OUTPATIENT CANCER DRUG BENEFIT PROGRAM

Ministerial Approval July 12, 2021
Revised September 9, 2021

The Alberta Health Services shall provide cancer drugs specified in the Outpatient Cancer Drug Benefit Program, at no charge, to eligible residents for the treatment of cancer as outlined in Ministerial Order # 10/2009

DEFINITIONS

"Eligible resident" means a person who:

1. holds a valid certificate of registration under the *Health Insurance Premiums Act,*
2. is registered in the Cancer Registry with a disease classified in the *International Classification of Diseases for Oncology*, *and*
3. Requires cancer drugs to treat cancer.

"Cancer Pharmacy" means the pharmacy at the Cross Cancer Institute and the Tom Baker Cancer Centre, and other pharmacies operated by or for cancer centre as outlined in Ministerial Order #10/2009

Subject to this Ministerial Order, Cancer Drugs may be:

1. administered directly to in-patients or out-patients of Cancer Centres, or
2. sent to:
   i) other health care providers; or
   ii) A pharmacy that is owned or operated by or for Alberta Health Services, for administration or provision directly to the patient.

Any previous cancer drug therapy, whether accessed through a private, compassionate access or other non—publicly reimbursed mechanism, will be considered when determining patient eligibility to publicly reimbursed therapy. Ni (capca)

GROUP 1 DRUG LIST	Cancer Drugs in group 1 of the Schedule may be dispensed by a Cancer Pharmacy pursuant to a prescription written by a person who is authorized by the Alberta Health Services to prescribe Cancer Drugs and who is a physician, a regulated member under the *Health Professions Act* authorized to prescribe drugs, or a person authorized to prescribe drugs pursuant to another enactment.
GROUP 2 DRUG LIST	Cancer Drugs in group 2 of the Schedule may be dispensed by a Cancer Pharmacy only if the initial prescription is written by a Cancer Centre Medical Staff member, but a subsequent prescription for the same patient may be written by a person authorized by Alberta Health Services to prescribe Cancer Drugs and who is a physician, a regulated member under the *Health Professions Act* authorized to prescribe drugs, or a person authorized to prescribe drugs pursuant to another enactment. The following physicians from the CCI and TBCC are automatically named on all Group 2 drugs contained on the following pages: (CCI: Dr. O. Abdelsalam, Dr. N. Basappa, Dr. S. Basi, Dr. C. Butts, Dr. M. Chu, Dr. Q. Chu, Dr. N. Chua, Dr. J. Easaw, Dr. A. Fontaine, Dr. A. Joy, Dr. H. Karachiwala, Dr. M. Kolinsky, Dr. K. King, Dr. S. Koski, Dr. J. Mackey, Dr. J. Meza-Junco, Dr. K. Mulder, Dr. S. North, Dr. J. Price Hiller, Dr. L. Saini, Dr. R. Sangha, Dr. M. Sawyer, Dr. A. Scarfe, Dr. M. Smylie, Dr. J. Spratlin, Dr. M. Taparia, Dr. A.R. Turner, Dr. C. Venner, Dr. J. Walker, Dr. K. Young, Dr. H. Zhang, Dr. X. Zhu, Dr. B. Zorniak); (TBCC: Dr. N. Alimohamed, Dr. C. Card, Dr. T. Cheng, Dr. S. Dowden, Dr. D. Ezeife, Dr. D. Hao, Dr. J. Henning, Dr. D. Heng, Dr. S. Karim, Dr.O.Khan, Dr. V. Krause, Dr. R. Lee-Ying, Dr. S. Lupichuk, Dr. J. Monzon, Dr. D. Morris, Dr. N. Nixon, Dr. A. Pabani, Dr. A. Paterson, Dr. G. Roldan Urgoiti, Dr. D. Ruether, Dr. D. Stewart, Dr. V. Tam, Dr. P. Tang, Dr. R. Tsang, Dr. M. Webster, Dr. S. Yip, Dr. V. Zepeda)
GROUP 3 DRUG LIST	Cancer Drugs in group 3 of the Schedule may be dispensed by a Cancer Pharmacy if (a) the Cancer Drugs are part of a research or clinical drug trial approved by Alberta Health Services and the prescription is written by the principal investigator or co-investigator in charge of the trial, or (b) the Cancer Drugs are approved for special access by Health Canada and a prescription is written by a Cancer Centre Medical Staff member designated as eligible by Albert Health Services to prescribe special access Cancer Drugs.

Reference: Ministerial Order #10/2009.

ADMINISTRATION CLASSIFICATION

CLASSIFICATION DESCRIPTION	DELIVERY SITE	STANDARDS
Basic • Protocols including drugs (single agent or in combination) that can be administered with basic knowledge of chemotherapy. • Protocols including vesicants or drugs that are considered highly toxic where significant assessment and evaluation are required. • Protocols for basic clinical trials may be included on a case by case decision.	• Tertiary cancer centre • Regional cancer centre • Community cancer centre	• Medical, nursing and pharmacy staff shall have successfully completed the appropriate training and education required by CCA. • The administration of systemic therapy by any route shall only be performed by a HCP who has the clinical competency to perform the procedure • Pharmacy staff shall be certified in chemotherapy preparation and handling.
Advanced • Protocols including complex clinical trials, investigational drugs, new drugs, drugs requiring complex delivery devices (ex. electronic continuous infusion pumps) • The first exposure to the advanced medication must be at the TCC/RCC or at an Advanced first exposure authorized CCC. It is at the oncologist's discretion if more than first exposure needs to be given at TCC/RCC • Advanced chemotherapy in Community cancer centres, at this time, refers to medications only. It does not include advanced administration methods (i.e. electronic pumps) or complex clinical trials.	• Tertiary cancer centre • Regional cancer centre • Advanced First Exposure – High River community cancer centre • Post First Exposure – at Designated Community cancer centres: Barrhead, Bonnyville, Camrose, Canmore, Drayton Valley, Drumheller, Fort McMurray, Hinton, Lloydminster	• As for Basic Classification. • Advanced First Exposure Authorized CCC sites have met specific criteria and are formally authorized by Associate Senior Medical Director Community Oncology and the Director, Community Oncology. • Physicians supervising the complex clinical trials and investigational drug trials must have ready access to diagnostic procedures and data management. • Medical, nursing, and pharmacy staff shall have the knowledge and skill to manage complex delivery devices.
n/a	• Any health care setting • For oral and SC medications • Patient may self-administer	• No special training for health care professional required to administer.

"Cancer Centre" means the following centres:

- Alberta Children's Hospital (Calgary)
- Peter Lougheed Centre (Calgary)
- Stollery Children's Hospital (Edmonton)
- University of Alberta Hospital (Edmonton)
- Tom Baker Cancer Centre, and the following regional and community centres:
  - Jack Ady Cancer Centre (Lethbridge)
  - Margery E. Yuill Cancer Centre (Medicine Hat)
  - Drumheller Community Cancer Centre
  - High River Community Cancer Centre
  - Bow Valley Community Cancer Centre

Cross Cancer Institute, and the following regional and community centres:

- Central Alberta Cancer Centre (Red Deer)
- Grande Prairie Cancer Centre
- Barrhead Community Cancer Centre
- Bonnyville Community Cancer Centre
- Camrose Community Cancer Centre
- Fort McMurray Community Cancer Centre
- Hinton Community Cancer Centre
- Peace River Community Cancer Centre
- Lloydminster Community Cancer Centre
- Drayton Valley Community Cancer Centre

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
ABIRATERONE	2	oral	**Metastatic Castrate Resistant Prostate Cancer (mCRPC)** • For the treatment of metastatic castration resistant prostate cancer. May be used following apalutamide, enzalutamide or darolutamide use in the nmCRPC setting (progression on or intolerance to). Prescribing limited to written authorization by named physicians: **CCI** Dr. N. Basappa, Dr. B. Danielson, Dr. M. Kolinsky, Dr. S. North **TBCC** Dr. N. Alimohamed, Dr. T. Cheng, Dr. D. Heng, Dr. S. Karim, Dr. R. Lee-Ying, Dr. N. Nixon, Dr. D. Ruether, Dr. V. Tam, Dr. S. Yip **Grande Prairie** Dr. M. Moreau **Lethbridge** Dr. H. Albaba, Dr. A. Imbulgoda, Dr. N. Lavens, Dr. A. Pabani, Dr. A. Taleb **Medicine Hat** Dr. H. Albaba, Dr. F. El-Gehani, Dr. A. Pabani, Dr. A. Taleb, Dr. S. Yip **Red Deer** Dr. F. El-Gehani, Dr. S. Mairs, Dr. S. Raissouni, Dr. C. Tarukandirwa **Alberta Urology Institute** Dr. M. Chetner, Dr. L. Dean, Dr. A. Fairey, Dr. N.E.Jacobsen, Dr. A. Kinnaird **Southern AB Urology Institute** Dr. B. Bhindi, Dr. B. Donnelly, Dr. G. Grotto, Dr. A. Kinnaird **Red Deer Urology** Dr. D. Pugsley As recommended by the genitourinary tumour program or outlined under group 2 drugs on first page.	May/14 Dec/15 Apr/20 Jul/20 May/21	n/a
AFATINIB	1	oral	Not funded after progression on first line osimertinib.	Sept/14 Nov/17 Apr/20	n/a
ALDESLEUKIN (INTERLEUKIN-2, IL-2) intralesionally	2	injectable	**Melanoma** • For the treatment of unresectable in-transit metastatic melanoma (ie patients with rapidly developing in-transit metastases after surgery or patients who present with multiple in-transit metastases unsuitable for surgical resection) Prescribing limited to written authorization by named physicians: **CCI** Dr. K. Dabbs, Dr. D. Olson, Dr. T. Salopek, Dr. M. Smylie, Dr. J. Walker **TBCC** Dr. T. Cheng, Dr. J. G. McKinnon, Dr. D. Mew, Dr. J. Monzon, Dr. M. L. Quan, Dr. C. Temple-Oberle As recommended by the cutaneous tumour group program or outlined under group 2 drugs on first page.	Dec/15 July/20	basic

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
ALECTINIB	2	oral	**Lung Cancer - ALK** • For the first line monotherapy treatment of patients with anaplastic lymphoma kinase (AKL) – positive locally advanced or metastatic non-small cell lung cancer. • For monotherapy treatment of patients with anaplastic lymphoma kinase (ALK) – positive, locally advanced (not amenable to curative therapy), or metastatic non-small cell lung cancer (NSCLC) who: have disease progression on, or intolerance to, first or second line crizotinib or have progression after first line platinum based chemotherapy (+/- maintenance). No further ALK directed therapies are funded after progression on any line of alectinib. Prescribing limited to written authorization by named physician. **CCI** Dr. N. Basappa, Dr. C. Butts, Dr. Q. Chu, Dr. H. El-Darsa, Dr. A. Joy, Dr. M. Kolinsky, Dr. R. Sangha, Dr. M. Smylie, Dr. K. Young. **TBCC** Dr. C. Card, Dr. D. Ezeife, Dr. D. Hao, Dr. V. Krause, Dr. D. Morris, Dr. N. Nixon, Dr. A. Pabani, Dr. D. Ruether, Dr. V. Tam, Dr. R. Tsang, S. Yip. **Grande Prairie** Dr. M. Moreau **Lethbridge** Dr. H. Albaba , Dr. A. Imbulgoda, Dr. A. Pabani, Dr. A. Taleb, **Medicine Hat** Dr. H. Albaba, Dr. F. El-Gehani, Dr. A. Pabani, Dr. A. Taleb, Dr. S. Yip **Red Deer** Dr. F. El-Gehani, Dr. S. Mairs, Dr. S. Raissouni, Dr. C. Tarukandirwa As recommended by the lung tumour program or outlined under group 2 drugs on first page	Mar/19 Oct/20 Dec/20	n/a

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
ALEMTUZUMAB	2	injectable	**Hematology** • Subcutaneous plus fludarabine for previously treated CLL Prescribing limited to written authorization by named physicians: **CCI** Dr.A. Bankar, Dr. L. Bolster, Dr. J. Brandwein, Dr. M. Chu, Dr. N. Chua, Dr. H. El-Darsa, Dr. A. Fagarasanu, Dr. A. Fontaine, Dr. M. Game, Dr. M. Hamilton, Dr. M. Hnatiuk, Dr. L. Larratt, Dr. E. Liew, Dr. A. Parker, Dr. J. Patterson, Dr. A. Peters, Dr. B. Ritchie, Dr. I. Sandhu, Dr. R. Sangha, Dr. D. Sawler, Dr. L. Sun, Dr. S. Takach Lapner, Dr. M. Taparia, Dr. C. Venner, Dr. P. Wang, Dr. C. Wu, Dr. N. Zhu. **TBCC** Dr. N. Bahlis, Dr. A. Bryant, Dr. C. Brown, Dr. S. Cerquozzi, Dr. A. Daly, Dr. M. Davidson, Dr. M. Drew-McKinstry, Dr. P. Duggan, Dr. M. Geddes, Dr. D. Goodyear, Dr. J. Grossman, Dr. K. Jamani, Dr. D. Jenkins, Dr. A. Lee, Dr. S. McCulloch, Dr. E.P. Neri, Dr. C. Owen, Dr. S. Perry Dr. N. Rydz, Dr. M.L. Savoie, Dr. M. Shafey, Dr.Y.M.Shrom, Dr. L. Skeith, Dr. J. Slaby, Dr. D. Stewart, Dr. J. Storek, Dr. L. Street, Dr. D. Suryanarayan, Dr. J. Tay, Dr. J. F. T. Thaell, Dr. M. Wong, Dr. V. Zepeda. **Grande Prairie** Dr. J. Hattingh, Dr. S. Marcotte, Dr. M. Moreau, Dr. G. Nikoleychuk **Lethbridge** Dr. S. Benke, Dr. A. Imbulgoda, Dr. G. S. E. Razavi. **Medicine Hat** Dr. F. El-Gehani, Dr. J. Foley, Dr. G. S. E. Razavi **Red Deer** Dr. F. El-Gehani, Dr. D. Prajapati, Dr. S. Raissouni, Dr. K. Rudolph, Dr.Y.M.Shrom, Dr. C. Tarukandirwa. As recommended by the hematology tumour program or outlined under group 2 drugs on first page.	Apr/12	basic - SC
ANAGRELIDE	1	capsules		Apr/09	n/a
ANASTROZOLE	1	tablets		June/13	n/a

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
APALUTAMIDE	2	oral	**Castration Resistant Prostate Cancer (CRPC)** •In combination with androgen deprivation therapy (ADT) for the treatment of patients with castration resistant prostate cancer(CRPC) who have no detectable distant metastases by either CT, MRI, or technetium-99m bone scan and who are at high risk of developing metastases. High risk is defined as • Prostate specific antigen doubling time (PSADT of ≤ 10 months, as calculated by MSKCC online calculator. • Castration- resistant prostate cancer demonstrated during continuous ADT/post orchiectomy • Resistance: patients had to have a minimum of three rising PSA values at an interval or at least 1 week apart with a last PSA level of greater than 2ng/mL • Maintain castrate levels of testosterone throughout apalutamide therapy Patients treated with prior chemotherapy in the adjuvant or neoadjuvant setting are eligible to receive apalutamide agent. Patients may receive only one of these agents (darolutamide, apalutamide or enzalutamide) in this setting and switching only if intolerance, not progression to one agent. Prescribing limited to written authorization by named physicians: **CCI** Dr. N. Basappa, Dr. B. Danielson, Dr. M. Kolinsky, Dr. S. North **TBCC** Dr. N. Alimohamed, Dr. T. Cheng, Dr. D. Heng, Dr. S. Karim, Dr. R. Lee-Ying, Dr. N. Nixon, Dr. D. Ruether, Dr. V. Tam, , Dr. S. Yip **Grande Prairie** Dr. M. Moreau **Lethbridge** Dr. H. Albaba , Dr. A. Imbulgoda, Dr. N. Lavens, Dr. A. Pabani, Dr. A. Taleb, **Medicine Hat** Dr. H. Albaba, Dr. F. El-Gehani, Dr. A. Pabani, Dr. A. Taleb, Dr. S. Yip **Red Deer** Dr. F. El-Gehani, Dr. S. Mairs, Dr. S. Raissouni, Dr. C. Tarukandirwa **Alberta Urology Institute** Dr. M. Chetner, Dr. L. Dean, Dr. A. Fairey, Dr. N.E. Jacobsen, Dr. A. Kinnaird, **Southern AB Urology Institute** Dr. B. Bhindi, Dr. B. Donnelly, Dr. G. Grotto **Red Deer Urology** Dr. D. Pugsley As recommended by the genitourinary tumour program or outlined under group 2 drugs on first page.	Apr/20 Jul/ 20 Sept/20 May/21	n/a
ARSENIC TRIOXIDE	1	injectable		Nov/17	advanced

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
ATEZOLIZUMAB	2	injectable	**Lung Cancer** • For the treatment of patients with locally advanced or metastatic non-small cell lung cancer (NSCLC) and disease progression on or after cytotoxic chemotherapy. Patients with genomic tumor aberrations (EGFR or ALK) should first be treated with targeted agents followed by cytotoxic chemotherapy prior to atezolizumab. Patients previously treated with durvalumab in the adjuvant setting who have relapsed after the completion of adjuvant therapy must have had at least six month interval off durvalumab with no disease recurrence while on durvalumab. Treatment should continue until confirmed disease progression. Cannot have received either pembrolizumab or nivolumab. Prescribing limited to written authorization by named physicians: **CCI** Dr. N. Basappa, Dr. C. Butts, Dr. Q. Chu, Dr. H. El-Darsa, Dr. A. Joy, Dr. M. Kolinsky, Dr. R. Sangha, Dr. M. Smylie, Dr. K. Young **TBCC** Dr. C. Card, Dr. D. Ezeife, Dr. D. Hao, Dr. V. Krause, Dr. D. Morris, Dr. N. Nixon, Dr. A. Pabani, Dr. D. Ruether, Dr. V. Tam, Dr. R. Tsang, Dr. S. Yip **Grande Prairie** Dr. M. Moreau **Lethbridge** Dr. H. Albaba, Dr. A. Imbulgoda, Dr. A. Pabani, Dr. A. Taleb **Medicine Hat** Dr. H. Albaba, Dr. F. El-Gehani, Dr. A. Pabani, Dr. A. Taleb, Dr. S. Yip **Red Deer** Dr. F. El-Gehani, Dr. S. Mairs, Dr. S. Raissouni, Dr. C. Tarukandirwa As recommended by the lung tumour program or outlined under group 2 drugs on first page	Oct/19 Jul/20 Sept/20	advanced
AVELUMAB	2	injectable	• For the treatment of metastatic Merkel Cell Carcinoma (mMCC) in adults who have had prior cytotoxic chemotherapy, or in patients who are ineligible for cytotoxic chemotherapy. Treatment should continue until confirmed disease progression or unacceptable toxicity. For patients who achieve a complete response (CR), treatment should continue for a maximum of 12 months after confirmation of CR. Prescribing limited to written authorization by named physicians: **CCI** Dr. M. Smylie, Dr. J. Walker **TBCC** Dr. T. Cheng, Dr. J. Monzon As recommended by the cutaneous tumour program or outlined under group 2 drugs on first page.	Oct/19	advanced

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
AXITINIB	2	oral	**Renal** • As second-line treatment of patients with metastatic clear cell renal carcinoma after failure of prior systemic therapy with either a cytokine or vascular endothelial growth factor receptor tyrosine kinase inhibitor (VEGFR TKI) treatment. Not to be used after progression on single agent Nivolumab; may be considered if intolerant to Nivolumab. • Third-line option after first-line ipilimumab/nivolumab and second-line VEGFR TKI in intermediate or poor risk advanced renal cell carcinoma. Not to be used after progression on cabozantinib • For its use in combination with pembrolizumab see pembrolizumab Prescribing limited to written authorization by named physicians: **CCI** Dr. N. Basappa, Dr. M. Kolinsky, Dr. S. North **TBCC** Dr. N. Alimohamed, Dr. T. Cheng, Dr. D. Heng, Dr. S. Karim, Dr. R. Lee-Ying, Dr. N. Nixon, Dr. D. Ruether, Dr. V. Tam, Dr. S. Yip **Grande Prairie** Dr. M. Moreau **Lethbridge** Dr. H. Albaba, Dr. A. Imbulgoda, Dr. A. Pabani, Dr. A. Taleb **Medicine Hat** Dr. H. Albaba, Dr. F. El-Gehani, Dr. A. Pabani, Dr. A. Taleb, Dr. S. Yip **Red Deer** Dr. F. El-Gehani, Dr. S. Mairs, Dr. S. Raissouni, Dr. C. Tarukandirwa As recommended by the genitourinary tumour program or outlined under group 2 drugs on first page.	Mar/14 Apr/17 Nov/17 Jul/19 Apr/20 Jul/20 Feb/21	n/a
AZACITIDINE	1	injectable		May/10 Jun/14	SC, IV - basic
BCG	1	injectable		Jan/91 Apr/09	Bladder instillation - basic

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
BENDAMUSTINE	2	injectable	**Hematology** • As a single agent for the treatment of relapsed or refractory indolent B-cell lymphoma in patients who are refractory or intolerant to rituximab. • In combination with rituximab as first-line therapy in patients with indolent B-cell lymphoma or mantle cell lymphoma with an ECOG performance status of equal or less than 2. • In combination with rituximab for relapsed/refractory patients with indolent B-cell lymphoma or mantle cell lymphoma. • In combination with obinutuzumab – see obinutuzumab listing • For the first line treatment of patients with chronic lymphocytic leukemia (Binet stage B or C and WHO performance status ≤ 2) who are not medically fit to tolerate fludarabine based regimens Prescribing limited to written authorization by named physicians: **CCI** Dr.A. Bankar, Dr. L. Bolster, Dr. J. Brandwein, Dr. M. Chu, Dr. N. Chua, Dr. H. El-Darsa, Dr. A. Fagarasanu, Dr. A. Fontaine, Dr. M. Game, Dr. M. Hamilton, Dr. M. Hnatiuk, Dr. L. Larratt, Dr. E. Liew, Dr. A. Parker, Dr. J. Patterson, Dr. A. Peters, Dr. B. Ritchie, Dr. I. Sandhu, Dr. R. Sangha, Dr. D. Sawler, Dr. L. Sun, Dr. S. Takach Lapner, Dr. M. Taparia, Dr. C. Venner, Dr. P. Wang, Dr. C. Wu, Dr. N. Zhu **TBCC** Dr. N. Bahlis, Dr. C. Brown, Dr. A. Bryant, Dr. S. Cerquozzi, Dr. A. Daly, Dr. M. Davidson, Dr. M. Drew-McKinstry, Dr. P. Duggan, Dr. M. Geddes, Dr. D. Goodyear, Dr. J. Grossman, Dr. K. Jamani, Dr. D. Jenkins, Dr. A. Lee, Dr. S. McCulloch, Dr. E.P. Neri, Dr. C. Owen, Dr. S. Perry, Dr. N. Rydz, Dr. M.L. Savoie, Dr. M. Shafey, Dr.Y.M.Shrom, Dr. L. Skeith, Dr. J. Slaby, Dr. D. Stewart, Dr. J. Storek, Dr. L. Street, Dr. D. Suryanarayan, Dr. J. Tay, Dr. J. F. T. Thaell, Dr. M. Wong, Dr. V. Zepeda. **Grande Prairie** Dr. J. Hattingh, Dr. S. Marcotte, Dr. M. Moreau, Dr. G. Nikoleychuk **Lethbridge** Dr. S. Benke, Dr. A. Imbulgoda, Dr. G. S. E. Razavi. **Medicine Hat** Dr. F. El-Gehani, Dr. J. Foley, Dr. G. S. E. Razavi **Red Deer** Dr. F. El-Gehani, Dr. D. Prajapati, Dr. S. Raissouni, Dr. K. Rudolph, Dr.Y.M.Shrom, Dr. C. Tarukandirwa. As recommended by the hematology tumour program or outlined under group 2 drugs on first page.	Mar/14 Apr/17 Mar/13 Apr/17 Apr/17 Jul/19 Jul/13 Jul/20	basic

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
BEVACIZUMAB	2	injectable	**Colorectal** • In combination with chemotherapy with one line of chemotherapy for the treatment of advanced colorectal cancer (indicated for any line of therapy provided bevacizumab naïve) Prescribing limited to written authorization by named physicians: **CCI** Dr. O. Abdelsalam, Dr. N. Chua, Dr. J. Easaw, Dr. H. Karachiwala, Dr. K. King, Dr. S. Koski, Dr. K. Mulder, Dr. J. Price Hiller, Dr. M. Sawyer, Dr. A. Scarfe, Dr. J. Spratlin, Dr. K. Young, Dr. X. Zhu. **TBCC** Dr. T. Cheng, Dr. W. Cheung, Dr. S. Dowden, Dr. S. Karim, Dr.O. Khan, Dr. V. Krause, Dr. R. Lee-Ying, Dr. S. Lupichuk, Dr. J. Monzon, Dr. D. Morris, Dr. N. Nixon, Dr. S. Paterson, Dr. G. Roldan Urgoiti, Dr. D. Ruether, Dr. H. Samawi, Dr. D. Stewart, Dr. V. Tam, Dr. P. Tang, Dr. T. Thaell, Dr. R. Tsang, Dr. S. Yip **Grande Prairie** Dr. M. Moreau **Lethbridge** Dr. H. Albaba, Dr. A. Imbulgoda, Dr. A. Pabani, Dr. A. Taleb **Medicine Hat** Dr. H. Albaba, Dr. F. El-Gehani, Dr. A. Pabani, Dr. A. Taleb, Dr. S. Yip. **Red Deer** Dr. F. El-Gehani, Dr. S. Mairs, Dr. S. Raissouni, Dr. C. Tarukandirwa. As recommended by the gastrointestinal tumour program or outlined under group 2 drugs on first page	Apr/09 Mar/13 Jul/20	basic

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
BEVACIZUMAB	2	injectable	**Carcinoma of the Cervix:** • In combination with chemotherapy - For patients with metastatic (Stage IVB), persistent or recurrent carcinoma of the cervix of all histologic subtypes (except small cell) with good performance status. - For retreatment of patients after a complete response with chemotherapy and bevacizumab and who have been off systemic therapy for a period of 6 months. - Not to be used after progression occurring while on bevacizumab. **Epithelial, Ovarian, Primary Peritoneal and Fallopian Tube Cancer** • In combination with chemotherapy for the treatment of patients with platinum-resistant recurrent epithelial ovarian, fallopian tube, or primary peritoneal cancer. Patients should have a good performance status. Dosing limited to an equivalent of 5 mg/kg every week. Not to be used if already received prior anti-angiogenics (including bevacizumab). • In combination with carboplatin and a taxane in the front line treatment of patients with advanced stage "high risk for progression" epithelial ovarian cancer, primary peritoneal cancer, or fallopian tube cancer that has good performance status. (High risk for progression defined as Stage III with > microscopic residual disease, Stage III unresectable, or Stage IV). Dosing limited to 7.5 mg/kg and for a maximum of 18 cycles (in combination with chemotherapy for cycles 1 through 6 (omitting cycle 1 bevacizumab if chemotherapy starts within 4 weeks of surgery) and as a single agent in maintenance therapy for up to 12 additional cycles). Prescribing limited to written authorization by names physicians: **CCI** Dr. C Aubrey, Dr. V. Capstick, Dr. M. Kolinsky, Dr. S. Pin, Dr. J. Sabourin, Dr. A. Schepansky, Dr. H. Steed, Dr. T. Wells, Dr. X. Zhu, Dr. B. Zorniak **TBCC** Dr. A. Cameron, Dr. P. Chu, Dr. P. Ghatage, Dr. S. Glaze, Dr. J. Nation, Dr. G. Nelson. **Grande Prairie** Dr. M. Moreau, **Lethbridge** Dr. A. Imbulgoda **Red Deer** Dr. S. Raissouni, Dr. C. Tarukandirwa. As recommended by the gynecology tumour group program, or outlined under group 2 drugs on first page.	Dec/15 May/18 Dec/15 Oct/16 Nov/17 Nov/18 Jul/20	basic
BICALUTAMIDE	1	tablets		May/97 Apr/09	n/a
BLEOMYCIN	1	injectable			sc test dose, Direct IV, inf - basic
	1	pump			electronic continuous infusion pump - advanced

