

## Restricted Drugs at Vancouver Community of Care (includes VGH, UBCH, GFS, VC)

## Alphabetical List

Red text denotes V P&T approved restrictions.

Reasons for the recommended restrictions include: Prevention of resistance; Approved Indications; Safety; Expertise; Reimbursement or supply by a Provincial Agency or Program; Cost.

Drug name	Common trade name	Route of administration	Restrictions	Approval source and date
abacavir	ZIAGEN	enteral	Restricted to approval of the Centre for Excellence (CFE) in HIV/AIDS	BCHA P&T May 26, 2011
abacavir+dolutegravir+lamivudine	Triumeq	Enteral	Restricted to approval of the Centre for Excellence (CFE) in HIV/AIDS	BCHA P&T September 24, 2015
abacavir+lamivudine	KIVEXA	enteral	Restricted to approval of the Centre for Excellence (CFE) in HIV/AIDS	BCHA P&T May 26, 2011
abacavir+lamivudine + zidovudine	TRIZIVIR	enteral	Restricted to approval of the Centre for Excellence (CFE) in HIV/AIDS	BCHA P&T May 26, 2011
abatacept	ORENCIA	parenteral	Restricted to pediatric inpatients with polyarticular Juvenile Idiopathic Arthritis (JIA) who have had inadequate response to one or more Disease Modifying Antirheumatic Drugs (DMARDs)	BCHA P&T September 22, 2011
abciximab	REOPRO	parenteral	<i>IV Direct and IV Infusion: restricted to Emergency, Cardiac Catheter Lab, CCU, Neurosciences ICU (NICU), and Day Bed Unit.</i>	<i>V P&amp;T (historical)</i>
abiraterone	Zytiga	enteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T January 28, 2014
acitretin	SORIATANE	enteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T September 22, 2011
adefovir	HEPSERA	enteral	Restricted to indications outlined by BCTS <i>Restricted to indications outlined by BCTS (i.e. for pre-and post-transplant patients who are hepatitis B positive).</i>	<i>V P&amp;T February 28, 2013</i>
afatinib	Giotrif	enteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T February 26, 2015
aldesleukin	PROLEUKIN	parenteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T May 26, 2011
alemtuzumab	MABCAMPATH	parenteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T May 26, 2011
amifostine	ETHYOL	parenteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T September 22, 2011
aminolevulinic acid	LEVULAN KERASTICK	topical	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T September 23, 2010

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amphotericin B liposomal	ABELCET, AMBISOME	parenteral	Restricted to patients with intolerance or contraindications to amphotericin B  Restriction to prescriber service and patient location. Restricted to Infectious Diseases, L/BMT, SOT, and ICU Service for patients with intolerance or contraindications to amphotericin B.	BCHA P&T May 26, 2011  V P&T February 28, 2013
amsacrine	AMSA P-D	parenteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T May 26, 2011
anagrelide	AGRYLIN	enteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T September 22, 2011
anakinra	KINERET	parenteral	Restricted to pediatric inpatients with systemic onset juvenile idiopathic arthritis (SOJIA) and prominent systemic symptoms OR pediatric inpatients with auto-inflammatory disease / periodic fever syndromes	BCHA P&T September 22, 2011
anastrozole	ARIMIDEX	enteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T May 26, 2011
antithymocyte globulin (equine)	ATGAM	parenteral	Restricted to treatment of aplastic anemia OR pediatric bone marrow transplant (BMT) OR pediatric stem cell transplant (SCT) patients	BCHA P&T September 22, 2011
antithymocyte globulin (rabbit)	THYMOGLOBULIN	parenteral	Restricted to bone marrow transplant (BMT) OR solid organ transplant (SOT) OR stem cell transplant OR aplastic anemia with treatment failure or intolerance to antithymocyte globulin equine	BCHA P&T September 22, 2011
apixaban	Eliquis	enteral	Restricted to at risk patients with non-valvular atrial fibrillation, for the prevention of stroke and systemic embolism AND - in whom anticoagulation is inadequate following at least a 2 month trial of warfarin OR - for whom anticoagulation using warfarin is contraindicated or not possible due to inability to regularly monitor the patient via International Normalized Ratio (INR) testing in the community (i.e. no access to INR testing services at a laboratory, clinic, pharmacy and at home) OR for the treatment of venous thromboembolic events (VTE) (deep vein thrombosis[DVT] and pulmonary embolism [PE]) and prevention of recurrent DVT and PE, for a duration of up to six months	BCHA P&T June 25, 2015
aprepitant	EMEND	enteral	Restricted to patients receiving highly emetogenic chemotherapy as per protocols from BCCA, BCCH or Leukemia/BMT unit	BCHA P&T March 14, 2013

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Drug name	Common trade name	Route of administration	Restrictions	Approval source and date
argatroban	ARGATROBAN	parenteral	Restricted for prophylaxis and treatment of venous thromboembolism (VTE) in patients with heparin induced thrombocytopenia (HIT)  Restricted to prescriber service: Restricted to Hematology for prophylaxis and treatment of venous thromboembolism (VTE) in patients with heparin induced thrombocytopenia (HIT)	BCHA P&T September 22, 2011  V P&T April 25, 2013
aripiprazole	ABILIFY	enteral	Restricted to patient specific diagnosis identified as schizophrenia or other psychosis (not dementia related) PLUS treatment failure or intolerance to another anti-psychotic agent	BCHA P&T November 24, 2011
aripiprazole	Abilify Maintena	parenteral	Restricted to the management of the manifestations of schizophrenia or related psychotic disorders (not dementia related) in: <ul style="list-style-type: none"> <li>patients who tried oral aripiprazole, risperidone or paliperidone PLUS at least one other antipsychotic agent PLUS continue to be inadequately controlled at maximally-tolerated doses OR</li> <li>patients who are currently receiving a conventional depot antipsychotic PLUS experiencing significant side effects such as extrapyramidal symptoms or tardive dyskinesia OR</li> <li>patients with a history of non-adherence to antipsychotic medications resulting in important negative outcomes such as repeated hospitalizations</li> </ul>	BCHA P&T September 29, 2016
arsenic trioxide	Trisenox	parenteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T May 22, 2014
asenapine	Saphris	enteral	Restricted to patients with bipolar I disorder either as monotherapy, in patients who have failed or are intolerant to lithium or divalproex sodium, and have experienced treatment failure or intolerance to at least one other atypical antipsychotic agent OR as co-therapy with lithium or divalproex sodium, after treatment failure or intolerance to at least one other atypical antipsychotic agent	BCHA P&T June 25, 2015
asparaginase	KIDROLASE	parenteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T May 26, 2011
atazanavir	REYATAZ	enteral	Restricted to approval of the Centre for Excellence (CFE) in HIV/AIDS	BCHA P&T May 26, 2011
atomoxetine	STRATTERA	enteral	Restricted to treatment of ADHD in pediatrics	BCHA P&T September 22, 2011
atovaquone	MEPRON	enteral	Restricted to approval of the Centre for Excellence (CFE) in HIV/AIDS	BCHA P&T May 26, 2011
axitinib	Inlyta	enteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T May 22, 2014
azacitidine	VIDAZA	parenteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T September 23, 2010

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Drug name	Common trade name	Route of administration	Restrictions	Approval source and date
basiliximab	SIMULECT	parenteral	Restricted to indications outlined by BCTS OR leukemia/BMT patients with steroid-refractory acute graft versus host disease (GVHD)	BCHA P&T September 22, 2011
beclomethasone	Qvar	inhalation	Restricted to HIV/AIDS patients on highly active anti-retroviral therapy (HAART)	BCHA P&T November 28, 2013
bendamustine	TREANDA	parenteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T September 19, 2013
bevacizumab	AVASTIN	parenteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T September 22, 2011
bicalutamide	CASODEX	enteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T May 26, 2011
bifidobacterium bifidum+ bifidobacterium breve+ bifidobacterium infantis+ bifidobacterium longum+ lactobacillus rhamnosus	FloraBaby	enteral	Restricted to pediatrics (neonates) for the prevention of necrotizing enterocolitis	BCHA P&T June 25, 2015
bivalirudin	ANGIOMAX	parenteral	Restricted to use in patients with unstable angina undergoing percutaneous coronary interventions (PCI)  Restricted to Cardiology and Cardiac Sciences (CP/BP10) for use in patients with unstable angina undergoing percutaneous coronary interventions (PCI)	BCHA P&T September 22, 2011  V P&T (historical)
bleomycin	BLENOXANE	parenteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA OR as a sclerosing agent for vascular malformations or cystic lesions OR malignant pleural effusions.	BCHA P&T May 26, 2011
blinatumomab	Blincyto	parenteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T November 23, 2017
bortezomib	VELCADE	parenteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T May 26, 2011
bosentan	TRACLEER	enteral	Restricted to treatment of pulmonary arterial hypertension (PAH)	BCHA P&T September 22, 2011
bosutinib	Bosulif	oral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA.	BCHA P&T February 23, 2017

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botulinum toxin type A	BOTOX	parenteral	Restricted to spasticity OR esophageal sphincter disorders causing dysphagia OR strabismus  Restricted to patient location & prescriber service: Rehab Medicine, Spinal Cord Program Physicians, and GE Clinic for spasticity OR esophageal sphincter disorders causing dysphagia OR strabismus.	BCHA P&T September 22, 2011  V P&T April 25, 2013
Brentuximab vedotin	Adcetris	parenteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T June 23, 2016
buserelin	SUPREFACT, SUPREFACT DEPOT	parenteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T May 26, 2011
busulfan	MYLERAN	parenteral, enteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T May 26, 2011
cabazitaxel	Jevtana	parenteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T January 28, 2014
cabergoline	DOSTINEX	enteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA OR for prolactin suppression	BCHA P&T September 22, 2011
calcitriol	CALCIJEX	parenteral	Restricted to prescriber service: Nephrology	V P&T May 23, 2013
cannabidiol+delta-9-tetrahydrocannabinol	SATIVEX	buccal	Restricted to complex/chronic pain or palliative care patients	BCHA P&T September 22, 2011
capecitabine	XELODA	enteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T September 22, 2011
carbetocin	DURATOCIN	parenteral	Restricted to prevention of uterine atony and post-partum hemorrhage following elective caesarean section in women with one or more risk factors for postpartum hemorrhage and may be considered for urgent or emergent caesarean section	BCHA P&T January 28, 2014
CARBOplatin	PARAPLATIN AQ	parenteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T September 22, 2011
cardioplegia	--	parenteral	Restricted to prescriber service: Perfusion Service	V P&T April 25, 2013
carmustine	BICNU	parenteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T May 26, 2011
casprofungin	CANCIDAS	parenteral	Restricted to pediatric patients with fungal infections that are known or suspected to be resistant to fluconazole OR in pediatric patients intolerant to fluconazole	BCHA P&T November 25, 2010

