Health PEI Formulary Drugs: Oncology

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ONCOLOGY FORMULARY LEGEND

Funding Status

There are two Health PEI funding channels for medications listed on the Health PEI Formulary Drugs for Oncology:

1) **Pharmacare** – medications covered under one or more PEI Pharmacare programs are routinely dispensed from community pharmacies. Eligible patients must be enrolled in the applicable Pharmacare drug program for which coverage is required. Specific medications may be covered under different Pharmacare drug programs. The formulary code for the corresponding program is listed within the Funding Status field. Coverage of listed medications only applies if the patient meets the funded eligibility criteria provided.
2) **CTC Formulary** – medications covered under this program are dispensed and administered at PEI oncology sites (QEH or PCH) or other approved hospital sites. Patients do not need to enroll in this program. All patients with a valid P.E.I Health Card are automatically eligible to receive medications listed under this program at no cost to the patient. Coverage of listed medications only applies if the patient meets the funded eligibility criteria provided.

Medications that are not listed in the Health PEI Formulary Drugs for Oncology or that are prescribed outside of the listed funding eligibility criteria are not routinely covered.

Funding Eligibility Criteria

Medications are either classified as open-benefit or restricted:

1) **Open Benefit** – medications that have "open benefit" listed as their funded eligibility criteria are available to beneficiaries without any restrictions. Open benefit medications are only covered under the program(s) listed in the corresponding Funding Status field.
2) **Restricted** – medications that do not have "open benefit" listed as their funded eligibility criteria are only available to beneficiaries if they meet the funded eligibility criteria listed.
    a. **CTC Formulary with Restrictions**– the adherence to the funded eligibility criteria for these medications will be confirmed by staff at PEI oncology sites.
    b. **Pharmacare Special Authorization** –the listed Funded Eligibility Criteria for each medication corresponds to the special authorization (SA) criteria required under the P.E.I Pharmacare program. Physicians must ensure patients meet the corresponding criteria. If a SA submission is required, it must be submitted by the prescriber. If a prescription is written by oncologist, select medications do not require the submission of a SA form; this is noted under the Funded Eligibility Criteria. SA coverage will normally only be approved for the treatment of indications and in dosage forms listed. For more information, please refer to the P.E.I Pharmacare Formulary (http://www.healthpei.ca/pharmacare).

Health PEI is not responsible for medication coverage due to discrepancies within this document.

PHARMACARE PROGRAM LEGEND (Forms are available at https://www.princeedwardisland.ca/en/information/pei-pharmacare-special-authorization-forms-medical-professionals)

F = FAMILY HEALTH BENEFIT DRUG PLAN Q = CATASTROPHIC DRUG PLAN
G = GENERIC DRUG PLAN S = SENIORS DRUG PLAN
M = HIGH COST DRUG PROGRAM W = FINANCIAL ASSISTANCE DRUG PLAN
N = NURSING HOME PROGRAM or INSTITUTIONAL PHARMACY PROGRAM

Drug Assistance Program (Formulary Code)	Beneficiaries	Benefits (Note: A prescription is required for all benefits)	Fee
(F) - Family Health Benefit Drug Program	Families (parents, guardians, and children under 25 years of age) eligible for PEI Medicare, with at least one child under 25 years of age who is still attending school full time, and a total annual net family income less than $24,800, plus $3,000 for each additional child. Families must apply for coverage on an annual basis and provide income information to the program.	Approved prescription medications.	The pharmacy professional fee for each prescription obtained.
(G) - Generic Drug Program	Persons less than 65 years of age with no private drug insurance.	Approved generic prescription medications.	Maximum of $19.95 per prescription.
(M) - High-Cost Drug Program	Persons eligible for PEI Medicare and approved for coverage for one or more of the medications included in the program. Patients must apply for coverage on an annual basis and provide income information to the program.	Approved high-cost medications.	An income-based portion of the medication cost plus the pharmacy professional fee for each prescription obtained.
(N) - Nursing Home Program or Institutional Pharmacy Program	Residents in private nursing homes eligible for coverage under the Social Assistance Act or residents in government manors.	Approved prescription and non-prescription medications.	No fee.
(Q) - Catastrophic Drug Program	PEI permanent residents with a PEI Health card whose household members have up to date tax filings and are experiencing out of pocket eligible drug expenses that exceed their annual household limit. Eligible drug expenses are expenses incurred for drugs designated as having coverage under the Catastrophic Drug Program- (Q) listed on the PEI formulary.	Out of pocket costs for eligible drug expenses.	An income based program. Once an applicant's out of pocket eligible drug expenses exceed the annual household limit the program will cover any further eligible drug expenses in the program year.
(S) - Seniors Drug Program	Persons eligible for PEI Medicare and 65 years of age or older. Eligibility is effective upon a person becoming 65 years of age.	Approved prescription medications.	Maximum of $15.94 per prescription.
(W) - Financial Assistance Program	Persons eligible under the Social Assistance Act and Regulations.	Approved prescription and non-prescription medications.	No fee.

Drug	Dosage Form	Funding Program	Funded Eligibility Criteria
Abiraterone Zytiga®	Oral (tablet) 250 mg	Pharmacare **MQ**	**Prostate – Metastatic (castration-resistant):** In combination with prednisone for the treatment of metastatic prostate cancer (castration resistant prostate cancer) in patients who: • are asymptomatic or mildly symptomatic after failure of androgen deprivation therapy, OR • have received prior chemotherapy containing docetaxel after failure of androgen deprivation therapy. **Patients must apply for coverage under the High-Cost Drug Program.** **If written by an oncologist, this medication does not require the submission of a Pharmacare Special Authorization form.**
Abraxane® Paclitaxel – nanoparticle albumin-bound (nab) (Tradename used to minimize confusion with paclitaxel)	Injection (vial) 100 mg	CTC Formulary	**Pancreas Cancer – Locally Advanced or Metastatic** • In combination with gemcitabine for the first line treatment of patients with locally advanced unresectable or metastatic adenocarcinoma of the pancreas with an ECOG performance status of 0 to 2, or for patients who are intolerant to first line treatment with FOLFIRINOX.
Afatinib Giotrif®	Oral (tablet) 20 mg, 30 mg, 40 mg	Pharmacare **MQ**	**Non-Small Cell Lung Cancer (NSCLC) – Advanced:** • First line treatment of patients with EGFR mutation positive advanced or metastatic adenocarcinoma of the lung with an ECOG performance status of 0 or 1. **Note:** Use of afatinib precludes the use of any other EGFR inhibitor as a subsequent line of therapy. **Patients must apply for coverage under the High-Cost Drug Program.** **If written by an oncologist, this medication does not require the submission of a Pharmacare Special Authorization form.**
Aldesleukin (Interleukin-2, IL-2) Proleukin®	Injection (vial) 22 MU	**CTC Formulary**	Approved for the following indication: • Intralesional treatment of unresectable in-transit metastatic melanoma (e.g., in patients with rapidly developing in-transit metastases after surgery or patients who present with multiple in-transit metastases unsuitable for surgical resection)
All-trans Retinoic Acid ATRA, retinoin, tretinoin, Vesanoid®	Oral (capsule) 10 mg	Pharmacare **MQ**	**Acute Promyelocytic Leukemia (APL)** • In combination with arsenic trioxide (Trisenox®)in the first-line setting as a treatment for the induction of remission and/or consolidation of low to intermediate risk APL and as a consolidation treatment for high risk APL after induction with ATRA plus chemotherapy for patients with the t(15;17) translocation and PML/RAR-alpha gene expression. In the **relapsed/refractory APL** setting as induction and/or consolidation therapy in: • patients who have relapsed after completion of first-line therapy, including prior therapy with arsenic trioxide • patients with t(15;17) translocation and/or PML/RARα gene expression who are refractory to non-arsenic trioxide based treatment **Patients must apply for coverage under the High-Cost Drug Program.** **If written by an oncologist, this medication does not require the submission of a Pharmacare Special Authorization form**

