OUTPATIENT CANCER DRUG BENEFIT PROGRAM

Ministerial Approval: February 11, 2025
Revised: April 03, 2025

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. Therapies received on clinical trials are included in the deliberation but consideration will be given to whether patients would be unfairly advantaged or disadvantaged with respect to access to further funded therapies by virtue of having participated in a clinical trial.

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 Arthur Child are automatically named on all Group 2 drugs contained on the following pages:

(**CCI**: Dr. O. Abdelsalam, Dr. H. Albaba, Dr. J. Amanie, Dr. M. Anaka, Dr. C. Aubrey, Dr. N. Basappa, Dr. S. Basi, Dr. L. Bolster, Dr. J. Brandwein, Dr. C. Butts, Dr. V. Capstick, Dr. M. Chu, Dr. Q. Chu, Dr. N. Chua, Dr. J. Easaw, Dr. H. El-Darsa, Dr. A. Fagarasanu, Dr. D. Fenton, Dr. A. Fontaine, Dr. M. Game, Dr. M. Hamilton, Dr. M. Hnatiuk, Dr. A. Joy, Dr. R. Khwaja, Dr. K. King, Dr. M. Kolinsky, Dr. S. Koski, Dr. L. Larratt, Dr. E. Liew, Dr. J. Meza-Junco, Dr. K. Mulder, Dr. A. Murtha, Dr. S. North, Dr. M. Oliver, Dr. E. Omene, Dr. D. Page, Dr. A. Parker, Dr. A. Paul, Dr. S. Patel, Dr. J. Patterson, Dr. A. Peters, Dr. S. Pin, Dr. J. Price Hiller, Dr. J. Rauw, Dr. B. Ritchie, Dr. W. Roa, Dr. L. Rowe, Dr. J. Sabourin, Dr. I. Sandhu, Dr. R. Sangha, Dr. V. Sapon-Cousineau, Dr. D. Sawler, Dr. M. Sawyer, Dr. A. Scarfe, Dr. M. Smylie, Dr. J. Spratlin, Dr. H. Steed, Dr. R. Sterrett, Dr. L. Sun, Dr. S. Takach Lapner, Dr. M. Taparia, Dr. J. Walker, Dr. L Wang, Dr. P. Wang, Dr. E. Wall, Dr. L. Wan, Dr. T. Wells, Dr. M.D. Wong, Dr. C. Wu. C Wynick, Dr. K. Young, Dr. X. Zhu, Dr. B. Zorniak);

(**Arthur Child**: Dr. A. Aleksi, Dr. N. Alimohamed, Dr. N. Bahlis, Dr. A. Bryant, Dr. G. Cairncross, Dr. A. Cameron, Dr. C. Card, Dr. S. Cerquozzi, Dr. T. Cheng, Dr. W. Cheung, Dr. P. Chu, Dr. S. Cook, Dr. A. Daly, Dr. V. David, Dr. N. Dehar, Dr. P. deRobles, Dr. S. Dowden, Dr. M. Drew-McKinstry, Dr. P. Duggan, Dr. D. Ezeife, Dr. S. Faruqi, Dr. X. Feng, Dr. A. Fung, Dr. M. Geddes, Dr. P. Ghatage, Dr. S. Ghaznavi, Dr. S. Glaze, Dr. D. Goodyear, Dr. J. Grossman, Dr. D. Hao, Dr. K. Hay, Dr. J. Henning, Dr. D. Heng, Dr. M. Hussain, Dr. K. Jamani, Dr. H. Karachiwala, Dr. S. Karim, Dr. O. Khan, Dr. V. Krause, Dr. C. Leckie, Dr. R. Lee-Ying, Dr. G. Lim, Dr. S. Loewen, Dr. S. Lupichuk, Dr. M. Mahoney, Dr. S. McCulloch, Dr. J. Monzon, Dr. D. Morris, Dr. E.P. Neri, Dr. R. Nordal, Dr. J. Nation, Dr. V. Navani, Dr. G. Nelson, Dr. N. Nixon, Dr. C. Owen, Dr. R. Paschke, Dr. S. Perry, Dr. R. Puckrin, Dr. G. Roldan Urgoiti, Dr. D. Ruether, Dr. N. Rydz, Dr. M.L. Savoie, Dr. M. Shafey, Dr. S. Shivji, Dr. Y.M. Shrom, Dr. L. Skeith,