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cefepime	MAXIPIME	parenteral	Restricted for use <ul style="list-style-type: none"> <li>As monotherapy in patients with chemotherapy-induced febrile neutropenia</li> <li>In patients with cystic fibrosis</li> </ul>	BCHA P&T September 19, 2013
cefoxitin	MEFOXIN	parenteral	Restricted to gynecological/obstetrical infections OR neonates/pediatrics OR infections due to <i>Mycobacterium abscessus</i>	BCHA P&T May 26, 2011
cetirizine	Reactine	enteral	Restricted to pediatrics	BCHA P&T February 26, 2015
cetuximab	ERBITUX	parenteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T May 26, 2011
chlorambucil	LEUKERAN	enteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T May 26, 2011
ciclesonide	ALVESCO, OMNARIS	inhalation	Restricted to patients 6 to 18 years old OR to HIV/AIDS patients on highly active anti-retroviral therapy (HAART)	BCHA P&T November 28, 2013
cinacalcet	SENSIPAR	enteral	Restricted to indications outlined by BCPRA AND patients who are registered with BCPRA	BCHA P&T September 22, 2011
CISplatin	PLATINOL, PLATINOL A-Q	parenteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T May 26, 2011
cladribine	LEUSTATIN	parenteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T May 26, 2011
clodronate	OSTAC, BONEFOS	parenteral, enteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T September 22, 2011
colistimethate (colistin)	COLY-MYCIN	parenteral, inhalation	Restricted to treatment of pneumonia in cystic fibrosis patients  Restricted to prescriber service and patient location: Restricted to Infectious Diseases and SOT for the treatment of pneumonia in cystic fibrosis patients.	BCHA P&T May 26, 2011  V P&T February 28, 2013
collagenase	SANTYL	topical	Restricted to debridement of dermal ulcers	BCHA P&T May 24, 2012
crizotinib	Xalkori	enteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T May 22, 2014
cyproterone	ANDROCUR	enteral	Restricted to forensic patients	BCHA P&T May 24, 2012
cytarabine	CYTOSAR	parenteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T May 26, 2011
dabigatran	PRADAX	enteral	Restricted to continuity of care for patients receiving dabigatran prior to admission	BCHA P&T May 24, 2012
dabrafenib	Tafinlar	enteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T February 26, 2015

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dacarbazine	DTIC	parenteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T May 26, 2011
dactinomycin	COSMEGEN	parenteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T May 26, 2011
danaparoid	ORGARAN	parenteral	Restricted for prophylaxis and treatment of venous thromboembolism (VTE) in patients with heparin induced thrombocytopenia (HIT)	BCHA P&T September 22, 2011
daptomycin	CUBICIN	parenteral	<p>Restricted to treatment of severe infections caused by resistant Gram-positive organisms, where other agents cannot be used:</p> <p>1. Resistant <i>S. aureus</i> or <i>Enterococcus</i> spp. meeting one of the following criteria: a) MRSA bacteremia with vancomycin MIC &gt;2 mcg/mL, persistence for &gt;7 days despite source control, and/or confirmed allergy/severe intolerance* to vancomycin; b) VRE bacteremia; and/or</p> <p>2. Gram-positive infections when other formulary agents (e.g. vancomycin, linezolid) are contraindicated due to allergy, severe intolerance*, or resistance.</p> <p>*Vancomycin-associated acute kidney injury is defined as serum creatinine increase of 50 mcmol/L or &gt;50% from baseline."</p> <p><b>Restricted to Infectious Diseases and ICU Services for the treatment of severe infections caused by resistant Gram-positive organisms, where other agents cannot be used:</b></p> <p><b>1. Resistant <i>S. aureus</i> or <i>Enterococcus</i> spp. meeting one of the following criteria: a) MRSA bacteremia with vancomycin MIC &gt;2 mcg/mL, persistence for &gt;7 days despite source control, and/or confirmed allergy/severe intolerance* to vancomycin; b) VRE bacteremia; and/or</b></p> <p><b>2. Gram-positive infections when other formulary agents (e.g. vancomycin, linezolid) are contraindicated due to allergy, severe intolerance*, or resistance.</b></p> <p><b>*Vancomycin-associated acute kidney injury is defined as serum creatinine increase of 50 mcmol/L or &gt;50% from baseline."</b></p>	<p>BCHA P&amp;T February 23, 2017</p> <p><b>V P&amp;T March 8, 2017</b></p>
darbepoetin	ARANESP	parenteral	Restricted to indications outlined by BCPRA AND patients who are registered with BCPRA	BCHA P&T September 22, 2011
darunavir	PREZISTA	enteral	Restricted to approval of the Centre for Excellence (CFE) in HIV/AIDS	BCHA P&T May 26, 2011
darunavir+cobicistat	Prezcobix	enteral	Restricted to approval of the Centre for Excellence (CFE) in HIV/AIDS	BCHA P&T September 24, 2015
dasatinib	SPRYCEL	enteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T May 26, 2011
DAUNOrubicin	CERUBIDINE	parenteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T May 26, 2011

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degarelix	FIRMAGON	parenteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T September 23, 2010
denosumab	Xgeva	parenteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T February 23, 2017
			<ol style="list-style-type: none"> <li>1. Restricted with the following criteria: <ul style="list-style-type: none"> <li>- Post-operative cardiovascular/vascular surgery patients requiring mechanical ventilation OR</li> <li>- Patients who are being mechanically ventilated with confirmed delirium, and who are refractory, or have had an inadequate response, to a trial of propofol and/or antipsychotic agent OR</li> <li>- Patients in whom extubation is anticipated within 24 hours (i.e. approximate duration of dexmedetomidine use limited to 24 hours) OR</li> <li>- Sedation for invasive procedures or awake fibre-optic intubation in critical care patients for whom other agents are not appropriate due to lack of efficacy or adverse effects</li> </ul> </li> <li>2. Restricted for use in Palliative care patients with intractable pain/delirium when other formulary interventions have failed (i.e. pain/delirium persists despite adequate trial of formulary alternatives).</li> </ol>	BCHA P&T November 23, 2017
dexmedetomidine	PRECEDEX	parenteral	<ol style="list-style-type: none"> <li>1. Restricted to use in CCU, CSICU, OR, PACU, and patients admitted under ICU or VGH High Acuity Unit, for adults with the following criteria: <ul style="list-style-type: none"> <li>- Post-operative cardiovascular/vascular surgery patients requiring mechanical ventilation OR</li> <li>- Patients who are being mechanically ventilated with confirmed delirium, and who are refractory, or have had an inadequate response, to a trial of propofol and/or antipsychotic agent OR</li> <li>- Patients in whom extubation is anticipated within 24 hours (i.e. approximate duration of dexmedetomidine use limited to 24 hours) OR</li> <li>- Sedation for invasive procedures or awake fibre-optic intubation in critical care patients for whom other agents are not appropriate due to lack of efficacy or adverse effects</li> </ul> </li> <li>2. Restricted for use on the Palliative Care Unit in Palliative care patients with intractable pain/delirium when other formulary interventions have failed (i.e. pain/delirium persists despite adequate trial of formulary alternatives).</li> </ol>	V P&T January 25, 2018
dexrazoxane	ZINECARD, CARDIOXANE	parenteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T September 22, 2011
didanosine	VIDEX-EC	enteral	Restricted to approval of the Centre for Excellence (CFE) in HIV/AIDS	BCHA P&T May 26, 2011
digoxin immune fab	DIGIBIND	parenteral	Restricted to use approved by the BC Drug and Poison Information Center (DPIC).	BCHA P&T April 27, 2017



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DOCEtaxel	TAXOTERE	parenteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T May 26, 2011
dolutegravir	Tivicay	enteral	Restricted to approval of the Centre for Excellence (CFE) in HIV/AIDS	BCHA P&T May 22, 2014
donepezil	ARICEPT	enteral	Restricted a. for the treatment of mild to moderate Alzheimer's disease, Alzheimer's disease with a vascular component, Alzheimer's disease with Parkinsonian features (Lewy bodies), or mixed dementia with Alzheimer's disease, in patients with: a Standardised Mini Mental State Examination (SMMSE) score of $\geq 10$ to $\leq 26$ AND a Global Deterioration Scale (GDS) stage of $\geq 4$ to $\leq 6$ OR b. for patients with existing PharmaCare coverage through the Alzheimer's Drug Therapy Initiative (ADTI) program	BCHA P&T June 23, 2016
DOXOrubicin	ADRIAMYCIN	parenteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T May 26, 2011
DOXOrubicin pegylated liposomal	CAELYX	parenteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T September 22, 2011
efavirenz	SUSTIVA	enteral	Restricted to approval of the Centre for Excellence (CFE) in HIV/AIDS	BCHA P&T May 26, 2011
efavirenz+ emtricitabine+ tenofovir disoproxil fumarate	ATRIPLA	enteral	Restricted to approval of the Centre for Excellence (CFE) in HIV/AIDS	BCHA P&T May 26, 2011
elvitegravir+ cobicistat+ emtricitabine+ tenofovir alafenamide hemifumarate	Genvoya	oral	Restricted to approval of the Centre for Excellence (CFE) in HIV/AIDS	BCHA P&T September 28, 2017
elvitegravir+ cobicistat+ emtricitabine+ tenofovir disoproxil fumarate	STRIBILD	enteral	Restricted to approval of the Centre for Excellence (CFE) in HIV/AIDS	BCHA P&T September 19, 2013
emtricitabine + rilpivirine + tenofovir disoproxil fumarate	COMPLERA	enteral	Restricted to approval of the Centre for Excellence (CFE) in HIV/AIDS	BCHA P&T January 24, 2013