Drug	Dosage Form	Funding Program	Funded Eligibility Criteria
Anagrelide Agrylin®, generics	Oral (capsule) 0.5 mg	Pharmacare **FGNQSW**	**Essential thrombocythemia (ET)** in patients who have: • failed hydroxyurea therapy (does not provide sufficient platelet reduction) OR • have intolerable side effects to hydroxyurea therapy.
Anastrozole Arimidex®, generics	Oral (tablet) 1 mg	Pharmacare **FGNQSW**	Open benefit
Aprepitant Emend® - also see fosaprepitant (Emend IV)	Oral (tablet) 125 mg, 80 mg	Pharmacare **FNQSW**	For use in combination with a 5-HT antagonist and dexamethasone in adult cancer patients treated with chemotherapy that includes Cisplatin as a **single day therapy** greater than or equal to 70 mg/m^2 to prevent acute and delayed nausea and vomiting. • The 5-HT antagonist should only be used on the first day of cisplatin therapy with aprepitant continuing on days 2 and 3. • The dose of dexamethasone may be adjusted due to the increased levels of dexamethasone when combined with aprepitant.
Arsenic Trioxide Trisenox®	Injection (ampoule) 10 mg/10 mL	CTC Formulary	**Acute Promyelocytic Leukemia (APL)** • In combination with all trans-retinoic acid (tretinoin, ATRA, Vesanoid®) in the first-line setting as a treatment for the induction of remission and/or consolidation of low to intermediate risk acute promyelotic leukemia (APL) AND • As a consolidation treatment for high risk APL after induction with ATRA plus chemotherapy for patients with the t(15;17) translocation and PML/RAR-alpha gene expression.
Asparaginase Kidrolase®	Injection (vial) 10,000 units	CTC Formulary	IWK criteria (Pediatrics)
Asparaginase-*PEG* Pegaspargase Oncospar®	Injection (vial) 3,750 units/5 mL	CTC Formulary	IWK criteria (Pediatrics) Not marketed in Canada- supply obtained through Health Canada's Special Access Program(SAP) and Enzon (USA)
Axitinib Inlyta®	Oral (tablet) 1 mg, 5 mg	Pharmacare **MQ**	**Metastatic renal cell carcinoma (mRCC)** • As second line therapy for the treatment of patients with metastatic renal cell carcinoma after failure of prior therapy with either a cytokine or tyrosine kinase inhibitor. • **Renewal Criteria:** Written confirmation that the patient has responded to treatment and there is no evidence of disease progression. **Clinical Notes:** 1. Patients must have a good performance status. 2. Treatment should be discontinued upon disease progression or unacceptable toxicity. Initial approval period: 6 months Renewal period: 1 year **Patients must apply for coverage under the High-Cost Drug Program.** **If written by an oncologist, this medication does not require the submission of a Pharmacare Special Authorization form.**

Drug	Dosage Form	Funding Program	Funded Eligibility Criteria
Azacitidine Vidaza®	Injection (vial) 100 mg	CTC Formulary	Approved for the following indications: • Treatment of myelodysplastic syndrome (MDS) of intermediate-2 or high risk type according to the International Prognostic Scoring System (IPSS) • Treatment of chronic myelomonocytic leukemia (CMML) with 10-29% blasts • Treatment of acute myeloid leukemia (AML) with 20-30% blasts
BCG Vaccine OncoTICE®	Intravesical (vial) 50 mg	CTC Formulary	Approved for use in the following indication: • Intravesical treatment of superficial bladder cancer
Bendamustine Treanda®	Injection (vial) 25 mg, 100 mg	CTC Formulary	**Indolent non-Hodgkin's lymphoma** (NHL) and **Mantle Cell Lymphoma** (MCL): • First-line therapy in patients with indolent CD20 positive Non-Hodgkin Lymphoma (iNHL) and Mantle Cell Lymphoma (MCL) with an ECOG performance status of less than or equal to 2, when used in combination with rituximab. • In combination with rituximab for **relapsed/refractory** therapy for bendamustine-naive patients with Indolent CD20 Non-Hodgkin Lymphoma or Mantle Cell Lymphoma who previously received rituximab-based therapy, sustained a response and had remained treatment free for at least one year's duration following the last dose of rituximab. **Chronic Lymphocytic Leukemia (CLL):** • As a single agent or in combination with rituximab for the first line treatment of patients with chronic lymphocytic leukemia with Binet stage B or C and WHO performance status of ≤ 2 and who are not medically fit to tolerate fludarabine-based regimens.
Bevacizumab Avastin®	Injection (vial) 100 mg/4 mL, 400 mg/16 mL	CTC Formulary	**Colorectal Cancer – Metastatic:** • In one line of therapy and may repeat in patients who did not progress while receiving bevacizumab **Carcinoma of the Cervix:** • In combination with chemotherapy for the treatment of patients with metastatic (stage IVB), persistent, or recurrent carcinoma of the cervix of all histologic subtypes (except small cell) and an ECOG performance status of 0 to 1. Retreatment with bevacizumab plus platinum and paclitaxel may be offered to patients following a complete response and a treatment-free period of at least 6 months. The funded dose is bevacizumab 15 mg/kg intravenously every 3 weeks until disease progression, unacceptable toxicity, or complete response, whichever occurs first.
Bicalutamide Casodex®, generics	Oral (tablet) 50 mg	Pharmacare **FGNQSW**	Open benefit
Bleomycin	Injection(vial) 15 units	CTC Formulary	Open benefit
Bortezomib Velcade®	Injection (vial) 3.5 mg	CTC Formulary	**Multiple Myeloma** (including amyloidosis) • Patients who are refractory to or have relapsed after at least one prior line of therapy **OR** who have completed at least one full treatment regimen and are experiencing intolerance to their current therapy **OR** • First line treatment for multiple myeloma for patient pre-autologous stem cell transplant.
Busulfan Myleran®	Oral (tablet) 2 mg	Pharmacare **FNQSW**	Open benefit

Drug	Dosage Form	Funding Program	Funded Eligibility Criteria
Caelyx® Pegylated Liposomal Doxorubicin (Tradename used to minimize confusion with doxorubicin)	Injection (vial) 20 mg/10 mL	CTC Formulary	Open benefit
Capecitabine Xeloda®, generics	Oral (tablet) 150 mg, 500 mg	Pharmacare **FGNQSW**	Open benefit
Carboplatin	Injection (vial) 150 mg/15 mL, 600 mg/60 mL	CTC Formulary	Open benefit
Carmustine BCNU, BiCNU®	Injection (vial) 100 mg	CTC Formulary	Open benefit
Chlorambucil Leukeran®	Oral (tablet) 2 mg	Pharmacare **FNQSW**	Open benefit
Cisplatin	Injection (vial) 50 mg/50 mL, 100 mg/100 mL	CTC Formulary	Open benefit
Cladribine 2-CDA	Injection (vial) 10 mg/10 mL	CTC Formulary	Primary treatment of hairy cell leukemia
Cobimetinib Cotellic®	Oral (tablet) 20 mg	Pharmacare **MQ**	**Melanoma – Advanced (Unresectable or Metastatic)** • In combination with vemurafenib, for the treatment of patients with previously untreated BRAF V600 mutation-positive unresectable stage III or stage IV melanoma who have a good performance status. Treatment should continue until unacceptable toxicity or disease progression. If brain metastases are present, patients should be asymptomatic or have stable symptoms. • Approvals are for a maximum daily dose of 60 mg during 21 consecutive days per 28 day cycle. **Patients must apply for coverage under the High-Cost Drug Program.** **If written by an oncologist, this medication does not require the submission of a Pharmacare Special Authorization form.**
Cortisone acetate Cortisone®	Oral (tablet) 25 mg	Pharmacare **FNQSW**	Open benefit
Crizotinib Xalkori®	Oral (capsule) 200 mg, 250 mg	Pharmacare **MQ**	**Non–small Cell Lung Cancer** • For the treatment of patients with anaplastic lymphoma kinase (ALK)-positive locally advanced non-small cell lung cancer (NSCLC) with an ECOG performance status ≤2 when used as: a) first line therapy or b) second line therapy following chemotherapy **Patients must apply for coverage under the High-Cost Drug Program.** **If written by an oncologist, this medication does not require the submission of a Pharmacare Special Authorization form.**