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
BORTEZOMIB	2	injectable IV or SC at 1 mg/mL	**Hematology** • Relapsed Multiple Myeloma •In the first line treatment of previously untreated Multiple Myeloma who are not candidates for autologous stem cell transplantation (HDT-ASCT) •Monotherapy or combination treatment for relapsed or refractory mantle cell lymphoma • As a component of induction therapy prior to and/or as a component of the high dose therapy for autologous stem cell transplantation (ASCT) for newly diagnosed patients with multiple myeloma who are eligible for ASCT • Post autologous stem cell transplantation (ASCT) for 4 cycles of consolidation in those patients who obtained only partial response or stable disease and for maintenance therapy for two years in those patients who have the del17p, t (4; 14), or t (14:16). Concurrent use with lenalidomide maintenance is approved in these high risk patients. • Maintenance Bortezomib given every 2 weeks until progression (for up to 2 years) after induction chemotherapy for transplant ineligible multiple myeloma patients. • For the treatment of patients with AL amyloidosis arising from a clonal plasma cell dyscrasia with symptomatic organ involvement ineligible for autologous stem cell transplant. •VRD - the combination of lenalidomide, bortezomib and low dose dexamethasone in patients with newly diagnosed multiple myeloma in whom stem cell transplantation is not intended. Reimbursement should be in patients with good performance status and treatment (with lenalidomide and low dose dexamethasone for the maintenance phase) should continue until unacceptable toxicity or disease progression. Prescribing limited to written authorization by named physicians: **CCI** Dr.A. Bankar, Dr. L. Bolster, Dr. J. Brandwein, Dr. M. Chu, Dr. N. Chua, Dr. H. El-Darsa, Dr. A. Fagarasanu, Dr. A. Fontaine, Dr. M. Game, Dr. M. Hamilton, Dr. M. Hnatiuk, Dr. L. Larratt, Dr. E. Liew, Dr. A. Parker, Dr. J. Patterson, Dr. A. Peters, Dr. B. Ritchie, Dr. I. Sandhu, Dr. R. Sangha, Dr. D. Sawler, Dr. L. Sun, Dr. S. Takach Lapner, Dr. M. Taparia, Dr. C. Venner, Dr. P. Wang, Dr. C. Wu, Dr. N. Zhu **TBCC** Dr. N. Bahlis, Dr. C. Brown, Dr. A. Bryant, Dr. S. Cerquozzi, Dr. A. Daly, Dr. M. Davidson, Dr. M. Drew-McKinstry, Dr. P. Duggan, Dr. M. Geddes, Dr. D. Goodyear, Dr. J. Grossman, Dr. K. Jamani. Dr. D. Jenkins, Dr. A. Lee, Dr. S. McCulloch, Dr. E.P. Neri, Dr. C. Owen, Dr. S. Perry, Dr. N. Rydz, Dr. M.L. Savoie, Dr. M. Shafey, Dr.Y.M.Shrom, Dr. L. Skeith, Dr. J. Slaby, Dr. D. Stewart, Dr. J. Storek, Dr. L. Street, Dr. D. Suryanarayan, Dr. J. Tay, Dr. J. F. T. Thaell, Dr. M. Wong, Dr. V. Zepeda. **Grande Prairie** Dr. J. Hattingh, Dr. S. Marcotte, Dr. M. Moreau, Dr. G. Nikoleychuk **Lethbridge** Dr. S. Benke, Dr. A. Imbulgoda Dr. G. S. E. Razavi. **Medicine Hat** Dr. F. El-Gehani, Dr. J. Foley, Dr. G. S. E. Razavi. **Red Deer** Dr. F. El-Gehani, Dr. D. Prajapati, Dr. S. Raissouni, Dr. K. Rudolph, Dr.Y.M.Shrom, Dr. C. Tarukandirwa. As recommended by the hematology tumour program or outlined under group 2 drugs on first page.	Aug/06 May/08 Oct/12 Jul/13 Jul/15 Jul/13 Sep/14 Mar/15 Jan/16 Aug/15 July/20 May/21	basic IV or SC 1 mg/mL concentration

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
BOSUTINIB	2	oral	**Hematology** • Bosutinib for the treatment of patients with chronic, accelerated, or blast phase Philadelphia chromosome positive (Ph+ve) chronic myelogenous leukemia (CML) who have resistance or intolerance to prior TKI therapy. Prescribing limited to written authorization by named physicians: **CCI** Dr.A. Bankar, Dr. L. Bolster, Dr. J. Brandwein, Dr. M. Chu, Dr. N. Chua, Dr. H. El-Darsa, Dr. A. Fagarasanu, Dr. A. Fontaine, Dr. M. Game, Dr. M. Hamilton, Dr. M. Hnatiuk, Dr. L. Larratt, Dr. E. Liew, Dr. A. Parker, Dr. J. Patterson, Dr. A. Peters, Dr. B. Ritchie, Dr. I. Sandhu, Dr. R. Sangha, Dr. D. Sawler, Dr. L. Sun, Dr. S. Takach Lapner, Dr. M. Taparia, Dr. C. Venner, Dr. P. Wang, Dr. C. Wu, Dr. N. Zhu **TBCC** Dr. N. Bahlis, Dr. C. Brown, Dr. A. Bryant, Dr. S. Cerquozzi, Dr. A. Daly, Dr. M. Davidson, Dr. M. Drew-McKinstry, Dr. P. Duggan, Dr. M. Geddes, Dr. D. Goodyear, Dr. J. Grossman, Dr. K. Jamani, Dr. D. Jenkins, Dr. A. Lee, Dr. S. McCulloch, Dr. E.P. Neri, Dr. C. Owen, Dr. S. Perry, Dr. N. Rydz, Dr. M.L. Savoie, Dr. M. Shafey, Dr. Y.M.Shrom, Dr. L. Skeith, Dr. J. Slaby, Dr. D. Stewart, Dr. J. Storek, Dr. L. Street, Dr. D. Suryanarayan, Dr. J. Tay, Dr. J. F. T. Thaell, Dr. M. Wong, Dr. V. Zepeda **Grande Prairie** Dr. J. Hattingh, Dr. S. Marcotte, Dr. M. Moreau, Dr. G. Nikoleychuk **Lethbridge** Dr. S. Benke, Dr. A. Imbulgoda, Dr. G. S. E. Razavi **Medicine Hat** Dr. F. El-Gehani, Dr. J. Foley, Dr. G. S. E. Razavi. **Red Deer** Dr. F. El-Gehani, Dr. D. Prajapati, Dr. S. Raissouni, Dr. K. Rudolph, Dr. Y.M.Shrom, Dr. C. Tarukandirwa As recommended by the hematology tumour program or outlined under group 2 drugs on first page.	Jan/16 Jul/20	n/a

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
BRENTUXIMAB VEDOTIN	2	Injectable	**Hematology – Hodgkin's Lymphoma** • For patients with Hodgkin's lymphoma who have relapsed disease following autologous stem cell transplant (ASCT) and who have an ECOG performance status of 0 or 1. For patients who weigh more than 100 kg doses are based on a weight of 100 kg. Retreatment with Brentuximab vedotin (BV) in relapsed disease is allowed in patients NOT refractory to BV. Not to be used if already received Brentuximab vedotin consolidation. • For the post autologous stem cell transplant (ASCT) consolidation treatment of patients with Hodgkin lymphoma (HL) at increased risk* of relapse or progression. BV consolidation treatment should be initiated within four to six weeks post ASCT or upon recovery from ASCT and continued until a maximum of 16 cycles, disease progression, or unacceptable toxicity, whichever comes first. Retreatment with Brentuximab vedotin (BV) for relapsed disease is allowed in patients NOT refractory to BV. *Increased risk as defined in the AETHERA trial: refectory to frontline therapy, relapsed less than 12 months following front line therapy, or relapse at 12 months or greater with extra nodal involvement. • Brentuximab vedotin for the treatment of previously untreated patients with Stage IV Hodgkin's lymphoma in combination with doxorubicin, vinblastine, and dacarbazine. Continue treatment until disease progression, unacceptable toxicity or until a maximum of SIX cycles, whichever comes first.	May/14 Nov/18 Apr/20 Jul/20 Oct/20 Feb/21 Jul/21	advanced
			Hematology – Other • As monotherapy in patients with systemic anaplastic large cell lymphoma who have failed at least one prior multi-agent therapy and who have an ECOG performance status of 0 or 1. • For the treatment of previously untreated adult patients with systemic anaplastic large cell lymphoma (sALCA), peripheral T-cell lymphoma, not otherwise specified (PTCL-NOS) or angioimmunoblasic T-cell lymphoma (AAITL), whose tumors express CD30, plus cyclophosphamide, doxorubicin and prednisone. Patients who have been treated with Brentuximab vedotin (BV) CHP therapy may be retreated with Brentuximab vedotin if patient is not refractory to brentuximab vedotin (not refractory is defined as progression at 6 months or more since last treatment with brentuximab vedotin). For patients already started on other first line therapy (ie CHOEP, CHOP) at the time of listing would be eligible to switch to BV+CHP to complete their first line therapy. • Brentuximab vedotin (BV) for the treatment of adult patients with cluster of differentiation (CD) 30 expressing disease: - Primary cutaneous anaplastic large cell lymphoma (pcALCL) who have received at least one prior systemic therapy or prior radiation therapy. - Mycosis fungoides (MF) who have had prior systemic therapy. Treatment to a maximum dose of 180 mg until maximum of 16 cycles or until unacceptable toxicity or disease progression, whichever occurs first. Prescribing limited to written authorization by named physicians: **CCI** Dr.A. Bankar, Dr. L. Bolster, Dr. J. Brandwein, Dr. M. Chu, Dr. N. Chua, Dr. H. El-Darsa, Dr. A. Fagarasanu, Dr. A. Fontaine, Dr. M. Game, Dr. M. Hamilton, Dr. M. Hnatiuk, Dr. L. Larratt, Dr. E. Liew, Dr. A. Parker, Dr. J. Patterson, Dr. A. Peters, , Dr. (authorized prescribers continued on next page)		advanced

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
BRENTUXIMAB VEDOTIN	2	Injectable	(see previous page for criteria and additional authorized prescribers) B. Ritchie, Dr. I. Sandhu, Dr. R. Sangha, Dr. D. Sawler, Dr. L. Sun, Dr. S. Takach Lapner, Dr. M. Taparia, Dr. C. Venner, Dr. P. Wang, Dr. C. Wu, Dr. N. Zhu **TBCC** Dr. N. Bahlis, Dr. C. Brown, Dr. A. Bryant, Dr. S. Cerquozzi, Dr. A. Daly, Dr. M. Davidson, Dr. M. Drew-McKinstry, Dr. P. Duggan, Dr. M. Geddes, Dr. D. Goodyear, Dr. J. Grossman, Dr. K. Jamani, Dr. D. Jenkins, , Dr. A. Lee, Dr. S. McCulloch, Dr. E.P. Neri, Dr. C. Owen, Dr. S. Perry, Dr. N. Rydz, Dr. M.L. Savoie, Dr. M. Shafey, Dr. Y.M.Shrom, Dr. L. Skeith, Dr. J. Slaby, Dr. D. Stewart, Dr. J. Storek, Dr. L. Street, Dr. D. Suryanarayan, Dr. J. Tay, Dr. J. F. T. Thaell, Dr. M. Wong, Dr. V. Zepeda **Grande Prairie** Dr. J. Hattingh, Dr. S. Marcotte, Dr. M. Moreau, Dr. G. Nikoleychuk **Lethbridge** Dr. S. Benke, Dr. A. Imbulgoda, Dr. G. S. E. Razavi **Medicine Hat** Dr. F. El-Gehani, Dr. J. Foley, Dr. G. S. E. Razavi. **Red Deer** Dr. F. El-Gehani, Dr. D. Prajapati, Dr. S. Raissouni, Dr. K. Rudolph, Dr. Y.M.Shrom, Dr. C. Tarukandirwa As recommended by the hematology tumour program or outlined under group 2 drugs on first page.		
BUSERELIN	1	injectable	**<u>Prostate Cancer</u>** Restricted to: • Stage II (T2a-T2c): Neoadjuvant use pre RT (2 months pre and during RT). • Neoadjuvant use pre radical prostatectomy (4 months pre). • Stage III (T3a-T4b): Neoadjuvant use pre RT (2 months pre and during RT). • Adjuvant use (3 years post RT). • Stage IV (N1-N3) (M1-M1c): As monotherapy in medical castration. • In total androgen blockade (medical castration and nonsteroidal antiandrogen). • Treatment option in addition to adjuvant or salvage radiotherapy for patients post prostatectomy Guidelines for LHRH use in the above stated stages include: LHRH agonists are indicated for use in patients at risk of thromboembolic disease, strokes (CVA), myocardial infarction and also for consideration in patients with dyslipidemia, hypertension, and diabetes mellitus or where a patient is considered intolerant to cyproterone acetate or megestrol acetate.	Jan/98 Nov/19	n/a
BUSULFAN	1	tablets injectable		Jul/16	advanced IV

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
CABAZITAXEL	2	injectable	**Prostate Cancer** • Cabazitaxel plus prednisone for patients with castration resistant metastatic prostate cancer previously treated with a docetaxel containing regimen Prescribing limited to written authorization by named physicians: **CCI** Dr. N. Basappa, Dr. M. Kolinsky, Dr. S. North **TBCC** Dr. N. Alimohamed, Dr. T. Cheng, Dr. D. Heng, Dr. S. Karim, Dr. R. Lee-Ying, Dr. N. Nixon, Dr. D. Ruether, Dr. V. Tam, Dr. S. Yip **Grande Prairie** Dr. M. Moreau **Lethbridge** Dr. H. Albaba, Dr. A. Imbulgoda, Dr. A. Pabani, Dr. A. Taleb **Medicine Hat** Dr. H. Albaba, Dr. F. El-Gehani, Dr. A. Pabani, Dr. A. Taleb, Dr. S. Yip **Red Deer** Dr. F. El-Gehani, Dr. S. Mairs, Dr. S. Raissouni, Dr. C. Tarukandirwa As recommended by the genitourinary tumour program or outlined under group 2 drugs on first page.	Aug/12 May/14 Jul/20	Advanced

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
CABOZANTINIB	2	Oral	**Renal** •Cabozantinib for the treatment of patients with advanced renal cell carcinoma who have received at least one prior vascular endothelial growth factor receptor (VEGFR) tyrosine kinase inhibitor (TKI) therapy (any risk category) as described: - Second line for patients who progress on pembrolizumab plus Axitinib. There is no third line funded option for these patients. - Second line after sunitinib or pazopanib (followed by third line nivolumab). May be used in patients who are intolerant to Axitinib in the second line but not after progression on Axitinib. - Third line after VEGF TKI and nivolumab. •Cabozantinib for the treatment of intermediate or poor risk advanced renal cell carcinoma. -Third line option after first line ipilimumab/nivolumab and second line VEGFR TKI. May be used in patients who are intolerant to Axitinib in third line but not after progression on Axitinib. Prescribing limited to written authorization by named physicians: **CCI** Dr. N. Basappa, Dr. M. Kolinsky, Dr. S. North **TBCC** Dr. N. Alimohamed, Dr. T. Cheng, Dr. D. Heng, Dr. S. Karim, Dr. R. Lee-Ying, Dr. N. Nixon, Dr. D. Ruether, Dr. V. Tam, Dr. S. Yip **Grande Prairie** Dr. M. Moreau **Lethbridge** Dr. H. Albaba, Dr. A. Imbulgoda, Dr. A. Pabani, Dr. A. Taleb **Medicine Hat** Dr. H. Albaba, Dr. F. El-Gehani, Dr. A. Pabani, Dr. A. Taleb, Dr. S. Yip **Red Deer** Dr. F. El-Gehani, Dr. S. Mairs, Dr. S. Raissouni, Dr. C. Tarukandirwa As recommended by the genitourinary tumour program or outlined under group 2 drugs on first page.	Apr/20 Jul/20 Feb/21	N/A
CAPECITABINE	1	oral		Jun/14	n/a
CARBOPLATIN	1	injectable		May/85 May/16	IV inf. – basic Intraperitoneal - advanced

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
CARFILZOMIB	2	injectable	**Hematology** • Carfilzomib in combination with lenalidomide and dexamethasone for patients with multiple myeloma who have received at least one prior treatment. Patients must not have had disease progression during treatment with bortezomib or if previously treated with lenalidomide and dexamethasone patients must not have discontinued therapy because of adverse effects, disease progression during the first three months of treatment, or progression at any time during treatment if lenalidomide plus dexamethasone was their most recent treatment (this includes in the maintenance setting). Treatment should be in patients with good performance status and who are deemed to have adequate renal function. Treatment with Carfilzomib should continue until disease progression or unacceptable toxicity, up to a maximum of l8 cycles. Patients have access to one triplet therapy – either daratumumab or carfilzomib triplet therapy. Existing patients who have received three or more lines of therapy, none of which was a triplet combination, and who otherwise meet criteria for these regimens should have access to a triplet therapy. • Carfilzomib in combination with dexamethasone for patients with relapsed multiple myeloma with a good performance status who have received one to three previous therapies. May be used following daratumumab triplet therapy Prescribing limited to written authorization by named physicians. **CCI** Dr.A. Bankar, Dr. L. Bolster, Dr. J. Brandwein, Dr. M. Chu, Dr. N. Chua, Dr. H. El-Darsa, Dr. A. Fagarasanu, Dr. A. Fontaine, Dr. M. Game, Dr. M. Hamilton, Dr. M. Hnatiuk, Dr. L. Larratt, Dr. E. Liew, Dr. A. Parker, Dr. J. Patterson, Dr. A. Peters, Dr. B. Ritchie, Dr. I. Sandhu, Dr. R. Sangha, Dr. D. Sawler, Dr. L. Sun, Dr. S. Takach Lapner, Dr. M. Taparia, Dr. C. Venner, Dr. P. Wang, Dr. C. Wu, Dr. N. Zhu **TBCC** Dr. N. Bahlis, Dr. C. Brown, Dr. A. Bryant, Dr. S. Cerquozzi, Dr. A. Daly, Dr. M. Davidson, Dr. M. Drew-McKinstry, Dr. P. Duggan, Dr. M. Geddes, Dr. D. Goodyear, Dr. J. Grossman, Dr. K. Jamani. Dr. D. Jenkins, Dr. A. Lee, Dr. S. McCulloch, Dr. E.P. Neri, Dr. C. Owen, Dr. S. Perry, Dr. N. Rydz, Dr. M.L. Savoie, Dr. M. Shafey, Dr.Y.M.Shrom, Dr. L. Skeith, Dr. J. Slaby, Dr. D. Stewart, Dr. J. Storek, Dr. L. Street, Dr. D. Suryanarayan, Dr. J. Tay, Dr. J. F. T. Thaell, Dr. M. Wong, Dr. V. Zepeda **Grande Prairie** Dr. J. Hattingh, Dr. S. Marcotte, Dr. M. Moreau, Dr. G. Nikoleychuk **Lethbridge** Dr. S. Benke, Dr. A. Imbulgoda, Dr. G. S. E. Razavi. **Medicine Hat** Dr. F. El-Gehani, Dr. J. Foley, Dr. G. S. E. Razavi. **Red Deer** Dr. F. El-Gehani, Dr. D. Prajapati, Dr. S. Raissouni, Dr. K. Rudolph, Dr. Y.M.Shrom, Dr. C. Tarukandirwa As recommended by the hematology tumour program or outlined under group 2 drugs on first page.	Oct/18 Jan/19 Nov/19 Jul/20	Basic

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
CARMUSTINE	1	injectable	**Hematology** • Within BEAM regimen for patients undergoing high dose therapy and autologous stem cell transplantation Prescribing limited to written authorization by named physicians: **CCI** Dr.A. Bankar, Dr. L. Bolster, Dr. J. Brandwein, Dr. M. Chu, Dr. N. Chua, Dr. H. El-Darsa, Dr. A. Fagarasanu, Dr. A. Fontaine, Dr. M. Game, Dr. M. Hamilton, Dr. M. Hnatiuk, Dr. L. Larratt, Dr. E. Liew, Dr. A. Parker, Dr. J. Patterson, Dr. A. Peters, Dr. B. Ritchie, Dr. I. Sandhu, Dr. R. Sangha, Dr. D. Sawler, Dr. L. Sun, Dr. S. Takach Lapner, Dr. M. Taparia, Dr. C. Venner, Dr. P. Wang, Dr. C. Wu, Dr. N. Zhu **Stollery Children's Hospital** Dr. S. Desai, Dr. D. Eisenstat, Dr. P. Grundy, Dr. S. Mckillop, Dr. M. Rojas-Vasquez, Dr. M. Spavor, Dr. B Wilson **TBCC** Dr. N. Bahlis, Dr. C. Brown, Dr. A. Bryant, Dr. S. Cerquozzi, Dr. A. Daly, Dr. M. Davidson, Dr. M. Drew-McKinstry, Dr. P. Duggan, Dr. M. Geddes, Dr. D. Goodyear, Dr. J. Grossman, Dr. K. Jamani, Dr. D. Jenkins, Dr. A. Lee, Dr. S. McCulloch, Dr. E.P. Neri, Dr. C. Owen, Dr. S. Perry, Dr. N. Rydz, Dr. M.L. Savoie, Dr. M. Shafey, Dr. Y.M.Shrom, Dr. L. Skeith, Dr. J. Slaby, Dr. D. Stewart, Dr. J. Storek, Dr. L. Street, Dr. D. Suryanarayan, Dr. J. Tay, Dr. J. F. T. Thaell, Dr. M. Wong Dr. V. Zepeda **ACH** Dr. R. Anderson, Dr. G. Guilcher, Dr. L. Lafay-Cousin, Dr. V. Lewis, Dr. R. Shah, , Dr. G. Singh, Dr. D. Strother, Dr. T. Truong **Grande Prairie** Dr. J. Hattingh, Dr. S. Marcotte, Dr. M. Moreau, Dr. G. Nikoleychuk **Lethbridge** Dr. S. Benke, Dr. A. Imbulgoda, Dr. G. S. E. Razavi **Medicine Hat** Dr. F. El-Gehani, Dr. J. Foley, Dr. G. S. E. Razavi **Red Deer** Dr. F. El-Gehani, Dr. D. Prajapati,, Dr. S. Raissouni, Dr. K. Rudolph, Dr. Y.M.Shrom, Dr. C. Tarukandirwa As recommended by the hematology tumour program or pediatric tumour program outlined under group 2 drugs on first page.	Sept/14 Jul/20	IV inf. - basic

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
CARMUSTINE	2	ointment	**Topical** • Carmustine topical for primary cutaneous lymphoma. Prescribing limited to written authorization by named physicians: **CCI** Dr.A. Bankar, Dr. L. Bolster, Dr. J. Brandwein, Dr. M. Chu, Dr. N. Chua, Dr. H. El-Darsa, Dr. A. Fagarasanu, Dr. A. Fontaine, Dr. M. Game, Dr. R. Gniadecki, Dr. M. Hamilton, Dr. M. Hnatiuk, Dr. L. Larratt, Dr. E. Liew, Dr. A. Parker, Dr. J. Patterson, Dr. A. Peters, Dr. B. Ritchie, Dr. T. Salopek, Dr. I. Sandhu, Dr. R. Sangha, Dr. D. Sawler, Dr. L. Sun, Dr. S. Takach Lapner, Dr. M. Taparia, Dr. C. Venner, Dr. P. Wang, Dr. C. Wu, Dr. N. Zhu **TBCC** Dr. N. Bahlis, Dr. C. Brown, Dr. A. Bryant, Dr. S. Cerquozzi, Dr. A. Daly, Dr. M. Davidson, Dr. M. Drew-McKinstry, Dr. P. Duggan, Dr. M. Geddes, Dr. D. Goodyear, Dr. J. Grossman, Dr. K. Jamani, Dr. D. Jenkins, Dr. A. Lee, Dr. S. McCulloch, Dr. E.P. Neri, Dr. C. Owen, Dr. S. Perry, Dr. N. Rydz, Dr. M.L. Savoie, Dr. M. Shafey, Dr. Y.M. Shrom, Dr. L. Skeith, Dr. J. Slaby, Dr. D. Stewart, Dr. J. Storek, Dr. L. Street, Dr. D. Suryanarayan, Dr. J. Tay, Dr. J. F. T. Thaell, Dr. M. Wong, Dr. V. Zepeda **Grande Prairie** Dr. J. Hattingh, Dr. S. Marcotte, Dr. M. Moreau, Dr. G. Nikoleychuk **Lethbridge** Dr. S. Benke, Dr. A. Imbulgoda, Dr. G. S. E. Razavi **Medicine Hat** Dr. F. El-Gehani, Dr. J. Foley, Dr. G. S. E. Razavi **Red Deer** Dr. F. El-Gehani, Dr. D. Prajapati, Dr. S. Raissouni, Dr. K. Rudolph, Dr. Y.M. Shrom, Dr. C. Tarukandirwa As recommended by the hematology tumour program or outlined under group 2 drugs on first page.	Apr/17	n/a
CEMIPLIMAB	2	Injectable	**Cutaneous Squamous Cell Carcinoma (CSCC)** •Cemiplimab in patients with metastatic or locally advanced cutaneous squamous cell carcinoma (CSCC) who are not candidates for curative surgery or curative radiation, and with good performance status. Treatment should be for: - Previously treated patients (prior radiation and/or surgery) - Treatment naïve patients who are not amendable to curative surgery or curative radiation, or - Patients with relapsed/recurrent CSCC who have received prior systemic therapy. Treatment should continue for up to 24 months (96 weeks) or until symptomatic disease progression or unacceptable toxicity, whichever comes first. Patients may be retreated with cemiplimab provided they did not progress on or within 6 months of being treated with cemiplimab, and are otherwise eligible for treatment. There is a time limited need for eligible patients currently on systemic therapy at the time cemiplimab is funded to switch from chemotherapy to cemiplimab or allow the use of cemiplimab after chemotherapy. Prescribing limited to written authorization by named physicians (authorized prescribers on next page)	Apr/21	Advanced