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emtricitabine + tenofovir alafenamide hemifumarate	DESCOVY	oral	Restricted to approval of the Centre for Excellence (CFE) in HIV/AIDS	BCHA P&T April 27, 2017
emtricitabine+ tenofovir disoproxil fumarate	TRUVADA	enteral	Restricted to approval of the Centre for Excellence (CFE) in HIV/AIDS	BCHA P&T May 26, 2011
enalapril	VASOTEC	enteral	Restricted to pediatrics	BCHA P&T January 26, 2012
enfuvirtide	FUZEON	parenteral	Restricted to approval of the Centre for Excellence (CFE) in HIV/AIDS	BCHA P&T May 26, 2011
enoxaparin	LOVENOX	parenteral	Restricted to major orthopedic trauma OR spinal cord injury OR acute coronary syndrome (ACS) OR cancer patients OR pediatrics	BCHA P&T January 26, 2012
			Restricted to indications outlined by BCTS	BCHA P&T May 26, 2011
entecavir	BARACLUDE	enteral	Restricted to indications outlined by BCTS (i.e. for pre-and post-transplant patients who are hepatitis B positive)	V P&T February 28, 2013
enzalutamide	Xtandi	enteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T January 28, 2014
epinephrine topical solution 1:1000	ADRENALINE	nasal	Restricted to patient location: Restricted to OR	V P&T September 26, 2013
epirubicin	PHARMORUBI CIN	parenteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T May 26, 2011
epoetin alfa	EPREX	parenteral	Restricted to indications outlined by BCPRA AND patients who are registered with BCPRA OR to patients pre-approved by BCTS (for cost reimbursement)	BCHA P&T September 22, 2011
			Restricted to treatment of pulmonary arterial hypertension (PAH), in patients who have had an inadequate response and/or a contraindication to the non-prostanoid therapies OR aerosolized epoprostenol for hypoxemia secondary to acute respiratory distress syndrome (ARDS)	BCHA P&T September 22, 2011
			Restricted to prescriber service: Respiratory for the treatment of pulmonary arterial hypertension (PAH), in patients who have had an inadequate response and/or a contraindication to the non-prostanoid therapies OR aerosolized epoprostenol for hypoxemia secondary to acute respiratory distress syndrome (ARDS)	V P&T April 25, 2013
epoprostenol	FLOLAN	parenteral		
eribulin	Halaven	parenteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T May 22, 2014
erlotinib	TARCEVA	enteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T September 22, 2011

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ertapenem	INVANZ	parenteral	Restricted to treatment of documented or suspected infections, involving multi-drug resistant organisms in outpatient or ambulatory setting, where other agents (e.g. piperacillin-tazobactam, ceftazidime, imipenem) cannot be used due to intolerance, resistance or inconvenience in the ambulatory setting.	(tarcarcillin-clavulante no longer available) BCHA P&T January 27, 2011
esomeprazole	NEXIUM	enteral	Restricted to NG use or dysphagia patients	BCHA P&T September 25, 2014
estramustine	EMCYT, ESTRACYT	enteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T May 26, 2011
etidronate+calcium	DIDROCAL	enteral	Restricted to residential care	BCHA P&T September 22, 2011
etoposide	VEPESID	parenteral, enteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T May 26, 2011
etravirine	INTELENCE	enteral	Restricted to approval of the Centre for Excellence (CFE) in HIV/AIDS	BCHA P&T May 26, 2011
everolimus	AFINITOR	enteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T September 22, 2011
exemestane	AROMASIN	enteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T May 26, 2011
fentanyl	SUBLIMAZE	parenteral	Subcutaneous injection: restricted to Palliative Care Service. Subcutaneous infusion: restricted to Palliative Care Unit, and L/BMT patients on T15A, T15B, and T14L. Epidural and intrathecal prescribing: restricted to anesthesia; Exception – epidural infusions on the PCU do not require anesthesia consult.	Subcutaneous injection: V P&T October 27, 2016 Subcutaneous infusion: updated V P&T May 25, 2017 Epidural: V P&T (historical)
ferric gluconate	FERRLECIT	parenteral	See sodium ferric gluconate complex	
filgrastim	Grastofil	parenteral	Restricted to adults with indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA OR to the approval of the Center for Excellence (CFE) in HIV/AIDS	BCHA P&T February 23, 2017
filgrastim	NEUPOGEN	parenteral	Restricted to Hematology Apheresis Unit donors OR pediatrics (any indication) OR for those with existing PharmaCare Special Authority approval	BCHA P&T February 23, 2017
fludarabine	FLUDARA	parenteral, enteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T May 26, 2011
fluorouracil	5-FU, EFUDEX	parenteral, topical	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T May 26, 2011
flutamide	EUFLEX	enteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T May 26, 2011
fluvastatin	Lescol	enteral	Restricted to HIV/AIDS patients on highly active anti-retroviral therapy (HAART)	BCHA P&T November 28, 2013

**Restricted Drugs at Vancouver Community of Care (includes VGH, UBCH, GFS, VC)**
**Alphabetical List**

Red text denotes V P&amp;T approved restrictions.

Drug name	Common trade name	Route of administration	Restrictions	Approval source and date
fomepizole	ANTIZOL	parenteral	Restricted to use approved by the BC Drug and Poison Information Center (DPIC)	BCHA P&T April 27, 2017
fondaparinux	ARIXTRA	parenteral	Restricted to unstable angina (UA) OR non-ST elevation myocardial infarction (NSTEMI) OR medically managed patients with ST elevation myocardial infarction (STEMI) [not treated with percutaneous coronary intervention (PCI) or thrombolysis] OR prophylaxis and treatment of venous thromboembolism (VTE) in patients with heparin induced thrombocytopenia (HIT)	BCHA P&T September 25, 2014
fosamprenavir	TELZIR	enteral	Restricted to approval of the Centre for Excellence (CFE) in HIV/AIDS	BCHA P&T May 26, 2011
fosaprepitant	EMEND IV	parenteral	Restricted to patients receiving highly emetogenic chemotherapy as per protocols from BCCA, BCCH, or Leukemia/BMT unit who are unable to swallow oral tablets	BCHA P&T March 14, 2013
fosfomycin	Monurol	enteral	Restricted to treatment of acute uncomplicated cystitis caused by susceptible organisms with demonstrated resistance and/or intolerance to all other oral agents	BCHA P&T May 22, 2014
fosphenytoin	CEREBYX	parenteral	Restricted to pediatrics	BCHA P&T September 22, 2011
galantamine	REMINYL	enteral	Restricted a. for patients with a documented intolerance to donepezil for the treatment of mild to moderate Alzheimer's disease, Alzheimer's disease with a vascular component, Alzheimer's disease with Parkinsonian features (Lewy bodies), or mixed dementia with Alzheimer's disease, in patients with: a Standardised Mini Mental State Examination (SMMSE) score of $\geq 10$ to $\leq 26$ AND a Global Deterioration Scale (GDS) stage of $\geq 4$ to $\leq 6$ OR b. for patients with existing PharmaCare coverage through the Alzheimer's Drug Therapy Initiative (ADTI) program	BCHA P&T June 23, 2016
ganciclovir	CYTOVENE	parenteral+intra vitreal	Restricted to use in HIV/AIDS, transplant, hematology, oncology, or ophthalmology patients or for congenital CMV	BCHA P&T September 19, 2013
gefitinib	IRESSA	enteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T September 22, 2011
gemcitabine	GEMZAR	parenteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T April 11, 2011
goserelin	ZOLADEX LA	parenteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T September 22, 2011
hydromorphone	DILAUDID	Parenteral	<b>Epidural prescribing: Restricted to anaesthesia. Epidural infusions on the PCU do not require an anaesthesia consult.</b>	<b>V P&amp;T (historical)</b>
ibrutinib	IMBRUVICA	enteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T February 25, 2016
idarubicin	IDAMYCIN	parenteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T May 26, 2011

## Restricted Drugs at Vancouver Community of Care (includes VGH, UBCH, GFS, VC)

## Alphabetical List

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Drug name	Common trade name	Route of administration	Restrictions	Approval source and date
idarucizumab	PRAXBIND	parenteral	Restricted to patients on dabigatran, presenting with overt uncontrollable or life-threatening bleeding or need for truly emergent procedures that cannot be delayed for at least 8 hours and where normal hemostasis is required	BCHA P&T November 24, 2016
idelalisib	Zydelig	oral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T September 28, 2017
ifosfamide	IFEX	parenteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T May 26, 2011
imatinib	GLEEVEC	enteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T May 26, 2011
imipenem+cilastatin	PRIMAXIN	parenteral	Restricted to treatment of documented or suspected infections involving multi-drug resistant organisms where other agents (e.g. piperacillin-tazobactam, ceftazidime) cannot be used due to intolerance or resistance	BCHA P&T January 27, 2011
imiquimod	Aldara	topical	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T November 23, 2017
indinavir	CRIXIVAN	enteral	Restricted to approval of the Centre for Excellence (CFE) in HIV/AIDS	BCHA P&T May 26, 2011
infliximab	Remicade	parenteral	Restricted to severe immune-mediated enterocolitis associated with checkpoint inhibitors (e.g. ipilimumab) unresponsive to steroid therapy	BCHA P&T February 23, 2017
insulin detemir	LEVEMIR	parenteral	Restricted to pediatric patients with diabetes mellitus	BCHA P&T January 24, 2013
interferon alfa (compounded from IV)	N/A	ophthalmic	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T May 26, 2011
interferon alfa-2b	INTRON-A	parenteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T May 26, 2011
ipilimumab	YERVOY	parenteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T September 19, 2013
irinotecan	CAMPTOSAR	parenteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T September 22, 2011
isotretinoin	ACCUTANE	enteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T September 22, 2011
ketamine	KETALAR	parenteral	IV and SUBCUT infusions: Restricted to prescribing by POPS, Palliative Care, or Critical Care physicians.	V P&T May 23, 2013
lacosamide	VIMPAT	parenteral, enteral	Restricted to the following criteria: 1. Adjunctive therapy for medically refractory partial-onset epilepsy 2. Adjunctive therapy for refractory status epilepticus where other suitable anti-epileptic agents (such as phenytoin, midazolam, Phenobarbital, levetiracetam) have been ineffective, not tolerated or not appropriate. 3. Continuity of care for patients receiving lacosamide for epilepsy prior to admission. 4. Lacosamide IV is restricted to patients unable to take lacosamide PO.	BCHA P&T November 28, 2013

**Restricted Drugs at Vancouver Community of Care (includes VGH, UBCH, GFS, VC)**
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Drug name	Common trade name	Route of administration	Restrictions	Approval source and date
lactobacillus rhamnosus GG	Culturelle	enteral	Restricted to the treatment and prevention of antibiotic-associated diarrhea (not clostridium difficile)	BCHA P&T November 26, 2015
lamivudine	3TC	enteral	Restricted to approval of the Centre for Excellence (CFE) in HIV/AIDS OR hepatitis B prophylaxis in patients with a proven-negative HIV test who are immunocompromized (solid organ transplant (SOT) or bone marrow transplant (BMT) or chemotherapy) OR treatment in those with liver failure due to Hepatitis B.  Restricted to prescriber service and patient location. Restricted to GI, SOT, and L/BMT for indications as approved by the Centre for Excellence (CFE) in HIV/AIDS OR for hepatitis B prophylaxis in patients with a proven-negative HIV test who are immunocompromized (solid organ transplant (SOT) or bone marrow transplant (BMT) or chemotherapy) OR for treatment in those with liver failure due to Hepatitis B	BCHA P&T May 26, 2011  V P&T February 28, 2013
lamivudine+zidovudine	COMBIVIR	enteral	Restricted to approval of the Centre for Excellence (CFE) in HIV/AIDS	BCHA P&T May 26, 2011
lanreotide	Somatuline Autogel	parenteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T September 24, 2015
lansoprazole	PREVACID, FASTABS	enteral	Restricted to pediatrics	BCHA P&T March 25, 2010
lanthanum carbonate	FOSRENOL	enteral	Restricted to indications outlined by BCPRA AND patients who are registered with BCPRA	BCHA P&T May 26, 2011
lapatinib	TYKERB	enteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T September 22, 2011
lenalidomide	REVLIMID	enteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T September 22, 2011
lenvatinib	Lenvima	parenteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T November 23, 2017
letrozole	FEMARA	enteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T May 26, 2011
leucovorin	LEDERLE LEUCOVORIN	enteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T September 22, 2011
leuprolide	LUPRON, LUPRON DEPOT, ELIGARD	parenteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T May 26, 2011
levocarnitine	CARNITOR	parenteral, enteral	Restricted to metabolic disorders	BCHA P&T May 26, 2011