Drug	Dosage Form	Funding Program	Funded Eligibility Criteria
Cyclophosphamide Procytox®	Injection (vial) 1 g	CTC Formulary	Open benefit
Cyclophosphamide Procytox®	Oral (tablet) 25 mg, 50 mg	Pharmacare **FNQSW**	Open benefit (Supplied by and administered at CTC for multiple myeloma patients due to complicated dosing regimen)
Cyproterone acetate CPA, Androcur®, generics	Oral (tablet) 50 mg	Pharmacare **FGNQSW**	Open benefit
Cytarabine Cytosine Arabinoside ARA-C	Injection (vial) 100 mg/1 mL, 500 mg/5 mL, 1 g/10 mL, 2 g/20 mL	CTC Formulary	Open benefit
Dabrafenib Tafinlar®	Oral (capsule) 50 mg, 75 mg	Pharmacare **MQ**	**Melanoma – Advanced (Unresctable or Metastatic)** • For the treatment of patients with BRAF V600 mutation-positive unresectable or metastatic melanoma when used alone or in combination with trametinib. **Clinical Notes:** 1. Patients must have an ECOG performance status of 0 or 1. 2. If brain metastases are present, patients should be asymptomatic or have stable symptoms. 3. Treatment should be discontinued upon disease progression or unacceptable toxicity. **Patients must apply for coverage under the High-Cost Drug Program.** **If written by an oncologist, this medication does not require the submission of a Pharmacare Special Authorization form.**
Dacarbazine DTIC®	Injection (vial) 600 mg	CTC Formulary	Open benefit
Dactinomycin Actinomycin D, Cosmegen®	Injection (vial) 0.5 mg	CTC Formulary	Open benefit
Dasatinib Sprycel ®	Oral (tablet) 20 mg, 50 mg, 70 mg, 80 mg, 100 mg, 140 mg	Pharmacare **MQ**	**Chronic Myelogenous Leukemia (CML)** • For use as a single agent for the treatment of adults with chronic, accelerated or blast phase CML with resistance or intolerance to prior therapy including imatinib **Philadelphia Chromosome Acute Lymphoblastic Leukemia (Ph+ALL)** • For the treatment of adults with Ph+ALL with resistance or intolerance to prior therapy including imatinib **Patients must apply for coverage under the High-Cost Drug Program.** **If written by an oncologist, this medication does not require the submission of a Pharmacare Special Authorization form.**

Drug	Dosage Form	Funding Program	Funded Eligibility Criteria
Daunorubicin Daunomycin, Cerubidine®	Injection (vial) 20 mg	CTC Formulary	Open benefit
Degarelix Firmagon®	Injection (vial) 240 mg (2 x 120 mg), 80 mg	Pharmacare **FNQSW**	Open benefit
Denosumab Prolia®	Injection (pre-filled syringe) 60 mg/mL	Pharmacare **FNQSW**	For the treatment of osteoporosis in postmenopausal women who were previously approved or would otherwise be eligible for coverage of oral bisphosphonates and who: 1. Have experienced a further significant decline in BMD after 1 year of continuous bisphosphonate therapy and meet at least two of the following criteria: • Age greater than 75 years • A prior fragility fracture • A BMD t-score of less than or equal to -2.5 **OR** 2. Have a contraindication to bisphosphonates due to hypersensitivity or abnormalities of the esophagus (e.g. esophageal stricture or achalasia) and have at least two of the following: • Age greater than 75 years • A prior fragility fracture • A BMD t-score of less than or equal to -2.5
Dexamethasone Decadron®	Injection (vial) 20 mg/5 mL	CTC Formulary	pre medication only
Dexamethasone	Oral (tablet) 0.5 mg, 2 mg, 4 mg	Pharmacare **FGNQSW**	Open benefit
Dexrazoxane Zinecard®	Injection (vial) 250 mg, 500 mg	CTC Formulary	Reducing (preventing) the incidence and severity of cardiotoxicity associated with the use of doxorubicin for the treatment of metastatic breast cancer
Docetaxel Taxotere®	Injection (vial) 20 mg, 80 mg	CTC Formulary	Open benefit
Doxorubicin Myocet®	Injection (vial) 50 mg/25 mL	CTC Formulary	Open benefit
Doxorubicin Pegylated Liposomal Caelyx ®	Injection (vial) 20 mg/10 mL	CTC Formulary	See Caelyx®
Dronabinol Delta-9-Tetrahydrocannibol, Marinol®	Oral (capsule) 2.5 mg, 5 mg, 10 mg	Pharmacare **FNQSW**	a) For the treatment of severe nausea and vomiting associated with cancer chemotherapy in patients who have not been well controlled by standard stepwise antiemetic therapy. b) For the treatment of acquired immune deficiency syndrome (AIDS)-related anorexia associated with weight loss.

Drug	Dosage Form	Funding Program	Funded Eligibility Criteria
Enzalutamide Xtandi®	Oral (capsule) 40 mg	Pharmacare **MQ**	**Prostate – Metastatic (castration-resistant)** For treatment of patients with metastatic castration resistant prostate cancer, who: • Are asymptomatic or mildly symptomatic after failure of androgen deprivation therapy with an ECOG performance status ≤ 1 and have not received prior chemotherapy and would be an alternative to abiraterone for patients and not sequential therapy in this asymptomatic or mildly symptomatic patient population. **OR** • Have progressed on docetaxel-based chemotherapy with an ECOG performance status ≤ 2 and no risk factors for seizures and would be an alternative to abiraterone for patients and not sequential therapy in this symptomatic post docetaxel chemotherapy setting. **Note:** • Enzalutamide will not be reimbursed in combination with abiraterone • Use of enzalutamide in the post docetaxel setting is not permitted if previously used in the prechemotherapy setting **Patients must apply for coverage under the High-Cost Drug Program.** **If written by an oncologist, this medication does not require the submission of a Pharmacare Special Authorization form.**
Epirubicin	Injection (vial) 50 mg/25 mL	CTC Formulary	Open benefit
Erlotinib Tarceva®, generics	Oral (tablet) 25 mg, 100 mg, 150 mg	Pharmacare **FGMNQSW**	**Non-small cell lung cancer (NSCLC)** • For use as monotherapy for the treatment of patients with locally advanced or metastatic NSCLC after failure of at least one prior chemotherapy regimen and whose EGFR expression status is positive of unknown. **Note:** Use of erlotinib precludes the use of any other EGFR inhibitor. **Patients must apply for coverage under the High-Cost Drug Program.** **If written by an oncologist, this medication does not require the submission of a Pharmacare Special Authorization form.**
Etoposide VP- 16, Vepesid®	Oral (capsule) 50 mg	CTC Formulary	Provided by CTC (QEH, PCH) if patient on a multi day regimen with Day 1 being given by injection at CTC. Capsules will be provided to complete successive days if IV administration not feasible.
Etoposide VP- 16, Vepesid®	Injection (vial) 100 mg/ 5 mL	CTC Formulary	Open benefit
Exemestane Aromasin®, generics	Oral (tablet) 25 mg	Pharmacare **FGNQSW**	Open benefit

