

## 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.

**\*\*\* FOR ADDITIONAL ADMINISTRATION RESTRICTIONS TO NURSING UNITS, REFER TO THE  
PDTM SITE-SPECIFIC RESTRICTONS – VA in the PDTM \*\*\***

Drug name	Common trade name	Route of administration	Restrictions	Approval source and date
abacavir	ZIAGEN	oral	Restricted to approval of the Centre for Excellence (CFE) in HIV/AIDS	BCHA P&T May 26, 2011
abacavir+dolutegravir+lamivudine	Triumeq	oral	Restricted to approval of the Centre for Excellence (CFE) in HIV/AIDS	BCHA P&T September 24, 2015
abacavir+lamivudine	KIVEXA	oral	Restricted to approval of the Centre for Excellence (CFE) in HIV/AIDS	BCHA P&T May 26, 2011
abacavir+lamivudine + zidovudine	TRIZIVIR	oral	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
abiraterone	Zytiga	oral	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	oral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T September 22, 2011
			Restricted to indications outlined by BCTS	BCHA P&T May 26, 2011
adefovir	HEPSERA	oral	Restricted to indications outlined by BCTS ( <i>i.e. for pre-and post-transplant patients who are hepatitis B positive</i> ).	V P&T February 28, 2013
afatinib	Giotrif	oral	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	oral	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	oral	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	oral	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	oral	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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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	oral	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	oral	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	oral	Restricted to approval of the Centre for Excellence (CFE) in HIV/AIDS	BCHA P&T May 26, 2011
atomoxetine	STRATTERA	oral	Restricted to treatment of ADHD in pediatrics	BCHA P&T September 22, 2011
atovaquone	MEPRON	oral	Restricted to approval of the Centre for Excellence (CFE) in HIV/AIDS	BCHA P&T May 26, 2011
axitinib	Inlyta	oral	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	oral	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	oral	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)	BCHA P&T September 22, 2011
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	oral	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
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

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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, oral	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	oral	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-tetra-hydrocannabinol	SATIVEX	buccal	Restricted to complex/chronic pain or palliative care patients	BCHA P&T September 22, 2011
capecitabine	XELODA	oral	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 <ul style="list-style-type: none"> <li>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</li> <li>prevention of post-partum hemorrhage in vaginal deliveries for patients with one or more risk factors to reduce the need for uterine massage</li> </ul>	BCHA P&T June 28, 2018
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
carfilzomib	Kyprolis	parenteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T April 26, 2018
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
caspofungin	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	oral	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	oral	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	oral	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, oral	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	oral	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	oral	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	oral	Restricted to continuity of care for patients receiving dabigatran prior to admission	BCHA P&T May 24, 2012
dabrafenib	Tafinlar	oral	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	oral	Restricted to approval of the Centre for Excellence (CFE) in HIV/AIDS	BCHA P&T May 26, 2011
darunavir+cobicistat	Prezcobix	oral	Restricted to approval of the Centre for Excellence (CFE) in HIV/AIDS	BCHA P&T September 24, 2015
dasatinib	SPRYCEL	oral	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
dexmedetomidine	PRECEDEX	parenteral	Restricted to: <ol style="list-style-type: none"> <li>1. Post-operative cardiovascular/vascular surgery patients requiring mechanical ventilation OR</li> <li>2. Patients who are being mechanically ventilated with confirmed delirium, and who are refractory to, or have had an inadequate response to a trial of propofol and/or antipsychotic agent OR</li> <li>3. Patients in whom extubation is anticipated within 24 hours (i.e. approximate duration of dexmedetomidine use limited to 24 hours) OR</li> <li>4. 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 OR</li> <li>5. 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) OR</li> <li>6. Critically ill pediatric patients requiring sedation for mechanical ventilation or burn management or for safe care management OR</li> <li>7. Pediatric oncology patients receiving dinutuximab infusions OR</li> <li>8. Pediatric patients requiring additional pain and comfort management having failed other formulary alternatives OR</li> <li>9. Intranasal route for procedural sedation in pediatric patients</li> </ol>	BCHA P&T February 22, 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	oral	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 indications and criteria as stated in the BC Drug and Poison Information Centre (DPIC) Poison Management Manual (PMM)	BCHA P&T June 28, 2018
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	oral	Restricted to approval of the Centre for Excellence (CFE) in HIV/AIDS	BCHA P&T May 22, 2014