**Restricted Drugs at Vancouver Community of Care (includes VGH, UBCH, GFS, VC)**
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Drug name	Common trade name	Route of administration	Restrictions	Approval source and date
lidocaine	Xylocaine	parenteral	Prescribing for the management of post-operative pain, neuropathic pain, or spine patients is restricted to the POPS, Palliative Care Unit, and Dr. Negraeff (CP9 only)	V P&T October 27, 2016
linagliptin	Trajenta	enteral	Restricted to combination treatment for type 2 diabetes mellitus when insulin NPH is not an option AND after inadequate glycemic control on maximum tolerated doses of metformin AND a sulfonylurea	BCHA P&T November 27, 2014
linezolid	ZYVOX	parenteral, enteral	Restricted to infections caused by gram positive organisms that are resistant to vancomycin or in patients intolerant to vancomycin.	BCHA P&T May 26, 2011
lipid emulsion	INTRALIPID	parenteral	Restricted to TPN use, Anaesthesiologists in OR, Critical Care Physicians, and ED Physicians	V P&T (historical)
	SMOFIpid (soybean oil, medium chain triglycerides, olive oil, fish oil)		Restricted to review by Total Parenteral Nutrition pharmacist.	V P&T April 28, 2016
lomustine	CEENU	enteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T May 26, 2011
lopinavir+ ritonavir	KALETRA	enteral	Restricted to approval of the Centre for Excellence (CFE) in HIV/AIDS	BCHA P&T May 26, 2011
lovastatin	Mevacor	enteral	Restricted to HIV/AIDS patients on highly active anti-retroviral therapy (HAART)	BCHA P&T November 28, 2013
magnesium hydroxide + mineral oil	MAGNOLAX	enteral	Restricted to eating disorder patients	BCHA P&T September 19, 2013
maraviroc	CELSENTRI	enteral	Restricted to approval of the Centre for Excellence (CFE) in HIV/AIDS	BCHA P&T May 26, 2011
mechlorethamine	MUSTARGEN	parenteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T May 26, 2011
melphalan	ALKERAN	parenteral, enteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T May 26, 2011
meperidine	Demerol	parenteral	Restricted to treatment of drug- or blood product-induced rigors and post-operative shivering	BCHA P&T May 22, 2014
meropenem	MERREM	parenteral	Restricted to treatment of documented or suspected infections, involving multi-drug resistant organisms where other agents (e.g. piperacillin-tazobactam, ceftazidime, imipenem) cannot be used due to intolerance or resistance OR for following indications/populations: CNS infections, Cystic Fibrosis, Pediatric Patients, Febrile Neutropenia	BCHA P&T January 27, 2011

**Restricted Drugs at Vancouver Community of Care (includes VGH, UBCH, GFS, VC)**
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Drug name	Common trade name	Route of administration	Restrictions	Approval source and date
methadone	METHADOSE	oral	Restricted to continuation of prior to admission therapy for opioid dependence or for analgesia OR physicians with a methadone exemption for opioid dependence or for analgesia (as per Section 56 of the Controlled Drugs and Substances Act)	BCHA P&T April 27, 2017
methadone buccal (50 mg/mL)	compounded	enteral	<b>Restricted to the Palliative Care Unit:</b> to continuation of prior to admission therapy for opioid dependence or for analgesia OR physicians with a methadone exemption for opioid dependence or for analgesia (as per Section 56 of the Controlled Drugs and Substances Act)	V P&T November 27, 2014
methyl aminolevulinate	METVIX	topical	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T September 23, 2010
methylnaltrexone	RELISTOR	parenteral	Restricted to patients with opioid-induced constipation where conventional laxative treatments have failed or are not appropriate for patient circumstances	BCHA P&T September 22, 2011
micafungin	MYCAMINE	parenteral	Restricted to fungal infections that are known or suspected to be resistant to fluconazole OR in patients intolerant to fluconazole  <b>Restriction prescriber service and patient location:</b> <b>Restricted to Infectious Diseases, L/BMT, SOT and ICU Service for fungal infections that are known or suspected to be resistant to fluconazole OR in patients intolerant to fluconazole.</b>	BCHA P&T November 25, 2010  V P&T February 28, 2013
mitoMYCIN	MUTAMYCIN	parenteral, ophthalmic	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA OR ophthalmic surgical procedures	BCHA P&T May 26, 2011
mitotane	LYSODREN	enteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T May 26, 2011
mitoXANtrone	NOVANTRON E	parenteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA OR to treatment of multiple sclerosis OR to treatment of neuromyelitis optic (NMO or Devic's syndrome)	BCHA P&T May 26, 2011
mometasone	NASONEX	nasal	Restricted to pediatrics age 3 to 12	BCHA P&T September 22, 2011
mometasone furoate	Asmanex Twisthaler	inhalation	Restricted to HIV/AIDS patients on highly active anti-retroviral therapy (HAART)	BCHA P&T November 26, 2015
morphine	MOS-10 MOS-20	enteral	<b>Restricted to patient location:</b> <b>MOS-10 and MOS-20 restricted to PCU.</b>	V P&T May 23, 2013
morphine	Morphine	parenteral	<b>Epidural and intrathecal prescribing: Restricted to anesthesia; PCU does not require an anesthesia consult for epidural infusions.</b>	V P&T (historical)



**Restricted Drugs at Vancouver Community of Care (includes VGH, UBCH, GFS, VC)**
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Drug name	Common trade name	Route of administration	Restrictions	Approval source and date
mycophenolate mofetil	Cellcept	parenteral, enteral	Restricted to solid organ transplant (SOT) OR bone marrow transplant (BMT) OR to indications outlined by BC Provincial Renal Agency (BCPRA) BCPRA Glomerulonephritis Formulary	BCHA P&T September 25 2014
mycophenolate sodium	Myfortic	enteral	Restricted to indications outlined by BC Transplant Society (BCTS): Patients who have intolerance to the gastro-intestinal side effects of CellCept® OR out-of-province patients who are receiving Myfortic® and have returned to British Columbia for follow-up OR to indications outlined by BC Provincial Renal Agency (BCPRA) BCPRA Glomerulonephritis Formulary	BCHA P&T September 25, 2014
naltrexone	Revia	oral	Restricted to treatment of alcohol use disorder	BCHA P&T September 29, 2016
nelfinavir	VIRACEPT	enteral	Restricted to approval of the Centre for Excellence (CFE) in HIV/AIDS	BCHA P&T May 26, 2011
nevirapine	VIRAMUNE, VIRAMUNE XR	enteral	Restricted to approval of the Centre for Excellence (CFE) in HIV/AIDS	BCHA P&T May 26, 2011
nifedipine extended release	ADALAT XL	enteral	Restricted to obstetric indications	BCHA P&T November 25, 2010
nilotinib	TASIGNA	enteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T May 26, 2011
nilutamide	ANANDRON	enteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T May 26, 2011
nitrazepam	MOGADON	enteral	Restricted to pediatrics	BCHA P&T September 22, 2011
nivolumab	OPDIVO	parenteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T April 27, 2017
obinutuzumab	Gazyva	parenteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T June 23, 2016
octreotide long acting	SANDOSTATIN LAR	parenteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T September 22, 2011
omeprazole	LOSEC	enteral	Restricted to pediatrics OR pregnancy OR breastfeeding	BCHA P&T March 25, 2010
ONDansetron	ZOFTRAN	enteral	Restricted to patients unable to tolerate other available dosage forms (tablet, liquid, injection)	BCHA P&T September 22, 2011
oseltamivir	TAMIFLU	enteral	Restricted to approval of the Medical Health Officer (MHO) for prophylaxis of influenza-like illness (ILL). UNRESTRICTED for treatment of influenza-like illness (ILL).	BCHA P&T May 26, 2011
oxaliplatin	ELOXATIN	parenteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T September 22, 2011

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Drug name	Common trade name	Route of administration	Restrictions	Approval source and date
PACLitaxel	TAXOL	parenteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T May 26, 2011
PACLitaxel-nab (nano albumin bound)	ABRAXANE	parenteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T May 26, 2011
paliperidone	Invega	enteral	Restricted to intolerability to other antipsychotic agents	BCHA P&T September 25, 2014
paliperidone	INVEGA SUSTENNA	parenteral	Restricted to either 1) Continuation of prior to admission therapy OR 2) Patients who meet the following Pharmacare special authority criteria: Management of the manifestations of schizophrenia or related psychotic disorders in: 1. Patients who have tried oral paliperidone or risperidone PLUS at least one other antipsychotic agent PLUS continue to be inadequately controlled at maximally-tolerated dose OR 2. Patients who are currently receiving a conventional depot antipsychotic PLUS experiencing significant side effects such as extrapyramidal symptoms or tardive dyskinesia OR 3. Patients with a history of non-adherence to antipsychotic medications resulting in important negative outcomes such as repeated hospitalizations	BCHA P&T March 14, 2013
palivizumab	SYNAGIS	parenteral	Restricted to respiratory syncytial virus (RSV) prophylaxis as per provincial criteria	BCHA P&T May 26, 2011
panitumumab	VECTIBIX	parenteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T May 26, 2011
paraldehyde	PARALDEHYDE INJECTION BP	parenteral	Restricted for use in emergency management of pediatric status epilepticus	BCHA P&T May 23, 2013
paromomycin	HUMATIN	enteral	Restricted to approval of the Centre for Excellence (CFE) in HIV/AIDS	BCHA P&T May 26, 2011
pazopanib	Votrient	enteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T January 28, 2014
peginterferon alfa-2a	Pegasys	parenteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T May 22, 2014
pembrolizumab	Keytruda	parenteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T June 23, 2016
pemetrexed	ALIMTA	parenteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T April 11, 2011
pentamidine isethionate	PENTACARINA T, PNEUMOPENT	parenteral+ inhalation	Restricted to approval of the Centre for Excellence (CFE) in HIV/AIDS OR for PCP prophylaxis in patients allergic or intolerant to cotrimoxazole	BCHA P&T May 26, 2011