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
CEMIPLIMAB			(see previous page for criteria) **CCI** Dr. M. Smylie, Dr. J. Walker **TBCC** Dr. T. Cheng, Dr. J. Monzon As recommended by the cutaneous tumour program or outlined under group 2 drugs on first page		
CETUXIMAB	2	injectable	**Head and Neck Cancer** • Patient has locally or regionally advanced squamous cell carcinoma of the head and neck without distant metastases, and • Have Karnofsky Performance score ≥ 90, and • Cetuximab is used in combination with curative radical radiotherapy, and • Recommended dosage is Initially 400 mg/m^2, then 250 mg/m^2 weekly for six to seven weeks. Prescribing limited to written authorization by named physicians: **CCI** Dr. Q. Chu, Dr. N. Chua, Dr. H. El-Darsa, Dr. S. Koski, Dr. J. Mackey, Dr. J. Walker **TBCC** Dr. D. Ezeife, Dr. D. Hao, Dr. M. Webster **Grande Prairie** Dr. M. Moreau **Lethbridge** Dr. A. Imbulgoda, Dr. A. Pabani **Medicine Hat** Dr. A. Pabani **Red Deer** Dr. S. Raissouni As recommended by the Head and Neck tumour group or outlined under group 2 drugs on first page.	Oct/09 Oct/12	advanced
CHLORAMBUCIL	1	tablets			n/a
CISPLATIN	1	injectable		Mar/90 May/06	IV inf. – basic Intraperitoneal - advanced
CLADRIBINE	1	injectable subcutaneous		Mar/96 Apr/09	IV inf., sc - basic Electronic continuous infusion pump - advanced
COBIMETINIB	2	tablets	**Melanoma** •For the treatment of patients with unresectable or metastatic melanoma with BRAF V600 mutation in combination with vemurafenib Not to be used if progression on treatment with alternative BRAF inhibitor and/or MEK inhibitor. Prescribing limited to written authorization by named physicians: **CCI** Dr. M. Smylie, Dr. J. Walker **TBCC** Dr. T. Cheng, Dr. J. Monzon As recommended by the cutaneous tumour program or outlined under group 2 drugs on first page.	Nov/17 Oct/18	n/a

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
CRIZOTINIB	2	oral	**Lung Cancer** • As first line monotherapy for use in patients with anaplastic lymphoma kinase (ALK) – positive locally advanced (not amenable to curative therapy) or metastatic non- small cell lung cancer (NSCLC) if intolerant to alectinib. • As second line monotherapy for use in patients with anaplastic lymphoma kinase (ALK) - positive locally advanced (not amenable to curative therapy) or metastatic non – small cell lung cancer (NSCLC) in patients who have prior first line therapy with platinum based chemo therapy. Not to be used after alectinib. • Crizotinib single agent as first line treatment for patients with ROS1-positive non-small cell lung cancer (NSCLC). Treatment should continue until unacceptable toxicity or disease progression. Prescribing limited to written authorization by named physicians: **CCI** Dr. N. Basappa, Dr. C. Butts, Dr. Q. Chu, Dr. H. El-Darsa, Dr. A. Joy, Dr. M. Kolinsky, Dr. R. Sangha, Dr. M. Smylie, Dr. K. Young **TBCC** Dr. C. Card, Dr. D. Ezeife, Dr. D. Hao, Dr. V. Krause, Dr. D. Morris, Dr. N. Nixon, Dr. A. Pabani, Dr. D. Ruether, Dr. V. Tam, Dr. R. Tsang, Dr. S. Yip **Grande Prairie** Dr. M. Moreau **Lethbridge** Dr. H. Albaba, Dr. A. Imbulgoda, Dr. A. Pabani, Dr. A. Taleb **Medicine Hat** Dr. H. Albaba, Dr. F. El-Gehani, Dr. A. Pabani, Dr. A. Taleb, Dr. S. Yip **Red Deer** Dr. F. El-Gehani, Dr.S. Mairs, Dr. S. Raissouni, Dr. C. Tarukandirwa As recommended by the lung tumour program or outlined under group 2 drugs on first page	Dec/15 Jul19 Jul/20 Oct/20	basic
CYCLOPHOSPHAMIDE	1	injectable, tablets			Direct IV, inf. - basic
CYPROTERONE	1	tablets		May/85	n/a
CYTARABINE	1	injectable		Mar/13	Direct IV, IT, inf., SC – basic

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
DABRAFENIB	2	capsules	**Melanoma** • Dabrafenib and/or trametinib for the treatment of patients with unresectable or metastatic melanoma with a BRAF V600 mutation. Not to be used after progression on an alternate BRAF inhibitor and/or MEK inhibitor. • Dabrafenib/Trametinib for the adjuvant treatment of patients with stage IIIA (limited to lymph node metastases of greater than or equal to 1mm) to stage IIID (8th edition of American Joint Committee on Cancer (AJCC) staging system) BRAF mutated (all BRAF V600 mutations) cutaneous melanoma. Disease must be completely resected including in-transit metastases, however presence of regional lymph nodes with micro metastases after sentinel lymph node biopsy is allowed. Use in ocular melanoma is not funded. Patients must have good performance status. Treatment should continue until disease recurrence, unacceptable toxicity, or up to a maximum of 12 months. For BRAF mutated patients, a one-time switch between adjuvant therapies (BRAF targeted or immunotherapy) within a time limit of 3 months after the initiation of therapy is allowed in which case, total adjuvant therapy will be limited to 12 months. Retreatment with BRAF targeted therapy is allowed if the treatment free interval is greater than or equal to 6 months from the completion of adjuvant BRAF therapy or adjuvant immunotherapy. Prescribing limited to written authorization by named physicians: **CCI** Dr. M. Smylie, Dr. J. Walker **TBCC** Dr. T. Cheng, Dr. J. Monzon As recommended by the cutaneous tumour program or outlined under group 2 drugs on first page	Oct/16 Mar/15 Nov/17 Oct/18 Apr/20 Jul/20 May 21	n/a
DACARBAZINE	1	injectable			IV inf. - basic
DACTINOMYCIN	1	injectable			Direct IV - basic

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
DARATUMUMAB	2	injectable	**Hematology** • Daratumumab (with or without cyclophosphamide) in combination with lenalidomide and dexamethasone or bortezomib and dexamethasone for the treatment of patients with multiple myeloma with good performance status who have received at least one prior therapy. Not to be used as monotherapy in patients who are resistant to both bortezomib and lenalidomide and who were previously treated with three or more lines of therapy. Patients have access to one triple therapy – either daratumumab or carfilzomib triplet therapy. Existing patients who have received three or more lines of therapy, none of which was a triplet combination, and who otherwise meet criteria for these regimens should have access to a triplet therapy. Prescribing limited to written authorization by named physicians: **CCI** Dr.A. Bankar, Dr. L. Bolster, Dr. J. Brandwein, Dr. M. Chu, Dr. N. Chua, Dr. H. El-Darsa, Dr. A. Fagarasanu, Dr. A. Fontaine, Dr. M. Game, Dr. M. Hamilton, Dr. M. Hnatiuk, Dr. L. Larratt, Dr. E. Liew, Dr. A. Parker, Dr. J. Patterson, Dr. A. Peters, Dr. B. Ritchie, Dr. I. Sandhu, Dr. R. Sangha, Dr. D. Sawler, Dr. L. Sun, Dr. S. Takach Lapner, Dr. M. Taparia, Dr. C. Venner, Dr. P.Wang, Dr. C. Wu, Dr. N. Zhu **TBCC** Dr. N. Bahlis, Dr. C. Brown, Dr. A. Bryant, Dr. S. Cerquozzi, Dr. A. Daly, Dr. M. Davidson, Dr. M. Drew-McKinstry, Dr. P. Duggan, Dr. M. Geddes, Dr. D. Goodyear, Dr. J. Grossman, Dr. K. Jamani, Dr. D. Jenkins, Dr. A. Lee, Dr. S. McCulloh, Dr. E.P. Neri, Dr. C. Owen, Dr. S. Perry, Dr. N. Rydz, Dr. M.L. Savoie, Dr. M. Shafey, Dr.Y.M.Shrom, Dr. L. Skeith, Dr. J. Slaby, Dr. D. Stewart, Dr. J. Storek, Dr. L. Street, Dr. D. Suryanarayan, Dr. J. Tay, Dr. J. F. T. Thaell, Dr. M. Wong, Dr. V. Zepeda **Grande Prairie** Dr. J. Hattingh, Dr. S. Marcotte, Dr. M. Moreau, Dr. G. Nikoleychuk **Lethbridge** Dr. S. Benke, Dr. A. Imbulgoda, Dr. G. S. E. Razavi **Medicine Hat** Dr. F. El-Gehani, Dr. J. Foley, Dr. G. S. E. Razavi **Red Deer** Dr. F. El-Gehani, Dr. D. Prajapati, Dr. S. Raissouni, Dr. K. Rudolph, Dr.Y.M.Shrom, Dr. C. Tarukandirwa As recommended by the hematology tumour program or outlined under group 2 drugs on first page.	Jan/19 Jul/19 Nov/19 Jul/20	advanced

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
DAROLUTAMIDE	2	Oral	**Prostate Cancer** • Darolutamide in combination with androgen deprivation therapy (ADT) for the treatment of patients with non-metastatic castration resistant prostate cancer (nmCRPC) who are at high risk of developing metastases. High risk is defined as prostate specific antigen doubling time (PSADT) of ≤ 10 months during continuous ADT. Patients may receive only one of these agents (darolutamide, apalutamide or enzalutamide) in this setting and switching only if intolerance, not progression. Prescribing limited to written authorization by named physicians: **CCI** Dr. N. Basappa, Dr. B. Danielson, Dr. M. Kolinsky, Dr. S. North **TBCC** Dr. N. Alimohamed, Dr. T. Cheng, Dr. D. Heng, Dr. S. Karim, Dr. R. Lee-Ying, Dr. N. Nixon, Dr. D. Ruether, Dr. V. Tam, , Dr. S. Yip **Grande Prairie** Dr. M. Moreau **Lethbridge** Dr. H. Albaba , Dr. A. Imbulgoda, Dr. N. Lavens, Dr. A. Pabani, Dr. A. Taleb, **Medicine Hat** Dr. H. Albaba, Dr. F. El-Gehani, Dr. A. Pabani, Dr. A. Taleb, Dr. S. Yip **Red Deer** Dr. F. El-Gehani, Dr. S. Mairs, Dr. S. Raissouni, Dr. C. Tarukandirwa **Alberta Urology Institute** Dr. M. Chetner, Dr. L. Dean, Dr. A. Fairey, Dr. N.E. Jacobsen, Dr. A. Kinnaird **Southern AB Urology Institute** Dr. B. Bhindi, Dr. B. Donnelly, Dr. G. Grotto **Red Deer Urology** Dr. D. Pugsley As recommended by the genitourinary tumour program or outlined under group 2 drugs on first page.	May/21	n/a

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
DASATINIB	2	oral	**Hematology** •Dasatinib as first line treatment of Philadelphia Chromosome Positive (Ph+ve) chronic myelogenous leukemia (CML) in Chronic Phase (CML-CP). •For the treatment of patients with chronic, accelerated or blast phase Philadelphia Chromosome Positive (Ph+ve) chronic myelogenous leukemia (CML) who have resistance or intolerance to prior TKI therapy. •For adult patients with Philadelphia Chromosome Positive (Ph+ve) acute lymphoblastic leukemia whose disease is resistant to imatinib containing chemotherapy (patient must have tried 600mg/day) or have experienced grade 3 non-hematologic toxicity, or grade 4 hematologic toxicity persisting for more than 7 days to Imatinib. Prescribing limited to written authorization by named physicians: **CCI** Dr.A. Bankar, Dr. L. Bolster, Dr. J. Brandwein, Dr. M. Chu, Dr. N. Chua, Dr. H. El-Darsa, Dr. A. Fagarasanu, Dr. A. Fontaine, Dr. M. Game, Dr. M. Hamilton, Dr. M. Hnatiuk, Dr. L. Larratt, Dr. E. Liew, Dr. A. Parker, Dr. J. Patterson, Dr. A. Peters, Dr. B. Ritchie, Dr. I. Sandhu, Dr. R. Sangha, Dr. D. Sawler, Dr. L. Sun, Dr. S. Takach Lapner, Dr. M. Taparia, Dr. C. Venner, Dr. P. Wang, Dr. C. Wu, Dr. N. Zhu **TBCC** Dr. N. Bahlis, Dr. C. Brown, Dr. A. Bryant, Dr. S. Cerquozzi, Dr. A. Daly, Dr. M. Davidson, Dr. M. Drew-McKinstry, Dr. P. Duggan, Dr. M. Geddes, Dr. D. Goodyear, Dr. J. Grossman, Dr. K. Jamani, Dr. D. Jenkins, Dr. A. Lee, Dr. S. McCulloch, Dr. E. P. Neri, Dr. C. Owen, Dr. S. Perry, Dr. N. Rydz, Dr. M.L. Savoie, Dr. M. Shafey, Dr. Y.M.Shrom, Dr. L. Skeith, Dr. J. Slaby, Dr. D. Stewart, Dr. J. Storek, Dr. L. Street, Dr. D. Suryanarayan, Dr. J. Tay, Dr. J. F. T. Thaell, Dr. M. Wong, Dr. V. Zepeda **Grande Prairie** Dr. J. Hattingh, Dr. S. Marcotte, Dr. M. Moreau, Dr. G. Nikoleychuk **Lethbridge** Dr. S. Benke, Dr. A. Imbulgoda, Dr. G. S. E. Razavi. **Medicine Hat** Dr. F. El-Gehani, Dr. J. Foley, Dr. G. S. E. Razavi **Red Deer** Dr. F. El-Gehani, Dr. D. Prajapati, Dr. S. Raissouni, Dr. K. Rudolph, Dr.Y.M.Shrom, Dr. C. Tarukandirwa As recommended by the hematology tumour program or outlined under group 2 drugs on first page.	Oct/12 Oct/09 Jul/20	n/a

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
DAUNORUBICIN	1	injectable			Direct IV, inf. - basic
DEGARELIX	2	injectable	**Prostate** Degarelix for patients with prostate cancer in whom androgen deprivation therapy is indicated, and who have a history of cardiovascular disease (per STAMP criteria): stroke, transient ischemic attack, abdominal aortic disease, myocardial infarction, angina, or previous coronary revascularization, or peripheral artery disease. Prescribing limited to written authorization by named physicians: **CCI** Dr. A. Abraham, Dr. J. Amanie, Dr. N. Basappa, Dr. B. Danielson, Dr. A. Duimering Dr. M. Kolinsky, Dr. A. Murtha, Dr. S. North, Dr. S. Patel, Dr. K. Paulson, Dr. R. Pearcey, Dr. L. Rowe, Dr. N. Usmani, Dr. D. Yee **TBCC** Dr. N. Alimohamed, Dr. S. Angyalfi, Dr. A Balogh Dr. T. Cheng, Dr. D. Heng, Dr. S. Husain, Dr. S. Karim, Dr. R. Lee-Ying, Dr. K. Martell, Dr. N. Nixon, Dr. J. Pinilla, Dr. H. Quon, Dr. D. Ruether, Dr. M. Sia, Dr. V. Tam, Dr. J. Wu, Dr. S. Yip **Grande Prairie** Dr. P. Grendarova, Dr. M. Moreau **Lethbridge** Dr. H. Albaba, Dr.A. Ghose, Dr. A. Imbulgoda, Dr. A. Pabani, Dr. A. Taleb, Dr. J. Wilson **Medicine Hat** Dr. H. Albaba, Dr. F. El-Gehani, Dr. A. Pabani, Dr. A. Taleb, Dr. S. Yip **Red Deer** Dr. F. El-Gehani, Dr. H. Liu, Dr. S. Mairs, Dr. C. Martens, Dr. S. Raissouni, Dr. C. Tarukandirwa **Alberta Urology Institute** Dr. P. Bach, Dr. D. Bochinski, Dr. M. Chetner, Dr. S. De, Dr. L. Dean, Dr. E. Estey, Dr. H. Evans, Dr. A. Fairey, Dr. G. Gray, Dr. M. Hobart, Dr. N. Hoy, Dr. N.E.Jacobsen, Dr. A. Kinnaird, Dr. J. LaBoissiere, Dr. R. Moore, Dr. k. Rouke, Dr. T. Schuler, Dr. B. St. Martin Dr. T. Wollin **Southern AB Urology Institute** Dr. R. Barr, Dr. B. Bhindi, Dr. B. Donnelly, Dr. M. Duffy, Dr. J. Dushinski, Dr. G. Grotto, Dr. E. Hyndman, Dr. J. Kawakami, Dr. G. Kozak, Dr. J. Lee, Dr. C. Metcalfe **Grande Prairie Urology** Dr. E. Beuker, Dr. J. Roy, Dr. C. Torbey **Lethbridge Urology** Dr. V. DaSilva, Dr. N. Lavens, Dr. J. Taylor **Medicine Hat Urology** Dr. T. Alphin **Red Deer Urology** Dr. R. Bastiampillai, Dr. T. Haines, Dr. D. Pugsley, Dr. B. Reikie, Dr. R. Thomas, Dr. S.Van Zyl, Dr. N. Walz As recommended by the genitourinary tumour program or outlined under group 2 drugs on first page.	Jul/20	n/a
DEXAMETHASONE	1	injectable, tablets	• Antiemetic use NOT covered.		n/a

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
DOCETAXEL	1	injectable		Mar/01 Apr/03 Jun/14	advanced - IV basic - intravesical use (bladder instillation)
DOXORUBICIN	1	injectable			Direct IV – basic Electronic continuous infusion pump - advanced
DOXORUBICIN LIPOSOMAL	1	injectable		Jun/14	advanced
DURVALUMAB	2	Injectable	**Lung Cancer** • For the treatment of patients with locally advanced, unresectable stage III non-small cell lung cancer (NSCLC) who do not have disease progression following curative intent platinum-based concurrent chemoradiation therapy. Treatment should continue until unacceptable toxicity or disease progression to a maximum of 12 months. Prescribing limited to written authorization by named physicians: **CCI** Dr. N. Basappa, Dr. C. Butts, Dr. Q. Chu, Dr. H. El-Darsa, Dr. A. Joy, Dr. M. Kolinsky, Dr. R. Sangha, Dr. M. Smylie, Dr. K. Young. **TBCC** Dr. C. Card, Dr. D. Ezeife, Dr. D. Hao, Dr. V. Krause, Dr. D. Morris, Dr. N. Nixon, Dr. A. Pabani, Dr. D. Ruether, Dr. V. Tam, Dr. R. Tsang, S. Yip. **Grande Prairie** Dr. M. Moreau **Lethbridge** Dr. H. Albaba, Dr. A. Imbulgoda, Dr. A. Pabani, Dr. A. Taleb **Medicine Hat** Dr. H. Albaba, Dr. F. El-Gehani, Dr. A. Pabani, Dr. A. Taleb, Dr. S. Yip **Red Deer** Dr. F. El-Gehani, Dr. S. Mairs, Dr. S. Raissouni, Dr. C. Tarukandirwa As recommended by the lung tumour program or outlined under group 2 drugs on first page	Apr/20 Jul/20	Basic

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
ENZALUTAMIDE	2	oral	**Metastatic Castrate Resistant Prostate Cancer (mCRPC)** •For the treatment of metastatic castration resistant prostate cancer. May not be used following apalutamide, enzalutamide or darolutamide in the nmCRPC setting unless discontinued apalutamide, enzalutamide or darolutamide due to intolerance (without progression). **Non-Metastatic Castrate Resistant Prostate Cancer** •Enzalutamide in combination with androgen deprivation therapy (ADT) for the treatment of patients with non – metastatic castration resistant prostate cancer (nmCRPC) who are at high risk of developing metastases. High risk is defined as prostate specific antigen doubling time (PSADT) of ≤ 10 months during continuous ADT. Patients may receive only one of these agents (darolutamide, apalutamide or enzalutamide) in this setting and switching only if intolerance, not progression. Prescribing limited to written authorization by named physicians: **CCI** Dr. N. Basappa, Dr. B. Danielson, Dr. M. Kolinsky, Dr. S. North **TBCC** Dr. N. Alimohamed, Dr. T. Cheng, Dr. D. Heng, Dr. S. Karim, Dr. R. Lee-Ying, Dr. N. Nixon, Dr. D. Ruether, Dr. V. Tam, , Dr. S. Yip **Grande Prairie** Dr. M. Moreau **Lethbridge** Dr. H. Albaba, Dr. A. Imbulgoda, Dr. N. Lavens, Dr. A. Pabani, Dr. A. Taleb **Medicine Hat** Dr. H. Albaba, Dr. F. El-Gehani, Dr. A. Pabani, Dr. A. Taleb, Dr. S. Yip **Red Deer** Dr. F. El-Gehani, Dr. S. Mairs, Dr. D. Pugsley, Dr. S. Raissouni, Dr. C. Tarukandirwa **Alberta Urology Institute** Dr. M. Chetner, Dr. L. Dean, Dr. A. Fairey Dr. N.E. Jacobsen, Dr. A. Kinnaird **Southern AB Urology Institute** Dr. B. Bhindi, Dr. B. Donnelly, Dr. G. Grotto **Red Deer Urology** Dr. D. Pugsley As recommended by the genitourinary tumour program or outlined under group 2 drugs on first page.	Dec/13 Dec/15 Apr/20 Jul/20 May/21	n/a

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
EPIRUBICIN	1	injectable		Jul/20	Direct IV - basic
ERIBULIN	2	injectable	**Breast Cancer** • For the treatment of patients with metastatic or incurable locally advanced breast cancer who have previous treatment with a taxane and an anthracycline, who have had at least two chemotherapy regimens for metastatic or locally recurrent disease and who have progressed after their last therapy. Patients must have good performance status (ECOG≤2). Prescribing limited to written authorization by named physicians: **CCI** Dr. S. Basi, Dr. A. Joy, Dr. K. King, Dr. J. Mackey, Dr. J. Meza- Junco, Dr. J. Price Hiller, Dr. K. Young, Dr. X. Zhu, Dr. B. Zorniak **TBCC** Dr. N. Alimohamed, Dr. D. Ezeife, Dr. J. Henning, Dr. O. Khan, Dr. V. Krause, Dr. S. Lupichuk, Dr. N. Nixon, Dr. A. Pabani, Dr. A. Paterson, Dr. G. Roldan Urgoiti, Dr. D. Ruether, Dr. D. Stewart, Dr. P. Tang, Dr. R. Tsang, Dr. M. Webster **Grande Prairie** Dr. M. Moreau **Lethbridge** Dr. H. Albaba, Dr. A. Imbulgoda, Dr. A. Pabani, Dr. A. Taleb, **Medicine Hat** Dr. H. Albaba, Dr. F. El-Gehani, Dr. J. Foley, Dr. A. Pabani, Dr. A. Taleb, Dr. S. Yip **Red Deer** Dr. F. El-Gehani, Dr. S. Mairs, Dr. S. Raissouni, Dr. C. Tarukandirwa As recommended by the breast tumour program or outlined under group 2 drugs on first page.	Oct/13 Jul/20	basic
ERLOTINIB	1	tablets	Not funded after progression on first line osimertinib.	Nov/17	n/a
ERWINIA L-ASPARAGINASE	1	injectable		Feb/10 Jun/14	advanced
ETOPOSIDE	1	injectable, capsules			IV inf. – basic

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
EVEROLIMUS	2	tablets	**Renal** • For the treatment of patients with metastatic renal cell carcinoma (mRCC) after failure of initial treatment with any VEGF- receptor TKIs (e.g. sunitinib, sorafenib, pazopanib). Not to be used after progression on Nivolumab, may be considered if intolerant to Nivolumab. Following ipilimumab/nivolumab combination in the first line only one more agent will be funded. For further clarity only one more line of therapy is funded following the first line use of combination of ipilimumab/nivolumab. Prescribing limited to written authorization by named physicians: **CCI** Dr. N. Basappa, Dr. M. Kolinsky, Dr. S. North **TBCC** Dr. N. Alimohamed, Dr. T. Cheng, Dr. D. Heng, Dr. S. Karim, Dr. R. Lee-Ying, Dr. N. Nixon, Dr. D. Ruether, Dr. V. Tam, Dr. S. Yip **Grande Prairie** Dr. M. Moreau **Lethbridge** Dr. H. Albaba, Dr. A. Imbulgoda, Dr. A. Pabani, Dr. A. Taleb **Medicine Hat** Dr. H. Albaba, Dr. F. El-Gehani, Dr. A. Pabani, Dr. A. Taleb, Dr. S. Yip **Red Deer** Dr. F. El-Gehani, Dr. Mairs, Dr. S. Raissouni, Dr. C. Tarukandirwa As recommended by the genitourinary tumour program or outlined under group 2 drugs on first page.	Feb/11 Mar/14 Apr/17 Jul/19 Jul/20	n/a

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
EVEROLIMUS	2	tablets	**pNET and NET – (GIL)** • For the treatment of patients with well or moderately – differentiated neuro-endocrine tumours of pancreatic origins (pNETs) in patients with unresectable, locally advanced or metastatic disease who have not previously been treated with sunitinib (unless intolerant). •Everolimus for the treatment of unresectable, locally advanced or metastatic well-differentiated non-functional neuroendocrine tumours (NETs) of gastrointestinal or lung origin (GIL) in adults with documented radiological disease progression within six months and with a good performance status. Prescribing limited to written authorization by named physicians: **CCI** Dr. O. Abdelsalam, Dr. N. Basappa, Dr. C. Butts, Dr. Q. Chu, Dr. N. Chua, Dr. H. El-Darsa, Dr. Easaw, Dr. A. Joy, Dr. Karachiwala, Dr. K. King, Dr. M. Kolinsky, Dr. S. Koski, Dr. K. Mulder, Dr. S. North, Dr. J. Price Hiller, Dr. R. Sangha, Dr. M. Sawyer, Dr. A. Scarfe, Dr. M. Smylie, Dr. J. Spratilin, Dr. K. Young, Dr. X. Zhu **TBCC** Dr. N. Alimohamed, Dr. C. Card, Dr. W. Cheung, Dr. T. Cheng, Dr. S. Dowden, Dr. D. Heng, Dr. O. Khan, Dr. S. Karim, Dr. R. Lee-Ying, Dr. N. Nixon, Dr. D. Ruether, Dr. H. Samawi, Dr. C. Symonds, Dr. V. Tam, Dr. S. Yip **Grande Prairie** Dr. M. Moreau **Lethbridge** Dr. H. Albaba, Dr. A. Imbulgoda, Dr. A. Pabani **Medicine Hat** Dr. F. El-Gehani, Dr. A. Pabani, Dr. S. Yip **Red Deer** Dr. F. El-Gehani, Dr. S. Mairs, Dr. S. Raissouni, Dr. C. Tarukandirwa As recommended by the gastrointestinal or lung tumour program or outlined under group 2 drugs on first page.	Mar/13 Sep/18 Jul/20	n/a

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
EVEROLIMUS	2	tablets	**Breast Cancer** • For the treatment of hormone-receptor positive, HER2 negative advanced breast cancer in post-menopausal patients (ECOG≤ 2) after recurrence or progression following a non- steroidal aromatase inhibitor (NSAI), if the treating oncologist would consider using exemestane. Not to be used after palbociclib or ribociclib. Prescribing limited to written authorization by named physicians **CCI** Dr. S. Basi, Dr. A. Joy, Dr. K. King, Dr. J. Mackey, Dr. J. Meza-Junco, Dr. J. Price Hiller, Dr. K. Young, Dr. X. Zhu, Dr. B. Zorniak **TBCC** Dr. N. Alimohamed, Dr. D. Ezeife, Dr. J. Henning, Dr. O. Khan, Dr. V. Krause, Dr. S. Lupichuk, Dr. N. Nixon, Dr. A. Pabani, Dr. A. Paterson, Dr. G. Roldan Urgoiti, Dr. D. Ruether, Dr. D. Stewart, Dr. P. Tang, Dr. R. Tsang, Dr. M. Webster **Grande Prairie** Dr. M. Moreau **Lethbridge** Dr. H. Albaba, Dr. A. Imbulgoda, Dr. A. Pabani, Dr. A. Taleb, **Medicine Hat** Dr. H. Albaba, Dr. J. Foley, Dr. A. Pabani, Dr. A. Taleb, Dr. S. Yip **Red Deer** Dr. F. El-Gehani. , Dr. S. Mairs, Dr. S. Raissouni, Dr. C. Tarukandirwa. As recommended by the breast tumour program or outlined under group 2 drugs on first page.	Dec/13 May/18 Nov/19 Jul/20 Apr/21	n/a
EXEMESTANE	1	oral		July/13	n/a
FLUDARABINE	1	injectable, tablets		Mar/96 Apr/09	IV inf. - basic
FLUOROURACIL	1	injectable, cream			Direct IV, inf. - basic
	1	pump	electronic continuous infusion pumps	Jan/02	advanced
			Baxter (elastomeric) pumps.	Jan/02	basic
FLUTAMIDE	1	tablets		Apr/09	n/a