(See next page for additional GROUP 2 prescribers)

(See previous page for additional GROUP 2 prescribers)

Dr. J. Slaby, Dr. J. Storek, Dr. L. Street, Dr. D. Suryanarayan, Dr. V. Tam, Dr. P. Tang, Dr. J. Tay, Dr. R. Tsang, Dr. K. Uminski, Dr. H. Vahidy, Dr. M. Webster, Dr. D. Wong, Dr. M. Wong, 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 Alberta 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)
- Stollery Children's Hospital (Edmonton)
- University of Alberta Hospital (Edmonton)
- Arthur JE Child Comprehensive 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
ABEMACICLIB	2	Tablets	**Breast Cancer** •Abemaciclib in combination with endocrine therapy (ET) for the adjuvant treatment of HR+, HER2-resected invasive early-stage breast cancer without metastases, and will undergo definitive surgery of primary breast tumour within 16 months of initiating treatment, and fulfill 1 of the following: ○ Pathological tumour involvement in at least 4 ipsilateral axillary lymph nodes (ALNs), **or** ○ Pathological tumour in 1 to 3 ALNs and one or more of the following: grade 3 disease, primary tumour size 5 cm or larger, **or** Ki-67 index score 20% or higher Treatment with abemacilib is for a maximum of 2 years (ET can continue beyond) and should be discontinued upon disease recurrence or unacceptable toxicity. Abemaciclib should not be sequenced following therapy with Olaparib. Prescribing limited to written authorization by named physicians: **CCI** Dr. S. Basi, Dr. D. Fenton, Dr. A. Joy, Dr. Dr. R. Khwaja, K. King, Dr. J. Meza-Junco, Dr. J. Price Hiller, Dr. M. Smylie, Dr. J. Walker, Dr. K. Young, Dr. X. Zhu, Dr. B. Zorniak **Arthur Child** Dr. N. Alimohamed, Dr. S. Cook, Dr. D. Ezeife, Dr. X. Feng, Dr. J. Henning, Dr. M. Hussain, Dr. O. Khan, Dr. V. Krause, Dr. S. Lupichuk, Dr. N. Nixon, Dr. G. Roldan Urgoiti, Dr. D. Ruether, Dr. P. Tang, Dr. R. Tsang, Dr. M. Webster **Grande Prairie** Dr. R. Rigo **Lethbridge** Dr. A. Imbulgoda, Dr. A. Taleb **Medicine Hat** Dr. A. Taleb, Dr. S. Yip **Red Deer** Dr. C. Amaro, 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/23 Dec/24 Feb/25	N/A
ABIRATERONE	2	Oral	**Metastatic Castrate Resistant Prostate Cancer (mCRPC)** • Abiraterone for the treatment of metastatic castration resistant prostate cancer. • May be used following apalutamide/enzalutamide/darolutamide use in the nmCRPC setting (progression on or intolerance to). • May be used following mCSPC apalutamide/enzalutamide/darolutamide for patients who discontinued due to intolerance or toxicity. Not to be used in patients who have previously progressed on mCSPC apalutamide/enzalutamide/darolutamide, unless they are unable to tolerate, or are not candidates for other therapeutic options. Patients must not have progressed previously on abiraterone. • May be used after progression on docetaxel if not received before. **Metastatic Castration Resistant Prostate Cancer (mCRPC)** • For its use in combination with olaparib – See olaparib listing. *(See next page for additional criteria and prescribers)*	May/14 Dec/15 Apr/20 Jul/20 May/21 Nov/21 Feb/24 Jul/24	N/A N/A