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**Alphabetical List**

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Drug name	Common trade name	Route of administration	Restrictions	Approval source and date
pertuzumab	Perjeta	parenteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T January 28, 2014
phospholipid+ surfactant-associated proteins	BLES (BOVINE LIPID EXTRACT SURFACTANT)	intratracheal	Restricted to neonates	BCHA P&T May 26, 2011
pomalidomide	Pomalyst	enteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T June 25, 2015
ponatinib	Iclusig	oral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T February 23, 2017
pneumococcal 13-valent conjugate vaccine	(PREVNAR 13)	parenteral	Restricted to BCCDC covered indications (i.e. includes asplenic and HIV patients)	V P&T September 24, 2015
porfimer	PHOTOFRIN	parenteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T May 26, 2011

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Drug name	Common trade name	Route of administration	Restrictions	Approval source and date
posaconazole	POSANOL oral suspension	enteral	<p>Restricted to the prophylaxis or treatment of invasive fungal infections in patients 13 years of age and older who can tolerate a full fat meal for the following indications:</p> <ol style="list-style-type: none"> <li>1. Prophylaxis of invasive fungal infections in:                             <ol style="list-style-type: none"> <li>a. Neutropenic patients, where neutropenia is present for 10 days or longer, plus one of the following:                                     <ol style="list-style-type: none"> <li>i. Colonized with Aspergillus species, and/or receiving corticosteroids &gt;1 mg/kg/day.</li> <li>ii. Acute Myeloid Leukemia or Myelodysplastic Syndrome receiving induction chemotherapy;</li> <li>iii. Acute lymphocytic leukemia</li> <li>iv. Burkitt's Lymphoma</li> </ol> </li> <li>b. Allogeneic stem cell transplant patients with steroid-refractory graft-versus-host-disease treated with intensive immunosuppressive therapy</li> </ol> </li> <li>2. Treatment of invasive fungal infections, including zygomycetes, in leukemia/bone marrow transplant patients:                             <ol style="list-style-type: none"> <li>a. Intolerant or resistant to other appropriate antifungals (e.g. amphotericin B, voriconazole, itraconazole, micafungin), or</li> <li>b. Where oral step down therapy is appropriate and cost effective</li> </ol> </li> </ol> <p><b>Restricted to Infectious Disease and Leukemia/BMT Services for:</b>                      the prophylaxis or treatment of invasive fungal infections in patients 13 years of age and older who can tolerate a full fat meal for the following indications:</p> <ol style="list-style-type: none"> <li>1) Prophylaxis of invasive fungal infections in:                             <ol style="list-style-type: none"> <li>a) Neutropenic patients, where neutropenia is present for 10 days or longer, plus one of the following:                                     <ol style="list-style-type: none"> <li>i) Colonized with Aspergillus species, and/or receiving corticosteroids &gt;1 mg/kg/day.</li> <li>ii) Acute Myeloid Leukemia or Myelodysplastic Syndrome receiving induction chemotherapy;</li> <li>iii) Acute lymphocytic leukemia</li> <li>iv) Burkitt's Lymphoma</li> </ol> </li> <li>b) Allogeneic stem cell transplant patients with steroid-refractory graft-versus-host-disease treated with intensive immunosuppressive therapy</li> </ol> </li> <li>2) Treatment of invasive fungal infections, including zygomycetes, in leukemia/bone marrow transplant patients:                             <ol style="list-style-type: none"> <li>a) Intolerant or resistant to other appropriate antifungals (e.g. amphotericin B, voriconazole, itraconazole, micafungin), or</li> <li>b) Where oral step down therapy is appropriate and cost effective</li> </ol> </li> </ol>	<p>BCHA P&amp;T January 26, 2012                      BCHA P&amp;T February 23, 2017</p> <p>V P&amp;T May 22, 2014</p>

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Red text denotes V P&T approved restrictions.

Drug name	Common trade name	Route of administration	Restrictions	Approval source and date
posaconazole	POSANOL delayed release tablets	oral	<p>Restricted to the prophylaxis or treatment of invasive fungal infections (IFI) in patients 13 years of age and older for the following indications:</p> <p>1) Prophylaxis of invasive fungal infections in:</p> <p>a) Neutropenic patients, where neutropenia is present for 10 days or longer, plus one of the following:</p> <p>i) Colonized with Aspergillus species, and/or receiving corticosteroids &gt;1mg/kg/day</p> <p>ii) Acute Myeloid Leukemia or Myelodysplastic Syndrome receiving induction chemotherapy;</p> <p>iii) Acute lymphocytic leukemia</p> <p>iv) Burkitt's Lymphoma</p> <p>b) Allogeneic stem cell transplant patients with steroid-refractory graft-versus-host-disease treated with intensive immunosuppressive therapy</p> <p>2) Treatment of invasive fungal infections, including zygomycetes, in leukemia/bone marrow transplant patients:</p> <p>a) Intolerant or resistant to other appropriate antifungals (e.g. amphotericin B, voriconazole, itraconazole, micafungin), or</p> <p>b) Where oral step down therapy is appropriate and cost effective</p> <p><b>Restricted to Infectious Disease and Leukemia/BMT Services for:</b> the prophylaxis or treatment of invasive fungal infections in patients 13 years of age and older I for the following indications:</p> <p>1) Prophylaxis of invasive fungal infections in:</p> <p>a) Neutropenic patients, where neutropenia is present for 10 days or longer, plus one of the following:</p> <p>i) Colonized with Aspergillus species, and/or receiving corticosteroids&gt;1mg/kg/day.</p> <p>ii) Acute Myeloid Leukemia or Myelodysplastic Syndrome receiving induction chemotherapy;</p> <p>iii) Acute lymphocytic leukemia</p> <p>iv) Burkitt's Lymphoma</p> <p>b) Allogeneic stem cell transplant patients with steroid-refractory graft-versus-host-disease treated with intensive immunosuppressive therapy</p> <p>2) Treatment of invasive fungal infections, including zygomycetes, in leukemia/bone marrow transplant patients:</p> <p>a) Intolerant or resistant to other appropriate antifungals (e.g. amphotericin B, voriconazole, itraconazole, micafungin), or</p> <p>b) Where oral step down therapy is appropriate and cost effective</p>	<p>BCHA P&amp;T February 23, 2017</p> <p>V P&amp;T March 8, 2017</p>
proCARBazine	MATULANE	enteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T May 26, 2011

**Restricted Drugs at Vancouver Community of Care (includes VGH, UBCH, GFS, VC)**
**Alphabetical List**

Red text denotes V P&amp;T approved restrictions.

Drug name	Common trade name	Route of administration	Restrictions	Approval source and date
quinagolide	NORPROLAC	enteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T September 22, 2011
rabies immune globulin	HYPERRAM, IMOGAN	parenteral	Restricted to use approved by the Medical Health Officer	BCHA P&T March 14, 2013
rabies vaccine	IMOVAX RABIES	parenteral	Restricted to use approved by the Medical Health Officer	BCHA P&T September 22, 2011
raltegravir	ISENTRESS	enteral	Restricted to approval of the Centre for Excellence (CFE) in HIV/AIDS	BCHA P&T May 26, 2011
raltitrexed	TOMUDEX	parenteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T May 26, 2011
ramucirumab	Cyamza	parenteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T June 29, 2017
rasburicase	Fasturtec	parenteral	Restricted to treatment of acute, or at high risk of, tumour lysis syndrome, when other therapeutic options are not suitable	BCHA P&T May 22, 2014
regorafenib	Stivarga	oral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T February 23, 2017
remifentanil		parenteral	Restricted to patient location: Main OR, Surgical Day Care, Lithotripsy, PACU, BPTU, Cath Lab, and ECT Lab.	V P&T May 23, 2013
ribavirin	VIRAZOLE	inhalation	Restricted to treatment of Respiratory Syncytial Virus (RSV) infections	BCHA P&T May 26, 2011
rilpivirine	ENDURANT	enteral	Restricted to approval of the Centre for Excellence (CFE) in HIV/AIDS	BCHA P&T January 24, 2013
risperidone	RISPERDAL CONSTA	parenteral	Restricted to patients who have PharmaCare Special Authority approval	BCHA P&T September 22, 2011
ritonavir	NORVIR	enteral	Restricted to approval of the Centre for Excellence (CFE) in HIV/AIDS	BCHA P&T May 26, 2011
rituximab	Rituxan	parenteral	Restricted to <ul style="list-style-type: none"> <li>indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA OR</li> <li>adjunct therapy in kidney transplantation for refractory biopsy-proven antibody-mediated rejection OR</li> <li>indications outlined by BCPRA AND patients who are registered with BCPRA OR</li> <li>as adjunct therapy in heart transplantation for refractory biopsy proven antibody-mediated rejection for adults and pediatrics</li> </ul>	BCHA P&T September 29, 2016

**Restricted Drugs at Vancouver Community of Care** (includes VGH, UBCH, GFS, VC)

**Alphabetical List**

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Drug name	Common trade name	Route of administration	Restrictions	Approval source and date
rivaroxaban	XARELTO	enteral	<p>Restricted to</p> <ul style="list-style-type: none"> <li>continuation of therapy in patients who were on rivaroxaban prior to admission OR for prophylaxis of venous thromboembolism (VTE) following elective total hip replacement surgery (up to 35 days) or elective total knee replacement surgery (up to 14 days) OR</li> <li>at risk patients with non-valvular atrial fibrillation, for the prevention of stroke and systemic embolism AND in whom anticoagulation is inadequate following at least a 2 month trial of warfarin OR for whom anticoagulation using warfarin is contraindicated or not possible due to inability to regularly monitor the patient via International Normalized Ratio (INR) testing in the community (i.e. no access to INR testing services at a laboratory, clinic, pharmacy and at home) OR</li> <li>for the treatment of venous thromboembolic events (VTE) (deep vein thrombosis [DVT] and pulmonary embolism [PE]) and prevention of recurrent DVT and PE, for a duration of up to six months</li> </ul>	BCHA P&T June 25, 2015
rivastigmine	Exelon	oral	<p>Restricted</p> <p>a. for patients with a documented intolerance to donepezil for the treatment of mild to moderate Alzheimer's disease, Alzheimer's disease with a vascular component, Alzheimer's disease with Parkinsonian features (Lewy bodies), or mixed dementia with Alzheimer's disease, in patients with: a Standardised Mini Mental State Examination (SMMSE) score of <math>\geq 10</math> to <math>\leq 26</math> AND a Global Deterioration Scale (GDS) stage of <math>\geq 4</math> to <math>\leq 6</math> OR</p> <ul style="list-style-type: none"> <li>b. for patients with existing PharmaCare coverage through the Alzheimer's Drug Therapy Initiative (ADTI) program</li> </ul>	BCHA P&T June 23, 2016
rivastigmine	EXELON	transdermal	Restricted to patients with existing PharmaCare coverage through the Alzheimer's Drug Therapy Initiative (ADTI) program	BCHA P&T June 23, 2016
romidepsin	Istodax	parenteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T February 23, 2017
ruxolitinib	Jakavi	enteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T January 28, 2014
ropivacaine	NAROPIN	parenteral	<b>Restricted to prescriber service: Anesthesia and POPS for Epidural/CPNB use</b>	<b>V P&amp;T April 25, 2013</b>
saquinavir	INVIRASE	enteral	Restricted to approval of the Centre for Excellence (CFE) in HIV/AIDS	BCHA P&T May 26, 2011
sevelamer	RENAGEL	enteral	Restricted to indications outlined by BCPRA AND patients who are registered with BCPRA	BCHA P&T September 22, 2011
sildenafil	VIAGRA, REVATIO	enteral	Restricted to treatment of pulmonary arterial hypertension (PAH)	BCHA P&T September 22, 2011
siltuximab	Sylvant	parenteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T February 23, 2017

## Restricted Drugs at Vancouver Community of Care (includes VGH, UBCH, GFS, VC)

## Alphabetical List

Red text denotes V P&T approved restrictions.