Drug	Dosage Form	Funding Program	Funded Eligibility Criteria
Filgrastim Grastofil®, Neupogen®,	Grastofil®: injection (pre-filled syringe): 300 mcg/0.5 mL 480 mcg/0.8 mL Neupogen®: injection (vial) 300 mcg/mL	Pharmacare **MQ**	**Filgrastim, prefilled syringe, 300mcg/0.5ml, 480mcg/0.8ml (Grastofil®):** **Chemotherapy support** • For use in patients treated with curative intent, where maintaining maximum dose intensity is likely to improve cure rate, and where the risk of neutopenic fever is greater than 20%. • For use in patients treated with curative intent, after an episode of neutropenic fever or where treatment is delayed beyond one week due to neutropenia. **High Dose Chemotherapy with Stem Cell Support** • For use in mobilizing stem cells in preparation for stem cell collection. **Note:** All requests for coverage of filgrastim for adult patients will be approved for Grastofil® brand only. **Neupogen brand will be considered for pediatric patients.** **Patients must apply for coverage under the High-Cost Drug Program.** **If written by an oncologist, this medication does not require the submission of a Pharmacare Special Authorization form.**
Fludarabine	Injection (vial) 50 mg	CTC Formulary	Open benefit
Fludarabine Fludara®	Oral (tablet) 10 mg	Pharmacare **MQ**	**Chronic Lymphocytic Leukemia (CLL)** • For the treatment of CLL in patients with an ECOG performance status of 0 to 2 when the patient has failed to respond to, or relapsed during/after previous therapy with an alkylating agent and intravenous administration is not desirable. **Patients must apply for coverage under the High-Cost Drug Program.** **If written by an oncologist, this medication does not require the submission of a Pharmacare Special Authorization form.**
Fludrocortisone Acetate Florinef®	Oral (tablet) 0.1 mg	Pharmacare **FNQSW**	Open benefit
Fluorouracil 5-FU	Injection (vial) 5 g/100 mL	CTC Formulary	Open benefit
Flutamide generics	Oral (tablet) 250 mg	Pharmacare **FGNQSW**	Open benefit
Fosaprepitant Emend IV® (also see aprepitant)	Injection (vial) 150 mg	CTC Formulary	If unable to swallow aprepitant tablet
Gemcitabine Gemzar®	Injection (vial) 1g	CTC Formulary	Open benefit
Goserelin acetate Zoladex®	Injection (depot syringe) 3.6 mg, 10.8 mg	Pharmacare **FNQSW**	Open benefit

Drug	Dosage Form	Funding Program	Funded Eligibility Criteria
Hydroxyurea Hydrea®, generics	Oral (capsule) 500 mg	Pharmacare **FGNQSW**	Open benefit
Ibrutinib Imbruvica®	Oral (tablet) 140 mg	Pharmacare **MQ**	**Chronic Lymphocytic Leukemia (CLL)/Small Lymphocytic Lymphoma (SLL)** • For patients with chronic lymphocytic leukemia (CLL)/small lymphocytic lymphoma (SLL) who have received at least one prior therapy and are considered inappropriate for treatment or re-treatment with a fludarabine-based regimen. **Patients must apply for coverage under the High-Cost Drug Program.** **If written by an oncologist, this medication does not require the submission of a Pharmacare Special Authorization form.**
Idarubicin	Injection (vial) 5 mg/5 mL, 10 mg/10 mL	CTC Formulary	Treatment of acute myeloid leukemia (AML)
Ifosfamide	Injection (vial) 1 g	CTC Formulary	Open benefit
Imatinib Gleevec®	Oral (tablet) 100 mg, 400 mg	Pharmacare **FGMNQSW**	**Chronic Myeloid Leukemia (CML)** • For the treatment of patients who have documented evidence of Philadelphia chromosome positive (Ph+) chronic myeloid leukemia (CML), with an ECOG performance status of 0 – 2 **Acute Lymphoblastic Leukemia (ALL)** • For the treatment of adult patients with newly diagnosed Philadelphia chromosome-positive acute lymphoblastic leukemia (Ph+ALL) when used as a single agent for induction and maintenance phase therapy. **Gastrointestinal Stromal Tumor (GIST)** • For the treatment of patients with C-Kit positive (CD117), metastatic or locally advanced, inoperable gastrointestinal stromal tumours (GIST) and who have an ECOG performance status of 0 - 2. • For the adjuvant treatment of adult patients who are at intermediate to high risk of relapse following complete resection of Kit (CD117) positive GIST. **Patients requesting coverage under the High-Cost Drug Program must apply to this program.** **If written by an oncologist, this medication does not require the submission of a Pharmacare Special Authorization form.**
Imiquimod Aldara®, generics	Topical 5% cream	Pharmacare **FGNQSW**	Open benefit
Infliximab Remicade®	Injection (vial) 100 mg	CTC Formulary	**Ipililumab associated enterocolitis:** Approved for steroid resistant grade 3-4 ipilimumab associated enterocolitis. If no contraindications exist, steroids should have been trialed at a dose not less than 1-2 mg/kg PO per day. **Note:** future use of ipilimumab is considered contraindicated if infliximab is required as a result of ipilimumab enterocolitis.

Drug	Dosage Form	Funding Program	Funded Eligibility Criteria
Ipilimumab Yervoy®	Injection (vial) 50 mg/10 mL, 200 mg/40 mL	CTC Formulary	**Melanoma – Advanced** 1. Treatment of patients who have received at least one prior systemic therapy for advanced melanoma (unresectable stage III or metastatic) with good performance status (ECOG 0 or 1). 2. First line treatment of adult patients with stage IIIC or IV melanoma, regardless of BRAF mutation status, who have an ECOG performance status of 0 or 1, and are not currently receiving immunosuppressive therapy • If brain metastases are present, patients should be asymptomatic or stable • Ipilimumab induction is funded for four (4) doses at 3 mg/kg administered every 3 weeks • Induction therapy is discontinued if 4 doses cannot be administered within 16 weeks **Note:** • Re-induction with a further 4 doses may be considered in patients who remain ECOG 0 or 1 and who experienced clinical benefit (e.g., partial/complete response or stable disease) for a minimum of 3 months following first induction or who achieved a partial or complete response to first induction. • Sequential use of pembrolizumab or nivolumab and ipilimumab will not be funded.
Irinotecan CPT-11	Injection (vial) 100 mg/5 mL, 500 mg/25 mL	CTC Formulary	Open benefit
Kadcyla® Trastuzumab Emtansine (T-DM1) (Tradename used to minimize confusion with trastuzumab)	Injection (vial) 100 mg, 160 mg	CTC Formulary	**Breast Cancer – Metastatic** • As a second line treatment for patients with HER-2 positive, unresectable locally advanced or metastatic breast cancer with an ECOG performance status of 0 or 1, who have either received prior treatment with trastuzumab plus chemotherapy in the metastatic setting or had disease recurring within 6 months of completing adjuvant therapy with trastuzumab plus chemotherapy. • **Note:** For current patients (on an interim basis only) who are receiving a second or later line of anti-HER2 therapy trastuzumab emtansine is approved at time of disease progression (ECOG PS 0-1). In future, once the current patient population has had this treatment option trastuzumab emtansine will be funded as second line therapy only.

Drug	Dosage Form	Funding Program	Funded Eligibility Criteria
Lenalidomide Revlimid®	Oral (capsule) 5 mg, 10 mg, 15 mg, 25 mg	Pharmacare **MQ**	**Multiple Myeloma** For the treatment of Multiple Myeloma when used in combination with dexamethasone, in patients who: • Are **NOT** candidates for autologous stem cell transplant; **AND** • Where the patient is either: o Refractory to or has relapsed after the conclusion of initial or subsequent treatments and who is suitable for further chemotherapy; **OR** o Has completed at least one full treatment regimen therapy and is experiencing intolerance to their current chemotherapy. For the **Maintenance Treatment** of patients with newly diagnosed multiple myeloma, following autologous stem-cell transplantation (ASCT), in patients who: • are with stable disease or better, with no evidence of disease progression; • treat until progression or development of unacceptable toxicity requiring discontinuation of lenalidomide; • initial dose 10 mg lenalidomide PO daily, **AND** • dose adjustments (5-15 mg) may be necessary based on individual patient characteristics/responses. **Myelodysplastic Syndrome (MDS)** For the treatment of Myelodysplastic Syndrome (MDS) in patients with: • Demonstrated diagnosis of MDS on bone marrow aspiration • Presence of 5-q31 deletion documented by appropriate genetic testing • International Prognostic Scoring System (IPSS) risk category low or intermediate (Calculator available on www.uptodate.com) • Presence of symptomatic anemia (defined as transfusion dependent) • Initial approval period – 6 months • **Renewal criteria:** o For patients who were transfusion-dependent and have demonstrated a reduction in transfusion requirements of at least 50%. o Renewal period – 1 year **Clinical Note:** Due to its structural similarities to thalidomide, lenalidomide (Revlimid) is only available through a controlled distribution program called RevAid® to minimize the risk of fetal exposure. Only prescribers and pharmacists registered with this program are able to prescribe and dispense lenalidomide (Revlimid). In addition, patients must be registered and meet all the conditions of the program in order to receive the product. For information, call 1-888-RevAid1 or www.RevAid.ca. **Patients must apply for coverage under the High-Cost Drug Program.** **If written by an oncologist, this medication does not require the submission of a Pharmacare Special Authorization form.**
Letrozole Femera®, generics	Oral (tablet) 2.5 mg	Pharmacare **FGNQSW**	Open benefit
Leucovorin calcium Folinic acid	Injection (vial) 500 mg/50 mL	CTC Formulary	Open benefit