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
ABIRATERONE *Cont.*	2	Oral	*(See previous page for additional criteria)* **<u>Metastatic Castration Sensitive Prostate Cancer (mCSPC)</u>** • Abiraterone acetate (plus prednisone) in combination with Androgen Deprivation Therapy (ADT) for patients with metastatic castration sensitive prostate cancer (mCSPC) defined as: - No prior ADT in the metastatic setting, or - Within six months of beginning ADT for metastatic disease, or - > 1 year since prior ADT for early stage disease with good performance status. • Patients may receive only one of these agents (apalutamide, enzalutamide, darolutamide plus docetaxel, or abiraterone) in this setting and may switch to another agent only if intolerant (without progression).	Nov/21 Feb/24	N/A
			<u>Metastatic Castration Sensitive Prostate Cancer (mCSPC)</u> • Abiraterone acetate plus prednisone or dexamethasone for the treatment of adults with mCSPC in combination with docetaxel and Androgen Deprivation Therapy (ADT).	Feb/24	N/A
			<u>Non-Metastatic Prostate Cancer (nmPC)</u> • Abiraterone acetate + prednisone should be reimbursed in patients with very high-risk non-metastatic prostate cancer (nmPC) who are starting long-term ADT and meet all the following criteria, based on the STAMPEDE trial criteria (Attard et al., 2022): Node positive or node negative with two or more of the following:(Clinical tumour stage T3 or T4, Gleason sum score 8 to 10, PSA>40ng/mL) and no prior systemic therapy for PC, and good performance status. The definition of high-risk nmPC in the STAMPEDE trial differs from that used in Canadian clinical practice, which is more consistent with very high-risk nmPC; therefore, the initiation criteria are restricted to the very high-risk subpopulation of nmPC. Patients should continue this therapy for up to 2 years provided they do not have intolerable toxicity and have not had progression of their cancer. Abiraterone acetate + prednisone should not be reimbursed in combination with enzalutamide or in patients who have biochemical recurrence. Retreatment eligibility: A relapse of 6 months or longer from the completion of abiraterone is an appropriate interval for re-treatment with abiraterone. Prescribing limited to written authorization by named physicians: **CCI** Dr. N. Basappa, Dr. C. Beaulieu, Dr. B. Danielson, Dr. A. Fawaz, Dr. B. Gowrishankar, Dr. M. Kolinsky, Dr. S. North, Dr. M. Smylie, Dr. J. Walker **Arthur Child** Dr. N. Alimohamed, Dr. T. Cheng, Dr. S. Cook, Dr. N. Dehar, Dr. X. Feng, Dr. D. Heng, Dr. M. Hussain, Dr. S. Karim, Dr. R. Lee-Ying, Dr. N. Leong, Dr. M. Mahoney, Dr. V. Navani, Dr. N. Nixon, Dr. D. Ruether, Dr. V. Tam, Dr. C. Wells, Dr. S. Yip *(See next page for additional prescribers)*	Feb/24	N/A