Drug name	Common trade name	Route of administration	Restrictions	Approval source and date
simvastatin	Zocor	enteral	Restricted to HIV/AIDS patients on highly active anti-retroviral therapy (HAART)	BCHA P&T November 28, 2013
sincalide	KINEVAC	parenteral	Restricted to prescriber service: Radiology	V P&T April 25, 2013
sirolimus	RAPAMUNE	enteral	Restricted to solid organ transplant (SOT) OR bone marrow transplant (BMT)	BCHA P&T September 22, 2011
sodium chloride 5%		Parenteral	Restricted to prescriber service: Hepatobiliary Surgery and ICU	V P&T September 25, 2015
sodium ferric gluconate complex	FERRLECIT	parenteral	Restricted to indications outlined by BCPRA AND patients who are registered with BCPRA	BCHA P&T September 22, 2011
			Restricted to the treatment of calciphylaxis	BCHA P&T September 19, 2013
sodium thiosulfate		parenteral	Restricted to prescriber service: Nephrology for the treatment of calciphylaxis	V P&T November 28, 2013
somatropin	HUMATROPE	parenteral	Restricted to PharmaCare approved indications	BCHA P&T September 22, 2011
sorafenib	NEXAVAR	enteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T September 22, 2011
stavudine	ZERIT	enteral	Restricted to approval of the Centre for Excellence (CFE) in HIV/AIDS	BCHA P&T May 26, 2011
streptozocin	ZANOSAR	parenteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T May 26, 2011
			Restricted to the emergency reversal of deep neuromuscular blockade induced by rocuronium or vecuronium.	BCHA P&T February 23, 2017
sugammadex	Bridion	parenteral	Restricted to the <b>Operating Room, Emergency Department, Intensive Care Unit, and the code blue team</b> for the emergency reversal of deep neuromuscular blockade induced by rocuronium or vecuronium.	VCH-PHC P&T March 27, 2017
sunitinib	SUTENT	enteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T September 22, 2011
tacrolimus	ADVAGRAF, PROGRAF	parenteral, enteral	Restricted to solid organ transplant (SOT) OR bone marrow transplant (BMT) OR to indications outlined by BC Provincial Renal Agency (BCPRA) BCPRA Glomerulonephritis Formulary	BCHA P&T September 25, 2014
tamoxifen	TAMOFEN	enteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T May 26, 2011
temozolomide	TEMODAL	enteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T September 23, 2010
temsirolimus	TORISEL	parenteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T September 22, 2011



**Restricted Drugs at Vancouver Community of Care (includes VGH, UBCH, GFS, VC)**
**Alphabetical List**

Red text denotes V P&amp;T approved restrictions.

Drug name	Common trade name	Route of administration	Restrictions	Approval source and date
teniposide	VUMON	parenteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T May 26, 2011
tenofovir disoproxil fumarate	VIREAD	enteral	Restricted to approval of the Centre for Excellence (CFE) in HIV/AIDS OR indications outlined by BCTS  Restricted to approval of the Centre for Excellence (CFE) in HIV/AIDS OR indications outlined by BCTS (i.e. for pre-and post-transplant patients who are hepatitis B positive).	BCHA P&T January 24, 2013  V P&T May 23, 2013
testosterone enanthate	DELATESTRYL	parenteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T September 22, 2011
thioguanine	LANVIS	enteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T May 26, 2011
thyrotropin alfa	THYROGEN	parenteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T May 26, 2011
ticagrelor	BRILINTA	enteral	Restricted for continuity of care in patients who are using ticagrelor in the community OR as per PharmaCare criteria for physicians who have signed off on the Collaborative Prescribing Agreement.	BCHA P&T August 16, 2012
tigecycline	TYGACIL	parenteral	Restricted for use as a last line for patients with multi-drug resistant organism infections or intolerance to other antibiotics  Restricted to prescriber service: Restricted to Infectious Diseases and ICU Service as a last line for patients with multi-drug resistant organism infections or intolerance to other antibiotics	BCHA P&T May 26, 2011  V P&T February 28, 2013 and May 23, 2013
tipranavir	APTIVUS	enteral	Restricted to approval of the Centre for Excellence (CFE) in HIV/AIDS	BCHA P&T May 26, 2011
topotecan	HYCAMTIN	parenteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T May 26, 2011
trametinib	Mekinist	oral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T September 29, 2016
trastuzumab	HERCEPTIN	parenteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T September 22, 2011
trastuzumab emtansine	Kadcycla	parenteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T May 22, 2014
tretinoin	VESANOID	enteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T September 22, 2011
valGANCiclovir	VALCYTE	enteral	Restricted to use in HIV/AIDS, transplant, hematology, oncology, or ophthalmology patients	BCHA P&T May 26, 2011

**Restricted Drugs at Vancouver Community of Care (includes VGH, UBCH, GFS, VC)**
**Alphabetical List**

Red text denotes V P&amp;T approved restrictions.

Drug name	Common trade name	Route of administration	Restrictions	Approval source and date
valine	L-VALINE	enteral	Restricted to inborn errors of metabolism	BCHA P&T May 26, 2011
vemurafenib	Zelboraf	enteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T January 28, 2014
verteporfin	VISUDYNE	parenteral	Restricted to wet macular degeneration only on provision of funding by the Ministry of Health  Restricted to use in the Eye Care Centre (ECC) for wet macular degeneration only on provision of funding by the Ministry of Health	BCHA P&T September 22, 2011  V P&T (historical)
vinBLASTine	VELBE	parenteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T May 26, 2011
vinCRISTine	ONCOVIN	parenteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T May 26, 2011
vinorelbine	NAVELBINE	parenteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T May 26, 2011
vismodegib	Erivedge	enteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T February 26, 2015
voriconazole	VFEND	parenteral, enteral	Restricted to prophylaxis or treatment of aspergillus OR scedosporium OR fusarium OR in patients intolerant to or isolate resistant to amphotericin B deoxycholate or fluconazole.	BCHA P&T May 26, 2011
zanamivir	RELENZA	inhalation	Restricted to approval of the Medical Health Officer (MHO) for treatment or prophylaxis of influenza-like illness (ILL) unresponsive to other antivirals  Restricted to prescriber service: Restricted to Infectious Diseases and approval of the Medical Health Officer (MHO) or Infection control for treatment or prophylaxis of influenza-like illness (ILL) unresponsive to other antivirals.	BCHA P&T May 26, 2011  V P&T February 28, 2013
zidovudine	RETROVIR	parenteral, enteral	Restricted to approval of the Centre for Excellence (CFE) in HIV/AIDS	BCHA P&T May 26, 2011
ziprasidone	ZELDOX	enteral	Restricted to patient specific diagnosis identified as schizophrenia or other psychosis (not dementia related) PLUS treatment failure or intolerance to another anti-psychotic agent	BCHA P&T November 24, 2011
zoledronic acid	ZOMETA	parenteral	Restricted to pediatrics OR treatment in adults of osteogenesis imperfecta, hypercalcemia OR to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T November 23, 2017

**Restricted Drugs at Vancouver Community of Care** (includes VGH, UBCH, GFS, VC)

**Partner Agency Drug List**

Red text denotes V P&T approved restrictions.

Drug name	Common trade name	Route of administration	Restrictions BCCA Approved Drugs	Approval source and date
bleomycin	Blenoxane	parenteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA OR as a sclerosing agent for vascular malformations or cystic lesions OR malignant pleural effusions.	BCHA P&T May 26, 2011
cabergoline	Dostinex	enteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA OR for prolactin suppression	BCHA P&T September 22, 2011
filgrastim	Grastofil	parenteral	Restricted to adults with indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA OR to the approval of the Center for Excellence (CFE) in HIV/AIDS	BCHA P&T February 23, 2017
lanreotide	Somatuline Autogel	parenteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T September 24, 2015
mitomycin	Mutamycin	parenteral, ophthalmic	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA OR ophthalmic surgical procedures	BCHA P&T May 26, 2011
mitoxantrone	Novantrone	parenteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA OR to treatment of multiple sclerosis OR to treatment of neuromyelitis optic (NMO or Devic's syndrome)	BCHA P&T May 26, 2011
rituximab	Rituxan	parenteral	Restricted to <ul style="list-style-type: none"> <li>indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA OR</li> <li>adjunct therapy in kidney transplantation for refractory biopsy-proven antibody-mediated rejection OR</li> <li>indications outlined by BCPRA AND patients who are registered with BCPRA OR</li> <li>as adjunct therapy in heart transplantation for refractory biopsy proven antibody-mediated rejection for adults and pediatrics</li> </ul>	BCHA P&T September 29, 2016
zoledronic acid	Zometa	parenteral	Restricted to pediatrics OR osteogenesis imperfecta OR hypercalcemia of malignancy OR to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T November 23, 2017
abiraterone	Zytiga	enteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T January 28, 2014
acitretin	Soriatane	enteral		BCHA P&T September 22, 2011
afatanib	Giotrif	enteral		BCHA P&T February 26, 2015
aldesleukin	Proleukin	parenteral		BCHA P&T May 26, 2011
alemtuzumab	Mabcampath	parenteral		BCHA P&T May 26, 2011
amifostine	Ethylol	parenteral		BCHA P&T September 22, 2011
aminolevulinic acid	Levulan Kerastick	topical		BCHA P&T September 23, 2010
amsacrine	AMSA P-D	parenteral		BCHA P&T May 26, 2011
anagrelide	Agrylin	enteral		BCHA P&T September 22, 2011