PHARMACARE PROGRAM LEGEND:

F = FAMILY HEALTH BENEFIT DRUG PLAN G = GENERIC DRUG PLAN M = HIGH COST DRUG PROGRAM N = NURSING HOME or INSTITUTIONAL PHARMACY PROGRAM

Q = CATASTROPHIC DRUG PLAN S = SENIORS DRUG PLAN W = FINANCIAL ASSISTANCE DRUG PLAN **updated: 2019-05-31**

Drug	Dosage Form	Funding Program	Funded Eligibility Criteria
Leuprolide acetate Lupron®	Injection (depot syringe) 3.75 mg, 7.5 mg, 11.25 mg, 22.5 mg	Pharmacare **FNQSW**	Open benefit
Leuprolide acetate Eligard®	7.5 mg, 11.25 mg, 22.5 mg, 45 mg	Pharmacare **FNQSW**	Open benefit
Lomustine CCNU, CeeNU®	Oral (capsule) 10 mg, 40 mg, 100 mg	CTC Formulary	Dispensed through CTC (CTC/PCH) pharmacy
Low Molecular Weight Heparins (LMWH) Dalteparin (Fragmin®) Enoxaparin (Lovenox®) Tinzaparin (Innohep®)	Injection (prefilled syringe) (various strengths) See Health PEI Drug Formulary	Pharmacare **FNQSW**	Approved for the following indications: • For the acute treatment of deep vein thrombosis (DVT) and/or pulmonary embolism (PE) for a maximum of 30 days. • For prophylaxis in hip replacement and hip fracture surgery, approval is limited to a maximum of 35 days • For prophylaxis in knee replacement surgery, approval is limited to a maximum of 10 days. • For prophylaxis in high risk surgery, approval is limited to maximum of 10 days. • For the extended treatment of recurrent symptomatic venous thromboembolism (VTE) that has occurred while on therapeutic doses of warfarin. • For the treatment and secondary prevention of symptomatic venous thromboembolism (VTE) or pulmonary embolism (PE) for a period of up to 6 months in patients with cancer. **If written by an orthopedic surgeon, oncologist or internist this medication does <u>not</u> require the submission of a Pharmacare Special Authorization form.**
Mechlorethamine Nitrogen Mustard, Mustargen®	Injection (vial) 10 mg	CTC Formulary	Open benefit
Medroxyprogesterone Provera®, generics	Oral (tablet) 5 mg, 10 mg, 100 mg	Pharmacare **FGNQSW**	Open benefit
Megestrol acetate generics	Oral (tablet) 40 mg, 160 mg	Pharmacare **FGNQSW**	a) For the adjunctive or palliative treatment of recurrent, inoperable or metastatic carcinoma of the breast and endometrium. b) For the palliative treatment of hormone responsive advanced (Stage D2) carcinoma of the prostate. **Requires submission of a Pharmacare Special Authorization form.**
Melphalan Alkeran®	Injection (vial) 50 mg	CTC Formulary	Open benefit
Melphalan Alkeran®	Oral (tablet) 2 mg	Pharmacare **FNQSW**	Open benefit
Mercaptopurine 6-MP, Purinethol®, generics	Oral (tablet) 50 mg	Pharmacare **FGNQSW**	Open benefit

Drug	Dosage Form	Funding Program	Funded Eligibility Criteria
Mesna Uromitexan®	Injection (vial) 1 g/10 mL	CTC Formulary	As a uro-protector with and following ifosfamide or high dose cyclophosphamide
Methotrexate MTX	Injection (vial) 50 mg/2 mL, 500 mg/20 mL	CTC Formulary	Open benefit
Methotrexate MTX, generics	Oral (tablet) 2.5 mg	Pharmacare **FGNQSW**	Open benefit
Mitomycin Mitomycin C	Intravesical or Injection (vial) 20 mg	CTC Formulary	Open benefit
Mitoxantrone	Injection (vial) 20 mg/10 mL	CTC Formulary	Open benefit
Nabilone Cesamet®	Oral (capsule) 0.5 mg, 1 mg	Pharmacare **FNQSW**	a) For the treatment of severe nausea and vomiting associated with cancer chemotherapy in patients who have not been well controlled by standard stepwise antiemetic therapy. b) For the treatment of acquired immune deficiency syndrome (AIDS)-related anorexia associated with weight loss.
Nivolumab Opdivo®	Injection (vial) 40 mg/4 mL, 100 mg/10 mL	CTC Formulary	**Melanoma – Advanced (Unresectable or Metastatic)** • As first line single agent treatment for the treatment of unresectable or metastatic BRAF wild-type melanoma in patients who are previously untreated, with good performance status and, who have stable brain metastases (if present). • **Note:** Not to be used for the treatment of patients who have had previously received treatment with ipilimumab or pembrolizumab. **Non-Small Cell Lung Cancer (NSCLC)** • For the treatment of patients with advanced or metastatic non-small cell lung cancer (NSCLC) with disease progression on or after cytotoxic chemotherapy for advanced disease who have a good performance status. • **Note:** patient cannot have received pembrolizumab in either first line or second line lung cancer setting. **Renal Cell Carcinoma - Metastatic (mRCC)** • For the treatment of patients with advanced or metastatic renal cell carcinoma with disease progression after at least one prior antiangiogenic systemic therapy and who have a good performance status.

Drug	Dosage Form	Funding Program	Funded Eligibility Criteria
Nilotinib Tasigna®	Oral (capsule) 200 mg	Pharmacare **MQ**	**Chronic Myelogenous Leukemia** For the treatment of leukemia (CML, progressed or intolerant of imatinib) a) As a single second line agent for the treatment of adults with chronic or accelerated phase CML with resistance or intolerance to prior therapy. These second line criteria include: • Patients with CML in chronic phase who are intolerant to oral tyrosine kinase inhibitors (TKIs) (i.e. imatinib or dasatinib or both) • Patients with CML in chronic phase who are resistant to imatinib • Patients with CML that have progressed to accelerated phase while on imatinib therapy b) In any one patient, only two of the TKIs will be funded within these criteria during their lifetime. c) If a patient develops grade 3 or 4 toxicity to one of the TKIs used within 3 months of initiating therapy, access to a third agent will be funded. d) Sequential use of nilotinib and dasatinib is not permitted except in the circumstance described above (i.e. grade 3 or 4 toxicity). **Patients must apply for coverage under the High-Cost Drug Program.** **If written by an oncologist, this medication does not require the submission of a Pharmacare Special Authorization form.**
Nilutamide Anandron®	Oral (tablet) 50 mg, 100 mg	Pharmacare **FNQSW**	In the treatment of metastatic prostatic carcinoma (Stage D2) in conjunction with surgical or chemical castration.
Obinutuzumab Gazyva®	Injection (vial) 100 mg/40 mL	CTC Formulary	**Chronic Lymphocytic Leukemia (CLL)/Small Lymphocytic Lymphoma (SLL)** • In combination with chlorambucil for patients with previously untreated chronic lymphocytic leukemia (CLL) or small lymphocytic leukemia (SLL) for whom fludarabine based treatment is considered inappropriate. Patients who have initiated single agent chlorambucil as first line therapy (fludarabine ineligible) within the 3 months prior to August 1, 2018 are eligible to receive obinutuzumab in combination with chlorambucil. • Obinutuzumab in combination with chlorambucil may be considered as an option for CLL/SLL patients previously treated with single agent chlorambucil and have been disease free for 2 years or more and have not received prior CD20 antibody therapy and are considered fludarabine ineligible
Octreotide Sandostatin NVR®	Injection 200 mcg/mL (5 mL)	Pharmacare **FNQSW**	For the management of terminal malignant bowel obstruction.
Ondansetron Zofran®, generics	Oral (tablet) 4 mg, 8 mg	Pharmacare **FGNQSW**	For the treatment of emesis in cancer patients receiving highly emetogenic chemotherapy (i.e. containing cisplatin); receiving moderately emetogenic chemotherapy (i.e. containing cyclophosphamide, doxorubicin, epirubicin, or melphalan); **OR** receiving radiation therapy and who have: a) Experienced adverse effects to metoclopramide, prochlorperazine, or dexamethasone or have a specific contraindication which does not allow use of these drugs as antiemetics **OR**, b) Continued episodes of nausea and vomiting related to chemotherapy which have not responded to therapeutic doses of metoclopramide, prochlorperazine, or dexamethasone. Note: **a maximum of 10 tablets per cycle of chemotherapy will be approved.** **Only requests for the oral dosage forms are eligible for consideration.**

