in COPD.		
Long-Acting Beta$_2$ Agonists (LABA)		Burns, Environmental, Traumatic Injuries and Disorders Open benefit in Respiratory and Cancer
Formoterol **Salmeterol**	Oxeze® Tubuhaler Serevent® Diskus	
Criteria		
Asthma 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 For the treatment of COPD, as defined by spirometry (i.e., FEV1/FVC <0.7).		

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
Long-Acting Beta$_2$ Agonists/Long-Acting Muscarinic Antagonists (LABA/LAMA)		Burns, Environmental, Traumatic Injuries and Disorders, Respiratory, Cancer
Indacterol/ glycopyrronium,	Ultibro Breezhaler	
Vilanterol/ umeclidinium,	Anoro Ellipta	
Aclidinium bromide/ Formoterol fumarate dehydrate,	Duaklir Genuair	
Tiotropium/ olodaterol	Inspiolto Respimat	
Criteria		
For the treatment of COPD (FEV1/FVC <0.7) in patients who have experienced 1 AECOPD requiring antibiotics or oral corticosteroids within the past 12 months while on LABA or LAMA monotherapy, OR in workers with moderate-severe COPD (CAT $\geq$ 10 or mMRC $\geq$ 2).		

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
Long Acting Muscarinic Antagonists (LAMA)		Burns, Environmental, Traumatic Injuries and Disorders Open benefit in Respiratory and Cancer
Aclindinium, Glycopyrronium, Tiotropium, Umeclidinium	Tudorza®Genuair™ Seebri® Spiriva®, Spiriva®Respimat® Incruse™ Ellipta®	
Criteria		
For the treatment of COPD, as defined by spirometry (i.e., FEV1/FVC <0.7).		
Long-Acting Muscarinic Antagonists/Long Acting Beta$_2$ Agonists/Inhaled Corticosteroids (LAMA/LABA/ICS)		Burns, Environmental, Traumatic Injuries and Disorders, Respiratory, Cancer
Formoterol/ glycopyrronium/ budesonide **Vilanterol/ umeclidimium/ fluticasone**	Breztri Aerosphere Trelegy Ellipta	
Criteria		
<u>COPD:</u> For the treatment of COPD ($FEV_1/FVC < 0.7$) in patients who, within the past 12 months, have had two or more AECOPD requiring antibiotics or oral corticosteroids, one severe AECOPD resulting in hospitalization or an emergency department visit, OR persistent symptoms (CAT $\geq$ 10 or mMRC $\geq$ 2) despite optimized LAMA/LABA or LABA/ICS therapy.		

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
includes Breztri & Trelegy 100mcg only Asthma For the maintenance 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). *includes Trelegy 100mcg and 200mcg only*		
Nabilone	Cesamet®	
Criteria		
• For the management of severe nausea and vomiting associated with cancer chemotherapy in occupational cancers • 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.		

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
Naloxegol oxalate	Movantik	Bones, Nerves & Spinal Cord, Musculoskeletal, Wounds, Burns, Intracranial, Environmental, Traumatic Injuries & Disorders
Criteria		
For the treatment of opioid-induced constipation where there has been failure of, or inadequate response to THREE oral and/or rectal laxative therapies. • An opioid must be filled as a WCBNS benefit within the last 90days		
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:		

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
○ 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)		
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:		

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
• 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		
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
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		

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
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 Esomeprazole as a single ingredient or in combination with an NSAID is not a benefit. Dexlansoprazole is not a 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		

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
Respiratory Aerosol Solutions		Burns, Environmental, Traumatic Injuries and Disorders, Respiratory and Cancer
Ipratropium Bromide, Salbutamol, Ipratropium bromide/ salbutamol	Atrovent® Ventolin® Combivent®	
Budesonide	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		
Rivaroxaban	Xarelto®	Traumatic Injuries and Disorders, Blood & Blood Forming Organs, Circulatory, Cancer
Criteria		
<u>Venous Thromboembolism Prevention (Xarelto® 10mg)</u> • following total knee replacement surgery: ○ for the prophylactic treatment of venous thromboembolism, up to 14 days will be covered		

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
[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]** <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]**		
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.		
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.		

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
Tizanidine	N/A	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)		
Urinary Antispasmodics		Genitourinary System Disease & Disorder
Darifenacin, Fesoterodine, Mirabegron, Oxybutynin XL, Solifenacin, Tolterodine, Trospium	Enablex® Toviaz® Mybetriq® Vesicare® Detrol®, Detrol LA® Trosec®	

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
	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.		
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		

GENERIC	BRAND	SPECIAL AUTHORIZATION FOR
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]**		
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		
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		

APPENDIX II

WCBNS 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	

APPENDIX III

Table of Quantity Limits

Drug Name	Billing Type	Limit Maximum	Benefit Period
Aerochamber	Unit	1	12 mths
Aripiprazole	Strength	450mg	30 days
ASA	Strength	120,000mg	30 days
Clopidogrel	Unit	30	30 days
Cyclobenzaprine	Strength	630mg	12 mths
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