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donepezil	ARICEPT	oral	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	oral	Restricted to approval of the Centre for Excellence (CFE) in HIV/AIDS	BCHA P&T May 26, 2011
efavirenz+ emtricitabine+ tenofovir disoproxil fumarate	ATRIPLA	oral	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	oral	Restricted to approval of the Centre for Excellence (CFE) in HIV/AIDS	BCHA P&T September 19, 2013
emtricitabine + rilpivirine + tenofovir disoproxil fumarate	COMPLERA	oral	Restricted to approval of the Centre for Excellence (CFE) in HIV/AIDS	BCHA P&T January 24, 2013
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	oral	Restricted to approval of the Centre for Excellence (CFE) in HIV/AIDS	BCHA P&T May 26, 2011
enalapril	VASOTEC	oral	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

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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
entecavir	BARACLUDE	oral	Restricted to indications outlined by BCTS  Restricted to indications outlined by BCTS (i.e. for pre-and post-transplant patients who are hepatitis B positive)	BCHA P&T May 26, 2011  V P&T February 28, 2013
enzalutamide	Xtandi	oral	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	PHARMORUBICIN	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
epoprostenol	FLOLAN	parenteral	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)  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)	BCHA P&T September 22, 2011  V P&T April 25, 2013
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	oral	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	<p>Restricted to outpatient use only:</p> <p>1. Empiric therapy: Severe Gram-negative or polymicrobial infections in patients with risk factors for resistance, or when other antibiotics are contraindicated due to allergy or intolerance.</p> <p>2. Directed therapy: Gram-negative or polymicrobial infections resistant to other antibiotics (e.g. ceftriaxone, fluoroquinolones, cotrimoxazole), or when other antibiotics are contraindicated due to allergy, intolerance, or unavoidable logistical circumstances.</p> <p>Note: Ertapenem has no activity against <i>Enterococcus spp.</i>, <i>Pseudomonas aeruginosa</i> or <i>Acinetobacter spp.</i></p> <p><b>Exceptions:</b> May be prescribed for inpatients:</p> <p>a) on the day of discharge to the home IV therapy or outpatient antimicrobial programs;</p> <p>b) intramuscularly, until IV access is established.</p>	BCHA P&T February 22, 2018
esomeprazole	NEXIUM	oral	Restricted to NG use or dysphagia patients	BCHA P&T September 25, 2014
estramustine	EMCYT, ESTRACYT	oral	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	oral	Restricted to residential care	BCHA P&T September 22, 2011
etoposide	VEPESID	parenteral, oral	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	oral	Restricted to approval of the Centre for Excellence (CFE) in HIV/AIDS	BCHA P&T May 26, 2011
everolimus	AFINITOR	oral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T April 26, 2018
exemestane	AROMASIN	oral	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	<p>Subcutaneous injection: restricted to Palliative Care Service.</p> <p>Subcutaneous infusion: restricted to Palliative Care Unit, and L/BMT (T15A, T15B, and T14L)</p> <p>Epidural and intrathecal prescribing: restricted to anesthesia; Exception – epidural infusions on the PCU do not require anesthesia consult.</p>	<p>Subcutaneous injection: V P&amp;T October 27, 2016</p> <p>Subcutaneous infusion: updated V P&amp;T May 25, 2017</p> <p>Epidural: V P&amp;T (historical)</p>
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

**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
fludarabine	FLUDARA	parenteral, oral	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	oral	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	oral	Restricted to HIV/AIDS patients on highly active anti-retroviral therapy (HAART)	BCHA P&T November 28, 2013
fomepizole	ANTIZOL	parenteral	Restricted to indications and criteria as stated in the BC Drug and Poison Information Centre (DPIC) Poison Management Manual (PMM)	BCHA P&T June 28, 2018
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	oral	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	oral	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	oral	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	oral	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

## 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
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>	V P&T (historical)
ibrutinib	IMBRUVICA	oral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T February 25, 2016
icatibant	Firazyr	parenteral	Restricted to the treatment of acute attacks of hereditary angioedema (HAE) with C1-esterase inhibitor deficiency.	BCHA P&T February 22, 2018
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
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	oral	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: 1. Empiric therapy: Severe Gram-negative or polymicrobial infections in patients with risk factors for resistance, or when other antibiotics are contraindicated due to allergy or intolerance; 2. Empiric or directed therapy of Nocardia or nontuberculous mycobacterial infections where indicated; 3. Directed therapy: Gram-negative or polymicrobial infections resistant to other antibiotics (e.g. ceftriaxone, fluoroquinolones, cotrimoxazole), or when other antibiotics are contraindicated due to allergy or intolerance. Note: Imipenem-cilastatin is the preferred carbapenem for polymicrobial infections where <i>Enterococcus faecalis</i> is prominent in culture.	BCHA P&T February 22, 2018
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
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