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
ABIRATERONE *Cont.*	2	Oral	*(See previous page for criteria and additional prescribers)* **Grande Prairie** Dr. R. Khwaja, Dr. R. Rigo **Lethbridge** Dr. A. Ghose, Dr. G. Goucher, Dr. A. Imbulgoda, Dr. N. Lavens, Dr. A. Taleb **Medicine Hat** Dr. A. Taleb, Dr. I. Vargas, Dr. S. Yip **Red Deer** Dr. C. Amaro, Dr. D Hogarth, Dr. S. Mairs, Dr. S. Raissouni, Dr. C. Tarukandirwa **Alberta Urology Institute** Dr. L. Dean, Dr. H. Evans, Dr. A. Fairey, Dr. N.E. Jacobsen, Dr. A. Kinnaird **Southern AB Urology Institute** Dr. B. Bhindi, Dr. B. Donnelly, Dr. G. Gotto, 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.		
ACALABRUTINIB	2	Oral	**Hematology** •Acalabrutinib, as monotherapy for the treatment of relapsed or refractory CLL/SLL who have received at least one prior therapy. Continue until disease progression or unacceptable toxicity. Not to be used in patients who have progressed on another BTK inhibitor. May be used if patient is intolerant to other BTK inhibitors. •Acalabrutinib as monotherapy in adult patients with previously untreated CLL/SLL for whom fludarabine based regimen is inappropriate. Patients must be high risk, defined as del (17P), and/or TP53 mutation, and/or unmutated IGHV including young and old patients. Treatment to continue until progression or unacceptable toxicity. Not to be used in patients who have progressed on another BTK inhibitor. May be used if patient is intolerant to other BTK inhibitors. Prescribing limited to written authorization by named physicians: **CCI** Dr. L. Bolster, Dr. J. Brandwein, Dr. M. Chu, Dr. N. Chua, Dr. V. DeVito, 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. M. Oliver, Dr. D. Page, Dr. A. Parker, Dr. J. Patterson, Dr. A. Peters, Dr. B. Ritchie, Dr. I. Sandhu, Dr. R. Sangha, Dr. V. Sapon-Cousineau, Dr. D. Sawler, Dr. R. Sterrett, Dr. L. Sun, Dr. S. Takach Lapner, Dr. M. Taparia, Dr. L Wang, Dr. P. Wang, Dr. E. Wall, Dr. M.D. Wong, Dr. C. Wu, Dr. C. Wynick, Dr. N. Zhu **Arthur Child** Dr. N. Bahlis, Dr. A. Bryant, Dr. S. Cerquozzi, Dr. A. Daly, Dr. V. David, Dr. M. Drew-McKinstry, Dr. P. Duggan, Dr. M. Geddes, Dr. D. Goodyear, Dr. J. Grossman, Dr. K. Hay, Dr. K. Jamani, Dr. S. McCulloch, Dr. E.P. Neri, Dr. C. Owen, Dr. S. Perry, Dr. R. Puckrin, Dr. N. Rydz, Dr. M.L. Savoie, Dr. M. Shafey, Dr. S. Shivji, Dr. Y.M. Shrom, Dr. L. Skeith, Dr. J. Slaby, Dr. J. Storek, Dr. L. Street, Dr. D. Suryanarayan, Dr. J. Tay, Dr. K. Uminski, Dr. H. Vahidy, Dr. D. Wong, Dr. M. Wong, Dr. V. Zepeda *(See next page for additional prescribers)*	Jan/22	N/A

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
ACALABRUTINIB *Cont.*	2	Oral	*(See previous page for criteria and additional prescribers)* **Grande Prairie** Dr. J. Hattingh, Dr. S. Marcotte, Dr. G. Nikoleychuk, Dr. A. Peters, Dr. R. Sterrett **Lethbridge** Dr. S. Benke, Dr. A. Imbulgoda, Dr. G.S.E. Razavi **Medicine Hat** Dr. G.S.E. Razavi **Red Deer** 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.		
AFATINIB	1	Oral	Not funded after progression on first line advanced/metastatic osimertinib.	Sept/14 Nov/17 Apr/20 Jan/23	N/A
ALDESLEUKIN (INTERLEUKIN-2, IL-2) Intralesionally	2	Injectable		Dec/15 July/20 Jun/22	Basic
ALECTINIB	2	Oral	**<u>Lung Cancer - ALK</u>** •For the first line monotherapy treatment of patients with anaplastic lymphoma kinase (ALK) – positive locally advanced or metastatic non-small cell lung cancer. Not to be used after progression on an ALK inhibitor; may be considered in patients who are unable to tolerate other ALK inhibitors and otherwise meet criteria. Prescribing limited to written authorization by named physician. **CCI** Dr. H. Albaba, Dr. N. Basappa, Dr. C. Beaulieu, Dr. C. Butts, Dr. Q. Chu, Dr. H. El-Darsa, Dr. D. Fenton, Dr. A. Joy, Dr. M. Kolinsky, Dr. R. Sangha, Dr. M. Smylie, Dr. J. Walker, Dr. K. Young. **Arthur Child** Dr. C. Card, Dr. D. Ezeife, Dr. X. Feng, Dr. A. Fung, Dr. D. Hao, Dr. H. Karachiwala, Dr. V. Krause, Dr. D. Morris, Dr. V. Navani, Dr. N. Nixon, Dr. D. Ruether, Dr. V. Tam, Dr. R. Tsang, S. Yip. **Grande Prairie** Dr. R. Rigo **Lethbridge** Dr. A. Imbulgoda, Dr. A. Taleb **Medicine Hat** Dr. A. Taleb, Dr. S. Yip **Red Deer** Dr. C. Amaro, 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 Feb/22 Aug/23	N/A