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
FULVESTRANT	2	Injectable	**Breast Cancer** • In combination with palbociclib- please see criteria listed under palbociclib • Fulvestrant monotherapy in the treatment of postmenopausal patients or male patients with non-visceral locally advanced or metastatic HER2-negative breast cancer, regardless of age, who have not been previously treated with endocrine therapy (including in the adjuvant setting) and who have a good performance status. Treatment should continue until unacceptable toxicity or disease progression. Not to be used after Palbociclib and aromatase inhibitor. • In combination with ribociclib please see criteria listed under ribociclib. Prescribing limited to written authorization by named physicians **CCI** Dr. S. Basi, Dr. A. Joy, Dr. K. King, Dr. J. Mackey, Dr. J. Meza-Junco, Dr. J. Price Hiller, Dr. K. Young, Dr. X. Zhu, Dr. B. Zorniak **TBCC** Dr. N. Alimohamed, Dr. D. Ezeife, Dr. J. Henning, Dr. O. Khan, Dr. V. Krause, Dr. S. Lupichuk, Dr. N. Nixon, Dr. A. Pabani, Dr. A. Paterson, Dr. G. Roldan Urgoiti, Dr. D. Ruether, Dr. D. Stewart, Dr. P. Tang, Dr. R. Tsang, Dr. M. Webster **Grande Prairie** Dr. M. Moreau **Lethbridge** Dr. H. Albaba, Dr. A. Imbulgoda, Dr. A. Pabani, Dr. A. Taleb, **Medicine Hat** Dr. H. Albaba, Dr. J. Foley, Dr. A. Pabani, Dr. A. Taleb, Dr. S. Yip **Red Deer** Dr. F. El-Gehani. , Dr. S. Mairs, Dr. S. Raissouni, Dr. C. Tarukandirwa. As recommended by the breast tumour program or outlined under group 2 drugs on first page.	Sept/20 Dec/20 Apr/21	n/a
GEFITINIB	1	tablets	Not funded after progression on first line osimertinib.	Apr/20	n/a
GEMCITABINE	1	injectable		May/10 Jun/11	basic IV and intravesical use (bladder instillation)

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
GILTERITINB	2	Oral	**Hematology** • Gilteritinib for the treatment of adult patients who have relapsed or refractory acute myeloid leukemia (AML) with a FMS-like tyrosine kinase 3 (FLT3) mutation as detected by a validated test. On a time limited basis, a switch to gilteritinib or treatment with gilteritinib at the time of progression, for patients currently on therapy for relapsed or refractory AML (including second and later relapses) that was initiated prior to funding of gilteritinib and who would otherwise be eligible for this therapy. Prescribing limited to written authorization by named physicians: **CCI** Dr.A. Bankar, Dr. L. Bolster, Dr. J. Brandwein, Dr. M. Chu, Dr. N. Chua, Dr. H. El-Darsa, Dr. A. Fagarasanu, Dr. A. Fontaine, Dr. M. Game, Dr. M. Hamilton, Dr. M. Hnatiuk, Dr. L. Larratt, Dr. E. Liew, Dr. A. Parker, Dr. J. Patterson, Dr. A. Peters, Dr. B. Ritchie, Dr. I. Sandhu, Dr. R. Sangha, Dr. D. Sawler, Dr. L. Sun, Dr. S. Takach Lapner, Dr. M. Taparia, Dr. C. Venner, Dr. P. Wang, Dr. C. Wu, Dr. N. Zhu **TBCC** Dr. N. Bahlis, Dr. C. Brown, Dr. A. Bryant, Dr. S. Cerquozzi, Dr. A. Daly, Dr. M. Davidson, Dr. M. Drew-McKinstry, Dr. P. Duggan, Dr. M. Geddes, Dr. D. Goodyear, Dr. J. Grossman, Dr. K. Jamani, Dr. D. Jenkins, Dr. A. Lee, Dr. S. McCulloch, Dr. E.P. Neri, Dr. C. Owen, Dr. S. Perry, Dr. N. Rydz, Dr. M.L. Savoie, Dr. M. Shafey, Dr. Y.M.Shrom, Dr. L. Skeith, Dr. J. Slaby, Dr. D. Stewart, Dr. J. Storek, Dr. L. Street, Dr. D. Suryanarayan, Dr. J. Tay, Dr. J. F. T. Thaell, Dr. M. Wong Dr. V. Zepeda **Grande Prairie** Dr. J. Hattingh, Dr. S. Marcotte, Dr. M. Moreau Dr. G. Nikoleychuk **Lethbridge** Dr. S. Benke, Dr. A. Imbulgoda, Dr. G. S. E. Razavi. **Medicine Hat** Dr. F. El-Gehani, Dr. J. Foley, Dr. G. S. E. Razavi. **Red Deer** Dr. F. El-Gehani, Dr. D. Prajapati, Dr. S. Raissouni, Dr. K. Rudolph, Dr. Y.M.Shrom, Dr. C. Tarukandirwa As recommended by the hematology tumour program or outlined under group 2 drugs on first page.	May/21	n/a
GOSERELIN	1	injectable	**Prostate Cancer** Restricted to: • Stage II (T2a-T2c): Neoadjuvant use pre RT (2 months pre and during RT). • Neoadjuvant use pre radical prostatectomy (4 months pre). • Stage III (T3a-T4b): Neoadjuvant use pre RT (2 months pre and during RT). • Adjuvant use (3 years post RT). • Stage IV (N1-N3) (M1-M1c): As monotherapy in medical castration. • In total androgen blockade (medical castration and nonsteroidal anti-androgen). • Treatment option in addition to adjuvant or salvage radiotherapy for patients post prostatectomy Guidelines for LHRH use in the above stated stages include: LHRH agonists are indicated for use in patients at risk of thromboembolic disease, strokes (CVA), myocardial infarction and also for consideration in patients with dyslipidemia, hypertension, and diabetes mellitus or where a patient is considered intolerant to cyproterone acetate or megestrol acetate.	Jan/98 Nov/19	n/a

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
HYDROCORTISONE SODIUM SUCCINATE	1	injectable	• Intrathecal use only.		IT – basic
HYDROXYUREA	1	capsules			n/a
IBRUTINIB	2	oral	**Hematology** • Ibrutinib for the treatment of patients with relapsed or refractory mantle cell lymphoma. Treatment should be for patients with a good performance status and until disease progression or unacceptable toxicity. • Ibrutinib for the treatment of patients with previously untreated del (17p) and/or TP53 mutation chronic lymphocytic leukemia (CLL) or small lymphocytic lymphoma (SLL).This high risk group of patients also includes young, fit patients with unmutated IgHV status Treatment should be for patients with a good performance status until disease progression or unacceptable toxicity. • Ibrutinib for patients with CLL/SLL who have received at least one prior therapy and are considered inappropriate for treatment or retreatment with a fludarabine based regimen. Prescribing limited to written authorization by named physicians: **CCI** Dr.A. Bankar, Dr. L. Bolster, Dr. J. Brandwein, Dr. M. Chu, Dr. N. Chua, Dr. H. El-Darsa, Dr. A. Fagarasanu, Dr. A. Fontaine, Dr. M. Game, Dr. M. Hamilton, Dr. M. Hnatiuk, Dr. L. Larratt, Dr. E. Liew, Dr. A. Parker, Dr. J. Patterson, Dr. A. Peters, Dr. B. Ritchie, Dr. I. Sandhu, Dr. R. Sangha, Dr. D. Sawler, Dr. L. Sun, Dr. S. Takach Lapner, Dr. M. Taparia, Dr. C. Venner, Dr. P. Wang, Dr. C. Wu, Dr. N. Zhu **TBCC** Dr. N. Bahlis, Dr. C. Brown, Dr. A. Bryant, Dr. S. Cerquozzi, Dr. A. Daly, Dr. M. Davidson, Dr. M. Drew-McKinstry, Dr. P. Duggan, Dr. M. Geddes, Dr. D. Goodyear, Dr. J. Grossman, Dr. K. Jamani, Dr. D. Jenkins, Dr. A. Lee, Dr. S. McCulloch, Dr. E.P. Neri, Dr. C. Owen, Dr. S. Perry, Dr. N. Rydz, Dr. M.L. Savoie, Dr. M. Shafey, Dr. Y.M.Shrom, Dr. L. Skeith, Dr. J. Slaby, Dr. D. Stewart, Dr. J. Storek, Dr. L. Street, Dr. D. Suryanarayan, Dr. J. Tay, Dr. J. F. T. Thaell, Dr. M. Wong Dr. V. Zepeda **Grande Prairie** Dr. J. Hattingh, Dr. S. Marcotte, Dr. M. Moreau Dr. G. Nikoleychuk **Lethbridge** Dr. S. Benke, Dr. A. Imbulgoda, Dr. G. S. E. Razavi. **Medicine Hat** Dr. F. El-Gehani, Dr. J. Foley, Dr. G. S. E. Razavi. **Red Deer** Dr. F. El-Gehani, Dr. D. Prajapati, Dr. S. Raissouni, Dr. K. Rudolph, Dr. Y.M.Shrom, Dr. C. Tarukandirwa As recommended by the hematology tumour program or outlined under group 2 drugs on first page.	May/18 May/18 Aug/15 Apr/20 Jul/20	n/a
IDARUBICIN	1	injectable		Jul/98 Apr/09	

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
IDELALISIB	2	tablets	**Hematology** • Idelalisib in combination with rituximab for the treatment of patients with relapsed chronic lymphocytic leukemia (CLL). Treatment should continue until unacceptable toxicity or disease progression. Only to be used after progression on ibrutinib in 1st line as a bridge to transplant, otherwise not covered after progression on 1st line ibrutinib. Prescribing limited to written authorization by named physicians: **CCI** Dr.A. Bankar, Dr. L. Bolster, Dr. J. Brandwein, Dr. M. Chu, Dr. N. Chua, Dr. H. El-Darsa, Dr. A. Fagarasanu, Dr. A. Fontaine, Dr. M. Game, Dr. M. Hamilton, Dr. M. Hnatiuk, Dr. L. Larratt, Dr. E. Liew, Dr. A. Parker, Dr. J. Patterson, Dr. A. Peters, Dr. B. Ritchie, Dr. I. Sandhu, Dr. R. Sangha, Dr. D. Sawler, Dr. L. Sun, Dr. S. Takach Lapner, Dr. M. Taparia, Dr. C. Venner, Dr. P. Wang, Dr. C. Wu, Dr. N. Zhu **TBCC** Dr. N. Bahlis, Dr. C. Brown, Dr. A. Bryant, Dr. S. Cerquozzi, Dr. A. Daly, Dr. M. Davidson, Dr. M. Drew-McKinstry, Dr. P. Duggan, Dr. M. Geddes, Dr. D. Goodyear, Dr. J. Grossman, Dr. K. Jamani, Dr. D. Jenkins, Dr. A. Lee, Dr. S. McCulloch, Dr. E.P. Neri, Dr. C. Owen, Dr. S. Perry, Dr. N. Rydz, Dr. M.L. Savoie, Dr. M. Shafey, Dr. Y.M.Shrom, Dr. L. Skeith, Dr. J. Slaby, Dr. D. Stewart, Dr. J. Storek, Dr. L. Street, Dr. D. Suryanarayan, Dr. J. Tay, Dr. J. F. T. Thaell, Dr. M. Wong, Dr. V. Zepeda **Grande Prairie** Dr. J. Hattingh, Dr. S. Marcotte, Dr. M. Moreau, Dr. G. Nikoleychuk **Lethbridge** Dr. S. Benke, Dr. A. Imbulgoda, Dr. G. S. E. Razavi. **Medicine Hat** Dr. F. El-Gehani, Dr. J. Foley, Dr. G. S. E. Razavi. **Red Deer** Dr. F. El-Gehani, Dr. Prajapati, Dr. S. Raissouni, Dr. K. Rudolph, Dr. Y.M.Shrom, Dr. C. Tarukandirwa As recommended by the hematology tumour program or outlined under group 2 drugs on first page	Oct/16 May/18 Jul/20	n/a
IFOSFAMIDE	1	injectable			IV inf. – basic

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
IMATINIB	2	tablets	**GIST** • For adjuvant treatment of patients who are at high risk of relapse following complete resection of KIT (CD117) positive GIST • For surgically unresectable or metastatic gastrointestinal stromal tumour (GIST). Prescribing limited to written authorization by named physicians: **CCI** Dr. Q. Chu, Dr. H. Karachiwala, Dr. S. McKillop, Dr. K. Mulder **TBCC** Dr. V. Bramwell, Dr. J. Henning, Dr. O.Khan, Dr. D. Morris, Dr. A. Pabani, Dr. V. Tam **Grande Prairie** Dr. M. Moreau **Lethbridge** Dr. A. Imbulgoda, Dr. A. Pabani **Medicine Hat** Dr. A. Pabani, Dr. S. Yip **Red Deer** Dr. F. El-Gehani. Dr. S. Raissouni, Dr. C. Tarukandirwa As recommended by the sarcoma tumour program or outlined under group 2 drugs on first page.	Apr/03 Oct/12	n/a

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
IMATINIB	2	tablets	**Hematology** • Imatinib as first line treatment for patients with chronic, accelerated or blast phase Philadelphia Chromosome Positive (Ph+ve) chronic myelogenous leukemia (CML). For the treatment of patients with chronic, accelerated or blast phase Philadelphia Chromosome Positive (Ph+ve) chronic myelogenous leukemia (CML) who have resistance or intolerance to prior TKI therapy. • Acute lymphoblastic leukemia or other leukemia's that have the characteristic t (9; 22) translocation detected by cytogenetics, FISH analysis, or PCR positive for bcr-abl oncogene. Prescribing limited to written authorization by named physicians: **CCI** Dr.A. Bankar, Dr. L. Bolster, Dr. J. Brandwein, Dr. M. Chu, Dr. N. Chua, Dr. H. El-Darsa,Dr. A. Fagarasanu, Dr. A. Fontaine, Dr. M. Game, Dr. M. Hamilton, Dr. M. Hnatiuk, Dr. L. Larratt, Dr. E. Liew, Dr. A. Parker, Dr. J. Patterson, Dr. A. Peters, Dr. B. Ritchie, Dr. I. Sandhu, Dr. R. Sangha, Dr. D. Sawler, Dr. L. Sun, Dr. S. Takach Lapner, Dr. M. Taparia, Dr. C. Venner, Dr. P. Wang, Dr. C. Wu, Dr. N. Zhu **TBCC** Dr. N. Bahlis, Dr. C. Brown, Dr. A. Bryant, Dr. S. Cerquozzi, Dr. A. Daly, Dr. M. Davison, Dr. M. Drew-McKinstry, Dr. P. Duggan, Dr. M. Geddes, Dr. D. Goodyear, Dr. J. Grossman, Dr. K. Jamani, Dr. D. Jenkins, Dr. A. Lee, Dr. S. McCulloch, Dr. E.P. Neri, Dr. C. Owen, Dr. S. Perry, Dr. N. Rydz, Dr. M.L. Savoie, Dr. M. Shafey, Dr.Y.M.Shrom, Dr. L. Skeith, Dr. J. Slaby, Dr. D. Stewart, Dr. J. Storek, Dr. L. Street, Dr. D. Suryanarayan, Dr. J. Tay, Dr. J. F. T. Thaell, Dr. M. Wong, Dr. V. Zepeda. **Grande Prairie** Dr. J. Hattingh, Dr. S. Marcotte, Dr. M. Moreau, Dr. G. Nikoleychuk **Lethbridge** Dr. S. Benke, Dr. A. Imbulgoda, Dr. G. S. E. Razavi **Medicine Hat** Dr. F. El-Gehani, Dr. J. Foley, Dr. G. S. E. Razavi. **Red Deer** Dr. F. El-Gehani, Dr. D. Prajapati, Dr. S. Raissouni, Dr. K. Rudolph, Dr. Y.M.Shrom, Dr. C. Tarukandirwa As recommended by the hematology tumour program or outlined under group 2 drugs on first page.	Apr/03 Oct/03 Jul/20	n/a

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
IPILIMUMAB	2	injectable	**Melanoma** • For the treatment of advanced melanoma (unresectable Stage III or Stage IV melanoma) in patients who have received prior systemic therapy. • for the first line treatment of advanced (unresectable or metastatic) melanoma dosed at 3 mg/kg every 3 weeks for 4 doses. Only patients with a documented response maintained for 6 months are eligible for retreatment. • For its use in combination with nivolumab please see nivolumab. Prescribing limited to written authorization by named physicians: **CCI** Dr. M. Smylie, Dr. J. Walker **TBCC** Dr. T. Cheng, Dr. J. Monzon As recommended by the cutaneous tumour program or outlined under group 2 drugs on first page	Oct/12 Jul/16 Mar/15 Jul/19 Apr/20	advanced
			Renal • For its use in combination with nivolumab please see nivolumab.		
IRINOTECAN *Note: Loperamide supplied by industry with this agent's use.	1	injectable		Aug/09	IV inf. – basic
ISOTRETINOIN	1	capsules		Mar/99 Apr/09	n/a
LAPATINIB	2	tablets	**Breast Cancer – Metastatic/Advanced** • In combination with capecitabine for the treatment of patients with advanced/metastatic breast cancer whose tumours overexpress ErbB2 (HER-2) after prior taxane and trastuzumab exposure. Prescribing limited to written authorization by named physicians: **CCI** Dr. S. Basi, Dr. A. Joy, Dr. K. King, Dr. J. Mackey, Dr. J. Meza-Junco, Dr. J. Price Hiller, Dr. K. Young, Dr. X. Zhu, Dr. B. Zorniak **TBCC** Dr. N. Alimohamed, Dr. D. Ezeife, Dr. J. Henning, Dr. O. Khan, Dr. V. Krause, Dr. S. Lupichuk, Dr. N. Nixon, Dr. A. Pabani, Dr. A. Paterson, Dr. G. Roldan Urgoiti, Dr. D. Ruether, Dr. D. Stewart, Dr. P. Tang, Dr. R. Tsang, Dr. M. Webster **Grande Prairie** Dr. M. Moreau **Lethbridge** Dr. H. Albaba, Dr. A. Imbulgoda, Dr. A. Pabani, Dr. A. Taleb **Medicine Hat** Dr. H. Albaba, Dr. F. El-Gehani, Dr. J. Foley, Dr. A. Taleb, Dr. A. Pabani, Dr. S. Yip **Red Deer** Dr. F. El-Gehani, Dr. S. Mairs, Dr. S. Raissouni, Dr. C. Tarukandirwa As recommended by the breast tumour program or outlined under group 2 drugs on first page.	Feb/11 Aug/12 Jul/20	n/a

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
LENALIDOMIDE	2	capsules	**MDS** – for the treatment of anemia due to myelodysplastic syndrome with a deletion of 5q cytogenetic abnormality **Multiple Myeloma** • Lenalidomide as an option for first line treatment in patients with multiple myeloma who are not eligible for autologous stem cell transplantation. Treatment should be in combination with dexamethasone for patients with ECOG PS ≤ 2 and until disease progression. • Multiple myeloma after at least one prior therapy. Patients cannot have progressed on prior lenalidomide. • Maintenance treatment for patients with newly diagnosed multiple myeloma following autologous stem cell transplantation. **Initial dose is usually 10 mg daily for 21/28 day cycles with dose adjustments (5-15 mg) necessary based on individual patient characteristics.** Concurrent use with bortezomib maintenance for high risk patients with any of the del17p, t (4:14) or t (14:16) is approved. • VRD - the combination of lenalidomide, bortezomib and low dose dexamethasone in patients with newly diagnosed multiple myeloma in whom stem cell transplantation is not intended. Reimbursement should be in patients with good performance status and treatment (with lenalidomide and low dose dexamethasone for the maintenance phase) should continue until unacceptable toxicity or disease progression. Prescribing limited to named physicians WHO ARE REGISTERED IN RevAID PROGRAM WITH A SPECIFIC PRESCRIBER ID NUMBER: **CCI** Dr.A. Bankar, Dr. L. Bolster, Dr. J. Brandwein, Dr. M. Chu, Dr. N. Chua, Dr. H. El-Darsa, Dr. A. Fontaine, Dr. M. Game, Dr. M. Hamilton, Dr. L. Larratt, Dr. E. Liew, Dr. J. Patterson, Dr. A. Peters, Dr. B. Ritchie, Dr. I. Sandhu, Dr. R. Sangha, Dr. M. Taparia, Dr. C. Venner, Dr. P. Wang, Dr. C. Wu, Dr. N. Zhu **TBCC** Dr. N. Bahlis, Dr. C. Brown, Dr. A. Bryant, Dr. A. Daly, Dr. M. Davidson, Dr. M. Drew-Kinstry, Dr. P. Duggan, Dr. M. Geddes, Dr. D. Goodyear, Dr. J. Grossman, Dr. D. Jenkins, Dr. J. Lategan, Dr. A. Lee, Dr. E.P. Neri, Dr. C. Owen, Dr. S. Perry, Dr. N. Rydz, Dr. M.L. Savoie, Dr. M. Shafey, Dr. J. Slaby, Dr. D. Stewart, Dr. J. Storek, Dr. L. Street, Dr. D. Suryanarayan, Dr. J. Tay, Dr. J.F.T. Thaell, Dr. M. Wong, Dr. J. Yau, Dr. V. Zepeda **Grande Prairie** Dr. G. Campbell, Dr. J. Hattingh, Dr. S. Marcotte, Dr. M.A. Moreau, Dr. G. Nikoleychuk **Lethbridge** Dr. S. Benke, Dr. A. Imbulgoda, Dr. G. S. E. Razavi **Medicine Hat** Dr. F. El-Gehani, Dr. J. Foley, Dr. G. S. E. Razavi, **Red Deer** Dr. F. El-Gehani, Dr. D. Prajapati, Dr. S. Raissouni, Dr. K. Rudolph, Dr. C.Tarukandirwa As recommended by the hematology tumour program.	Aug/09 Oct/16 Oct/09 Sept/14 Jan/16 Jul/20 Dec/20 May/21	n/a

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
LENVATINIB	2	capsules	**Thyroid Cancer** • For the treatment of patients with locally recurrent or metastatic, progressive, radioactive-iodine-refractory differentiated thyroid cancer (DTC) who have good performance status. Treatment should continue until disease progression or unacceptable toxicity. Prescribing limited to written authorization by named physicians: **CCI** Dr. O. Abdelsalam, Dr. N. Chua, Dr. M Sawyer, Dr. J. Walker **TBCC** Dr. C. Card, Dr. S. Dowden, Dr. Sana Ghaznavi, Dr. R. Lee-Ying, Dr. R. Paschke, Dr. D. Ruether **Grande Prairie** Dr. M. Moreau **Lethbridge** Dr. A. Imbulgoda, Dr. A Pabani **Medicine Hat** Dr. F. El-Gehani, Dr. A. Pabani **Red Deer** Dr. F. El-Gehani, Dr. S. Raissouni, Dr. C. Tarukandirwa As recommended by the endocrine tumour program or outlined under group 2 drugs on first page.	Nov/17	n/a
			Hepatocellular Carcinoma (HCC) •For the first line treatment of adult patients with unresectable hepatocellular carcinoma (HCC). To be eligible patients should have: Child-Pugh class status A, ECOG status of 0 to 1, less than 50% liver involvement, and no invasion or the bile duct or portal vein, brain metastases or liver transplantation. Treatment should continue until confirmed disease progression or unacceptable toxicity. Not to be used in patients that have progressed on sorafenib; may be used in patients who are intolerant to sorafenib. Prescribing limited to written authorization by named physicians: **CCI** Dr. O. Abdelsalam, Dr. N. Chua, Dr. J. Easaw, Dr. H. Karachiwala, Dr. K. King, Dr. S. Koski, Dr. K. Mulder, Dr. J. Price Hiller, Dr. M. Sawyer, Dr. A. Scarfe, Dr. J. Spratlin, Dr. K. Young, Dr. X. Zhu **TBCC** Dr. V. Bramwell, Dr. W. Cheung, Dr. S. Dowden, Dr. D. Heng, Dr. J. Henning, Dr. S. Karim, Dr.O. Khan, Dr. V. Krause, Dr. R. Lee-Ying, Dr. S. Lupichuk, Dr. J. Monzon, Dr. N. Nixon, Dr. A. Paterson, Dr. G. Roldan Urgoiti, Dr. D. Ruether, Dr. H. Samawi, Dr. D. Stewart, Dr. V. Tam, Dr. P. Tang, Dr. R. Tsang, Dr. M. Webster, Dr. S. Yip **Grande Prairie** Dr. M. Moreau **Lethbridge** Dr. H. Albaba, Dr. A. Imbulgoda, Dr. A. Pabani, Dr. A. Taleb, **Medicine Hat** Dr. H. Albaba, Dr. F. El-Gehani, Dr. A. Pabani, Dr. A. Taleb, Dr. S. Yip **Red Deer** Dr. F. El-Gehani, Dr. S. Mairs, Dr. S. Raissouni, Dr. C. Tarukandirwa As recommended by the gastrointestinal tumour program or outlined under group 2 drugs on first page.	Apr/20	n/a
LETROZOLE	1	tablets		July/13	n/a

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
LEUCOVORIN CALCIUM	1	injectable, tablets	Use not covered in combination with pralatrexate	Sept/20	n/a
LEUPROLIDE	1	injectable	**Prostate Cancer** Restricted to: • Stage II (T2a-T2c): Neoadjuvant use pre RT (2 months pre and during RT). • Neoadjuvant use pre radical prostatectomy (4 months pre). • Stage III (T3a-T4b): Neoadjuvant use pre RT (2 months pre and during RT). • Adjuvant use (3 years post RT). • Stage IV (N1-N3) (M1-M1c): As monotherapy in medical castration. • In total androgen blockade (medical castration and nonsteroidal anti-androgen). • Treatment option in addition to adjuvant or salvage radiotherapy for patients post prostatectomy Guidelines for LHRH use in the above stated stages include: • LHRH agonists are indicated for use in patients at risk of thromboembolic disease, strokes (CVA), myocardial infarction and also for consideration in patients with dyslipidemia, hypertension, diabetes mellitus or where a patient is considered intolerant to cyproterone acetate or megestrol acetate.	Jan/98 Nov/19	n/a
			Breast Cancer • Adjuvant ovarian suppression and endocrine therapy for 5 years in patients with early stage ER+ pre-menopausal breast cancer. Also eligible for an initial 5 years of leuprolide + aromatase inhibitor therapy are men with hormone receptor-positive breast cancer who are candidates for adjuvant endocrine therapy but with a contraindication to tamoxifen. Dosing options include 7.5 mg sc monthly or 22.5 mg sc q3 monthly. As treatment in pre- and peri-menopausal patients with metastatic breast cancer. Also eligible are men with advanced/metastatic hormone receptor-positive, HER2-negative breast cancer in combination with an aromatase inhibitor. Dosing options include 7.5 mg sc monthly or 22.5 mg sc q3 monthly.	Dec/15 Oct/16 Apr/21	n/a