**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
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	oral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T September 22, 2011
ivabradine	Lancora	oral	<p>Restricted to the treatment of stable heart failure (HF) in patients with New York Heart Association (NYHA) Class II or III HF, who are in sinus rhythm, if all of the following criteria are met:</p> <ul style="list-style-type: none"> <li>Reduced left ventricular ejection fraction (<math>\leq 35\%</math>)</li> <li>Resting heart rate documented to average <math>\geq 77</math> bpm using either continuous monitoring or an ECG on at least 3 separate visits. If another method is used, details must be provided on the Special Authority form.</li> <li>NYHA Class II or III symptoms have persisted despite at least four weeks of treatment at the optimum stable doses of a combination of:                             <ul style="list-style-type: none"> <li>- An angiotensin-converting enzyme inhibitor or an angiotensin II receptor antagonist, AND</li> <li>- A beta blocker, AND</li> <li>- An aldosterone antagonist, if tolerated.</li> </ul> </li> </ul> <p>Restricted to cardiologists or internal medicine specialists for the following BC PharmaCare Limited Coverage Criteria: treatment of stable heart failure (HF) in patients with New York Heart Association (NYHA) Class II or III HF, who are in sinus rhythm, if all of the following criteria are met:</p> <ul style="list-style-type: none"> <li>Reduced left ventricular ejection fraction (<math>\leq 35\%</math>)</li> <li>Resting heart rate documented to average <math>\geq 77</math> bpm using either continuous monitoring or an ECG on at least 3 separate visits. If another method is used, details must be provided on the Special Authority form.</li> <li>NYHA Class II or III symptoms have persisted despite at least four weeks of treatment at the optimum stable doses of a combination of:                             <ul style="list-style-type: none"> <li>- An angiotensin-converting enzyme inhibitor or an angiotensin II receptor antagonist, AND</li> <li>- A beta blocker, AND</li> <li>- An aldosterone antagonist, if tolerated.</li> </ul> </li> </ul>	<p>BCHA P&amp;T September 27, 2018</p> <p>VCH-PHC P&amp;T November 26, 2018</p>

**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
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, oral	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, Phenyobarbital, 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
lactobacillus rhamnosus GG	Culturelle	oral	Restricted to the treatment and prevention of antibiotic-associated diarrhea (not clostridium difficile)	BCHA P&T November 26, 2015
lamivudine	3TC	oral	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	oral	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	oral	Restricted to pediatrics	BCHA P&T March 25, 2010
lanthanum carbonate	FOSRENOL	oral	Restricted to indications outlined by BCPRA AND patients who are registered with BCPRA	BCHA P&T May 26, 2011
lapatinib	TYKERB	oral	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	oral	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

**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
letrozole	FEMARA	oral	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	oral	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, oral	Restricted to metabolic disorders	BCHA P&T May 26, 2011
lidocaine	Xylocaine	parenteral	Prescribing for the management of spine patients on non-critical care areas is restricted to LB9 by Dr. Negraeff only.	V P&T October 27, 2016
linagliptin	Trajenta	oral	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, oral	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
lomustine	CEENU	oral	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	oral	Restricted to approval of the Centre for Excellence (CFE) in HIV/AIDS	BCHA P&T May 26, 2011
lovastatin	Mevacor	oral	Restricted to HIV/AIDS patients on highly active anti-retroviral therapy (HAART)	BCHA P&T November 28, 2013
magnesium hydroxide + mineral oil	MAGNOLAX	oral	Restricted to eating disorder patients	BCHA P&T September 19, 2013
maraviroc	CESENTRI	oral	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, oral	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