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
ALITRETINOIN	2	Oral	**Hematology** •For the treatment of Cutaneous T-Cell Lymphoma (CTCL) including mycosis fungoides (MF) and Sezary Syndrome (SS) that are not responsive to or cannot access skin directed therapy. It may be used upfront in high risk presentations including large cell transformation, folliculotropic MF or SS. Prescribing limited to written authorization by named physicians: **CCI** Dr. L. Bolster, Dr. J. Brandwein, Dr. M. Chu, Dr. N. Chua, Dr. V. DeVito, 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. M. Oliver, Dr. D. Page, Dr. A. Parker, Dr. J. Patterson, Dr. A. Peters, Dr. B. Ritchie, Dr. I. Sandhu, Dr. R. Sangha, Dr. V. Sapon-Cousineau, Dr. D. Sawler, Dr. R. Sterrett, Dr. L. Sun, Dr. S. Takach Lapner, Dr. M. Taparia, Dr. L. Wang, Dr. P. Wang, Dr. E. Wall, Dr. M.D. Wong, Dr. C. Wu, Dr. C. Wynick, Dr. N. Zhu **Arthur Child** Dr. N. Bahlis, Dr. A. Bryant, Dr. S. Cerquozzi, Dr. A. Daly, Dr. V. David, Dr. M. Drew-McKinstry, Dr. P. Duggan, Dr. M. Geddes, Dr. D. Goodyear, Dr. J. Grossman, Dr. J. Hardin, Dr. K. Hay, Dr. K. Jamani, Dr. S. McCulloch, Dr. E.P. Neri, Dr. C. Owen, Dr. S. Perry, Dr. R. Puckrin, Dr. N. Rydz, Dr. M.L. Savoie, Dr. M. Shafey, Dr. S. Shivji, Dr. Y.M. Shrom, Dr. L. Skeith, Dr. J. Slaby, Dr. J. Storek, Dr. L. Street, Dr. D. Suryanarayan, Dr. J. Tay, Dr. K. Uminski, Dr. H. Vahidy, Dr. D. Wong, Dr. M. Wong, Dr. V. Zepeda **Grande Prairie** Dr. J. Hattingh, Dr. S. Marcotte, Dr. G. Nikoleychuk, Dr. A. Peters, Dr. R. Sterrett **Lethbridge** Dr. S. Benke, Dr. A. Imbulgoda, Dr. G.S.E. Razavi **Medicine Hat** Dr. G.S.E. Razavi **Red Deer** 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.	Jun/22	N/A
ANAGRELIDE	1	Capsules		Apr/09	N/A
ANASTROZOLE	1	Tablets		June/13	N/A
APALUTAMIDE	2	Oral	**Non-Metastatic Castration Resistant Prostate Cancer (nmCRPC)** •Apalutamide 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/post orchiectomy. Patients may receive only one of these agents (darolutamide, apalutamide or enzalutamide) in this setting and may switch to another agent only if intolerant (without progression). *(See next page for additional criteria and authorized prescribers)*	Apr/20 Jul/ 20 Sept/20 May/21	N/A