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
LOMUSTINE	1	capsules			n/a
MEDROXYPROGESTERONE ACETATE	1	tablets			n/a
MEGESTROL ACETATE	1	tablets			n/a
MELPHALAN	1	tablets injectable		Jul/16	advanced IV
MERCAPTOPURINE	1	tablets			n/a
MESNA	1	injectable			n/a
METHOTREXATE	1	injectable, tablets			IM, Direct IV, IT, IV inf. – basic
METHYLPREDNISOLONE	1	Injectable		Jun/14	basic
MIDOSTAURIN	2	Capsule	**Hematology – Tumour Program** ●In combination with standard cytarabine and anthracycline (such as daunorubicin or idarubicin) induction and cytarabine consolidation chemotherapy for the treatment of adult patients with newly diagnosed FMS-like tyrosine kinase 3 (FLT3) mutated acute myeloid leukemia (AML). Patients should be fit to receive standard induction and consolidation chemotherapy. Prescribing limited to written authorization by named physicians as recommended by the hematology tumour program: **CCI** Dr.A. Bankar, Dr. L. Bolster, Dr. J. Brandwein, Dr. M. Chu, Dr. N. Chua, Dr. H. El-Darsa, Dr. A. Fagarasanu, Dr. A. Fontaine, Dr. M. Game, Dr. M. Hamilton, Dr. M. Hnatiuk, Dr. L. Larratt, Dr. E. Liew, Dr. A. Parker, Dr. J. Patterson, Dr. A. Peters, Dr. B. Ritchie, Dr. I. Sandhu, Dr. R. Sangha, Dr. D. Sawler, Dr. L. Sun, Dr. S. Takach Lapner, Dr. M. Taparia, Dr. C. Venner, Dr. P. Wang, Dr. C. Wu, Dr. N. Zhu **TBCC** Dr. N. Bahlis, Dr. C. Brown, Dr. A. Bryant, Dr. S. Cerquozzi, Dr. A. Daly, Dr. M. Davidson, Dr. M. Drew-McKinstry, Dr. P. Duggan, Dr. M. Geddes, Dr. D. Goodyear, Dr. J. Grossman, Dr. K. Jamani, Dr. D. Jenkins, Dr. A. Lee, Dr. S. McCulloch, Dr. E.P. Neri, Dr. C. Owen, Dr. S. Perry, Dr. N. Rydz, Dr. M.L. Savoie, Dr. M. Shafey, Dr. Y.M.Shrom, Dr. L. Skeith, Dr. J. Slaby, Dr. D. Stewart, Dr. J. Storek, Dr. L. Street, Dr. D. Suryanarayan, Dr. J. Tay, Dr. J. F. T. Thaell, Dr. M. Wong, Dr. V. Zepeda **Grande Prairie** Dr. J. Hattingh, Dr. S. Marcotte, Dr. M. Moreau, Dr. G. Nikoleychuk **Lethbridge** Dr. S. Benke, Dr. A. Imbulgoda, Dr. G. S. E. Razavi. **Medicine Hat** Dr. F. El-Gehani, Dr. J. Foley, Dr. G. S. E. Razavi. **Red Deer** Dr. F. El-Gehani, Dr. D. Prajapati, Dr. S. Raissouni, Dr. K. Rudolph, Dr. Y.M.Shrom, Dr. C. Tarukandirwa As recommended by the hematology tumour program or outlined under group 2 drugs on first page.	Jan/19 Jul/20	n/a
MITOMYCIN	1	injectable	• 3rd line for bladder cancer indication		Bladder instillation
					Direct IV – basic

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
MITOTANE	1	oral		Sep/10	n/a
MITOXANTRONE	1	injectable		May/85	Direct IV, inf. – basic
(NAB)-PACLITAXEL	2	injectable	**Breast Cancer - Metastatic** • Patients who have had severe acute infusion reactions with paclitaxel or docetaxel, considered by the treating physician to be due to the vehicle of the taxanes (cremophor and polysorbate80); or patients who have experienced severe toxicity* from previous administration of other taxanes. *severe toxicity could be due to the pre-medications for the administration of the taxane or due to the taxane itself. Prescribing limited to written authorization by named physicians: **CCI** Dr. S. Basi, Dr. A. Joy, Dr. K. King, Dr. J. Mackey, Dr. J. Meza-Junco, Dr. J. Price Hiller, Dr. K. Young, Dr. X. Zhu, Dr. B. Zorniak **TBCC** Dr. N. Alimohamed, Dr. D. Ezeife, Dr. J. Henning, Dr. O. Khan, Dr. V. Krause, Dr. S. Lupichuk, Dr. N. Nixon, Dr. A. Pabani, Dr. A. Paterson, Dr. G. Roldan Urgoiti, Dr. D. Ruether, Dr. D. Stewart, Dr. P. Tang, Dr. R. Tsang, Dr. M. Webster **Grande Prairie** Dr. M. Moreau **Lethbridge** Dr. H. Albaba, Dr. A. Imbulgoda, Dr. A. Pabani, Dr. A. Taleb **Medicine Hat** Dr. H. Albaba, Dr. F. El-Gehani, Dr. J. Foley, Dr. A. Pabani, Dr. A. Taleb, Dr. S. Yip **Red Deer** Dr. F. El-Gehani, Dr. S. Mairs, Dr. S. Raissouni, Dr. C. Tarukandirwa As recommended by the breast tumour program or outlined under group 2 drugs on first page.	Jan/08 Apr/09 Jul/20	IV-basic

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
(NAB)-PACLITAXEL	2	injectable	**Pancreas** • (nab)-paclitaxel plus gemcitabine as a second line treatment for advanced or metastatic pancreatic cancer after progression on FOLFIRINOX. Funding should be for patients with ECOG performance status 0-2. • (nab)-paclitaxel plus gemcitabine for the first line treatment of patients with unresected or metastatic adenocarcinoma of the pancreas or patients unable to tolerate FOLFIRINOX. This includes locally advanced pancreatic cancer and borderline resectable patients in addition to stage IV. Prescribing limited to written authorization by named physicians: **CCI** Dr. O. Abdelsalam, Dr. N. Chua, Dr. J. Easaw, Dr. H. Karachiwala, Dr. K. King, Dr. S. Koski, Dr. K. Mulder, Dr. J. Price Hiller, Dr. M. Sawyer, Dr. A. Scarfe, Dr. J. Spratlin, Dr. K. Young, Dr. X. Zhu **TBCC** Dr. V. Bramwell, Dr. W. Cheung, Dr. S. Dowden, Dr. D. Heng, Dr. J. Henning, Dr. S. Karim, Dr.O. Khan, Dr. V. Krause, Dr. R. Lee-Ying, Dr. S. Lupichuk, Dr. J. Monzon, Dr. N. Nixon, Dr. A. Paterson, Dr. G. Roldan Urgoiti, Dr. D. Ruether, Dr. H. Samawi, Dr. D. Stewart, Dr. V. Tam, Dr. P. Tang, Dr. R. Tsang, Dr. M. Webster, Dr. S. Yip **Grande Prairie** Dr. M. Moreau **Lethbridge** Dr. H. Albaba, Dr. A. Imbulgoda, Dr. A. Pabani, Dr. A. Taleb **Medicine Hat** Dr. H. Albaba, Dr. F. El-Gehani, Dr. A. Pabani, Dr. A. Taleb, Dr. S. Yip **Red Deer** Dr. F. El-Gehani, Dr. S. Mairs, Dr. S. Raissouni, Dr. C. Tarukandirwa As recommended by the gastrointestinal tumour program or outlined under group 2 drugs on first page.	Jan/16 Mar/15 Jan/16 Apr/20 Jul/20	IV-basic

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
NILOTINIB	2	capsules	**Hematology** • Nilotinib as first line treatment of Philadelphia Chromosome Positive (Ph+ve) chronic myelogenous leukemia (CML) in Chronic Phase (CML-CP) • For the treatment of patients with chronic, accelerated or blast phase Philadelphia Chromosome Positive (Ph+ve) chronic myelogenous leukemia (CML) who have resistance or intolerance to prior TKI therapy Prescribing limited to written authorization by named physicians: **CCI** Dr.A. Bankar, Dr. L. Bolster, Dr. J. Brandwein, Dr. M. Chu, Dr. N. Chua, Dr. H. El-Darsa, Dr. A. Fagarasanu, Dr. A. Fontaine, Dr. M. Game, Dr. M. Hamilton, Dr. M. Hnatiuk, Dr. L. Larratt, Dr. E. Liew, Dr. A. Parker, Dr. J. Patterson, Dr. A. Peters, Dr. B. Ritchie, Dr. I. Sandhu, Dr. R. Sangha, Dr. D. Sawler, Dr. L. Sun, Dr. S. Takach Lapner, Dr. M. Taparia, Dr. C. Venner, Dr. P. Wang, Dr. C. Wu, Dr. N. Zhu **TBCC** Dr. N. Bahlis, Dr. C. Brown, Dr. A. Bryant, Dr. S. Cerquozzi, Dr. A. Daly, Dr. M. Davidson, Dr. M. Drew-McKinstry, Dr. P. Duggan, Dr. M. Geddes, Dr. D. Goodyear, Dr. J. Grossman, Dr. K. Jamani, Dr. D. Jenkins, Dr. A. Lee, Dr. S. McCulloch, Dr. E.P. Neri, Dr. C. Owen, Dr. S. Perry, Dr. N. Rydz, Dr. M.L. Savoie, Dr. M. Shafey, Dr. Y.M.Shrom, Dr. L. Skeith, Dr. J. Slaby, Dr. D. Stewart, Dr. J. Storek, Dr. L. Street, Dr. D. Suryanarayan, Dr. J. Tay, Dr. J. F. T. Thaell, Dr. M. Wong, Dr. V. Zepeda **Grande Prairie** Dr. J. Hattingh, Dr. S. Marcotte, Dr. M. Moreau, Dr. G. Nikoleychuk **Lethbridge** Dr. S. Benke, Dr. A. Imbulgoda, Dr. G. S. E. Razavi. **Medicine Hat** Dr. F. El-Gehani, Dr. J. Foley, Dr. G. S. E. Razavi. **Red Deer** Dr. F. El-Gehani, Dr. D. Prajapati, Dr. S. Raissouni, Dr. K. Rudolph, Dr. Y.M.Shrom, Dr. C. Tarukandirwa As recommended by the hematology tumour program or outlined under group 2 drugs on first page.	Dec/10 Oct/12 Jul/20	n/a
NILUTAMIDE	1	tablets		Jan/93 Apr/09	n/a

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
NIVOLUMAB	2	injectable	**Lung Cancer** • Nivolumab monotherapy for the treatment of patients with advanced or metastatic non-small cell lung cancer (NSCLC) who progressed on or after cytotoxic chemotherapy. Patients previously treated with durvalumab in the adjuvant setting who have relapsed after the completion of adjuvant therapy must have had at least a six month interval off durvalumab with no disease recurrence while on durvalumab. Patients should have a good performance status. Cannot have received pembrolizumab in either first line or second line or atezolizumab in the lung cancer setting. Prescribing limited to written authorization by named physicians: **CCI** Dr. N. Basappa, Dr. C. Butts, Dr. Q. Chu, Dr. H. El-Darsa, Dr. A. Joy, Dr. M. Kolinsky, Dr. R. Sangha, Dr. M. Smylie, Dr. K. Young **TBCC** Dr. C. Card, Dr. D. Ezeife, Dr. D. Hao, Dr. V. Krause, Dr. D. Morris, Dr. N. Nixon, Dr. A. Pabani, Dr. D. Ruether, Dr. V. Tam, Dr. R. Tsang **Grande Prairie** Dr. M. Moreau **Lethbridge** Dr. H. Albaba, Dr. A. Imbulgoda, Dr. A. Pabani, Dr. A. Taleb **Medicine Hat** Dr. H. Albaba, Dr. F. El-Gehani, Dr. A. Pabani, Dr. A. Taleb, Dr. S. Yip **Red Deer** Dr. F. El-Gehani, Dr. S. Mairs, Dr. S. Raissouni, Dr. C. Tarukandirwa As recommended by the lung tumour program or outlined under group 2 drugs on first page.	Apr/17 Feb/18 Oct/19 Apr/20 Jul/20 Sept/20	advanced

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
NIVOLUMAB	2	injectable	**Renal** • Nivolumab (single agent) for the second or third line treatment of patients with advanced or metastatic renal cell carcinoma with disease progression after at least one prior anti-angiogenic systemic treatment and who have good performance status. Treatment should continue until disease progression or unacceptable toxicity. Not to be used if patient has already progressed on first line nivolumab/ipilimumab combination or first line pembrolizumab/axitinib. • Nivolumab plus ipilimumab in patients with intermediate or poor risk advanced renal cell carcinoma (RCC) based on International Metastatic Renal Cell Carcinoma Database Consortium (IMDC) criteria. Eligible patients should have RCC previously untreated in the metastatic setting and have a good performance status. Treatment should continue until disease progression. At the time of listing patients who previously started on first line targeted agents who have not experienced disease progression may move to this therapy. Prescribing limited to written authorization by named physicians: **CCI** Dr. N. Basappa, Dr. M. Kolinsky, Dr. S. North **TBCC** Dr. N. Alimohamed, Dr. T. Cheng, Dr. D. Heng, Dr. S. Karim, Dr. R. Lee-Ying, Dr. N. Nixon, Dr. D. Ruether, Dr. V. Tam, Dr. S. Yip **Grande Prairie** Dr. M. Moreau **Lethbridge** Dr. H. Albaba, Dr. A. Imbulgoda, Dr. A. Pabani, Dr. A. Taleb **Medicine Hat** Dr. H. Albaba, Dr. F. El-Gehani, Dr. A. Pabani, Dr. A. Taleb, Dr. S. Yip **Red Deer** Dr. F. El-Gehani, Dr. Mairs, Dr. S. Raissouni, Dr. C. Tarukandirwa As recommended by the genitourinary tumour program or outlined under group 2 drugs on first page.	Apr/17 Nov/17 Apr/20 Jul/19 Jul/19 Jul/20 Feb/21	advanced
			Melanoma - Adjuvant • For the adjuvant treatment of patients with stage IIIA (with node metastases greater than or equal to 1 mm), stage IIIB/C/D and stage IV cutaneous melanoma; and mucosal melanoma. Disease must be completely resected including in- transit and satellite metastases: however presence of regional lymph nodes with micro metastases after sentinel lymph node biopsy alone is allowed. Use in ocular melanoma is not funded. Treatment until disease progression or a maximum of 1 year, whichever comes first. Dosing should be 3 mg/kg up to maximum of 240 mg every 2 weeks or 6 mg/kg up to a maximum dose of 480 mg every 4 weeks. Patient are eligible for retreatment with PD-(L) 1 inhibitors (pembrolizumab or nivolumab) if six months or more have elapsed from the completion of adjuvant immune-oncology therapy. For BRAF mutated patients, a one-time switch between adjuvant therapies (BRAF targeted or immunotherapy) within a time limit of 3 months after the initiation of therapy is allowed, in which case, total adjuvant therapy will be limited to 12 months total. Prescribing limited to written authorization by named physicians: (authorized prescribers on next page)	Apr/17 Jul/19 Apr/20 Sept/20 May/21	advanced

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
NIVOLUMAB	2	injectable	(see previous page for criteria) **CCI** Dr. M. Smylie, Dr. J. Walker **TBCC** Dr. T. Cheng, Dr. J. Monzon As recommended by the cutaneous tumour program or outlined under group 2 drugs on first page.		
			Metastatic Melanoma • Nivolumab in combination with Ipilimumab for the treatment of patients with unresectable or metastatic melanoma, regardless of BRAF status, with good performance status and with stable brain metastases, (if present). Funding includes patients relapsing at greater than or equal to 6 months after completing adjuvant immunotherapy (nivolumab or pembrolizumab) or patients relapsing on or any time after dabrafenib + trametinib therapy. Treatment should continue until unacceptable toxicity or disease progression. Treatments will be limited to tertiary centres only. • Nivolumab for the treatment of patients with unresectable or metastatic melanoma regardless of BRAF status. Treatment should be in patients with good performance status and stable brain metastases (if present). Treatment should continue until unacceptable toxicity or disease progression. Not to be used for the treatment of patients who have previously received treatment with pembrolizumab or nivolumab in the metastatic setting. May be used after adjuvant nivolumab or pembrolizumab if relapse is equal to or greater than 6 months from completion of that adjuvant therapy. Prescribing limited to written authorization by named physicians: **CCI** Dr. K. Dabbs, Dr. D. Olson, Dr. T. Salopek, Dr. M. Smylie, Dr. J. Walker **TBCC** Dr. T. Cheng, Dr. J. G. McKinnon, Dr. D. Mew, Dr. J. Monzon, Dr. M. L. Quan, Dr. C. Temple-Oberle As recommended by the Cutaneous tumour program or outlined under group 2 drugs on first page.	Jul/19 May /21 Jul/21	advanced
			Head & Neck Cancer • Nivolumab for the treatment of patients with squamous cell cancer of the head and neck (SCCHN) who either have a recurrence within 6 months of potentially curative neoadjuvant/adjuvant platinum-based therapy or recurrence after receiving platinum-based therapy in a non-curative setting, and who have a good performance status. Nivolumab may also be considered for patients who are ineligible for a platinum-based chemotherapy. Treatment should continue until unacceptable toxicity or confirmed disease progression. Cannot have received pembrolizumab in the first line setting. Prescribing limited to written authorization by named physicians: **CCI** Dr. Q. Chu, Dr. N. Chua, Dr. H. El-Darsa, Dr. S. Koski, Dr. J. Mackey, Dr. J. Walker **TBCC** Dr. D. Ezeife, Dr. D. Hao, Dr. M. Webster **Grande Prairie** Dr. M. Moreau (see next page for additional authorized prescribers)	May/18 Jul/21	advanced

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
NIVOLUMAB	2	injectable	(see previous page for criteria and additional authorized prescribers) **Lethbridge** Dr. A. Imbulgoda, Dr. A. Pabani **Medicine Hat** Dr. A. Pabani, Dr. S. Yip **Red Deer** Dr. S. Raissouni As recommended by the Head and Neck tumour group or outlined under group 2 drugs on first page.		
			Hematology •Nivolumab for patients with classical Hodgkin Lymphoma (cHL) that has relapsed or progressed after autologous stem cell plantation (ASCT) and bretuximab vedotin (BV). Not to be used if progression on treatment with an alternate PD 1 inhibitor (eg Pembrolizumab) Must be dosed using weight based dosing to a maximum of flat dose(nivolumab 3 mg/kg up to a maximum of 240 mg every 2 weeks or 6 mg/kg up to a maximum of 480 mg every 4weeks). Duration of therapy until disease progression or unacceptable toxicity. Prescribing limited to written authorization by named physicians: **CCI** Dr.A. Bankar, Dr. L. Bolster, Dr. J. Brandwein, Dr. M. Chu, Dr. N. Chua, Dr. H. El-Darsa, Dr. A. Fagarasanu, Dr. A. Fontaine, Dr. M. Game, Dr. M. Hamilton, Dr. M. Hnatiuk, Dr. L. Larratt, Dr. E. Liew, Dr. A. Parker, Dr. J. Patterson, Dr. A. Peters, Dr. B. Ritchie, Dr. I. Sandhu, Dr. R. Sangha, Dr. D. Sawler, Dr. L. Sun, Dr. S. Takach Lapner, Dr. M. Taparia, Dr. C. Venner, Dr. P. Wang, Dr. C. Wu, Dr. N. Zhu **TBCC** Dr. N. Bahlis, Dr. C. Brown, Dr. A. Bryant, Dr. S. Cerquozzi, Dr. A. Daly, Dr. M. Davidson, Dr. M. Drew-McKinstry, Dr. P. Duggan, Dr. M. Geddes, Dr. D. Goodyear, Dr. J. Grossman, Dr. K. Jamani, Dr. D. Jenkins, Dr. A. Lee, Dr. S. McCulloch, Dr. E.P. Neri, Dr. C. Owen, Dr. S. Perry, Dr. N. Rydz, Dr. M.L. Savoie, Dr. M. Shafey, Dr. L. Skeith, Dr. J. Slaby, Dr. D. Stewart, Dr. J. Storek, Dr. Y.M.Shrom, Dr. L. Street, Dr. D. Suryanarayan, Dr. J. Tay, Dr. J. F. T. Thaell, Dr. M. Wong, Dr. V. Zepeda **Grande Prairie** Dr. J. Hattingh, Dr. S. Marcotte, Dr. M. Moreau, Dr. G. Nikoleychuk **Lethbridge** Dr. S. Benke, Dr. A. Imbulgoda, Dr. G. S. E. Razavi. **Medicine Hat** Dr. F. El-Gehani, Dr. J. Foley, Dr. G. S. E. Razavi. **Red Deer** Dr. F. El-Gehani, Dr. D. Prajapati, Dr. S. Raissouni, Dr. K. Rudolph, Dr. Y.M.Shrom, Dr. C. Tarukandirwa As recommended by the hematology tumour program or outlined under group 2 drugs on first page.	Apr/20 Jul/20	advanced

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
OBINUTUZUMAB	2	injectable	**Hematology** • Obinutuzumab in combination with chlorambucil in patients previously untreated CLL and adequate renal function for whom fludarabine based treatment is considered inappropriate. Not to be used after progression on 1st line ibrutinib. •Obinutuzumab in combination with chemotherapy for the treatment of adults with indolent lymphoma (follicular lymphoma grades 1 to 3a: marginal zone lymphoma and small lymphocytic lymphoma) with disease that is refractory to a rituximab containing regimen as defined in the GADOLIN trial, and with good performance status. Patients with disease response to induction treatment with obinutuzumab plus chemotherapy (ie the initial 6 treatment cycles) or who have stable disease should continue to obinutuzumab maintenance. Maintenance treatment should not be for patients who have progressive disease while on induction obinutuzumab-chemotherapy, Maintenance treatment should continue until disease progression or for up to two years, whichever occurs first. Prescribing limited to written authorization by named physicians: **CCI** Dr.A. Bankar, Dr. L. Bolster, Dr. J. Brandwein, Dr. M. Chu, Dr. N. Chua, Dr. H. El-Darsa, Dr. A. Fagarasanu, Dr. A. Fontaine, Dr. M. Game, Dr. M. Hamilton, Dr. M. Hnatiuk, Dr. L. Larratt, Dr. E. Liew, Dr. A. Parker, Dr. J. Patterson, Dr. A. Peters, Dr. B. Ritchie, Dr. I. Sandhu, Dr. R. Sangha, Dr. D. Sawler, Dr. L. Sun, Dr. S. Takach Lapner, Dr. M. Taparia, Dr. C. Venner, Dr. P. Wang, Dr. C. Wu, Dr. N. Zhu **TBCC** Dr. N. Bahlis, Dr. C. Brown, Dr. A. Bryant, Dr. S. Cerquozzi, Dr. A. Daly, Dr. M. Davidson, Dr. M. Drew-McKinstry, Dr. P. Duggan, Dr. M. Geddes, Dr. D. Goodyear, Dr. J. Grossman, Dr. K. Jamani, Dr. D. Jenkins, Dr. A. Lee, Dr. S. McCulloch, Dr. E.P. Neri, Dr. C. Owen, Dr. S. Perry, Dr. N. Rydz, Dr. M.L. Savoie, Dr. M. Shafey, Dr. Y.M.Shrom, Dr. L. Skeith, Dr. J. Slaby, Dr. D. Stewart, Dr. J. Storek, Dr. L. Street, Dr. D. Suryanarayan, Dr. J. Tay, Dr. J. F. T. Thaell, Dr. M. Wong, Dr. V. Zepeda **Grande Prairie** Dr. J. Hattingh, Dr. S. Marcotte, Dr. M. Moreau, Dr. G. Nikoleychuk **Lethbridge** Dr. S. Benke, Dr. A. Imbulgoda, Dr. G. S. E. Razavi. **Medicine Hat** Dr. F. El-Gehani, Dr. J. Foley, Dr. G. S. E. Razavi. **Red Deer** Dr. F. El-Gehani, Dr. D. Prajapati, Dr. S. Raissouni, Dr. K. Rudolph, Dr. Y.M.Shrom, Dr. C. Tarukandirwa. As recommended by the hematology tumour program or outlined under group 2 drugs on first page.	Aug/15 May/18 Sep/18 Jul/20	IV-advanced

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
OLAPARIB	2	Oral	**Epithelial, Ovarian, Primary Peritoneal and Fallopian Tube Cancer** • Olaparib monotherapy as maintenance treatment of patients with newly diagnosed, advanced, BRCA-mutated (BRCAm) (germline or somatic), high-grade epithelial ovarian, fallopian tube, or primary peritoneal cancer who are in response (complete or partial) to first line platinum-based chemotherapy. Patients are eligible to receive first line maintenance treatment with either olaparib or bevacizumab but not both. Treatment should continue until unacceptable toxicity, disease progression or completion of two years of therapy, whichever comes first. • Olaparib for treatment as monotherapy maintenance in patients with platinum-sensitive relapsed **BRCA**-mutated (germline or somatic as deleted by approved testing) high grade serous epithelial ovarian, fallopian tube, or primary peritoneal cancer who have completed at least two previous lines of platinum-based chemotherapy and are in radiologic response (complete or partial response) to their most recent platinum-based chemotherapy regimen as per the SOLO-2 trial. Patient must have received at least four cycles of their most recent platinum-based chemotherapy before starting treatment with olaparib. Maintenance therapy should begin within eight weeks of last dose of platinum-based chemotherapy. Eligible patients should have had platinum-sensitive disease, defined as disease progression having occurred at least six months after completion of platinum-based chemotherapy. Treatment should continue until *unacceptable toxicity or disease progression. Funding should be for patients having good performance status.* • Patients are ineligible for 2nd line maintenance if they have received olaparib maintenance in 1st line. Prescribing limited to written authorization by named physicians: **CCI** Dr. C Aubrey, Dr. V. Capstick, Dr. M. Kolinsky, Dr. S. Pin, Dr. J. Sabourin, Dr. A. Schepansky, Dr. H. Steed, Dr. T. Wells, Dr. X. Zhu, Dr. B. Zorniak **TBCC** Dr. A. Cameron, Dr. P. Chu, Dr. P. Ghatage, Dr. S. Glaze, Dr. J. Nation, Dr. G. Nelson **Grande Prairie** Dr. M. Moreau, Dr. C. Strehlke **Red Deer** Dr. C. Tarukandirwa **Lethbridge** Dr. A. Imbulgoda **Red Deer** Dr. S. Raissouni As recommended by the Gynecology tumor program or outlined under group 2 drugs on first page.	Sep/18 Feb/21	n/a

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
OSIMERTINIB	2	Oral	**Lung Cancer** •Osimertinib for the treatment of locally advanced or metastatic epidermal growth factor (EGFR) T790M mutation positive non-small cell lung cancer (NSCLC) who have progressed on EGFR tyrosine kinase inhibitor (TKI) therapy. •Osimertinib for the first line treatment of patients with locally advanced (not amenable to curative intent therapy) or metastatic non-small cell lung cancer (NSCLC) whose tumours have epidermal growth factor receptor (EGFR) mutations (exon 19 deletions (exon19 del) or exon 21 (L858R). Patients should be previously untreated in the locally advanced or metastatic setting and have a good performance status. Treatment should continue until clinically meaningful disease progression or unacceptable toxicity. Prescribing limited to written authorization by named physicians: **CCI** Dr. N. Basappa, Dr. C. Butts, Dr. Q. Chu, Dr. H. El-Darsa, Dr. A. Joy, Dr. M. Kolinsky, Dr. R. Sangha, Dr. M. Smylie, Dr. K. Young **TBCC** Dr. C. Card, Dr. D. Ezeife, Dr. D. Hao, Dr. V. Krause, Dr. D. Morris, Dr. N. Nixon, Dr. A. Pabani, Dr. D. Ruether, Dr. V. Tam, Dr. R. Tsang **Grande Prairie** Dr. M. Moreau **Lethbridge** Dr. H. Albaba, Dr. A. Imbulgoda, Dr. A. Pabani, Dr. A. Taleb **Medicine Hat** Dr. H. Albaba, Dr. F. El-Gehani, Dr. A. Pabani, Dr. A. Taleb, Dr. S. Yip **Red Deer** Dr. F. El-Gehani, Dr.S. Mairs, Dr. S. Raissouni, Dr. C. Tarukandirwa As recommended by the lung tumour program or outlined under group 2 drugs on first page.	Nov/18 Apr/20 Jul/20	n/a
OXALIPLATIN	1	injectable		Jul/16	IV-basic
PACLITAXEL	1	injectable		Dec/98 Apr/09	IV, Intraperitoneal – advanced