**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
meropenem	MERREM	parenteral	Restricted to: 1. Empiric therapy: Severe Gram-negative or polymicrobial infections in patients with risk factors for resistance, or when other antibiotics are contraindicated due to allergy or intolerance. 2. Directed therapy: Gram-negative or polymicrobial infections resistant to other antibiotics (e.g. ceftriaxone, fluoroquinolones, cotrimoxazole), or when other antibiotics are contraindicated due to allergy or intolerance. Note: Meropenem is the preferred carbapenem for healthcare-associated ventriculitis and meningitis (brain abscess, cerebral spinal fluid shunt and drain, or post neurosurgery), or head trauma-related central nervous system (CNS) infections.	BCHA P&T February 22, 2018
methadone buccal (50 mg/mL)	compounded	oral	Restricted to the <b>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  Restriction prescriber service and patient location: 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.	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	oral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	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
mometasone	NASONEX	nasal	Restricted to pediatrics age 3 to 12	BCHA P&T September 22, 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
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	oral	<b>Restricted to patient location: MOS-10 and MOS-20 restricted to PCU.</b>	<b>V P&amp;T May 23, 2013</b>
morphine	Morphine	parenteral	<b>Epidural and intrathecal prescribing: Restricted to anesthesia; PCU does not require an anesthesia consult for epidural infusions.</b>	<b>V P&amp;T (historical)</b>
mycophenolate mofetil	Cellcept	parenteral, oral	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	oral	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	oral	Restricted to approval of the Centre for Excellence (CFE) in HIV/AIDS	BCHA P&T May 26, 2011
nevirapine	VIRAMUNE, VIRAMUNE XR	oral	Restricted to approval of the Centre for Excellence (CFE) in HIV/AIDS	BCHA P&T May 26, 2011
nifedipine extended release	ADALAT XL	oral	Restricted to obstetric indications	BCHA P&T November 25, 2010
nilotinib	TASIGNA	oral	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	oral	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	oral	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	oral	Restricted to pediatrics OR pregnancy OR breastfeeding	BCHA P&T March 25, 2010
ONDansetron	ZOFTRAN	oral	Restricted to patients unable to tolerate other available dosage forms (tablet, liquid, injection)	BCHA P&T September 22, 2011

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Drug name	Common trade name	Route of administration	Restrictions	Approval source and date
oseltamivir	TAMIFLU	oral	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
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
palbociclib	Ibrance	oral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T April 26, 2018
paliperidone	Invega	oral	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	oral	Restricted to approval of the Centre for Excellence (CFE) in HIV/AIDS	BCHA P&T May 26, 2011
pazopanib	Votrient	oral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T January 28, 2014
pegaspargase	Oncaspar	parenteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T September 27, 2018

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Drug name	Common trade name	Route of administration	Restrictions	Approval source and date
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 April 26, 2018
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
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	oral	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	oral	<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;1mg/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;1mg/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>

**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
			<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>  <b>the prophylaxis or treatment of invasive fungal infections in patients 13 years of age and older I for the following indications:</b></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>	BCHA P&T February 23, 2017
posaconazole	POSANOL delayed release tablets	oral		V P&T March 8, 2017
proCARBazine	MATULANE	oral	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&T approved restrictions.

Drug name	Common trade name	Route of administration	Restrictions	Approval source and date
quinagolide	NORPROLAC	oral	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, IMOGEN	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	oral	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	Cyramza	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
ribavirin	VIRAZOLE	inhalation	Restricted to treatment of Respiratory Syncytial Virus (RSV) infections	BCHA P&T May 26, 2011
rilpivirine	ENDURANT	oral	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	oral	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**

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

Drug name	Common trade name	Route of administration	Restrictions	Approval source and date
rivaroxaban	XARELTO	oral	Restricted to <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	Restricted <ol style="list-style-type: none"> <li>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                             <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> </li> </ol>	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	oral	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	Restricted to prescriber service: Anesthesia and POPS for Epidural/CPNB use	V P&T April 25, 2013
ruxolitinib	Jakavi	oral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCHA P&T April 26, 2018