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
APALUTAMIDE *Cont.*	2	Oral	*(See previous page for additional criteria)* **Metastatic Castrate Sensitive Prostate Cancer mCSPC** •Apalutamide in combination with Androgen Deprivation Therapy (ADT) for patients with metastatic castration sensitive prostate cancer (mCSPC) defined as: - No Prior ADT in the metastatic setting, or - Within six months of beginning ADT for metastatic disease, or - > 1 year prior ADT for early stage disease with good performance status. •Patients may receive only one of these agents (apalutamide, enzalutamide, darolutamide plus docetaxel, or abiraterone) in this setting and may switch to another agent only if intolerant (without progression). Prescribing limited to written authorization by named physicians: **CCI** Dr. N. Basappa, Dr. C. Beaulieu, Dr. B. Danielson, Dr. A. Fawaz, Dr. B. Gowrishankar, Dr. M. Kolinsky, Dr. S. North, Dr. M. Smylie, Dr. J. Walker **Arthur Child** Dr. N. Alimohamed, Dr. T. Cheng, Dr. S. Cook, Dr. N. Dehar, Dr. X. Feng, Dr. D. Heng, Dr. M. Hussain, Dr. S. Karim, Dr. R. Lee-Ying, Dr. N. Leong, Dr. M. Mahoney, Dr. V. Navani, Dr. N. Nixon, Dr. D. Ruether, Dr. V. Tam, Dr. C. Wells, Dr. S. Yip **Grande Prairie** Dr. R. Khwaja, Dr. R. Rigo **Lethbridge** Dr. A. Ghose, Dr. G. Goucher, Dr. A. Imbulgoda, Dr. N. Lavens, Dr. A. Taleb **Medicine Hat** Dr. A. Taleb, Dr. I. Vargas, Dr. S. Yip **Red Deer** Dr. C. Amaro, Dr. D Hogarth, Dr. S. Mairs, Dr. S. Raissouni, Dr. B. Reikie, Dr. C. Tarukandirwa **Alberta Urology Institute** Dr. L. Dean, Dr. H. Evans, Dr. A. Fairey, Dr. N.E. Jacobsen, Dr. A. Kinnaird, **Southern AB Urology Institute** Dr. B. Bhindi, Dr. B. Donnelly, Dr. G. Gotto **Red Deer Urology** Dr. D. Pugsley As recommended by the genitourinary tumour program or outlined under group 2 drugs on first page.	Nov/21 Jan/22 Feb/24	
ARSENIC TRIOXIDE	1	Injectable		Nov/17	Advanced
ASCIMINIB	2	Oral	**Hematology - Myeloid Leukemia** •Asciminib for the treatment of adult patients with Philadelphia chromosome-positive chronic myeloid leukemia (Ph+ CML) in chronic phase (CP) previously treated with two or more tyrosine kinase inhibitors. Patients must not have accelerated phase (AP) or blastic phase (BP) CML, or evidence of T315I or V299L mutations at any prior assessment. *(See next page for authorized prescribers)*	Mar/23	N/A