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
PALBOCICLIB	2	oral	**Breast Cancer** • Palbociclib in combination with an aromatase inhibitor (AI) as a first line endocrine treatment of patients with hormone receptor positive HER2 negative advanced or metastatic breast cancer as described as any of the following: • de novo stage IV • prior earlier stage and disease free for at least 12 months following completion of (neo) adjuvant non-steroidal aromatase inhibitor. • Patients who have had one prior chemotherapy for metastatic, hormone receptor positive, HER2 negative breast cancer Individual patients are eligible for only one of the following combinations: palbociclib + AI or, ribociclib + AI in this setting; or everolimus + exemestane second line. The following groups would be included: postmenopausal patients, patients with chemical suppression of estrogen production (e.g. gonadotropin releasing hormone agonist +/- tamoxifen), patients with bone only metastases, patients that are HER2 equivocal by FISH testing, or male patients. Patients may switch to palbociclib if they have demonstrated an intolerance to ribociclib without progression. • Palbociclib in combination with fulvestrant for the treatment of patients with HR positive, HER2 negative, advanced or metastatic breast cancer: • Who have had no prior hormone therapy in the metastatic setting or • whose disease has progressed after prior endocrine therapy (including progression on adjuvant/neoadjuvant endocrine therapy, progression within 12 months of completing adjuvant endocrine therapy, and progression on/after endocrine therapy for advanced/metastatic breast cancer). There is no limit to the number of prior endocrine therapies received in the advanced/metastatic setting with the exception of patients who have experienced disease progression during prior fulvestrant therapy. Patient are eligible if they have received prior chemotherapy for advanced/metastatic disease. Eligible patients are CDK 4/6 inhibitor naïve and include post-menopausal patients, patients who are on a gonadotropin releasing hormone agonist, and men. Patients may switch to ribociclib if they demonstrated an intolerance to palbociclib without progression. Treatment should continue until disease progression or unacceptable toxicity. • Not to be used after Fulvestrant. Prescribing limited to written authorization by named physicians: **CCI** Dr. S. Basi, Dr. A. Joy, Dr. K. King, Dr. J. Mackey, Dr. J. Meza-Junco, Dr. J. Price Hiller, Dr. K. Young, Dr. X. Zhu, Dr. B. Zorniak **TBCC** Dr. N. Alimohamed, Dr. D. Ezeife, Dr. J. Henning, Dr. O. Khan, Dr. V. Krause, Dr. S. Lupichuk, Dr. N. Nixon, Dr. A. Pabani, Dr. A. Paterson, Dr. G. Roldan Urgoiti, Dr. D. Ruether, Dr. D. Stewart, Dr. P. Tang, Dr. R. Tsang, Dr. M. Webster **Grande Prairie** Dr. M. Moreau **Lethbridge** Dr. H. Albaba, Dr. A. Imbulgoda, Dr. A. Pabani, Dr. A. Taleb (authorized prescribers continued on next page)	May/18 Sep/18 Nov/19 Jul/20 Sept/20 Apr/21	n/a

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
PALBOCICLIB			(see previous page for criteria and additional authorized prescribers) **Medicine Hat** Dr. H. Albaba, Dr. F. El-Gehani, Dr. J. Foley, Dr. A. Pabani, Dr. A. Taleb, Dr. S. Yip **Red Deer** Dr. F. El-Gehani, Dr. S. Raissouni, Dr. C. Tarukandirwa, Dr. S. Mairs As recommended by the breast tumour program or outlined under group 2 drugs on first page.		
PANITUMUMAB	1	injectable		Oct/09 Jun/14	basic
PAZOPANIB	2	oral	**Renal** • As an option in the first line treatment of advanced or metastatic clear cell renal cell carcinoma for patients with good performance status or if patients are unable to tolerate ongoing sunitinib. Not to be used after progression on sunitinib. • Second-line option following ipilimumab/nivolumab in intermediate or poor risk advanced renal cell carcinoma Prescribing limited to written authorization by named physicians: **CCI** Dr. N. Basappa, Dr. M. Kolinsky, Dr. S. North **TBCC** Dr. N. Alimohamed, Dr. T. Cheng, Dr. D. Heng, Dr. S, Karim, Dr. R. Lee-Ying, Dr. N. Nixon, Dr. D. Ruether, Dr. V. Tam, Dr. S. Yip **Grande Prairie** Dr. M. Moreau **Lethbridge** Dr. H. Albaba, Dr. A. Imbulgoda, Dr. A. Pabani, Dr. A. Taleb **Medicine Hat** Dr. H. Albaba, Dr. F. El-Gehani, Dr. A. Pabani, Dr. A. Taleb, Dr. S. Yip **Red Deer** Dr. F. El-Gehani, Dr. S. Mairs, Dr. S. Raissouni, Dr. C. Tarukandirwa As recommended by the genitourinary tumour program or outlined under group 2 drugs on first page.	Mar/14 Feb/12 Jul/19 Apr/20 Jul/20	n/a
PEGASPARGASE (Oncospar)	1	injectable		Sept/20	advanced
PEG-INTERFERON	1	injectable	**Hematology** • Cutaneous Lymphoma • For the use in myeloproliferative neoplasms (MPN), including polycythemia rubra vera, essential thrombocythemia, and chronic myeloid leukemia in pregnancy (where TKIs are contraindicated).	Feb/21 May/21	basic

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
PEMBROLIZUMAB	2	injectable	**Head and Neck** Pembrolizumab in the first line treatment of metastatic or unresectable recurrent Head and Neck squamous cell carcinoma (HNSCC) as follows. - Monotherapy for patients whose tumours have PD-L1 expression CPS ≥1, or - In combination with a platinum doublet chemotherapy (platinum+ fluorouracil or platinum +paclitaxel) regardless of PD-L1 expression level. In Addition: - Treatment should continue until confirmed disease progression (by radiographic confirmation) or unacceptable toxicity to a maximum of 35 cycles of q 3 week dosing (approximately two years), - Patients are eligible for up to one year of retreatment if they experience disease progression after either - having completed 24 months of pembrolizumab without disease progression or intolerability or, - having discontinued pembrolizumab after experiencing a response prior to 2 years of treatment - Eligible patients include those with effectively treated CNS metastases or asymptomatic CNS disease; or those with squamous cell cancer of the nasal cavity and paranasal sinuses of non-EBER expressing nasopharyngeal cancer. - Patients who have previously been treated with first line chemotherapy or immunotherapy in the recurrent or metastatic setting are not eligible. - Patients are not eligible if recurrence occurs within 6 months of neoadjuvant or adjuvant platinum based therapy. - If chemotherapy is discontinued due to toxicity/intolerance while patient is benefitting from treatment, pembrolizumab monotherapy may be continued, - Patients who have already initiated first line treatment platinum-based chemotherapy prior to funding may have the pembrolizumab added to their treatment (limited time need) Prescribing limited to written authorization by named physicians: **CCI** Dr. Q. Chu, Dr. N. Chua, Dr. H. El-Darsa, Dr. S. Koski, Dr. J. Mackey, Dr. J. Walker **TBCC** Dr. D. Ezeife, Dr. D. Hao, Dr. M. Webster **Grande Prairie** Dr. M. Moreau **Lethbridge** Dr. A. Imbulgoda, Dr. A. Pabani **Medicine Hat** Dr. A. Pabani, Dr. S. Yip **Red Deer** Dr. S. Raissouni As recommended by the Head and Neck tumour group or outlined under group 2 drugs on first page.	Jul/21	advanced

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
PEMBROLIZUMAB	2	injectable	**Lung Cancer – First line** • Pembrolizumab monotherapy for the treatment of locally advanced or previously untreated metastatic non-small cell lung cancer (NSCLC) or for patients previously treated with durvalumab in the adjuvant setting where a six month interval has passed after completion or durvalumab therapy with no disease recurrence while on durvalumab. For use in patients whose tumors express the PDL-1 (Tumour Proportions Score (TPS) ≥ 50%) as determined by a validated test and who do not harbor a sensitizing epidermal growth factor receptor (EGFR) mutation or anaplastic lymphoma kinase (ALK) translocation. Patients with locally advanced disease (stage IIIB) should be eligible if they are not eligible for potentially curative concurrent chemoradiotherapy. Patients should have good performance status. Treatment should continue until confirmed disease progression or unacceptable toxicity or to a maximum of two years whichever comes first. Patients are eligible for re-treatment for up to one year if patient received two years and stopped treatment after two years for reasons other than disease progression, intolerability, or if patient attained a complete response and stopped treatment. **Lung Cancer – Second line** • Pembrolizumab monotherapy for the treatment of patients with metastatic non-small cell lung cancer (NSCLC) whose tumors express PDL1 (as determined by a validated test) and who have disease progression on or after cytotoxic chemotherapy. Patients previously treated with durvalumab in the adjuvant setting who have relapsed after the completion of adjuvant therapy must have had at least six month interval off durvalumab with no disease recurrence while on durvalumab. Patients with epidermal growth factor (EGFR) or anaplastic lymphoma kinase (ALK) genomic tumour aberrations should have disease progression on authorized therapy for these aberrations and cytotoxic chemotherapy prior to receiving pembrolizumab. Patient could receive up to 12 months of pembrolizumab if they experience an investigator- determined confirmed radiographic progression, according to immune related response criteria, after stopping their initial treatment with pembrolizumab due to achievement of a confirmed complete response or have experienced two years of treatment with pembrolizumab. Treatment should be for patients with a tumour proportion score (TPS) of PDL1 ≥ 1 and who have a good performance status. Treatment should continue until confirmed disease progression, unacceptable toxicity, or to a maximum of two years, whichever comes first. Cannot have received pembrolizumab in the first line setting nor nivolumab or atezolizumab in the second setting. Prescribing limited to written authorization by named physicians: (see next page for authorized prescribers)	Feb/18 Sep/18 Apr/20 Feb/18 May/1 Sep/18 Oct/19 Apr/20 Sept/20 Oct/20	advanced

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
PEMBROLIZUMAB	2	injectable	(see previous page for criteria) **Lung 1st line and 2nd line** Prescribing limited to written authorization by named physicians: **CCI** Dr. N. Basappa, Dr. C. Butts, Dr. Q. Chu, Dr. H. El-Darsa, Dr. A. Joy, Dr. M. Kolinsky, Dr. R. Sangha, Dr. M. Smylie, Dr. K. Young **TBCC** Dr. C. Card, Dr. D. Ezeife, Dr. D. Hao, Dr. V. Krause, Dr. D. Morris, Dr. N. Nixon, Dr. A. Pabani, Dr. D. Ruether, Dr. V. Tam, Dr. R. Tsang **Grande Prairie** Dr. M. Moreau **Lethbridge** Dr. H. Albaba, Dr. A. Imbulgoda, Dr. A. Pabani, Dr. A. Taleb **Medicine Hat** Dr. H. Albaba, Dr. F. El-Gehani, Dr. A. Pabani, Dr. A. Taleb, Dr. S. Yip **Red Deer** Dr. F. El-Gehani, Dr. S. Mairs, Dr. S. Raissouni, Dr. C. Tarukandirwa As recommended by the lung tumour program or outlined under group 2 drugs on first page	Jul/20	
			Non Squamous Non –small cell lung cancer (NSCLC) •Pembrolizumab in combination with platinum-containing chemotherapy (+/- pemetrexed) for non-squamous non-small cell lung cancer (NSCLC) in patients with previously untreated metastatic disease. For use in patients with no sensitizing EGFR or ALK genomic tumor aberrations. Patients previously treated with durvalumab in the adjuvant setting who have relapsed after the completion of adjuvant therapy must have had at least a six month interval off durvalumab with no disease recurrence while on durvalumab. Treatment should continue until confirmed disease progression, unacceptable toxicity, or to a maximum of two years whichever comes first. Patients are eligible for re-treatment for up to one year if patients progress after completing 2 years of pembrolizumab combined with platinum containing chemotherapy (+/- pemetrexed) and if at least 6 months has passed since the prior therapy. **Squamous Non-small cell lung cancer (NSCLC)** • Pembrolizumab in combination with a platinum doublet for the treatment of patients with metastatic squamous non-small cell lung cancer (NSCLC) who have no prior systemic chemotherapy treatment for metastatic NSCLC. Patients previously treated with durvalumab in the adjuvant setting who have relapsed after the completion of adjuvant therapy must have had at least a six month interval off durvalumab with no disease recurrence while on durvalumab. Treatment should continue until confirmed disease progression or unacceptable toxicity to a maximum of two years, whichever comes first. Retreatment: patient who progress after a maximum response or completion of 2 years of pembrolizumab therapy may receive up to an additional 12 months of pembrolizumab. Prescribing limited to written authorization by named physicians: (see next page for authorized prescribers)	Sept/20 May/21	advanced

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
PEMBROLIZUMAB	2	injectable	(see previous page for criteria) **CCI** Dr. N. Basappa, Dr. C. Butts, Dr. Q. Chu, Dr. H. El-Darsa, Dr. A. Joy, Dr. M. Kolinsky, Dr. R. Sangha, Dr. M. Smylie, Dr. K. Young **TBCC** Dr. C. Card, Dr. D. Ezeife, Dr. D. Hao, Dr. V. Krause, Dr. D. Morris, Dr. N. Nixon, Dr. A. Pabani, Dr. D. Ruether, Dr. V. Tam, Dr. R. Tsang **Grande Prairie** Dr. M. Moreau **Lethbridge** Dr. H. Albaba, Dr. A. Imbulgoda, Dr. A. Pabani, Dr. A. Taleb **Medicine Hat** Dr. H. Albaba, Dr. F. El-Gehani, Dr. A. Pabani, Dr. A. Taleb, Dr. S. Yip **Red Deer** Dr. F. El-Gehani, Dr. S. Mairs, Dr. S. Raissouni, Dr. C. Tarukandirwa As recommended by the lung tumour program or outlined under group 2 drugs on first page	Sept/20 Oct/20	advanced
			Hematology • Pembrolizumab as a monotherapy in adult patients with refractory or relapsed classical Hodgkin lymphoma (cHL) who failed autologous stem cell transplant (ASCT) and brentuximab vedotin (BV) or are not candidates for ASCT and have failed BV. Not to be used in progression on treatment with an alternate PD1 inhibitor (eg Nivolumab). Must be dosed using weight based dosing to a maximum flat dose (Pembrolizumab 2 mg/kg up to a maximum of 200 mg every 3 weeks). Duration of treatment until disease progression or unacceptable toxicity up to a maximum of 24 months. Prescribing limited to written authorization by named physicians: **CCI** Dr.A. Bankar, Dr. L. Bolster, Dr. J. Brandwein, Dr. M. Chu, Dr. N. Chua, Dr H. El-Darsa, Dr. A. Fagarasanu, Dr. A. Fontaine, Dr. M. Game, Dr. M. Hamilton, Dr. M. Hnatiuk, Dr. L. Larratt, Dr. E. Liew, Dr. A. Parker, Dr. J. Patterson, Dr. A. Peters, Dr. B. Ritchie, Dr. I. Sandhu, Dr. R. Sangha, Dr. D. Sawler, Dr. L. Sun, Dr. S. Takach Lapner, Dr. M. Taparia, Dr. C. Venner, Dr. P. Wang, Dr. C. Wu, Dr. N. Zhu **TBCC** Dr. N. Bahlis, Dr. C. Brown, Dr. A. Bryant, Dr. S. Cerquozzi, Dr. A. Daly, Dr. M. Davidson, Dr. M. Drew-McKinstry, Dr. P. Duggan, Dr. M. Geddes, Dr. D. Goodyear, Dr. J. Grossman, Dr. K. Jamani, Dr. D. Jenkins, Dr. A. Lee, Dr. S. McCulloch, Dr. E.P. Neri, Dr. C. Owen, Dr. S. Perry, Dr. N. Rydz, Dr. M.L. Savoie, Dr. M. Shafey, Dr. Y.M.Shrom, Dr. L. Skeith, Dr. J. Slaby, Dr. D. Stewart, Dr. J. Storek, Dr. L. Street, Dr. D. Suryanarayan, Dr. J. Tay, Dr. J. F. T. Thaell, Dr. M. Wong, Dr. V. Zepeda **Grande Prairie** Dr. J. Hattingh, Dr. S. Marcotte, Dr. M. Moreau, Dr. G. Nikoleychu **Lethbridge** Dr. S. Benke, Dr. A. Imbulgoda, Dr. G. S. E. Razavi **Medicine Hat** Dr. F. El-Gehani, Dr. J. Foley, Dr. G. S. E. Razavi **Red Deer** Dr. F. El-Gehani, Dr. D. Prajapati, Dr. S. Raissouni, Dr. K. Rudolph, Dr. Y.M.Shrom, Dr. C. Tarukandirwa As recommended by the hematology tumour program or outlined under group 2 drugs on first page.	Sept/20 Dec/20	advanced

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
PEMBROLIZUMAB	2	injectable	**Melanoma** • for the treatment of patients with unresectable or metastatic melanoma regardless of BRAF status Treatment should be in patients with good performance status who have stable brain metastases (if present), Dosing should be 2 mg/kg dose up to a max of 200 mg every 3 week, or 4mg/kg dose up to a max dose of 400 mg every 6 weeks for 24 months, or until disease progression, whichever occurs first. For patients who stop therapy prior to progression or completed 2 years of therapy, retreatment as per studies may be considered for up to l year. Not to be used for the treatment of patients who have previously received treatment with pembrolizumab or nivolumab in the metastatic setting.May be used after adjuvant nivolumab or pembrolizumab if relapse is equal to or greater than 6 months from completion of that adjuvant therapy. Time limited for patients who failed on ipilimumab if started on ipilimumab prior to pembrolizumab listing date (July 2016). • Pembrolizumab for the adjuvant treatment of patients with stage IIIA (with node metastases greater than or equal to 1mm), stage IIIB/C/D and stage IV cutaneous melanoma; and mucosal melanoma. Disease must be completely resected including in-transit with metastases: however presence of regional lymph nodes with micro metastases after sentinel lymph node biopsy alone is allowed. Use in ocular melanoma is not funded. Treatment should continue up to a maximum of 18 doses (every 3 weeks or equivalent) or until unacceptable toxicity or disease recurrence. Dosing should be 2mg/kg dose to a max dose of 200 mg every 3 weeks, or 4 mg/kg dose up to a max dose of 400 mg every 6 weeks. Patients are eligible for retreatment with PD-(L) 1 inhibitors (pembrolizumab or nivolumab) if six months or more have elapsed from the completion of adjuvant immune-oncology therapy. For BRAF mutated patients, a one-time switch between adjuvant therapies (BRAF targeted or immunotherapy) within a time limit of 3 months after initiation of therapy is allowed, in which case, total adjuvant therapy will be limited to 12 months total. Prescribing limited to written authorization by named physicians: **CCI** Dr. M. Smylie, Dr. J. Walker **TBCC** Dr. T. Cheng, Dr. J. Monzon. As recommended by the cutaneous tumour program or outlined under group 2 drugs on first page.	Jul/16 Apr/17 Oct/18 Sept/20 Oct/20 May/21 Jul/21	advanced

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
PEMBROLIZUMAB	2	Injectable	**Renal** •Pembrolizumab plus Axitinib for first line treatment of patients with advanced renal cell carcinoma (RCC). Eligible patients should be previously untreated in the advanced or metastatic setting and have a good performance status. Pembrolizumab treatment should continue until confirmed disease progression or unacceptable toxicity to a maximum of approximately 2 years, whichever comes first. Axitinib treatment should continue until disease progression or unacceptable toxicity. Patients who stop after approximately 2 years without progressive disease or stop pembrolizumab due to having reached a complete response may be eligible for a second course of pembrolizumab treatment for up to approximately one year upon experiencing progressive disease. Prescribing limited to written authorization by named physicians: **CCI** Dr. N. Basappa, Dr. M. Kolinsky, Dr. S. North **TBCC** Dr. N. Alimohamed, Dr. T. Cheng, Dr. D. Heng, Dr. S, Karim, Dr. R. Lee-Ying, Dr. N. Nixon, Dr. D. Ruether, Dr. V. Tam, Dr. S. Yip **Grande Prairie** Dr. M. Moreau **Lethbridge** Dr. H. Albaba, Dr. A. Imbulgoda, Dr. A. Pabani, Dr. A. Taleb **Medicine Hat** Dr. H. Albaba, Dr. F. El-Gehani, Dr. A. Pabani, Dr. A. Taleb, Dr. S. Yip **Red Deer** Dr. F. El-Gehani, Dr. S. Mairs, Dr. S. Raissouni, Dr. C. Tarukandirwa As recommended by the genitourinary tumour program or outlined under group 2 drugs on first page.	Feb/21	advanced

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
PEMBROLIZUMAB	2	Injectable	**Urothelial** ●Pembrolizumab in the treatment of patients with locally advanced or metastatic urothelial carcinoma who have disease progression during or following platinum-containing chemotherapy (or a non-platinum containing chemotherapy if contraindications to platinum based chemotherapy) or within 12 months of completing neoadjuvant or adjuvant platinum containing chemotherapy. Treatment should continue until confirmed disease progression or unacceptable toxicity or completion of two years of pembrolizumab therapy whichever comes first. Patients may receive re-treatment of an additional year if they either stopped initial treatment after confirmed completed response and were treated with at least 24 weeks of pembrolizumab and received two treatment of pembrolizumab beyond initial complete response or had stable disease, partial response, or complete response and stopped treatment after 24 months for reasons other then disease progression or intolerability. Dosing is at 2mg/kg dose to a max dose of 200 mg every 3 weeks, or 4 mg/kg dose up to a max dose of 400 mg every 6 weeks. Pembrolizumab is not to be used by itself in sequence of other single agent PD-1 or PD-L1 therapy unless the other PD-1 or PD-L1 agent was received in a clinical trial in the (neo)-adjuvant setting (ie patients may receive only one PD-1 or PD-LI agent by itself in the advanced/metastatic setting). Prescribing limited to written authorization by named physicians: **CCI** Dr. N. Basappa, Dr. M. Kolinsky, Dr. S. North **TBCC** Dr. N. Alimohamed, Dr. T. Cheng, Dr. D. Heng, Dr. S, Karim, Dr. R. Lee-Ying, Dr. N. Nixon, Dr. D. Ruether, Dr. V. Tam, Dr. S. Yip **Grande Prairie** Dr. M. Moreau **Lethbridge** Dr. H. Albaba, Dr. A. Imbulgoda, Dr. A. Pabani, Dr. A. Taleb **Medicine Hat** Dr. H. Albaba, Dr. F. El-Gehani, Dr. A. Pabani, Dr. A. Taleb, Dr. S. Yip **Red Deer** Dr. F. El-Gehani, Dr. S. Mairs, Dr. S. Raissouni, Dr. C. Tarukandirwa As recommended by the genitourinary tumour program or outlined under group 2 drugs on first page.	Sept/20 Oct/20	advanced
PEMETREXED	1	injectable		Nov/17	basic

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
PERTUZUMAB	2	injectable	**Breast Cancer** • In combination with trastuzumab and a taxane for the treatment of patients with HER2 positive unresectable locally recurrent or metastatic breast cancer who have not received prior anti-HER2 therapy or chemotherapy for metastatic disease or who have not relapsed within 6 months of receiving trastuzumab in the adjuvant setting • Not to be used in patients who progress while on or anytime within 6 months of completing trastuzumab emtansine (Kadcyla) adjuvant therapy. Prescribing limited to written authorization by named physicians: **CCI** Dr. S. Basi, Dr. A. Joy, Dr. K. King, Dr. J. Mackey, Dr. J. Meza-Junco, Dr. J. Price Hiller, Dr. K. Young, Dr. X. Zhu, Dr. B. Zorniak **TBCC** Dr. N. Alimohamed, Dr. D. Ezeife, Dr. J. Henning, Dr. O. Khan, Dr. V. Krause, Dr. S. Lupichuk, Dr. N. Nixon, Dr. A. Pabani, Dr. A. Paterson, Dr. G. Roldan Urgoiti, Dr. D. Ruether, Dr. D. Stewart, Dr. P. Tang, Dr. R. Tsang, Dr. M. Webster **Grande Prairie** Dr. M. Moreau **Lethbridge** Dr. H. Albaba, Dr. A. Imbulgoda, Dr. A. Pabani, Dr. A. Taleb **Medicine Hat** Dr. H. Albaba, Dr. F. El-Gehani, Dr. J. Foley, Dr. A. Pabani, Dr. A. Taleb, Dr. S. Yip **Red Deer** Dr. F. El-Gehani, Dr. S. Mairs, Dr. S. Raissouni, Dr. C. Tarukandirwa As recommended by the breast tumour program or outlined under group 2 drugs on first page.	Dec/13 Jul/20 Dec/20	1st dose (loading) - advanced 2nd dose onward (maintenance)- basic

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
POMALIDOMIDE	2	capsules	**Hematology** • Pomalidomide and dexamethasone (with or without cyclophosphamide) in patients with relapsed and/or refractory multiple myeloma who have previously failed at least two treatments, including Bortezomib and Lenalidomide and demonstrated disease progression on the last treatment. May be used following daratumumab triplet therapy. • Pomalidomide as an option in rare instances where Bortezomib is a contraindication or when patients are intolerant to it and have failed Lenalidomide. In exceptional circumstances where dexamethasone is contraindicated, prednisone may be used. The steroid component may be withheld altogether if warranted by the risk of toxicity. Prescribing limited to named physicians WHO ARE REGISTERED IN RevAID PROGRAM WITH A SPECIFIC PRESCRIBER ID NUMBER: **CCI** Dr.A. Bankar, Dr. L. Bolster, Dr. J. Brandwein, Dr. M. Chu, Dr. N. Chua, Dr H. El-Darsa,Dr. A. Fontaine, Dr. M. Game, Dr. M. Hamilton, Dr. L. Larratt, Dr. E. Liew, Dr. J. Patterson, Dr. A. Peters, Dr. B. Ritchie, Dr. I. Sandhu, Dr. R. Sangha, Dr. L. Sun, Dr. M. Taparia, Dr. C. Venner, Dr. P.Wang,Dr. C. Wu, Dr. N. Zhu **TBCC** Dr. N. Bahlis, Dr. C. Brown, Dr. A. Bryant, Dr. S. Cerquozzi, Dr. A. Daly, Dr. M. Davidson, Dr. M. Drew-Kinstry, Dr. P. Duggan, Dr. M. Geddes, Dr. D. Goodyear, Dr. J. Grossman, Dr. K. Jamani, Dr. D. Jenkins, Dr. J. Lategan, Dr. A. Lee, Dr. E.P. Neri, Dr. C. Owen, Dr. S. Perry, Dr. N. Rydz, Dr. M.L. Savoie, Dr. M. Shafey, Dr. J. Slaby, Dr. D. Stewart, Dr. J. Storek, Dr. L. Street, Dr. D. Suryanarayan, Dr. J. Tay, Dr. J. F. Thaell, Dr. M. Wong, Dr. V. Zepeda **Grande Prairie** Dr. G. Campbell, Dr. J. Hattingh, Dr. S. Marcotte, Dr. M.A. Moreau, Dr. G. Nikoleychuk **Lethbridge** Dr. S. Benke, Dr. A. Imbulgoda, Dr. G. S. E. Razavi. **Medicine Hat** Dr. F. El-Gehani, Dr. J. Foley, Dr. G. S. E. Razavi **Red Deer** Dr. F. El-Gehani, Dr. D. Prajapati, Dr. S. Raissouni, Dr. K. Rudolph, Dr.C. Tarukandirwa As recommended by the hematology tumour program.	Apr/15 Jan/16 Jan/19 Jul/20	n/a