**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
sacubitril + valsartan	Entresto	oral	<p>Restricted to the following BC PharmaCare Limited Coverage Criteria: For the treatment of heart failure (HF) with reduced ejection fraction in patients with New York Heart Association (NYHA) class II or III HF if all of the following clinical criteria are met:</p> <ul style="list-style-type: none"> <li>• Reduced left ventricular ejection fraction (LVEF) (&lt; 40%); AND</li> <li>• NYHA class II to III symptoms have persisted despite at least four weeks of treatment at the optimum stable doses of:</li> <li>• an angiotensin-converting enzyme inhibitor (ACEI) or an angiotensin II receptor antagonist (ARB); AND</li> <li>• a beta blocker; AND</li> <li>• other recommended therapies, including an aldosterone antagonist (if tolerable).</li> </ul> <p>Restricted to cardiologists or internal medicine specialists for the following BC PharmaCare Limited Coverage Criteria: For the treatment of heart failure (HF) with reduced ejection fraction in patients with New York Heart Association (NYHA) class II or III HF if all of the following clinical criteria are met:</p> <ul style="list-style-type: none"> <li>• Reduced left ventricular ejection fraction (LVEF) (&lt; 40%); AND</li> <li>• NYHA class II to III symptoms have persisted despite at least four weeks of treatment at the optimum stable doses of:</li> <li>• an angiotensin-converting enzyme inhibitor (ACEI) or an angiotensin II receptor antagonist (ARB); AND</li> <li>• a beta blocker; AND</li> <li>• other recommended therapies, including an aldosterone antagonist (if tolerable).</li> </ul>	<p>BCHA P&amp;T June 28, 2018</p> <p>VCH-PHC July 23, 2018</p>
saquinavir	INVIRASE	oral	Restricted to approval of the Centre for Excellence (CFE) in HIV/AIDS	BCHA P&T May 26, 2011
sildenafil	VIAGRA, REVATIO	oral	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
simvastatin	Zocor	oral	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	oral	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 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
sodium thiosulfate		parenteral	Restricted to nephrologists.	VCH-PHC P&T July 23, 2018
somatropin	HUMATROPE	parenteral	Restricted to PharmaCare approved indications	BCHA P&T September 22, 2011
sorafenib	NEXAVAR	oral	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	oral	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
sugammadex	Bridion	parenteral	Restricted to the emergency reversal of deep neuromuscular blockade induced by rocuronium or vecuronium.  Restricted Anaesthesia for the emergency reversal of deep neuromuscular blockade induced by rocuronium or vecuronium.	BCHA P&T February 23, 2017  VCH-PHC February 26, 2018
sunitinib	SUTENT	oral	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, oral	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	oral	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	oral	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
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

**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
tenofovir disoproxil fumarate	VIREAD	oral	<p>Restricted to approval of the Centre for Excellence (CFE) in HIV/AIDS OR indications outlined by BCTS OR chronic hepatitis B infection meeting the following PharmaCare Special Authority criteria:</p> <p>a. Diagnosis of chronic hepatitis B (non-cirrhosis) PLUS</p> <ol style="list-style-type: none"> <li>1. lamivudine resistance (previous use of lamivudine for minimum 3 months); OR adefovir-experienced with persistent viremia AND history of lamivudine resistance AND</li> <li>2. compliant with medication.</li> </ol> <p>b. Diagnosis of hepatitis B (with cirrhosis) PLUS</p> <ol style="list-style-type: none"> <li>1. provide histological or radiological evidence of cirrhosis OR provide other evidence of portal hypertension PLUS</li> <li>2. lab work required per the chronic hepatitis B form.</li> </ol> <p>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) OR chronic hepatitis B infection meeting the following PharmaCare Special Authority criteria:</p> <p>a. Diagnosis of chronic hepatitis B (non-cirrhosis) PLUS</p> <ol style="list-style-type: none"> <li>1. lamivudine resistance (previous use of lamivudine for minimum 3 months); OR adefovir-experienced with persistent viremia AND history of lamivudine resistance AND</li> <li>2. compliant with medication.</li> </ol> <p>b. Diagnosis of hepatitis B (with cirrhosis) PLUS</p> <ol style="list-style-type: none"> <li>1. provide histological or radiological evidence of cirrhosis OR provide other evidence of portal hypertension PLUS</li> <li>2. lab work required per the chronic hepatitis B form.</li> </ol>	<p>BCCHA P&amp;T April 26, 2018</p> <p>V P&amp;T May 23, 2013</p>
testosterone enanthate	DELATESTRYL	parenteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCCHA P&T September 22, 2011
thioguanine	LANVIS	oral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCCHA P&T May 26, 2011
thiotepa	Tepadina	parenteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCCHA P&T September 27, 2018
thyrotropin alfa	THYROGEN	parenteral	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	BCCHA P&T May 26, 2011
ticagrelor	BRILINTA	oral	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.	BCCHA P&T August 16, 2012

**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
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	oral	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	oral	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	oral	Restricted to use in HIV/AIDS, transplant, hematology, oncology, or ophthalmology patients	BCHA P&T May 26, 2011
valine	L-VALINE	oral	Restricted to inborn errors of metabolism	BCHA P&T May 26, 2011
vemurafenib	Zelboraf	oral	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	BCHA P&T September 22, 2011
vinBLASStine	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
vinCRISStine	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	oral	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, oral	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