Drug	Dosage Form	Funding Program	Funded Eligibility Criteria
Ondansetron Ondissolve®	Oral (medicated film) 4 mg, 8 mg	Pharmacare **FNQSW**	For the treatment of emesis in cancer patients receiving highly emetogenic chemotherapy (i.e. containing cisplatin); receiving moderately emetogenic chemotherapy (i.e. containing cyclophosphamide, doxorubicin, epirubicin, or melphalan); **OR** receiving radiation therapy and who have: a) Experienced adverse effects to metoclopramide, prochlorperazine, or dexamethasone or have a specific contraindication which does not allow use of these drugs as antiemetics **OR**, b) Continued episodes of nausea and vomiting related to chemotherapy which have not responded to therapeutic doses of metoclopramide, prochlorperazine, or dexamethasone. Note: **a maximum of 10 films per cycle of chemotherapy will be approved.**
Oxaliplatin Eloxatin®	Injection (vial) 50 mg/10 mL	CTC Formulary	Open benefit
Paclitaxel	Injection (vial) 100 mg/ 6.7mL, 300 mg/50 mL	CTC Formulary	**Breast Cancer- Adjuvant** • Treatment with the AC -> Paclitaxel regimen **Breast Cancer- Metastatic** • One line of therapy as a single agent or as part of combination chemotherapy in patients who are taxane naïve or have recurrent disease greater than 1 year after receiving a taxane in the adjuvant setting **Gastro-Esophageal Cancer** • As part of neoadjuvant therapy • Second line treatment for locally advanced, locally recurrent, or metastatic gastric or esophageal adenocarcinoma not curable with surgery or radiation **Gynecology** • Treatment of epithelial ovarian, fallopian tube and primary peritoneal cancer • Treatment of advanced or recurrent endometrial cancer • Treatment of high risk early stage endometrial cancer • Management of gynecologic small-cell cancer as part of a combined modality regimen • Treatment of advanced or recurrent small cell or non-small cell cancer of the cervix **Non Small Cell Lung Cancer (NSCLC)** • First line treatment In combination with Carboplatin for advanced NSCLC • Adjuvant treatment for resected Stage IB, II or III NSCLC in patients who are not candidates for cisplatin combination therapy • As part of combined modality therapy in combination with RT for locally advanced NSCLC **Unknown Primary** • First line treatment in combination with Carboplatin with or without Etoposide **Urothelial Cancer – Advanced** • Second line treatment after progression on or after a platinum containing regimen

Drug	Dosage Form	Funding Program	Funded Eligibility Criteria
Paclitaxel – nanoparticle albumin-bound (nab) Abraxane® (Tradename used to minimize confusion with doxorubicin)	Injection (vial) 100 mg	CTC Formulary	See Abraxane®
Pamidronate Aredia®	Injection (vial) 90 mg/10 mL	CTC Formulary (in CTC use only)	**Breast Cancer – Metastatic** • Use in patients with documented bone metastases in conjunction with standard care in order to prevent or delay potential complications from bone lesions **Multiple Myeloma** • For a maximum duration of 24 months **Supportive** • For acute management of hypercalcemia related to malignancy **Note: NOT** approved for Prevention or treatment of osteopenia or osteoporosis
Panitumumab Vectibix®	Injection (vial) 100 mg/5 mL 400 mg/20 mL	CTC Formulary	**Colorectal Cancer – Metastatic** • As monotherapy for treatment of patients with non-mutated (wild type) RAS (KRAS or NRAS) after failure of at least 2 prior lines of therapy, including regimens containing a fluoropyrimidine, oxaliplatin and irinotecan
Pazopanib Votrient®	Oral (tablet) 200 mg	Pharmacare **MQ**	**Renal Cell Carcinoma – Metastatic** • As a first-line treatment for patients with advanced or metastatic clear cell renal carcinoma and good performance status. • For the treatment of advanced or metastatic renal cell (clear cell) carcinoma (mRCC) in patients who are unable to tolerate sunitinib and who have an ECOG performance status of 0 or 1. **Renewal criteria:** Written confirmation that the patient has benefited from therapy and is expected to continue to do so. **Patients must apply for coverage under the High-Cost Drug Program.** **If written by an oncologist, this medication does not require the submission of a Pharmacare Special Authorization form.**

Drug	Dosage Form	Funding Program	Funded Eligibility Criteria
Pembrolizumab Keytruda®	Injectable 100 g	CTC Formulary	**Melanoma – Advanced (Unresectable or Metastatic)** Treatment of patients with advanced (unresectable or metastatic) melanoma as a single agent at a dose of 2 mg/kg every 3 weeks for 24 months or until disease progression, whichever occurs first, with the following criteria: • First line checkpoint inhibitor immunotherapy in patients naïve to Ipilimumab treatment (patients with BRAF mutation positive tumors may or may not have received BRAF targeted therapy) • Treatment in either setting if for patients with an ECOG performance status of 0 or 1 and who have stable brain metastases (if present) **Note:** • Pembrolizumab is not funded for patients who have disease progression after Nivolumab. • Re-treatment with pembrolizumab is not funded. • Not to be used sequentially with ipilimumab or nivolumab
Pemetrexed Alimta®	Injectable (vial) 100 mg, 500 mg	CTC Formulary	Approved for the following indications: **Non-Small Cell Lung Cancer (NSCLC) – Advanced, Non-Squamous Histology** • First line (or Induction) chemotherapy treatment option in combination with platinum for 4-6 cycles; patients who received either EGFR or ALK targeted therapy as their initial treatment for advanced disease may be considered for this treatment as a next line chemotherapy option • Maintenance single agent treatment following 4-6 cycles of platinum doublet induction treatment, which may include pemetrexed, for patients who achieved stable disease or better and who have an ECOG performance status of 0 or 1; treatment may be continued until disease progression • Second (or subsequent) line single agent treatment for patients who have disease progression following any non-pemetrexed treatment option; treatment may be continued until disease progression **Malignant Mesothelioma:** • First line therapy in combination with Cisplatin
Pertuzumab Perjeta®	Injectable (vial) 420 mg/14 mL	CTC Formulary	**Breast Cancer- Metastatic** • In combination with a taxane and trastuzumab (Herceptin) for the treatment of patients with HER-2 positive unresectable locally recurrent or metastatic (advanced) breast cancer who have not received prior anti-HER-2 therapy or chemotherapy for advanced disease, or who have had a relapse-free interval of at least 6 months from anti-HER-2 therapy given in the neoadjuvant or adjuvant setting • Patients must be fit for therapy with an ECOG performance status of 0 or 1 and no clinically significant cardiac disease with a LVEF of greater than or equal to 50%
Plerixafor Mozobil®	Injectable (vial) 24 mg/ 1.2 mL	CTC Formulary	Administered to select patients in Halifax prior to bone marrow harvest. Charged to approved out of province services and sent to attention of Arlene Powers (Out-of-Province Physician Referral Coordinator, Health PEI)