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
ASCIMINIB *Cont.*	2	Oral	*(See previous page for criteria)* Prescribing limited to written authorization by named physicians: **CCI** Dr. L. Bolster, Dr. J. Brandwein, Dr. M. Chu, Dr. N. Chua, Dr. V. DeVito, 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. M. Oliver, Dr. D. Page, Dr. A. Parker, Dr. J. Patterson, Dr. A. Peters, Dr. B. Ritchie, Dr. I. Sandhu, Dr. R. Sangha, Dr. V. Sapon-Cousineau, Dr. D. Sawler, Dr. R. Sterrett, Dr. L. Sun, Dr. S. Takach Lapner, Dr. M. Taparia, Dr. L. Wang, Dr. P. Wang, Dr. E. Wall, Dr. M.D. Wong, Dr. C. Wu, Dr. C. Wynick, Dr. N. Zhu **Arthur Child** Dr. N. Bahlis, Dr. A. Bryant, Dr. S. Cerquozzi, Dr. A. Daly, Dr. V. David, Dr. M. Drew-McKinstry, Dr. P. Duggan, Dr. M. Geddes, Dr. D. Goodyear, Dr. J. Grossman, Dr. K. Hay, Dr. K. Jamani, Dr. S. McCulloch, Dr. E.P. Neri, Dr. C. Owen, Dr. S. Perry, Dr. R. Puckrin, Dr. N. Rydz, Dr. M.L. Savoie, Dr. M. Shafey, Dr. S. Shivji, Dr. Y.M. Shrom, Dr. L. Skeith, Dr. J. Slaby, Dr. J. Storek, Dr. L. Street, Dr. D. Suryanarayan, Dr. J. Tay, Dr. K. Uminski, Dr. H. Vahidy, Dr. D. Wong, Dr. M. Wong, Dr. V. Zepeda **Grande Prairie** Dr. J. Hattingh, Dr. S. Marcotte, Dr. G. Nikoleychuk, Dr. A. Peters, Dr. R. Sterrett **Lethbridge** Dr. S. Benke, Dr. A. Imbulgoda, Dr. G.S.E. Razavi **Medicine Hat** Dr. G.S.E. Razavi **Red Deer** 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.		
ATEZOLIZUMAB	2	Injectable	**<u>Lung Cancer</u>** • 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 are eligible if they completed adjuvant therapy with no progression and have had at least a six-month interval progression-free after adjuvant therapy. Treatment should continue until confirmed disease progression. Cannot have progressed on pembrolizumab, nivolumab, or nivolumab plus ipilimumab. **<u>Extensive Stage – Small Cell Lung Cancer (ES-SCLC)</u>** •Atezolizumab in combination with etoposide and either carboplatin or cisplatin (EP), followed by atezolizumab maintenance, for the first-line treatment of patients with extensive-stage small cell lung cancer (ES-SCLC). Treatment should continue until disease progression or unacceptable toxicity. **<u>Resected stage II to stage IIIA NSCLC</u>** •Atezolizumab monotherapy adjuvant for resected stage II to stage IIIA NSCLC who received platinum-based chemotherapy and whose tumours have PD_L1 expression on ≥ 50% of tumour cells and do not have EGFR or ALK mutations. Maximum duration is up to 48 weeks. Dosing is I680 mg IV every 4 weeks. *(See next page for additional authorized prescribers)*	Oct/19 Jul/20 Sept/20 Mar/22 Sep/22 Jun/23	Basic Basic Basic