**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
zanamivir	RELENZA	inhalation	<p>Restricted to approval of the Medical Health Officer (MHO) for treatment or prophylaxis of influenza-like illness (ILL) unresponsive to other antivirals</p> <p><b>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.</b></p>	<p>BCHA P&amp;T May 26, 2011</p> <p><b>V P&amp;T February 28, 2013</b></p>
zidovudine	RETROVIR	parenteral, oral	Restricted to approval of the Centre for Excellence (CFE) in HIV/AIDS	BCHA P&T May 26, 2011
ziprasidone	ZELDOX	oral	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	oral	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	oral	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	oral		BCHA P&T September 22, 2011
afatanib	Giotrif	oral		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	oral		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 BCCA Approved Drugs	Approval source and date
anastrozole	Arimidex	oral	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	oral		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	oral		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, oral		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	oral	BCHA P&T September 22, 2011	
carboplatin	Paraplatin AQ	parenteral	BCHA P&T September 22, 2011	
carfilzomib	Kyprolis	parenteral	BCHA P&T April 26, 2018	
carmustine	Bicnu	parenteral	BCHA P&T May 26, 2011	
cetuximab	Erbix	parenteral	BCHA P&T May 26, 2011	
chlorambucil	Leukeran	oral	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, oral	BCHA P&T September 22, 2011	
crizotinib	Xalkori	oral	BCHA P&T May 22, 2014	
cytarabine	Cytosar	parenteral	BCHA P&T May 26, 2011	
dabrafenib	Tafinlar	oral	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	oral	BCHA P&T May 26, 2011	
daunorubicin	Cerubidine	parenteral	BCHA P&T May 26, 2011	
degarelix	Firmagon	parenteral	BCHA P&T September 23, 2010	
dexrazoxane	Zinecard, Cardioxane	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 BCCA Approved Drugs	Approval source and date
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
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	oral		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	oral		BCHA P&T September 22, 2011
estramustine	Emcyt, Estracyt	oral		BCHA P&T May 26, 2011
etoposide	Vepesid	parenteral, oral		BCHA P&T May 26, 2011
everolimus	Afinitor	oral		BCHA P&T April 26, 2018
exemestane	Aromasin	oral		BCHA P&T May 26, 2011
fludarabine	Fludara	parenteral, oral		BCHA P&T May 26, 2011
fluorouracil	5-Fu, Efudex	parenteral, topical		BCHA P&T May 26, 2011
flutamide	Euflex	oral		BCHA P&T May 26, 2011
gefitinib	Iressa	oral	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	oral	BCHA P&T February 25, 2016	
idarubicin	Idamycin	parenteral	BCHA P&T May 26, 2011	
idelalisib	Zydelig	oral	BCHA P&T September 28, 2017	
ifosfamide	Ifex	parenteral	BCHA P&T May 26, 2011	
imatinib	Gleevec	oral	BCHA P&T May 26, 2011	
imiquimod	Aldara	topical	BCHA P&T November 23, 2017	
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		BCHA P&T May 26, 2011
ipilimumab	Yervoy	parenteral		BCHA P&T September 19, 2013
irinotecan	Camptosar	parenteral		BCHA P&T September 22, 2011
isotretinoin	Accutane	oral		BCHA P&T September 22, 2011
lapatinib	Tykerb	oral		BCHA P&T September 22, 2011
lenalidomide	Revlimid	oral		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 BCCA Approved Drugs	Approval source and date
lenvatinib	Lenvima	parenteral		BCHA P&T November 23, 2017
letrozole	Femara	oral		BCHA P&T May 26, 2011
leucovorin	Lederle Leucovorin	oral		BCHA P&T September 22, 2011
leuprolide	Lupron, Lupron Depot, Eligard	parenteral		BCHA P&T May 26, 2011
lomustine	CeeNU	oral		BCHA P&T May 26, 2011
mechlorethamine	Mustargen	parenteral		BCHA P&T May 26, 2011
melphalan	Alkeran	parenteral, oral		BCHA P&T May 26, 2011
methyl aminolevulinate	Metvix	topical		BCHA P&T September 23, 2010
mitotane	Lysodren	oral		BCHA P&T May 26, 2011
nilotinib	Tasigna	oral		BCHA P&T May 26, 2011
nilutamide	Anandron	oral		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
palbociclib	Ibrance	oral		BCHA P&T April 26, 2018
panitumumab	Vectibix	parenteral		BCHA P&T May 26, 2011
pazopanib	Votrient	oral		BCHA P&T January 28, 2014
<a href="#">pegaspargase</a>	<a href="#">Oncaspar</a>	<a href="#">parenteral</a>	Restricted to indications outlined in the BCCA Benefit Drug List AND patients who are registered with BCCA	<a href="#">BCHA P&amp;T September 27, 2018</a>
peginterferon alfa-2a	Pegasys	parenteral		BCHA P&T May 22, 2014
pembrolizumab	Keytruda	parenteral		BCHA P&T April 26, 2018
pemetrexed	Alimta	parenteral		BCHA P&T April 11, 2011
pertuzumab	Perjeta	parenteral		BCHA P&T January 28, 2014
plerixafor	Mozobil	parenteral		BCHA P&T April 26, 2018
pomalidomide	Pomalyst	oral		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 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 BCCA Approved Drugs	Approval source and date
procarbazine	Matulane	oral		BCHA P&T May 26, 2011
quinagolide	Norprolac	oral		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	oral		BCHA P&T April 26, 2018
siltuximab	Sylvant	parenteral		BCHA P&T February 23, 2017
sorafenib	Nexavar	oral		BCHA P&T September 22, 2011
streptozocin	Zanosar	parenteral		BCHA P&T May 26, 2011
sunitinib	Sutent	oral		BCHA P&T September 22, 2011
tamoxifen	Tamofen	oral		BCHA P&T May 26, 2011
temozolomide	Temodal	oral		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	oral		BCHA P&T May 26, 2011
thiotepa	Tepadina	parenteral		BCHA P&T September 27, 2018
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	oral		BCHA P&T September 22, 2011
vemurafenib	Zelboraf	oral		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	oral		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	oral	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	oral	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, oral	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	oral	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	oral	Restricted to solid organ transplant (SOT) OR bone marrow transplant (BMT)	BCHA P&T September 22, 2011
tacrolimus	Advagraf, Prograf	parenteral, oral	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