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
PONATINIB	2	oral	**Hematology** • Ponatinib for the treatment of patients with chronic phase, accelerated phase, or blast phase chronic myeloid leukemia CML or Philadelphia chromosome positive acute lymphoblastic leukemia Ph+ve ALL for whom other tyrosine kinase inhibitor TKI therapy is not appropriate, including CML or PH+ve ALL that is T315I mutation positive or where there is resistance or intolerance to prior TKI therapy. Funding should be for patients with performance status 0-2. Treatment should continue until unacceptable toxicity or disease progression. Prescribing limited to written authorization by named physicians: **CCI** Dr.A. Bankar, Dr. L. Bolster, Dr. J. Brandwein, Dr. M. Chu, Dr. N. Chua, Dr. H. El-Darsa, Dr. A. Fagarasanu, Dr. A. Fontaine, Dr. M. Game, Dr. M. Hamilton, Dr. M. Hnatiuk, Dr. L. Larratt, Dr. E. Liew, Dr. A. Parker, Dr. J. Patterson, Dr. A. Peters, Dr. B. Ritchie, Dr. I. Sandhu, Dr. R. Sangha, Dr. D. Sawler, Dr. L. Sun, Dr. S. Takach Lapner, Dr. M. Taparia, Dr. C. Venner, Dr. P. Wang, Dr. C. Wu, Dr. N. Zhu **TBCC** Dr. N. Bahlis, Dr. C. Brown, Dr. A. Bryant, Dr. S. Cerquozzi, Dr. A. Daly, Dr. M. Davidson, Dr. M. Drew-McKinstry, Dr. P. Duggan, Dr. M. Geddes, Dr. D. Goodyear, Dr. J. Grossman, Dr. K. Jamani, Dr. D. Jenkins, Dr. A. Lee, Dr. S. McCulloch, Dr. E.P. Neri, Dr. C. Owen, Dr. S. Perry, Dr. N. Rydz, Dr. M.L. Savoie, Dr. M. Shafey, Dr. Y.M.Shrom, Dr. L. Skeith, Dr. J. Slaby, Dr. D. Stewart, Dr. J. Storek, Dr. L. Street, Dr. D. Suryanarayan, Dr. J. Tay, Dr. J. F. T. Thaell, Dr. M. Wong, Dr. V. Zepeda **Grande Prairie** Dr. J. Hattingh, Dr. S. Marcotte, Dr. M. Moreau, Dr. G. Nikoleychuk **Lethbridge** Dr. S. Benke, Dr. A. Imbulgoda, Dr. G. S. E. Razavi. **Medicine Hat** Dr. F. El-Gehani, Dr. J. Foley, Dr. G. S. E. Razavi. **Red Deer** Dr. F. El-Gehani, Dr. D. Prajapati, Dr. S. Raissouni, Dr. K. Rudolph, Dr.Y.M.Shrom, Dr. C. Tarukandirwa As recommended by the hematology tumour program or outlined under group 2 drugs on first page. Note: Controlled Distribution Program limited to TBCC and CCI Pharmacy.	Oct/16 Jul/20	n/a

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
PRALATREXATE	2	Injectable	**Hematology** • Pralatrexate for the treatment of patients with relapsed or refractory peripheral T-cell lymphoma (PTCL) who have undergone previous systemic therapy, none of which include romidespin. Patients should have good performance status. Treatment should continue until disease progression or unacceptable toxicity. Physicians may choose either Pralatrexate or romidespin in an individual patient but not both. (Unless due to intolerance, cannot sequence due to progression). Prescribing limited to written authorization by named physicians: **CCI** Dr.A. Bankar, Dr. L. Bolster, Dr. J. Brandwein, Dr. M. Chu, Dr. N. Chua, Dr. H. El-Darsa, Dr. A. Fagarasanu, Dr. A. Fontaine, Dr. M. Game, Dr. M. Hamilton, Dr. M. Hnatiuk, Dr. L. Larratt, Dr. E. Liew, Dr. A. Parker, Dr. J. Patterson, Dr. A. Peters, Dr. B. Ritchie, Dr. I. Sandhu, Dr. R. Sangha, Dr. D. Sawler, Dr. L. Sun, Dr. S. Takach Lapner, Dr. M. Taparia, Dr. C. Venner, Dr. P. Wang, Dr. C. Wu, Dr. N. Zhu **TBCC** Dr. N. Bahlis, Dr. C. Brown, Dr. A. Bryant, Dr. S. Cerquozzi, Dr. A. Daly, Dr. M. Davidson, Dr. M. Drew-McKinstry, Dr. P. Duggan, Dr. M. Geddes, Dr. D. Goodyear, Dr. J. Grossman, Dr. K. Jamani, Dr. D. Jenkins, Dr. A. Lee, Dr. S. McCulloch, Dr. E.P. Neri, Dr. C. Owen, Dr. S. Perry, Dr. N. Rydz, Dr. M.L. Savoie, Dr. M. Shafey, Dr.Y.M.Shrom, Dr. L. Skeith, Dr. J. Slaby, Dr. D. Stewart, Dr. J. Storek, Dr. L. Street, Dr. D. Suryanarayan, Dr. J. Tay, Dr. J. F. T. Thaell, Dr. M. Wong, Dr. V. Zepeda **Grande Prairie** Dr. J. Hattingh, Dr. S. Marcotte, Dr. M. Moreau, Dr. G. Nikoleychuk **Lethbridge** Dr. S. Benke, Dr. A. Imbulgoda, Dr. G. S. E. Razavi. **Medicine Hat** Dr. F. El-Gehani, Dr. J. Foley, Dr. G. S. E. Razavi. **Red Deer** Dr. F. El-Gehani, Dr. D. Prajapati, Dr. S. Raissouni, Dr. K. Rudolph, Dr.Y.M.Shrom, Dr. C. Tarukandirwa As recommended by the hematology tumour program or outlined under group 2 drugs on first page.	Sept/20	basic
PREDNISOLONE SODIUM PHOSPHATE	1	liquid		Nov/96 Apr/09	n/a
PREDNISONE	1	tablets			n/a
PROCARBAZINE	1	capsules		Oct/05 Apr/09	n/a
RALTITREXED	1	injectable		Jul/97 Mar/03 Apr/09	IV inf. – basic

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
RAMUCIRUMAB	2	injectable	**Gastrointestinal** • Ramucirumab in combination with paclitaxel for the treatment of patients with advanced or metastatic gastric cancer or gastro-esophageal junction adenocarcinoma with ECOG performance status of 0 or 1 and with disease progression following first line chemotherapy. Prescribing limited to written authorization by named physicians: **CCI** Dr. O. Abdelsalam, Dr. N. Chua, Dr. J. Easaw, Dr. H. Karachiwala, Dr. K. King, Dr. S. Koski, Dr. K. Mulder, Dr. J. Price Hiller, Dr. M. Sawyer, Dr. A. Scarfe, Dr. J. Spratlin, Dr. K. Young, Dr. X. Zhu **TBCC** Dr. V. Bramwell, Dr. W. Cheung, Dr. S. Dowden, Dr. D. Heng, Dr. J. Henning, Dr. S. Karim, Dr.O. Khan, Dr. V. Krause, Dr. R. Lee-Ying, Dr. S. Lupichuk, Dr. J. Monzon, Dr. N. Nixon, Dr. A. Paterson, Dr. G. Roldan Urgoiti, Dr. D. Ruether, Dr. H. Samawi, Dr. D. Stewart, Dr. V. Tam, Dr. P. Tang, Dr. R. Tsang, Dr. M. Webster, Dr. S. Yip **Grande Prairie** Dr. M. Moreau **Lethbridge** Dr. H. Albaba, Dr. A. Imbulgoda, Dr. A. Pabani, Dr. A. Taleb **Medicine Hat** Dr. H. Albaba, Dr. F. El-Gehani, Dr. J. Foley, Dr. A. Pabani, Dr. A. Taleb, Dr. S. Yip **Red Deer** Dr. F. El-Gehani, Dr. S. Mairs, Dr. S. Raissouni, Dr. C. Tarukandirwa As recommended by the gastrointestinal tumour group or outlined under group 2 drugs on first page.	Apr/17 Jul/20	advanced
REGORAFENIB	2	tablets	**GIST** • In the treatment of patients with metastatic and/or unresectable gastrointestinal stromal tumours (GIST) who have had disease progression on or intolerance to imatinib and sunitinib, in patients with ECOG of 0 or 1 Prescribing limited to written authorization by named physicians: **CCI** Dr. Q. Chu, Dr. H. Karachiwala, Dr. S, Mckillop, Dr. K. Mulder **TBCC** Dr. V. Bramwell, Dr. J. Henning, Dr. O.Khan Dr. D. Morris, Dr. A. Pabani, Dr. V. Tam **Grande Prairie** Dr. M. Moreau **Lethbridge** Dr. A. Imbulgoda, Dr. A. Pabani **Medicine Hat** Dr. F. El-Gehani, Dr. A. Pabani, Dr. D. Yip **Red Deer** Dr. F. El-Gehani, Dr. S. Raissouni, Dr. C. Tarukandirwa As recommended by the sarcoma tumour program or outlined under group 2 drugs on first page.	Mar/15	n/a

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
REGORAFENIB	2	tablets	**Hepatocellular Carcinoma (HCC)** • For patients with unresectable hepatocellular carcinoma (HCC) who have been previously treated with, and progressed on sorafenib or lenvatinib. To be eligible patients should have ECOG performance status of 0 to 1, have a Child-Pugh class status of A, have tolerated previous sorafenib or lenvatinib, and otherwise meet the RESORCE trial criteria. Treatment should continue until disease progression. Prescribing limited to written authorization by named physicians: **CCI** Dr. O. Abdelsalam, Dr. N. Chua, Dr. J. Easaw, Dr. H. Karachiwala, Dr. K. King, Dr. S. Koski, Dr. K. Mulder, Dr. J. Price Hiller, Dr. M. Sawyer, Dr. A. Scarfe, Dr. J. Spratlin, Dr. K. Young, Dr. X. Zhu **TBCC** Dr. V. Bramwell, Dr. W. Cheung, Dr. S. Dowden, Dr. D. Heng, Dr. J. Henning, Dr. S. Karim, Dr.O. Khan, Dr. V. Krause, Dr. R. Lee-Ying, Dr. S. Lupichuk, Dr. J. Monzon, Dr. N. Nixon, Dr. A. Paterson, Dr. G. Roldan Urgoiti, Dr. D. Ruether, Dr. H. Samawi, Dr. D. Stewart, Dr. V. Tam, Dr. P. Tang, Dr. R. Tsang, Dr. M. Webster, Dr. S. Yip **Grande Prairie** Dr. M. Moreau **Lethbridge** Dr. H. Albaba, Dr. A. Imbulgoda, Dr. A. Pabani, Dr. A. Taleb **Medicine Hat** Dr. H. Albaba, Dr. F. El-Gehani, Dr. A. Pabani, Dr. A. Taleb, Dr. S. Yip **Red Deer** Dr. F. El-Gehani, Dr. S. Mairs, Dr. S. Raissouni, Dr. C. Tarukandirwa As recommended by the gastrointestinal tumour program or outlined under group 2 drugs on first page.	Nov/19 Apr/20 Jul/20	n/a

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
RIBOCICLIB	2	oral	**Breast Cancer** • Ribociclib in combination with an aromatase inhibitor (AI) as a first line endocrine treatment of patients with hormone receptor positive HER2 negative, advanced or metastatic breast cancer as described as any of the following: o de novo stage IV o prior earlier stage and disease free for at least 12 months following completion of (neo)adjuvant non-steroidal aromatase inhibitor o patients who have had one prior chemotherapy for metastatic, hormone receptor positive, HER2 negative breast cancer. Individual patients are eligible for only one of the following combinations: palbociclib +AI or, ribociclib + AI in this setting, or everolimus + exemestane second line. The following groups would be included: post-menopausal patients, patients with chemical suppression of estrogen production (eg gonadotropin releasing hormone agonist +/- tamoxifen), patients with bone only metastases, patients that are HER2 equivocal by FISH testing. Patients may switch to ribociclib if they have demonstrated an intolerance to palbociclib without progression. • Ribociclib in combination with fulvestrant for the treatment of patients with HR positive, HER2 negative, advanced or metastatic breast cancer. -Who have had no prior hormone therapy in the metastatic setting or -Whose disease has progressed after prior endocrine therapy (including progression on adjuvant/neoadjuvant endocrine therapy, progression within 12 months of completing adjuvant endocrine therapy, and progression on/after endocrine therapy for advanced/ metastatic breast cancer). There is no limit to the number of prior endocrine therapies received in the advanced/ metastatic setting with the exception of patients who have experienced disease progression during fulvestrant therapy. Patients are eligible if they have received prior chemotherapy for advanced/metastatic disease. Eligible patients are CDK 4/6 inhibitor naïve and include post-menopausal women, pre/peri menopausal women who are on gonadotropin releasing hormone agonist, and men. Individual patients are eligible to receive either ribociclib or palbociclib in combination with fulvestrant (but not both). Patients may switch to palbociclib if they demonstrated an intolerance without progression. Treatment should continue until disease progression or unacceptable toxicity. Prescribing limited to written authorization by named physicians: **CCI** Dr. S. Basi, Dr. A. Joy, Dr. K. King, Dr. J. Mackey, Dr. J. Meza-Junco, Dr. J. Price Hiller, Dr. K. Young, Dr. X. Zhu, Dr. B. Zorniak **TBCC** Dr. N. Alimohamed, Dr. D. Ezeife, Dr. J. Henning, Dr. O. Khan, Dr. V. Krause, Dr. S. Lupichuk, Dr. H. McArthur, Dr. N. Nixon, Dr. A Pabani, Dr. A. Paterson, Dr. G. Roldan Urgoiti, Dr. D. Ruether, Dr. D. Stewart, Dr. P. Tang, Dr. R. Tsang, Dr. M. Webster **Grande Prairie** Dr. M. Moreau **Lethbridge** Dr. H. Albaba, Dr. A. Imbulgoda, Dr. A. Pabani, Dr. A. Taleb **Medicine Hat** Dr. H. Albaba, Dr. F. El-Gehani, Dr. J. Foley, Dr. A. Pabani, Dr. A. Taleb, Dr. S. Yip (see next page for additional authorized prescribers)	Nov/19 Jul/20 Dec/20 Apr/21	n/a

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
RIBOCICLIB			(see previous page for criteria and additional authorized prescribers) **Red Deer** Dr. F. El-Gehani, Dr. S. Mairs, Dr. S. Raissouni, Dr. C. Tarukandirwa As recommended by the breast tumour program or outlined under group 2 drugs on first page.		
RITUXIMAB	2	Injectable IV or SC	**Hematology** •Rituximab maintenance therapy in patients with mantle cell lymphoma after autologous stem cell transplant. •Rituximab plus chemotherapy for patients with follicular, mantle cell, and other indolent B-cell lymphomas who have had no prior treatment with Rituximab. •Relapsed or refractory follicular or other indolent B-cell lymphomas. •In combination with chemotherapy for aggressive histology B-cell CD20 positive non-Hodgkin's lymphoma (any age or stage). •Maintenance Rituximab for Follicular Lymphoma patients who are in remissions (CR or PR) following chemotherapy +/- Rituxan induction. •Extended maintenance therapy for 8 doses in patients with indolent CD-20(+) B cell lymphomas who have recently (within 3 months) responded to systemic therapy and have never previously received maintenance Rituximab. •Reinduction chemotherapy (including high dose therapy and ASCT) for patients with CD-20(+) Large B cell lymphomas who are in first relapse after at least a 6 month remission following initial rituximab containing chemotherapy (and who are considered potential candidate for high dose therapy and autologous stem cell transplantation (no serious co-morbidities, no CNS lymphoma). •Maintenance rituximab given every two months for transplant ineligible mantle cell lymphoma patients after induction chemotherapy until progression. • Monotherapy (weekly x 4 doses) as initial treatment for patients with follicular, mantle cell or other indolent B-cell lymphoma who have contraindications to, or who cannot tolerate chemotherapy. • For Post-Transplant Lymphoproliferative Disorders (PTLD). •Rituximab for 8 doses in combination with Idelalisib for the treatment of patients with relapsed chronic Lymphocytic Leukemia (CLL). •Rituximab in combination with chemotherapy as first-line treatment of chronic lymphocytic leukemia. • Monotherapy (after corticosteroid failure) for autoimmune cytopenias due to CLL or other indolent B-Cell lymphomas. Prescribing limited to written authorization by named physicians: (see next page for authorized prescribers)	Nov/18 Nov/17 Oct/16 Apr/17 Sept/04 Jan/00 Mar/01 May/04 Apr/12 Apr/03 Mar/07 May/08 May/10 Apr/12 Apr/17 Jan/12 Jul/13 Apr/17 Jul/13 Jul/20	IV – advanced SC – basic

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
RITUXIMAB	2	injectable	(See previous page for criteria) Prescribing limited to written authorization by named physicians: **CCI** Dr.A. Bankar, Dr. L. Bolster, Dr. J. Brandwein, Dr. M. Chu, Dr. N. Chua, Dr. H. El-Darsa, Dr. A. Fagarasanu, Dr. A. Fontaine, Dr. M. Game, Dr. M. Hamilton, Dr. M. Hnatiuk, Dr. L. Larratt, Dr. E. Liew, Dr. A. Parker, Dr. J. Patterson, Dr. A. Peters, Dr. B. Ritchie, Dr. I. Sandhu, Dr. R. Sangha, Dr. D. Sawler, Dr. L. Sun, Dr. S. Takach Lapner, Dr. M. Taparia, Dr. C. Venner, Dr. P. Wang, Dr. C. Wu, Dr. N. Zhu **TBCC** Dr. N. Bahlis, Dr. C. Brown, Dr. A. Bryant, Dr. S. Cerquozzi, Dr. A. Daly, Dr. M. Davidson, Dr. M. Drew-McKinstry, Dr. P. Duggan, Dr. M. Geddes, Dr. D. Goodyear, Dr. J. Grossman, Dr. K. Jamani, Dr. D. Jenkins, Dr. A. Lee, Dr. S. McCulloch, Dr. E.P. Neri, Dr. C. Owen, Dr. S. Perry, Dr. N. Rydz, Dr. M.L. Savoie, Dr. M. Shafey, Dr.Y.M.Shrom, Dr. L. Skeith, Dr. J. Slaby, Dr. D. Stewart, Dr. J. Storek, Dr. L. Street, Dr. D. Suryanarayan, Dr. J. Tay, Dr. J. F. T. Thaell, Dr. M. Wong Dr. V. Zepeda **Grande Prairie** Dr. J. Hattingh, Dr. S. Marcotte, Dr. M. Moreau, Dr. G. Nikoleychuk **Lethbridge** Dr. S. Benke, Dr. A. Imbulgoda, Dr. G. S. E. Razavi. **Medicine Hat** Dr. F. El-Gehani, Dr. J. Foley, Dr. G. S. E. Razavi. **Red Deer** Dr. F. El-Gehani, Dr. D. Prajapati, Dr. S. Raissouni, Dr. K. Rudolph, Dr.Y.M.Shrom, Dr. C. Tarukandirwa As recommended by the hematology tumour program or outlined under group 2 drugs on first page.		

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
ROMIDEPSIN	2	injectable	**Hematology** •For patients with relapsed/refractory peripheral T-cell lymphoma (PTCL) who are not eligible for transplant, have received at least one prior systemic therapy and have an ECOG performance stats of 0 to 2.Physicians may choose either romidespin or pralatrexate in an individual patient but not both (unless due to intolerance, cannot sequence due to progression). Prescribing limited to written authorization by named physicians: **CCI** Dr.A. Bankar, Dr. L. Bolster, Dr. J. Brandwein, Dr. M. Chu, Dr. N. Chua, Dr. H. El-Darsa, Dr. A. Fagarasanu, Dr. A. Fontaine, Dr. M. Game, Dr. M. Hamilton, Dr. M. Hnatiuk, Dr. L. Larratt, Dr. E. Liew, Dr. A. Parker, Dr. J. Patterson, Dr. A. Peters, Dr. B. Ritchie, Dr. I. Sandhu, Dr. R. Sangha, Dr. D. Sawler, Dr. L. Sun, Dr. S. Takach Lapner, Dr. M. Taparia, Dr. C. Venner, Dr. P. Wang, Dr. C. Wu, Dr. N. Zhu **TBCC** Dr. N. Bahlis, Dr. C. Brown, Dr. A. Bryant, Dr. S. Cerquozzi, Dr. A. Daly, Dr. M. Davidson, Dr. M. Drew-McKinsky, Dr. P. Duggan, Dr. M. Geddes, Dr. D. Goodyear, Dr. J. Grossman, Dr. K. Jamani, Dr. D. Jenkins, Dr. A. Lee, Dr. S. McCulloch, Dr. E.P. Neri, Dr. C. Owen, Dr. S. Perry, Dr. N. Rydz, Dr. M.L. Savoie, Dr. M. Shafey, Dr.Y.M.Shrom, Dr. L. Skeith, Dr. J. Slaby, Dr. D. Stewart, Dr. J. Storek, Dr. L. Street, Dr. D. Suryanarayan, Dr. J. Tay, Dr. J. F. T. Thaell, Dr. M. Wong Dr. V. Zepeda **Grande Prairie** Dr. J. Hattingh, Dr. S. Marcotte, Dr. M. Moreau, Dr. G. Nikoleychuk **Lethbridge** Dr. S. Benke, Dr. A. Imbulgoda, Dr. G. S. E. Razavi **Medicine Hat** Dr. F. El-Gehani, Dr. J. Foley, Dr. G. S. E. Razavi. **Red Deer** Dr. F. El-Gehani, Dr. D. Prajapati, Dr. S. Raissouni, Dr. K. Rudolph, Dr.Y.M.Shrom, Dr. C. Tarukandirwa As recommended by the hematology tumour group program or outlined under group 2 drugs on first page.	Dec/15 Jul/20 Sept/20	advanced

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
RUXOLITINIB	2	oral	**Hematology** • For the treatment of patients with polycythemia vera who have disease resistant to hydroxyurea or who are intolerant of hydroxyurea according to the modified European Leukemia NET criteria used in the RESPONSE trial and have good performance status. Treatment should continue until unacceptable toxicity or disease progression. • For patients with intermediate to high risk symptomatic Myelofibrosis (MF) as assessed using the Dynamic International Prognostic Scoring System (DIPSS) Plus or patients with symptomatic splenomegaly. Patients who have ECOG performance status ≤3 and be either previously untreated or refractory to other treatment Prescribing limited to written authorization by named physicians: **CCI** Dr.A. Bankar, Dr. L. Bolster, Dr. J. Brandwein, Dr. M. Chu, Dr. N. Chua, Dr. H. El-Darsa, Dr. A. Fagarasanu, Dr. A. Fontaine, Dr. M. Game, Dr. M. Hamilton, Dr. M. Hnatiuk, Dr. L. Larratt, Dr. E. Liew, Dr. D. Parker, Dr. J. Patterson, Dr. A. Peters, Dr. B. Ritchie, Dr. I. Sandhu, Dr. R. Sangha, Dr. D. Sawler, Dr. L. Sun, Dr. S. Takach Lapner, Dr. M. Taparia, Dr. C. Venner, Dr. P. Wang, Dr. C. Wu, Dr. N. Zhu **TBCC** Dr. N. Bahlis, Dr. C. Brown, Dr. A. Bryant, Dr. S. Cerquozzi, Dr. A. Daly, Dr. M. Davidson, Dr. M. Drew-McKinstry, Dr. P. Duggan, Dr. M. Geddes, Dr. D. Goodyear, Dr. J. Grossman, Dr. K. Jamani, Dr. D. Jenkins, Dr. A. Lee, Dr. S. McCulloch, Dr. E.P. Neri, Dr. C. Owen, Dr. S. Perry, Dr. N. Rydz, Dr. M.L. Savoie, Dr. M. Shafey, Dr.Y.M.Shrom, Dr. L. Skeith, Dr. J. Slaby, Dr. D. Stewart, Dr. J. Storek, Dr. L. Street, Dr. D. Suryanarayan, Dr. J. Tay, Dr. J. F. T. Thaell, Dr. M. Wong, Dr. V. Zepeda **Grande Prairie** Dr. J. Hattingh, Dr. S. Marcotte, Dr. M. Moreau, Dr. G. Nikoleychuk **Lethbridge** Dr. S. Benke, Dr. A. Imbulgoda, Dr. G. S. E. Razavi. **Medicine Hat** Dr. F. El-Gehani, Dr. J. Foley, Dr. G. S. E. Razavi **Red Deer** Dr. F. El-Gehani, Dr. Prajapati, Dr. S. Raissouni, Dr. K. Rudolph, Dr.Y.M.Shrom, Dr. C. Tarukandirwa. As recommended by the hematology tumour program or outlined under group 2 drugs on first page.	May/18 Oct/13 Jul/20	n/a

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
SORAFENIB	2	tablets	**Advanced Hepatocellular Carcinoma** • For patients with Child Pugh Class A advanced hepatocellular carcinoma, • Have ECOG status 0, 1, or 2; and • Patients who have either progressed on trans-arterial chemoembolization (TACE) or are not suitable for the TACE procedure • Not to be used in patients who have progressed on lenvatinib: may be used in patients who are intolerant to lenvatinib. Prescribing limited to written authorization by named physicians: **CCI** Dr. O. Abdelsalam, Dr. N. Chua, Dr. J. Easaw, Dr. H. Karachiwala, Dr. K. King, Dr. S. Koski, Dr. K. Mulder, Dr. J. Price Hiller, Dr. M. Sawyer, Dr. A. Scarfe, Dr. J. Spratlin, Dr. K. Young, Dr. X. Zhu **TBCC** Dr. V. Bramwell, Dr. W. Cheung, Dr. S. Dowden, Dr. D. Heng, Dr. J. Henning, Dr. S. Karim, Dr.O. Khan, Dr. V. Krause, Dr. R. Lee-Ying, Dr. S. Lupichuk, Dr. J. Monzon, Dr. N. Nixon, Dr. A. Paterson, Dr. G. Roldan Urgoiti, Dr. D. Ruether, Dr. H. Samawi, Dr. D. Stewart, Dr. V. Tam, Dr. P. Tang, Dr. R. Tsang, Dr. M. Webster, Dr. S. Yip **Grande Prairie** Dr. M. Moreau **Lethbridge** Dr. H. Albaba, Dr. A. Imbulgoda, Dr. A. Pabani, Dr. A. Taleb **Medicine Hat** Dr. H. Albaba, Dr. F. El-Gehani, Dr. A. Pabani, Dr. A. Taleb, Dr. S. Yip **Red Deer** Dr. F. El-Gehani, Dr. S. Mairs, Dr. S. Raissouni, Dr. C. Tarukandirwa As recommended by the gastrointestinal tumour program or outlined under group 2 drugs on first page.	Apr/09 Apr/20 Jul/20	n/a
STREPTOZOCIN	1	injectable		May/85	IV inf. – basic