**Restricted Drugs at Vancouver Community of Care** (includes VGH, UBCH, GFS, VC)

**Partner Agency Drug List**

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Drug name	Common trade name	Route of administration	Restrictions BCCA Approved Drugs	Approval source and date
anastrozole	Arimidex	enteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T May 26, 2011
arsenic trioxide	Trisenox	parenteral		BCHA P&T May 22, 2014
asparaginase	Kidrolase	parenteral		BCHA P&T May 26, 2011
axitinib	Inlyta	enteral		BCHA P&T May 22, 2014
azacitidine	Vidaza	parenteral		BCHA P&T September 22, 2010
bendamustine	Treanda	parenteral		BCHA P&T September 19, 2013
bevacizumab	Avastin	parenteral		BCHA P&T September 22, 2011
bicalutamide	Casodex	enteral		BCHA P&T May 26, 2011
blinatumomab	Blinicyto	parenteral		BCHA P&T November 23, 2017
bortezomib	Velcade	parenteral		BCHA P&T May 26, 2011
brentuximab vedotin	Adcetris	parenteral		BCHA P&T June 23, 2016
buserelin	Suprefact, Suprefact Depot	parenteral		BCHA P&T May 26, 2011
busulfan	Myleran	parenteral, enteral		Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA
cabazitaxel	Jevtana	parenteral	BCHA P&T January 28, 2014	
capecitabine	Xeloda	enteral	BCHA P&T September 22, 2011	
carboplatin	Paraplatin AQ	parenteral	BCHA P&T September 22, 2011	
carmustine	Bicnu	parenteral	BCHA P&T May 26, 2011	
cetuximab	Erbitux	parenteral	BCHA P&T May 26, 2011	
chlorambucil	Leukeran	enteral	BCHA P&T May 26, 2011	
cisplatin	Platinol, Platinol A-Q	parenteral	BCHA P&T May 26, 2011	
cladribine	Leustatin	parenteral	BCHA P&T May 26, 2011	
clodronate	Ostac, Bonefos	parenteral, enteral	BCHA P&T September 22, 2011	
crizotinib	Xalkori	enteral	BCHA P&T May 22, 2014	
cytarabine	Cytosar	parenteral	BCHA P&T May 26, 2011	
dabrafenib	Tafinlar	enteral	BCHA P&T February 26, 2015	
dacarbazine	Dtic	parenteral	BCHA P&T May 26, 2011	
dactinomycin	Cosmegen	parenteral	BCHA P&T May 26, 2011	
dasatinib	Sprycel	enteral	BCHA P&T May 26, 2011	
daunorubicin	Cerubidine	parenteral	BCHA P&T May 26, 2011	
degarelix	Firmagon	parenteral	BCHA P&T September 23, 2010	

**Restricted Drugs at Vancouver Community of Care** (includes VGH, UBCH, GFS, VC)

**Partner Agency Drug List**

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Drug name	Common trade name	Route of administration	Restrictions BCCA Approved Drugs	Approval source and date
dexrazoxane	Zinecard, Cardioxane	parenteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T September 22, 2011
denosumab	Xgeva	parenteral		BCHA P&T February 23, 2017
docetaxel	Taxotere	parenteral		BCHA P&T May 26, 2011
doxorubicin	Adriamycin	parenteral		BCHA P&T May 26, 2011
doxorubicin pegylated liposomal	Caelyx	parenteral		BCHA P&T September 22, 2011
enzalutamide	Xtandi	enteral		BCHA P&T January 28, 2014
epirubicin	Pharmorubicin	parenteral		BCHA P&T May 26, 2011
eribulin	Halaven	parenteral		BCHA P&T May 22, 2014
erlotinib	Tarceva	enteral		BCHA P&T September 22, 2011
estramustine	Emcyt, Estracyt	enteral		BCHA P&T May 26, 2011
etoposide	Vepesid	parenteral, enteral		BCHA P&T May 26, 2011
everolimus	Afinitor	enteral		BCHA P&T September 22, 2011
exemestane	Aromasin	enteral		BCHA P&T May 26, 2011
fludarabine	Fludara	parenteral, enteral		Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA
fluorouracil	5-Fu, Efudex	parenteral, topical	BCHA P&T May 26, 2011	
flutamide	Euflex	enteral	BCHA P&T May 26, 2011	
gefitinib	Iressa	enteral	BCHA P&T September 22, 2011	
gemcitabine	Gemzar	parenteral	BCHA P&T April 11, 2011	
goserelin	Zoladex LA	parenteral	BCHA P&T September 22, 2011	
ibrutinib	Imbruvica	enteral	BCHA P&T February 25, 2016	
idarubicin	Idamycin	parenteral	BCHA P&T May 26, 2011	
<a href="#">idelalisib</a>	<a href="#">Zydelig</a>	<a href="#">oral</a>	<a href="#">BCHA P&amp;T September 28, 2017</a>	
ifosfamide	Ifex	parenteral	BCHA P&T May 26, 2011	
imatinib	Gleevec	enteral	BCHA P&T May 26, 2011	
<a href="#">imiquimod</a>	<a href="#">Aldara</a>	<a href="#">topical</a>	<a href="#">BCHA P&amp;T November 23, 2017</a>	
interferon alfa (compounded from iv)	N/A	ophthalmic	BCHA P&T May 26, 2011	
interferon alfa-2b	Intron-A	parenteral	BCHA P&T May 26, 2011	
ipilimumab	Yervoy	parenteral	BCHA P&T September 19, 2013	
irinotecan	Camptosar	parenteral	BCHA P&T September 22, 2011	

**Restricted Drugs at Vancouver Community of Care** (includes VGH, UBCH, GFS, VC)

**Partner Agency Drug List**

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Drug name	Common trade name	Route of administration	Restrictions BCCA Approved Drugs	Approval source and date
isotretinoin	Accutane	enteral		BCHA P&T September 22, 2011
lapatinib	Tykerb	enteral		BCHA P&T September 22, 2011
lenalidomide	Revlimid	enteral		BCHA P&T September 22, 2011
lenvatinib	Lenvima	parenteral		BCHA P&T November 23, 2017
letrozole	Femara	enteral		BCHA P&T May 26, 2011
leucovorin	Lederle Leucovorin	enteral		BCHA P&T September 22, 2011
leuprolide	Lupron, Lupron Depot, Eligard	parenteral		BCHA P&T May 26, 2011
lomustine	CeeNU	enteral		BCHA P&T May 26, 2011
mechlorethamine	Mustargen	parenteral		BCHA P&T May 26, 2011
melphalan	Alkeran	parenteral, enteral		BCHA P&T May 26, 2011
methyl aminolevulinate	Metvix	topical		BCHA P&T September 23, 2010
mitotane	Lysodren	enteral		BCHA P&T May 26, 2011
nilotinib	Tasigna	enteral		BCHA P&T May 26, 2011
nilutamide	Anandron	enteral		BCHA P&T May 26, 2011
nivolumab	Opdivo	parenteral		BCHA P&T April 27, 2017
obinutuzumab	Gazyva	parenteral		BCHA P&T June 23, 2016
octreotide long acting	Sandostatin LAR	parenteral		BCHA P&T September 22, 2011
oxaliplatin	Eloxatin	parenteral		BCHA P&T September 22, 2011
paclitaxel	Taxol	parenteral		BCHA P&T May 26, 2011
paclitaxel-nab (nano albumin bound)	Abraxane	parenteral		BCHA P&T May 26, 2011
panitumumab	Vectibix	parenteral	BCHA P&T May 26, 2011	
pazopanib	Votrient	enteral	BCHA P&T January 28, 2014	
peginterferon alfa- 2a	Pegasys	parenteral	BCHA P&T May 22, 2014	
pembrolizumab	Keytruda	parenteral	BCHA P&T June 23, 2016	
pemetrexed	Alimta	parenteral	BCHA P&T April 11, 2011	
pertuzumab	Perjeta	parenteral	BCHA P&T January 28, 2014	
pomalidomide	Pomalyst	enteral	BCHA P&T June 25, 2015	
ponatinib	Iclusig	oral	BCHA P&T February 23, 2017	
porfimer	Photofrin	parenteral	BCHA P&T May 26, 2011	

Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA

**Restricted Drugs at Vancouver Community of Care** (includes VGH, UBCH, GFS, VC)

**Partner Agency Drug List**

Red text denotes V P&T approved restrictions.

Drug name	Common trade name	Route of administration	Restrictions BCCA Approved Drugs	Approval source and date
procarbazine	Matulane	enteral		BCHA P&T May 26, 2011
quinagolide	Norprolac	enteral		BCHA P&T September 22, 2011
raltitrexed	Tomudex	parenteral		BCHA P&T May 26, 2011
ramucirumab	Cyramza	parenteral		BCHA P&T June 29, 2017
regorafenib	Stivarga	oral		BCHA P&T February 23, 2017
romidepsin	Istodax	parenteral		BCHA P&T February 23, 2017
ruxolitinib	Jakavi	enteral		BCHA P&T January 28, 2014
siltuximab	Sylvant	parenteral		BCHA P&T February 23, 2017
sorafenib	Nexavar	enteral		BCHA P&T September 22, 2011
streptozocin	Zanosar	parenteral		BCHA P&T May 26, 2011
sunitinib	Sutent	enteral		BCHA P&T September 22, 2011
tamoxifen	Tamofen	enteral		BCHA P&T May 26, 2011
temozolomide	Temodal	enteral		BCHA P&T September 23, 2010
temsirolimus	Torisel	parenteral		BCHA P&T September 22, 2011
teniposide	Vumon	parenteral		BCHA P&T May 26, 2011
testosterone enanthate	Delatestryl	parenteral		BCHA P&T September 22, 2011
thioguanine	Lanvis	enteral		BCHA P&T May 26, 2011
thyrotropin alfa	Thyrogen	parenteral		BCHA P&T May 26, 2011
topotecan	Hycamtin	parenteral		BCHA P&T May 26, 2011
trametinib	Mekinist	oral		BCHA P&T September 29, 2016
trastuzumab	Herceptin	parenteral		BCHA P&T September 22, 2011
trastuzumab emtansine	Kadcycla	parenteral		BCHA P&T May 22, 2014
tretinoin	Vesanoid	enteral		BCHA P&T September 22, 2011
vemurafenib	Zelboraf	enteral		BCHA P&T January 28, 2014
vinblastine	Velbe	parenteral		BCHA P&T May 26, 2011
vincristine	Oncovin	parenteral		BCHA P&T May 26, 2011
vinorelbine	Navelbine	parenteral		BCHA P&T May 26, 2011
vismodegib	Erivedge	enteral		BCHA P&T February 26, 2015

## Restricted Drugs at Vancouver Community of Care (includes VGH, UBCH, GFS, VC)

## Partner Agency Drug List

Red text denotes V P&T approved restrictions.