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

**Partner Agency Drug List**

Red text denotes V P&T approved restrictions.

<p>tenofovir disoproxil fumarate</p>	<p>Viread</p>	<p>oral</p>	<p>Restricted to approval of the Centre for Excellence (CFE) in HIV/AIDS OR indications outlined by BCTS OR chronic hepatitis B infection meeting the following PharmaCare Special Authority criteria:                  a. Diagnosis of chronic hepatitis B (non-cirrhosis) PLUS                  1. lamivudine resistance (previous use of lamivudine for minimum 3 months); OR adefovir-experienced with persistent viremia AND history of lamivudine resistance AND                  2. compliant with medication.                  b. Diagnosis of hepatitis B (with cirrhosis) PLUS                  1. provide histological or radiological evidence of cirrhosis OR provide other evidence of portal hypertension PLUS                  2. lab work required per the chronic hepatitis B form.</p> <p>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) OR chronic hepatitis B infection meeting the following PharmaCare Special Authority criteria:                  a. Diagnosis of chronic hepatitis B (non-cirrhosis) PLUS                  1. lamivudine resistance (previous use of lamivudine for minimum 3 months); OR adefovir-experienced with persistent viremia AND history of lamivudine resistance AND                  2. compliant with medication.                  b. Diagnosis of hepatitis B (with cirrhosis) PLUS                  1. provide histological or radiological evidence of cirrhosis OR provide other evidence of portal hypertension PLUS                  2. lab work required per the chronic hepatitis B form.</p>	<p>BCHA P&amp;T April 26, 2018</p> <p>V P&amp;T May 23, 2013</p>
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**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	oral	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, oral	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	oral	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, oral	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	oral	Restricted to indications outlined by BCPRA AND patients who are registered with BCPRA	BCHA P&T May 26, 2011
sodium ferric gluconate complex	Ferrlecit	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	oral	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	oral	<p>Restricted to approval of the Centre for Excellence (CFE) in HIV/AIDS OR indications outlined by BCTS OR chronic hepatitis B infection meeting the following PharmaCare Special Authority criteria:</p> <ul style="list-style-type: none"> <li>a. Diagnosis of chronic hepatitis B (non-cirrhosis) PLUS <ul style="list-style-type: none"> <li>1. lamivudine resistance (previous use of lamivudine for minimum 3 months); OR adefovir-experienced with persistent viremia AND history of lamivudine resistance AND</li> <li>2. compliant with medication.</li> </ul> </li> <li>b. Diagnosis of hepatitis B (with cirrhosis) PLUS <ul style="list-style-type: none"> <li>1. provide histological or radiological evidence of cirrhosis OR provide other evidence of portal hypertension PLUS</li> <li>2. lab work required per the chronic hepatitis B form.</li> </ul> </li> </ul> <p>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).OR chronic hepatitis B infection meeting the following PharmaCare Special Authority criteria:</p> <ul style="list-style-type: none"> <li>a. Diagnosis of chronic hepatitis B (non-cirrhosis) PLUS <ul style="list-style-type: none"> <li>1. lamivudine resistance (previous use of lamivudine for minimum 3 months); OR adefovir-experienced with persistent viremia AND history of lamivudine resistance AND</li> <li>2. compliant with medication.</li> </ul> </li> <li>b. Diagnosis of hepatitis B (with cirrhosis) PLUS <ul style="list-style-type: none"> <li>1. provide histological or radiological evidence of cirrhosis OR provide other evidence of portal hypertension PLUS</li> <li>2. lab work required per the chronic hepatitis B form.</li> </ul> </li> </ul>	<p>BCHA P&amp;T April 26, 2018</p> <p>V P&amp;T May 23, 2013</p>
abacavir	Ziagen	oral	Restricted to approval of the Centre for Excellence (CFE) in HIV/AIDS	BCHA P&T May 26, 2011
abacavir+dolutegravir+lamivudine	Triumeq	oral		September 24, 2015