Drug	Dosage Form	Funding Program	Funded Eligibility Criteria
Pomalidomide Pomalyst®	Oral (capsules) 1 mg, 2 mg 3 mg, 4 mg	Pharmacare **MQ**	**Multiple Myeloma – Relapsed and/or refractory** • For patients with relapsed and/or refractory multiple myeloma who have previously failed at least two treatments, including both bortezomib and lenalidomide and demonstrated disease progression on the last treatment. **Note:** Pomalidomide may be an option in rare instances where bortezomib is not tolerated or contraindicated but in all cases, patients should have failed lenalidomide. **Clinical Note:** Due to its structural similarities to thalidomide, pomalidomide (Pomalyst) is only available through a controlled distribution program called RevAid® to minimize the risk of fetal exposure. Only prescribers and pharmacists registered with this program are able to prescribe and dispense pomalidomide (Pomalyst). In addition, patients must be registered and meet all the conditions of the program in order to receive the product. For information, call 1-888-RevAid1 or www.RevAid.ca. **Patients must apply for coverage under the High-Cost Drug Program.** **If written by an oncologist, this medication does not require the submission of a Pharmacare Special Authorization form.**
Raltitrexed Tomudex®	Injection (vial) 2 mg	CTC Formulary	**Colorectal Cancer – Metastatic** • Single agent treatment in patients with an intolerance or contraindication to fluoropyrimidine therapy (fluorouracil or capecitabine) **Mesothelioma** • First line treatment of malignant mesothelioma in combination with cisplatin

Drug	Dosage Form	Funding Program	Funded Eligibility Criteria
Rituximab Rituxan®	Injection (vial) Intravenous 100 mg/10 mL 500 mg/50 mL Injection (vial) Subcutaneous 1,400 mg/11.7mL	CTC Formulary	Approved for the following indications in CD20 antigen positive patients: **Burkitt's Lymphoma** • Induction treatment in combination with standard chemotherapy **Diffuse Large B-Cell Lymphoma (DLBCL)** • Induction treatment in combination with chemotherapy for DLBCL or transformed lymphoma. Consolidation or maintenance therapy is not approved. • Re-treatment of patients with a Rituximab-containing regimen who have had a progression-free interval of greater than 6 months from last dose of Rituximab. **Indolent (Low Grade) Lymphoma and Mantle Cell Lymphoma (MCL)** • Induction treatment in combination with chemotherapy for indolent low grade lymphomas (including follicular, marginal zone, and lymphoplasmacytic lymphoma) or mantle cell lymphoma • Re-treatment of patients with a Rituximab-containing regimen who have had a progression-free interval of greater than 6 months from last dose of Rituximab • Consolidation or maintenance therapy given every 3 months for 2 years (8 doses), initiated within 3 to 6 months of completing induction therapy, provided an adequate response to the induction Rituximab chemotherapy treatment was achieved (defined as a 50% or greater reduction in total disease burden). • **Note:** Maintenance therapy is NOT approved for transformed lymphoma, mantle cell lymphoma or chronic lymphocytic leukemia/small lymphocytic lymphoma • A second consolidation or maintenance following a re-induction treatment is approved for patients who have a progression free interval >3 years from last Rituximab maintenance dose **Hodgkins Lymphoma** • In combination with chemotherapy for the treatment of patients with CD20+ve, lymphocyte predominant disease **Blood and Marrow Transplant (BMT) Program** • Treatment with a maximum of 4 doses as part of the priming regimen prior to bone marrow harvest and autologous stem cell transplant in patients with lymphoma
Rituximab Rituxan®	Injection (vial) Intravenous 100 mg/10 mL 500 mg/50 mL	CTC Formulary	**Chronic Lymphocytic Leukemia (CLL)/Small Lymphocytic Lymphoma (SLL)** • First line treatment of fit chronic lymphocytic leukemia (CLL) or small lymphocytic lymphoma (SLL) patients in combination with fludarabine and/or cyclophosphamide (FCR) • In combination with Bendamustine (BR) for patients with CLL/SLL who are either previously untreated or who have received prior anti-CD20 therapy with a treatment free interval of greater than 3 years since the last dose of anti-CD20 therapy.
Romidepsin Istodax®	Injection (vial) Intravenous 10 mg	CTC Formulary	**Peripheral T-cell lymphoma (PTCL)** • Patients with relapsed or refractory peripheral T-cell lymphoma (PTCL) who are ineligible for transplant and who have undergone previous systemic therapy. • Eastern Cooperative Performance Status (ECOG) of 0 to 2 • Dosing: Romidepsin 14 mg/m^2 intravenously on days 1, 8 and 15 (cycle length is 28 days). • Treatment will continue until progression or unacceptable toxicity.

Drug	Dosage Form	Funding Program	Funded Eligibility Criteria
Sorafenib Nexavar®	Oral (tablet) 200 mg	Pharmacare **MQ**	**Renal Cell Carcinoma – Advanced or Metastatic** • For use as a single agent second line treatment in patients with documented evidence of histologically confirmed advanced or metastatic clear cell renal cell carcinoma, considered to be intermediate or low risk (according to Memorial Sloan-Kettering (MSKCC) prognostic score, see below), have an ECOG performance status of 0 or 1 and progressed after prior cytokine therapy (or intolerance) within the previous 8 months. In any one patient all of the following conditions must be met: o Sorafenib may be a second line option only after cytokine therapy. o Sorafenib may **NOT** be used after another tyrosine kinase inhibitor (i.e. sunitinib) as sequential therapy. In the event of severe toxicity within the first 8 weeks of therapy, a switch to another tyrosine kinase inhibitor (i.e. sunitinib) may be allowed. **Hepatocellular Carcinoma (HCC) – Advanced** o For use in patients with Child-Pugh Class A advanced hepatocellular carcinoma, who have progressed on trans-arterial chemoembolization (TACE) or are not suitable for the TACE procedure, and have an ECOG performance status of 0 to 2. Renewal of coverage requires no further progression of the patient's disease as evidenced by radiological or scan results. **Patients must apply for coverage under the High-Cost Drug Program.** **If written by an oncologist, this medication does not require the submission of a Pharmacare Special Authorization form.**
Streptozocin Zanosar®	Injection (vial) 1 g	CTC Formulary	Treatment of metastatic islet cell carcinoma of the pancreas for symptomatic or progressive disease only
Sunitinib Sutent®	Oral (tablet) 12.5 mg, 25 mg, 50 mg	Pharmacare **MQ**	**Renal Cell Carcinoma – Advanced or Metastatic** • For use as a single agent first line treatment in patients with documented evidence of histologically confirmed advanced or metastatic clear cell renal cell carcinoma who have an ECOG performance status of 0 or 1. In any one patient all of the following conditions must be met: o Sunitinib may be a first line option. o Sunitinib may **NOT** be used after another tyrosine kinase inhibitor (i.e. sorafenib) as sequential therapy. In the event of severe toxicity within the first 8 weeks of therapy, a switch to another tyrosine kinase inhibitor (i.e. sorafenib) may be allowed. **Gastrointestinal Stromal Tumor (GIST)** • For use as a single agent for the treatment of advanced gastrointestinal stromal tumor (GIST) patients after failure of imatinib due to intolerance or resistance. **Patients must apply for coverage under the High-Cost Drug Program.** **If written by an oncologist, this medication does not require the submission of a Pharmacare Special Authorization form.**
Tamoxifen generics	Oral (tablet) 10 mg, 20 mg	Pharmacare **FGNQSW**	Open benefit

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Q = CATASTROPHIC DRUG PLAN S = SENIORS DRUG PLAN W = FINANCIAL ASSISTANCE DRUG PLAN **updated: 2019-05-31**