Drug name	Common trade name	Route of administration	Restrictions BCTS Approved Drugs	Approval source and date
adefovir	Hepsera	enteral	Restricted to indications outlined by BCTS	BCHA P&T May 26, 2011
basiliximab	Simulect	parenteral	Restricted to indications outlined by BCTS OR leukemia/BMT patients with steroid-refractory acute graft versus host disease (GVHD)	BCHA P&T September 22, 2011
entecavir	Baraclude	enteral	Restricted to indications outlined by BCTS	BCHA P&T May 26, 2011
epoetin alfa	Eprex	parenteral	Restricted to indications outlined by BCPRA AND patients who are registered with BCPRA OR to patients pre-approved by BCTS (for cost reimbursement)	BCHA P&T September 22, 2011
mycophenolate mofetil	Cellcept	parenteral, enteral	Restricted to solid organ transplant (SOT) OR bone marrow transplant (BMT) OR to indications outlined by BC Provincial Renal Agency (BCPRA) BCPRA Glomerulonephritis Formulary	BCHA P&T September 25 2014
mycophenolate sodium	Myfortic	enteral	Restricted to indications outlined by BCTS: Patients who have intolerance to the gastro-intestinal side effects of CellCept® OR out-of-province patients who are receiving Myfortic® and have returned to British Columbia for follow-up OR to indications outlined by BC Provincial Renal Agency (BCPRA) BCPRA Glomerulonephritis Formulary	BCHA P&T September 25 2014
sirolimus	Rapamune	enteral	Restricted to solid organ transplant (SOT) OR bone marrow transplant (BMT)	BCHA P&T September 22, 2011
tacrolimus	Advagraf, Prograf	parenteral, enteral	Restricted to solid organ transplant (SOT) OR bone marrow transplant (BMT) OR to indications outlined by BC Provincial Renal Agency (BCPRA) BCPRA Glomerulonephritis Formulary	BCHA P&T September 25 2014
tenofovir disoproxil fumarate	Viread	enteral	Restricted to approval of the Centre for Excellence (CFE) in HIV/AIDS OR indications outlined by BCTS  Restricted to approval of the Centre for Excellence (CFE) in HIV/AIDS OR indications outlined by BCTS (i.e. for pre-and post-transplant patients who are hepatitis B positive).	BCHA P&T January 24, 2013  V P&T May 23, 2013



**Restricted Drugs at Vancouver Community of Care (includes VGH, UBCH, GFS, VC)**
**Partner Agency Drug List**

Red text denotes V P&amp;T approved restrictions.

Drug name	Common trade name	Route of administration	Restrictions BCPRA Approved Drugs	Approval source and date
cinacalcet	Sensipar	enteral	Restricted to indications outlined by BCPRA AND patients who are registered with BCPRA	BCHA P&T September 22, 2011
darbepoetin	Aranesp	parenteral		BCHA P&T September 22, 2011
epoetin alfa	Eprex	parenteral	Restricted to indications outlined by BCPRA AND patients who are registered with BCPRA OR to patients pre-approved by BCTS (for cost reimbursement)	BCHA P&T September 22, 2011
mycophenolate mofetil	Cellcept	parenteral, enteral	Restricted to solid organ transplant (SOT) OR bone marrow transplant (BMT) OR to indications outlined by BC Provincial Renal Agency (BCPRA) BCPRA Glomerulonephritis Formulary	BCHA P&T September 25 2014
mycophenolate sodium	Myfortic	enteral	Restricted to indications outlined by BCTS: Patients who have intolerance to the gastro-intestinal side effects of CellCept® OR out-of-province patients who are receiving Myfortic® and have returned to British Columbia for follow-up OR to indications outlined by BC Provincial Renal Agency (BCPRA) BCPRA Glomerulonephritis Formulary	BCHA P&T September 25 2014
rituximab	Rituxan	parenteral	Restricted to <ul style="list-style-type: none"> <li>indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA OR</li> <li>adjunct therapy in kidney transplantation for refractory biopsy-proven antibody-mediated rejection OR</li> <li>indications outlined by BCPRA AND patients who are registered with BCPRA OR</li> <li>as adjunct therapy in heart transplantation for refractory biopsy proven antibody-mediated rejection for adults and pediatrics</li> </ul>	BCHA P&T September 29, 2016
tacrolimus	Advagraf, Prograf	parenteral, enteral	Restricted to solid organ transplant (SOT) OR bone marrow transplant (BMT) OR to indications outlined by BC Provincial Renal Agency (BCPRA) BCPRA Glomerulonephritis Formulary	BCHA P&T September 25 2014
lanthanum carbonate	Fosrenol	enteral	Restricted to indications outlined by BCPRA AND patients who are registered with BCPRA	BCHA P&T May 26, 2011
sevelamer	Renagel	enteral		BCHA P&T September 22, 2011
sodium ferric gluconate complex	Ferlecit	parenteral		BCHA P&T September 22, 2011

**Restricted Drugs at Vancouver Community of Care** (includes VGH, UBCH, GFS, VC)

**Partner Agency Drug List**

Red text denotes V P&T approved restrictions.

Drug name	Common trade name	Route of administration	Restrictions BC Centre for Excellence in HIV/AIDS Drugs	Approval source and date
filgrastim	Grastofil	parenteral	Restricted to adults with indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA OR to the approval of the Center for Excellence (CFE) in HIV/AIDS	BCHA P&T February 23, 2017
pentamidine isethionate	Pentacarinat, Pneumopent	parenteral+ inhalation	Restricted to approval of the Centre for Excellence (CFE) in HIV/AIDS OR for PCP prophylaxis in patients allergic or intolerant to cotrimoxazole	BCHA P&T May 26, 2011
lamivudine	3TC	enteral	Restricted to approval of the Centre for Excellence (CFE) in HIV/AIDS OR hepatitis B prophylaxis in patients with a proven-negative HIV test who are immunocompromized (solid organ transplant (SOT) or bone marrow transplant (BMT) or chemotherapy) OR treatment in those with liver failure due to Hepatitis B.	BCHA P&T May 26, 2011
tenofovir disoproxil fumarate	Viread	enteral	Restricted to approval of the Centre for Excellence (CFE) in HIV/AIDS OR indications outlined by BCTS  Restricted to approval of the Centre for Excellence (CFE) in HIV/AIDS OR indications outlined by BCTS (i.e. for pre-and post-transplant patients who are hepatitis B positive).	BCHA P&T January 24, 2013  V P&T May 23, 2013
abacavir	Ziagen	enteral	Restricted to approval of the Centre for Excellence (CFE) in HIV/AIDS	BCHA P&T May 26, 2011
abacavir+dolutegravir+lamivudine	Triumeq	enteral		September 24, 2015
abacavir+lamivudine	Kivexa	enteral		BCHA P&T May 26, 2011
abacavir+lamivudine+zidovudine	Trizivir	enteral		BCHA P&T May 26, 2011
atazanavir	Reyataz	enteral		BCHA P&T May 26, 2011
atovaquone	Mepron	enteral		BCHA P&T May 26, 2011
darunavir	Prezista	enteral		BCHA P&T May 26, 2011
darunavir+cobicistat	Prezcobix	enteral		September 24, 2015
delaviridine	Rescriptor	enteral		BCHA P&T May 26, 2011
didanosine	Videx-EC	enteral		BCHA P&T May 26, 2011
dolutegravir	Tivicay	enteral		BCHA P&T May 22, 2014
efavirenz	Sustiva	enteral		BCHA P&T May 26, 2011
efavirenz+emtricitabine+tenofovir disoproxil fumarate	Atripla	enteral		BCHA P&T May 26, 2011

**Restricted Drugs at Vancouver Community of Care** (includes VGH, UBCH, GFS, VC)

**Partner Agency Drug List**

Red text denotes V P&T approved restrictions.

Drug name	Common trade name	Route of administration	Restrictions BC Centre for Excellence in HIV/AIDS Drugs	Approval source and date
elvitegravir+ cobicistat+ emtricitabine+ tenofovir alafenamide hemifumarate	Genvoya	oral		BCHA P&T September 28, 2017
elvitegravir+ cobicistat+ emtricitabine+ tenofovir disoproxil fumarate	Stribild	enteral		BCHA P&T September 19, 2013
emtricitabine + rilpivirine + tenofovir disoproxil fumarate	Complera	enteral		BCHA P&T January 24, 2013
emtricitabine + tenofovir alafenamide hemifumarate	Descovy	oral		BCHA P&T April 27, 2017
emtricitabine+ tenofovir disoproxil fumarate	Truvada	enteral		BCHA P&T May 26, 2011
enfuvirtide	Fuzeon	parenteral	Restricted to approval of the Centre for Excellence (CFE) in HIV/AIDS	BCHA P&T May 26, 2011
etravirine	Intelence	enteral		BCHA P&T May 26, 2011
fosamprenavir	Telzir	enteral		BCHA P&T May 26, 2011
indinavir	Crixivan	enteral		BCHA P&T May 26, 2011
lamivudine+ zidovudine	Combivir	enteral		BCHA P&T May 26, 2011
lopinavir+ ritonavir	Kaletra	enteral		BCHA P&T May 26, 2011
maraviroc	Celsentri	enteral		BCHA P&T May 26, 2011
nelfinavir	Viracept	enteral		BCHA P&T May 26, 2011
nevirapine	Viramune, Viramune XR	enteral		BCHA P&T May 26, 2011
paromomycin	Humatin	enteral		BCHA P&T May 26, 2011
raltegravir	Isentress	enteral		BCHA P&T May 26, 2011
rilpivirine	Edurant	enteral		BCHA P&T January 24, 2013
ritonavir	Norvir	enteral		BCHA P&T May 26, 2011
saquinavir	Invirase	enteral		BCHA P&T May 26, 2011

**Restricted Drugs at Vancouver Community of Care** (includes VGH, UBCH, GFS, VC)

**Partner Agency Drug List**

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Drug name	Common trade name	Route of administration	Restrictions BC Centre for Excellence in HIV/AIDS Drugs	Approval source and date
stavudine	Zerit	enteral		BCHA P&T May 26, 2011
tipranavir	Aptivus	enteral		BCHA P&T May 26, 2011
zidovudine	Retrovir	parenteral, enteral		BCHA P&T May 26, 2011