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
SUNITINIB	2	capsules	**GIST** •Metastatic or unresectable Gastrointestinal Stromal Tumour (GIST) after disease progression on or after intolerance to imatinib Prescribing limited to written authorization by named physicians: **CCI** Dr. Q. Chu, Dr. H. Karachiwala, Dr. S. McKillop, Dr. K. Mulder **TBCC** Dr. V. Bramwell, Dr. J. Henning, Dr. O.Khan, Dr. D. Morris, Dr. A. Pabani, Dr. V. Tam **Grande Prairie** Dr. M. Moreau **Lethbridge** Dr. A. Imbulgoda, Dr. A. Pabani **Medicine Hat** Dr. F. El-Gehani, Dr. A. Pabani **Red Deer** Dr. F. El-Gehani, Dr. S. Raissouni, Dr. C. Tarukandirwa As recommended by the sarcoma tumour program or outlined under group 2 drugs on first page.	Oct/07	n/a
			Renal • First line in advanced/metastatic renal cell carcinoma or second line after interferon failure/intolerance or if patients unable to tolerate ongoing first line pazopanib. Not to be used after progression on pazopanib. • Second-line option following ipilimumab/nivolumab in intermediate or poor risk advanced renal cell carcinoma. Prescribing limited to written authorization by named physicians: **CCI** Dr. N. Basappa, Dr. M. Kolinsky, Dr. S. North **TBCC** Dr. N. Alimohamed, Dr. T. Cheng, Dr. D. Heng, Dr. S. Karim, Dr. R. Lee-Ying, Dr. N. Nixon, Dr. D. Ruether, Dr. V. Tam, Dr. S. Yip **Grande Prairie** Dr. M. Moreau **Lethbridge** Dr. H. Albaba, Dr. A. Imbulgoda, Dr. A. Pabani, Dr. A. Taleb **Medicine Hat** Dr. H. Albaba, Dr. F. El-Gehani, Dr. A. Pabani, Dr. A. Taleb, Dr. S. Yip **Red Deer** Dr. F. El-Gehani, Dr. S. Mairs, Dr. S. Raissouni, Dr. C. Tarukandirwa As recommended by the genitourinary tumour program or outlined under group 2 drugs on first page.	Feb/08 Mar/14 Jul/19 Apr/20 Jul/20	n/a

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
SUNITINIB	2	capsules	**pNET** • For the treatment of patients with unresectable locally advanced or metastatic well-differentiated pancreatic endocrine tumours (pancreatic NET) whose disease is progressive and who have not previously been treated with everolimus (unless intolerant). Prescribing limited to written authorization by named physicians: **CCI** Dr. O. Abdelsalam, Dr. N. Chua, Dr. J. Easaw, Dr. Karachiwala, Dr. K. King, Dr. S. Koski, Dr. K. Mulder, Dr. J. Price Hiller, Dr. M. Sawyer, Dr. A. Scarfe, Dr. J. Spratlin, Dr. K. Young, Dr. X. Zhu **TBCC** Dr. C. Card, Dr. W. Cheung, Dr. S. Dowden, Dr. O. Khan, Dr. S. Karim, Dr. R. Lee-Ying, Dr. N. Nixon, Dr. G. Roldan Urgoiti, Dr. D. Ruether, Dr. H. Samawi **Grande Prairie** Dr. M. Moreau **Lethbridge** Dr. H. Albaba, Dr. A. Imbulgoda, Dr. A. Pabani, Dr. A. Taleb **Medicine Hat** Dr. H. Albaba, Dr. F. El-Gehani, Dr. A. Pabani, Dr. A. Taleb, Dr. S. Yip **Red Deer** Dr. F. El-Gehani, Dr. S. Mairs, Dr. S. Raissouni, Dr. C. Tarukandirwa As recommended by the endocrine or gastrointestinal tumour program or outlined under group 2 drugs on first page.	Mar/13 Jul/20	n/a
TAMOXIFEN	1	tablets		Jul/92	n/a
TEMOZOLOMIDE	1	oral		Jul/16	n/a
TEMSIROLIMUS	1	injectable		Nov/10 Jun/14	IV-basic
THIOGUANINE	1	tablets			n/a

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
THIOTEPA	2	injectable	**Hematology** • Thiotepa for the treatment of primary CNS lymphoma in elderly or less fit patients. Prescribing limited to written authorization by named physicians: **CCI** Dr.A. Bankar, Dr. L. Bolster, Dr. J. Brandwein, Dr. M. Chu, Dr. N. Chua, Dr. H. El-Darsa, Dr. A. Fagarasanu, Dr. A. Fontaine, Dr. M. Game, Dr. M. Hamilton, Dr. M. Hnatiuk, Dr. L. Larratt, Dr. E. Liew, Dr. A. Parker, Dr. J. Patterson, Dr. A. Peters, Dr. B. Ritchie, Dr. I. Sandhu, Dr. R. Sangha, Dr. D. Sawler, Dr. L. Sun, Dr. S. Takach Lapner, Dr. M. Taparia, Dr. C. Venner, Dr. P. Wang, Dr. C. Wu, Dr. N. Zhu **TBCC** Dr. N. Bahlis, Dr. C. Brown, Dr. A. Bryant, Dr. S. Cerquozzi, Dr. A. Daly, Dr. M. Davidson, Dr. M. Drew-McKinstry, Dr. P. Duggan, Dr. M. Geddes, Dr. D. Goodyear, Dr. J. Grossman, Dr. K. Jamani, Dr. D. Jenkins, Dr. A. Lee, Dr. S. McCulloch, Dr. E.P. Neri, Dr. C. Owen, Dr. S. Perry, Dr. N. Rydz, Dr. M.L. Savoie, Dr. M. Shafey, Dr.Y.M.Shrom, Dr. L. Skeith, Dr. J. Slaby, Dr. D. Stewart, Dr. J. Storek, Dr. L. Street, Dr. D. Suryanarayan, Dr. J. Tay, Dr. J. F. T. Thaell, Dr. M. Wong, Dr. V. Zepeda **Grande Prairie** Dr. J. Hattingh, Dr. S. Marcotte, Dr. M. Moreau, Dr. G. Nikoleychuk **Lethbridge** Dr. S. Benke, Dr. A. Imbulgoda, Dr. G. S. E. Razavi. **Medicine Hat** Dr. F. El-Gehani, Dr. J. Foley, Dr. G. S. E. Razavi **Red Deer** Dr. F. El-Gehani, Dr. D. Prajapati, Dr. S. Raissouni, Dr. K. Rudolph, Dr.Y.M.Shrom, Dr. C. Tarukandirwa As recommended by the hematology tumour program or outlined under group 2 drugs on first page.	Feb/21	advanced
TOPOTECAN	1	injectable		Apr/09	IV inf. – basic
TRAMETINIB	2	oral	**Melanoma** • Trametinib /Dabrafenib for the treatment of patients with unresectable or metastatic melanoma with a BRAF V600 mutation. Not to be used after progression on an alternate BRAF inhibitor and/or MEK inhibitor. • Trametinib/Dabrafenib for the adjuvant treatment of patients with stage IIIA (limited to lymph node metastases of greater than or equal to 1mm) to stage IIID (8th edition of American Joint Committee on Cancer (AJCC) staging system) BRAF mutated (all BRAFV600 mutations) cutaneous melanoma. Disease must be completely resected including in-transit metastases, however presence of regional lymph nodes with micro metastases after sentinel lymph node biopsy is allowed. Use in ocular melanoma is not funded. Patients must have good performance status. Treatment should continue until disease recurrence, unacceptable toxicity, or up to a maximum of 12 months. For BRAF mutated patients, a one-time switch between adjuvant therapies (BRAF targeted or immunotherapy) within the time limit of 3 months after the initiation of therapy is allowed in which case, total adjuvant therapy will be limited to 12 months. Retreatment with BRAF targeted therapy is allowed if the treatment free interval is greater than or equal to 6 months from the completion of adjuvant BRAF therapy or adjuvant immunotherapy. (see next page for authorized prescribers)	Oct/16 Nov/17 Oct/18 Apr/20 May/21	n/a
TRAMETINIB			(see previous page for criteria)		

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
			Prescribing limited to written authorization by named physicians: **CCI** Dr. M. Smylie, Dr. J. Walker **TBCC** Dr. T. Cheng, Dr. J. Monzon. As recommended by the cutaneous tumour program or outlined under group 2 drugs on first page.		
TRASTUZUMAB	2	injectable	**<u>Metastatic Breast</u>** •Restricted to the treatment of metastatic breast cancer, HER 2 protein overexpression (+3) by IHC or HER2 amplification by FISH. •For the 2nd line treatment of HER2 positive metastatic breast cancer when used in combination with chemotherapy after previous exposure to trastuzumab-base treatments in the metastatic setting. Prescribing limited to written authorization by named physicians: **CCI** Dr. S. Basi, Dr. A. Joy, Dr. K. King, Dr. J. Mackey, Dr. J. Meza-Junco, Dr. J. Price Hiller, Dr. K. Young, Dr. X. Zhu, Dr. B. Zorniak **TBCC** Dr. N. Alimohamed, Dr. D. Ezeife, Dr. J. Henning, Dr. O. Khan, Dr. V. Krause, Dr. S. Lupichuk, Dr. H. McArthur, Dr. N. Nixon, Dr. A Pabani, Dr. A. Paterson, Dr. G. Roldan Urgoiti, Dr. D. Ruether, Dr. D. Stewart, Dr. P. Tang, Dr. R. Tsang, Dr. M. Webster **Grande Prairie** Dr. M. Moreau **Lethbridge** Dr. H. Albaba, Dr. A. Imbulgoda, Dr. A. Pabani, Dr. A. Taleb **Medicine Hat** Dr. H. Albaba, Dr. F. El-Gehani, Dr. J. Foley, Dr. A. Pabani, Dr. A. Taleb, Dr. S. Yip **Red Deer** Dr. F. El-Gehani, Dr. S. Mairs, Dr. S. Raissouni, Dr. C. Tarukandirwa As recommended by the breast tumour program or outlined under group 2 drugs on first page.	Jan/00 Feb/02 Nov/03 Feb/12 Jul/20	IV load dose - Advanced IV maintenance (2mg/kg weekly or 6mg/kg every 3 weeks) – basic

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
TRASTUZUMAB	2	injectable	**Breast Cancer** •Adjuvant/Neoadjuvant treatment of Stage 1-3, HER-2 positive breast cancer for use with or following chemotherapy. Prescribing limited to written authorization by named physicians: **CCI** Dr. S. Basi, Dr. A. Joy, Dr. K. King, Dr. J. Mackey, Dr. J. Meza-Junco, Dr. J. Price Hiller, Dr. K. Young, Dr. X. Zhu, Dr. B. Zorniak **TBCC** Dr. N. Alimohamed, Dr. D. Ezeife, Dr. J. Henning, Dr. O. Khan, Dr. V. Krause, Dr. S. Lupichuk, ~~D~~ Dr. N. Nixon, Dr. A. Pabani, Dr. A. Paterson, Dr. G. Roldan Urgoiti, Dr. D. Ruether, Dr. D. Stewart, Dr. P. Tang, Dr. R. Tsang, Dr. M. Webster. **Grande Prairie** Dr. M. Moreau **Lethbridge** Dr. H. Albaba, Dr. A. Imbulgoda, Dr. A. Pabani, Dr. A. Taleb **Medicine Hat** Dr. H. Albaba, Dr. F. El-Gehani, Dr. J. Foley, Dr. A. Pabani, Dr. A. Taleb, Dr. S. Yip **Red Deer** Dr. F. El-Gehani, Dr. S. Mairs, Dr. S. Raissouni, Dr. C. Tarukandirwa As recommended by the breast tumour program or outlined under group 2 drugs on first page.	Aug/06 Jul/20	basic
			Metastatic Gastroesophageal Cancer • Trastuzumab in conjunction with Cisplatin and either 5-Fluorouracil or Capecitabine as palliative treatment for advanced adenocarcinoma of the stomach and gastroesophageal junction that demonstrates HER2 over-expression (immunohistochemistry score 3+ or 2+ with in situ hybridization positivity). For patients with HER2 over-expressing cancers who have a contraindication to cisplatin, cisplatin may be replaced with an alternative plan (oxaliplatin or carboplatin) Prescribing limited to written authorization by named physicians: **CCI** Dr. O. Abdelsalam, Dr. N. Chua, Dr. J. Easaw, Dr. H. Karachiwala, Dr. K. King, Dr. S. Koski, Dr. K. Mulder, Dr. J. Price Hiller, Dr. M. Sawyer, Dr. A. Scarfe, Dr. J. Spratlin, Dr. K. Young, Dr. X. Zhu **TBCC** Dr. V. Bramwell, Dr. W. Cheung, Dr. S. Dowden, Dr. D. Heng, Dr. J. Henning, Dr. S. Karim, Dr.O. Khan, Dr. V. Krause, Dr. R. Lee-Ying, Dr. S. Lupichuk, Dr. J. Monzon, Dr. N. Nixon, Dr. A. Paterson, Dr. G. Roldan Urgoiti, Dr. D. Ruether, Dr. H. Samawi, Dr. D. Stewart, Dr. V. Tam, Dr. P. Tang, Dr. R. Tsang, Dr. M. Webster, Dr. S. Yip **Grande Prairie** Dr. M. Moreau **Lethbridge** Dr. H. Albaba, Dr. A. Imbulgoda, Dr. A. Pabani, Dr. A. Taleb **Medicine Hat** Dr. H. Albaba, Dr. F. El-Gehani, Dr. J. Foley, Dr. A. Pabani, Dr. A. Taleb, Dr. S. Yip **Red Deer** Dr. F. El-Gehani, Dr. S. Mairs Dr. S. Raissouni, Dr. C. Tarukandirwa As recommended by the gastrointestinal tumour group or outlined under group 2 drugs on first page.	Aug/12 Jul/19 Jul/20	IV load dose - advanced IV maintenance (6mg/kg every 3 weeks) – basic

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
TRASTUZUMAB EMTANSINE (KADCYLA)	2	injectable	**Breast Cancer** • In the second line setting for patients with HER2-positive unresectable locally advanced or metastatic breast cancer. Patients should be ECOG performance status of 0 or 1. Patients must have received prior treatment with trastuzumab plus chemotherapy (+/- pertuzumab) in the metastatic setting or have disease recurrence during or within 6 months of completing adjuvant therapy with trastuzumab plus chemotherapy (+/- pertuzumab).Not to be used in patients who progress while on or anytime within 6 months of completing trastuzumab emtansine (Kadcyla) adjuvant therapy. • Trastuzumab Emtansine (kadcyla) for the adjuvant treatment of patients with HER2 positive early breast cancer, who have residual disease after preoperative systemic treatment. Treatment should be continued for 14 cycles or until disease progression or unacceptable toxicity. Patients may be switched from adjuvant trastuzumab to trastuzumab emtansine (Kadcyla) if they would otherwise be eligible for trastuzumab emtansine (Kadcyla). Prescribing limited to written authorization by named physicians: **CCI** Dr. S. Basi, Dr. A. Joy, Dr. K. King, Dr. J. Mackey, Dr. J. Meza-Junco, Dr. J. Price Hiller. Dr. K. Young, Dr. X. Zhu, Dr. B. Zorniak **TBCC** Dr. N. Alimohamed, Dr. D. Ezeife, Dr. J. Henning, Dr. O. Khan, Dr. V. Krause, Dr. S. Lupichuk, Dr. N. Nixon, Dr. A. Pabani, Dr. A. Paterson, Dr. G. Roldan Urgoiti, Dr. D. Ruether, Dr. D. Stewart, Dr. P. Tang, Dr. R. Tsang, Dr. M. Webster **Grande Prairie** Dr. M. Moreau **Lethbridge** Dr. H. Albaba, Dr. A. Imbulgoda, Dr. A. Pabani, Dr. A. Taleb **Medicine Hat** Dr. H. Albaba, Dr. F. El-Gehani, Dr. J. Foley, Dr. A. Pabani, Dr. A. Taleb, Dr. S. Yip **Red Deer.** Dr. F. El-Gehani, Dr. S. Mairs, Dr. S. Raissouni, Dr. C. Tarukandirwa As recommended by the breast tumour program or outlined under group 2 drugs on first page.	Jun/14 Jul/20 Dec/20	basic
TRETINOIN	1	capsules		May/95 Apr/09	n/a

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
TRIFLURIDINE/TIPIRACIL	2	oral	**Metastatic gastric cancer** •Trifluridine/Tipiracil (lonsurf) in combination with best supportive care (BSC) for the treatment of patients with metastatic gastric cancer or adenocarcinoma of the gastroesophageal junction (GEJ), who have been previously treated with at least two prior lines of chemotherapy, one of which should be fluoropyrimidine based. Prior lines of treatment should include two of the following agents,: a platinum, irinotecan, or taxane. Prescribing limited to written authorization by named physicians: **CCI** Dr. O. Abdelsalam, Dr. N. Chua, Dr. J. Easaw, Dr. H. Karachiwala, Dr. K. King, Dr. S. Koski, Dr. K. Mulder, Dr. J. Price Hiller, Dr. M. Sawyer, Dr. A. Scarfe, Dr. J. Spratlin, Dr. K. Young, Dr. X. Zhu **TBCC** Dr. V. Bramwell, Dr. W. Cheung, Dr. S. Dowden, Dr. D. Heng, Dr. J. Henning, Dr.O. Khan, Dr. S. Karim, Dr. V. Krause, Dr. R. Lee-Ying, Dr. S. Lupichuk, Dr. J. Monzon, Dr. N. Nixon, Dr. A. Paterson, Dr. G. Roldan Urgoiti, Dr. D. Ruether, Dr. H. Samawi, Dr. D. Stewart, Dr. V. Tam, Dr. P. Tang, Dr. R. Tsang, Dr. M. Webster, Dr. S. Yip **Grande Prairie** Dr. M. Moreau **Lethbridge** Dr. H. Albaba, Dr. A. Imbulgoda, Dr. A. Pabani, Dr. A. Taleb **Medicine Hat** Dr. H. Albaba, Dr. F. El-Gehani, Dr. J. Foley, Dr. A. Pabani, Dr. A. Taleb, Dr. S. Yip **Red Deer** Dr. F. El-Gehani, Dr. S. Mairs Dr. S. Raissouni, Dr. C. Tarukandirwa As recommended by the gastrointestinal tumour group or outlined under group 2 drugs on first page.	Feb/21 May/21	n/a
VANDETANIB	2	oral	**Thyroid Cancer** • Vandetanib for the treatment of symptomatic and/or progressive medullary thyroid cancer in adult patients with unresectable locally advanced or metastatic disease, and with a good performance status. Prescribing limited to written authorization by named physicians: **CCI** Dr. O. Abdelsalam, Dr. N. Chua, Dr. M. Sawyer, Dr. J. Walker **TBCC** Dr. C. Card, Dr. S. Dowden, Dr. Sana Ghaznavi , Dr. R. Lee-Ying, Dr. R. Paschke, Dr. D. Ruether. **Grande Prairie** Dr. M. Moreau **Lethbridge** Dr. A. Imbulgoda, Dr. A. Pabani **Medicine Hat** Dr. F. El-Gehani, Dr. A. Pabani **Red Deer** Dr. F. El-Gehani, Dr. S. Raissouni, Dr. C. Tarukandirwa As recommended by the endocrine tumour program or outlined under group 2 drugs on first page.	Sept/18	Note: Restricted dispensing from Canadian. Centralized pharmacy direct to patient.

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
VEMURAFENIB	2	oral	**Melanoma** • For the treatment of BRAF V600 mutation-positive unresectable or metastatic melanoma alone or in combination with cobimetinib. Not to be used if progression on treatment with an alternate BRAF inhibitor and/or MEK inhibitor. Prescribing limited to written authorization by named physicians: **CCI** Dr. M. Smylie, Dr. J. Walker **TBCC** Dr. T. Cheng, Dr. J. Monzon. As recommended by the cutaneous tumour program or outlined under group 2 drugs on first page	Oct/12 Mar/15 Oct/16 Nov/17 Oct/18	n/a
VENETOCLAX	2	oral	**Hematology – Lymphocytic Leukemia (CLL)** • Venetoclax monotherapy for patients with chronic lymphocytic leukemia (CLL) who have received at least one prior therapy and who have failed a B-cell receptor inhibitor (BCRi). Venetoclax monotherapy will also be available to patients who have an intolerance to ibrutinib. Treatment should be continued until disease progression or up to two years maximum. • In combination with rituximab for the treatment of patients with chronic lymphocytic leukemia (CLL) who have received at least one prior therapy, irrespective of their 17P delations status. Patients should have good performance status and treatment should continue until disease progression or unacceptable toxicities, up to a maximum of 2 years. Sequencing options for venetoclax+ rituximab and ibrutinib in the second or third line setting are open, providing patients have not received prior treatment with either option and meet all other criteria. Retreatment with venetoclax + rituximab is allowed in patients who responded to and completed 24 months of therapy, after progression free interval of at least 12 months • Addition of rituximab is allowed for patients currently receiving and responding to venetoclax monotherapy, but who have not achieved an adequate response. The funded duration of venetoclax therapy from the point of rituximab addition will up to a maximum of 2 years. Prescribing limited to written authorization by named physicians: **CCI** Dr.A. Bankar, Dr. L. Bolster, Dr. J. Brandwein, Dr. M. Chu, Dr. N. Chua, Dr. H. El-Darsa, Dr. A. Fagarasanu, Dr. A. Fontaine, Dr. M. Game, Dr. M. Hamilton, Dr. M. Hnatiuk, Dr. L. Larratt, Dr. E. Liew, Dr. A. Parker, Dr. J. Patterson, Dr. A. Peters, Dr. B. Ritchie, Dr. I. Sandhu, Dr. R. Sangha, Dr. D. Sawler, Dr. L. Sun, Dr. S. Takach Lapner, Dr. M. Taparia, Dr. C. Venner, Dr. P. Wang, Dr. C. Wu, Dr. N. Zhu **TBCC** Dr. N. Bahlis, Dr. C. Brown, Dr. A. Bryant, Dr. S. Cerquozzi, Dr. A. Daly, Dr. M. Davidson, Dr. M. Drew-McKinstry, Dr. P. Duggan, Dr. M. Geddes, Dr. D. Goodyear, Dr. J. Grossman, Dr. K. Jamani, Dr. D. Jenkins, Dr. A. Lee, Dr. S. McCulloch, Dr. E.P. Neri, Dr. C. Owen, Dr. S. Perry, Dr. N. Rydz, Dr. M.L. Savoie, Dr. M. Shafey, Dr.Y.M.Shrom, Dr. L. Skeith, Dr. J. Slaby, Dr. D. Stewart, Dr. J. Storek, Dr. L. Street, Dr. D. Suryanarayan, Dr. J. Tay, Dr. J. F. T. Thaell, Dr. M. Wong, Dr. V. Zepeda (see authorized prescribers continued on next page)	Jul/19 Apr/20 Jul/20 Dec/20	n/a

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
VENETOCLAX	2	oral	(see previous page for criteria and additional authorized prescribers) **Grande Prairie** Dr. J. Hattingh, Dr. S. Marcotte, Dr. M. Moreau, Dr. G. Nikoleychuk **Lethbridge** Dr. S. Benke, Dr. A. Imbulgoda, Dr. G. S. E. Razavi. **Medicine Hat** Dr. F. El-Gehani, Dr. J. Foley, Dr. G. S. E. Razavi **Red Deer** Dr. F. El-Gehani, Dr. D. Prajapati, Dr. S. Raissouni, Dr. K. Rudolph, Dr.Y.M.Shrom, Dr. C. Tarukandirwa As recommended by the hematology tumour program or outlined under group 2 drugs on first page.		
VINBLASTINE	1	injectable			Direct IV - basic
VINCRISTINE	1	injectable			Direct IV – basic
VINORELBINE	1	injectable		Jul/95 Apr/09	IV inf. - basic

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
VISMODEGIB	2	oral	**Cutaneous** • For the treatment of metastatic basal cell carcinoma (BCC) or locally advanced BCC (including patients with basal cell nevus syndrome, i.e., Gorlin syndrome) in patients who meet the following criteria: - patients must have measurable metastatic disease or locally advanced disease; AND - patients' disease must be considered inoperable or inappropriate for surgery; AND - patients' disease must be considered inappropriate for radiotherapy, AND - patient is 18 year of age or older, AND - patient has an EGOG≤2 Dose is 150 mg orally once daily taken until disease progression or unacceptable toxicity. Physicians must provide rationale for why surgery AND radiation cannot be considered - must include a surgical consult note that provides a preoperative/surgical evaluation why surgery is not appropriate for the patient; AND - a consult note as to why radiation therapy is not appropriate for the patient: AND - both of the above evaluations must come from a physician who is not the ordering physician, AND - the chart must include confirmation that the patient has been discussed at a multi-disciplinary cancer conference (MCC) or equivalent. Note: considered inoperable or inappropriate for surgery for at least ONE of the following reasons: - technically not possible to perform surgery due to size/location/invasiveness of BCC (either lesion too large or can be several small lesions making surgery not feasible) OR - recurrence of BCC after two or more surgical procedures and curative resection unlikely; OR - substantial deformity and/or morbidity anticipated from surgery Note: considered inappropriate for radiation for at least ONE of the following reasons: - contraindication to radiation (e.g. Gorlin syndrome) OR - prior radiation lesion: OR - suboptimal outcomes expected due to size/location/invasiveness of BCC Note: patients preference for oral therapy will not be considered Prescribing limited to named physicians WHO ARE REGISTERED IN EPPP PROGRAM WITH A SPECIFIC PRESCRIBER ID NUMBER: **CCI** Dr. M. Smylie, Dr. J. Walker **TBCC** Dr. T. Cheng, Dr. J. Monzon.	Jun/14	n/a

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
ZOLEDRONIC ACID	2	injectable	**Breast Cancer** •In the adjuvant treatment of the following patients with resected node positive or higher risk node negative breast cancer (as determined by the treating medical oncologist): - Post menopausal patients or - Pre menopausal patients receiving ovarian function suppression. Patients should start within 6 months of surgery, radiation, or chemotherapy (whichever treatment finished last). Prescribing limited to written authorization by named physicians: **CCI** Dr. S. Basi, Dr. A. Joy, Dr. K. King, Dr. J. Mackey, Dr. J. Meza-Junco, Dr. J. Price Hiller, Dr. K. Young, Dr. X. Zhu, Dr. B. Zorniak **TBCC** Dr. N. Alimohamed, Dr. D. Ezeife, Dr. J. Henning, Dr. O. Khan, Dr. V. Krause, Dr. S. Lupichuk, Dr. N. Nixon, Dr. A. Pabani, Dr. A. Paterson, Dr. G. Roldan Urgoiti, Dr. D. Ruether, Dr. D. Stewart, Dr. P. Tang, Dr. R. Tsang, Dr. M. Webster **Grande Prairie** Dr. M. Moreau **Lethbridge** Dr. H. Albaba, Dr. A. Haner, Dr. A. Imbulgoda, Dr. A. Pabani, Dr. A. Taleb **Medicine Hat** Dr. H. Albaba, Dr. F. El-Gehani, Dr. J. Foley, Dr. A. Pabani, Dr. A. Taleb, Dr. S. Yip **Red Deer** Dr. F. El-Gehani, Dr. S. Mairs, Dr. S. Raissouni, Dr. C. Tarukandirwa As recommended by the breast tumour program or outlined under group 2 drugs on first page.	May/18 May/21	basic