Drug	Dosage Form	Funding Program	Funded Eligibility Criteria
Temozolomide Temodal®, generics	Oral (capsule) 5 mg, 20 mg, 100 mg, 140 mg, 250 mg	Pharmacare **FGMNQSW**	For the treatment of brain tumors (Malignant glioma) **Patients must apply for coverage under the High-Cost Drug Program.** **If written by an oncologist, this medication does not require the submission of a Pharmacare Special Authorization form.**
Testosterone AndroGel® packets	Transdermal gel 25 mg/2.5 g, 50 mg/5 g	Pharmacare **FNQSW**	For the treatment of congenital and acquired primary or secondary hypogonadism in males with a specific diagnosis of: • **Primary -** Cryptorchidism, Klinefelter's, orichidectomy, and other established causes. • **Secondary -** Pituitary-hypothalamic injury due to tumors, trauma, radiation. Testosterone deficiency should be clearly demonstrated by clinical features and confirmed by two separate biochemical tests before initiating any testosterone therapy. Limited to 5 g/day gel. **Older males with non-specific symptoms of fatigue, malaise or depression who have low testosterone (T) levels do not satisfy these criteria.**
Testosterone Testim®tube	50 mg/5 g	Pharmacare **FNQSW**	**See Testosterone (AngroGel)* ***Not interchangeable***
Thioguanine 6-TG, Lanvis®	Oral (tablet) 40 mg	Pharmacare **FNQSW**	Open benefit
rh-Thyrotropin alfa Thyrogen®	Injection (vial) 0.9 mg/1 mL	Pharmacare **FNQSW**	**Thyroid cancer** For use as a single agent in patients who have documented evidence of thyroid cancer, who have undergone appropriate surgical and/or medical management, and require on-going evaluation to monitor for recurrence and metastatic disease. This includes: a) Primary use in patients with inability to raise an endogenous TSH level (□25 mu/L) with thyroid hormone withdrawal. b) Primary use in cases of documented morbidity in patients for whom severe hypothyroidism could be life threatening, such as unstable angina, recent myocardial infarction, class III to IV congestive heart failure, or uncontrolled psychiatric illness. c) Secondary use in patients with previous thyroid hormone withdrawal resulting in a documented life-threatening event. **(This criteria is for clients of the Catastrophic Drug Program, only)** d) As a single agent for the preparation of radioiodine remnant ablation in patients with papillary or follicular thyroid cancer who have undergone thyroidectomy as treatment for thyroid cancer. Thyrotropin may be used in new patients or patients with previously incomplete remnant ablation or who have a recurrence of thyroid cancer and require therapeutic remnant ablation
Topotecan Hycamtin®	Injection (vial) 4 mg	CTC Formulary	**Gynecology** • Single agent treatment for recurrent or progressive epithelial ovarian, fallopian tube or primary peritoneal cancer after responding to at least 1 prior line of therapy • In combination with Cisplatin for treatment of recurrent or disseminated cervical cancer **Small Cell Lung Cancer (SCLC) – Advanced** • Second line single agent treatment after platinum failure

Drug	Dosage Form	Funding Program	Funded Eligibility Criteria
Trametinib Mekinist®	Oral (tablet) 0.5 mg, 2 mg	Pharmacare **MQ**	**Melanoma – Advanced (Unresctable or Metastatic)** • For the treatment of patients with BRAF V600 mutation-positive unresectable or metastatic melanoma when used alone or in combination with dabrafenib. **Clinical Notes:** 1. Patients must have an ECOG performance status of 0 or 1. 2. If brain metastases are present, patients should be asymptomatic or have stable symptoms. 3. Treatment should be discontinued upon disease progression or unacceptable toxicity **Patients must apply for coverage under the High-Cost Drug Program.** **If written by an oncologist, this medication does not require the submission of a Pharmacare Special Authorization form.**
Trastuzumab Herceptin®	Injection (vial) 440 mg	CTC Formulary	**Breast Cancer - Adjuvant and Neoadjuvant** • Treatment initiated in combination with or following adjuvant or neoadjuvant chemotherapy, for a total of 18 doses (every 3 week schedule) delivered within a time period not exceeding 14 months from initiation of therapy **Breast Cancer – Metastatic** • First line treatment in combination with chemotherapy (taxane preferred) +/- pertuzumab in patients with de novo metastatic disease or for patients who relapse > 6 months after receiving adjuvant trastuzumab therapy • Maintenance treatment (+/- pertuzumab) after maximum response to initial combination chemotherapy and trastuzumab (+/- pertuzumab), continued until first disease progression • Second line treatment option in combination with synergistic chemotherapy in patients that progress after a first line trastuzumab regimen **Note:** Trastuzumab in combination with chemotherapy is considered a second line option in patients who experience disease relapse either during or within 6 months of completing adjuvant trastuzumab **Gastroesophageal Cancer – Metastatic or Inoperable Locally Advanced** • In combination with capecitabine or intravenous 5-fluorouracil and cisplatin for the treatment of patients with HER2-positive metastatic or locally advanced (inoperable) adenocarcinoma of the stomach or gastro-esophageal junction who have not received prior anti-cancer treatment for their metastatic disease, followed by maintenance, single agent treatment until disease progression.
Trastuzumab Emtansine (T-DM1) *Kadcyla®*	Injection (vial) 100 mg, 160 mg	CTC formulary	See Kadcyla®
Tretinoin All trans retinoic acid, ATRA, Vesanoid®	Oral (capsule) 10 mg	Pharmacare **MQ**	**Acute Promyelocytic Leukemia** • For the treatment of leukemia (Acute Promyelocytic Leukemia) in combination with arsenic trioxide (Trisenox) in the first-line setting as a treatment for the induction of remission and/or consolidation of low to intermediate risk acute promyelocytic leukemia (APL) and as a consolidation treatment for high risk APL after induction with ATRA plus chemotherapy for patients with the t(15;17) translocation and PML/RAR-alpha gene expression. **Patients must apply for coverage under the High-Cost Drug Program.** **If written by an oncologist, this medication does not require the submission of a Pharmacare Special Authorization form.**

Drug	Dosage Form	Funding Program	Funded Eligibility Criteria
Vemurafenib Zelboraf®	Oral (tablet) 240 mg	Pharmacare **MQ**	**Melanoma – Advanced (Unresectable or Metastatic)** • As a first line, single agent for the treatment of BRAF V600 mutation positive unresectable or metastatic melanoma in patients with an ECOG performance status (PS) of 0 or 1. For BRAF V600 mutation positive patients who have progressed after first line treatment prior to vemurafenib availability, funding or vemurafenib as a second line agent may be considered. **OR** • For use in combination with cobimetinib, for the treatment of patients with previously untreated BRAF V600 mutation-positive unresectable stage III or IV melanoma who have a good performance status. Treatment should continue until unacceptable toxicity or disease progression. If brain metastases are present, patients should be asymptomatic or have stable symptoms. **Patients must apply for coverage under the High-Cost Drug Program.** **If written by an oncologist, this medication does not require the submission of a Pharmacare Special Authorization form.**
Vinblastine	Injection (vial)	CTC Formulary	Open benefit
Vincristine	Injection (vial) 2 mg/2 mL	CTC Formulary	Open benefit
Vinorelbine	Injection (vial) 50 mg/5 mL	CTC Formulary	**Breast Cancer – Metastatic** • One line of therapy as a single agent or within an approved combination regimen **Non-Small Cell Lung Cancer (NSCLC) – Adjuvant** • Treatment of resected Stage IB, II or III disease In combination with Cisplatin **Non-Small Cell Lung Cancer (NSCLC) – Advanced** • First line treatment in combination with platinum or Gemcitabine, or as a single agent as one line of therapy **Gynecology** • Treatment of recurrent or progressive epithelial ovarian, fallopian tube or primary peritoneal cancer as a single agent after failure or contraindication to standard therapy
Zoledronic acid Zometa®	Injection (vial) 4 mg/5 mL	CTC Formulary	Approved for the following indications: • Prevention of skeletal-related events in patients with metastatic castration-resistant prostate cancer with one or more documented bony metastases • Treatment of patients with documented bone metastases from solid tumors (including breast cancer, lung cancer, renal cell carcinoma and other solid tumors) • Tumor induced hypercalcemia • Treatment of patients with multiple myeloma **Note: NOT** approved for prevention or treatment of osteopenia or osteoporosis