**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
abacavir+ lamivudine	Kivexa	oral		BCHA P&T May 26, 2011
abacavir+ lamivudine+ zidovudine	Trizivir	oral		BCHA P&T May 26, 2011
atazanavir	Reyataz	oral		BCHA P&T May 26, 2011
atovaquone	Meproton	oral		BCHA P&T May 26, 2011
darunavir	Prezista	oral		BCHA P&T May 26, 2011
darunavir+cobicistat	Prezcobix	oral		September 24, 2015
delaviridine	Rescriptor	oral		BCHA P&T May 26, 2011
didanosine	Videx-EC	oral		BCHA P&T May 26, 2011
dolutegravir	Tivicay	oral		BCHA P&T May 22, 2014
efavirenz	Sustiva	oral		BCHA P&T May 26, 2011
efavirenz+ emtricitabine+ tenofovir disoproxil fumarate	Atripla	oral		BCHA P&T May 26, 2011
elvitegravir+ cobicistat+ emtricitabine+ tenofovir alafenamide hemifumarate	Genvoya	oral		BCHA P&T September 28, 2017
elvitegravir+ cobicistat+ emtricitabine+ tenofovir disoproxil fumarate	Stribild	oral		BCHA P&T September 19, 2013
emtricitabine + rilpivirine + tenofovir disoproxil fumarate	Complera	oral		BCHA P&T January 24, 2013
emtricitabine + tenofovir alafenamide hemifumarate	Descovy	oral		BCHA P&T April 27, 2017

**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
emtricitabine+ tenofovir disoproxil fumarate	Truvada	oral	Restricted to approval of the Centre for Excellence (CFE) in HIV/AIDS	BCHA P&T May 26, 2011
enfuvirtide	Fuzeon	parenteral		BCHA P&T May 26, 2011
etravirine	Intelence	oral		BCHA P&T May 26, 2011
fosamprenavir	Telzir	oral		BCHA P&T May 26, 2011
lamivudine+ zidovudine	Combivir	oral		BCHA P&T May 26, 2011
lopinavir+ ritonavir	Kaletra	oral		BCHA P&T May 26, 2011
maraviroc	Celsentri	oral		BCHA P&T May 26, 2011
nelfinavir	Viracept	oral		BCHA P&T May 26, 2011
nevirapine	Viramune, Viramune XR	oral		BCHA P&T May 26, 2011
paromomycin	Humatin	oral		BCHA P&T May 26, 2011
raltegravir	Isentress	oral		BCHA P&T May 26, 2011
raltegravir	Isentress HD	oral		BCHA P&T February 22, 2018
rilpivirine	Edurant	oral		BCHA P&T January 24, 2013
ritonavir	Norvir	oral		BCHA P&T May 26, 2011
saquinavir	Invirase	oral		BCHA P&T May 26, 2011
stavudine	Zerit	oral		BCHA P&T May 26, 2011
tipranavir	Aptivus	oral		BCHA P&T May 26, 2011
zidovudine	Retrovir	parenteral, oral		BCHA P&T May 26, 2011