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
ATEZOLIZUMAB *Cont.*	2	Injectable	*(See previous page for criteria)* Prescribing limited to written authorization by named physicians: **CCI** Dr. H. Albaba, Dr. N. Basappa, Dr. C. Beaulieu, Dr. C. Butts, Dr. Q. Chu, Dr. H. El-Darsa, Dr. D. Fenton, Dr. A. Joy, Dr. M. Kolinsky, Dr. R. Sangha, Dr. M. Smylie, Dr. J. Walker, Dr. K. Young **Arthur Child** Dr. C. Card, Dr. D. Ezeife, Dr. X. Feng, Dr. A. Fung, Dr. D. Hao, Dr. H. Karachiwala, Dr. V. Krause, Dr. D. Morris, Dr. V. Navani, Dr. N. Nixon, Dr. D. Ruether, Dr. V. Tam, Dr. R. Tsang, Dr. S. Yip **Grande Prairie** Dr. R. Rigo **Lethbridge** Dr. A. Imbulgoda, Dr. A. Taleb **Medicine Hat** Dr. A. Taleb, Dr. S. Yip **Red Deer** Dr. C. Amaro, 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.		
			<u>Hepatocellular Carcinoma (HCC)</u> Atezolizumab in combination with bevacizumab for the first-line treatment of adult patients with unresectable or metastatic hepatocellular carcinoma (HCC) who require systemic therapy. To be eligible, patients should have no prior systemic treatment, have an ECOG status of 0 or 1, and a Child-Pugh status of A. Treatment should continue until loss of clinical benefit or unacceptable toxicity. Patients are eligible for re-treatment if treatment was discontinued for reasons other than progression, or if progression occurs more than 6 months after stopping atezolizumab plus bevacizumab. Patients with fibrolamellar HCC, sarcomatoid HCC, or mixed cholangiocarcinoma and HCC would not be eligible for atezolizumab plus bevacizumab. Patients may receive one of the atezolizumab/bevacizumab, lenvatinib, or sorafenib in the first line setting and may switch to another treatment only if intolerant (with no progression). At the time of listing, patients who have initiated first-line lenvatinib or sorafenib, and have no disease progression, may switch to atezolizumab plus bevacizumab (time limited need). Prescribing limited to written authorization by named physicians: **CCI** Dr. O. Abdelsalam, Dr. N. Chua, Dr. J. Easaw, Dr. K. King, Dr. S. Koski, Dr. K. Mulder, Dr. A. Paul, Dr. J. Price Hiller, Dr. J. Rauw, Dr. M. Sawyer, Dr. A. Scarfe, Dr. M. Smylie, Dr. J. Spratlin, Dr. J. Walker, Dr. K. Young, Dr. X. Zhu **Arthur Child** Dr. W. Cheung, Dr. S. Cook, Dr. N. Dehar, Dr. S. Dowden, Dr. X. Feng, Dr. D. Heng, Dr. J. Henning, Dr. H. Karachiwala, Dr. S. Karim, Dr. O. Khan, Dr. V. Krause, Dr. R. Lee-Ying, Dr. S. Lupichuk, Dr. J. Monzon, Dr. N. Nixon, Dr. G. Roldan Urgoiti, Dr. D. Ruether, Dr. V. Tam, Dr. P. Tang, Dr. R. Tsang, Dr. M. Webster, Dr. C. Wells, Dr. S. Yip **Grande Prairie** Dr. R. Rigo *(See next page for additional authorized prescribers)*	Jan/22 May/22	Basic

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
ATEZOLIZUMAB *Cont.*	2	Injectable	*(See previous page for criteria and additional authorized prescribers)* **Lethbridge** Dr. A. Imbulgoda, Dr. A. Taleb **Medicine Hat** Dr. A. Taleb, Dr. S. Yip **Red Deer** Dr. C. Amaro, 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.		
AVELUMAB	2	Injectable	**Merkel Cell Carcinoma (mMCC)** •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. Anaka, Dr. M. Smylie, Dr. J. Walker **Arthur Child** Dr. T. Cheng, Dr. N. Dehar, Dr. X. Feng, Dr. M. Hussain, Dr. M. Mahoney, Dr. J. Monzon, Dr. S. Strum As recommended by the cutaneous tumour program or outlined under group 2 drugs on first page.	Oct/19	Advanced
			Urothelial •Avelumab plus best supportive care (BSC) for the first line maintenance treatment of patients with histologically confirmed, unresectable, locally advanced or metastatic urothelial carcinoma whose disease has not progressed with first line platinum based induction chemotherapy (or alternative non-platinum chemotherapy in the case of intolerance or contraindication) treated for a minimum of 12 weeks (4-6 cycles). Patients receiving fewer than 4 cycles of chemotherapy due to intolerance with no evidence of disease progression on or after treatment may be eligible for maintenance at the physician's discretion. Patients may receive avelumab until confirmed disease progression or unacceptable toxicity, whichever comes first. Prescribing limited to written authorization by named physicians: **CCI** Dr. N. Basappa, Dr. C. Beaulieu, Dr. M. Kolinsky, Dr. A. Fawaz, Dr. S. North, Dr. M. Smylie, Dr. J. Walker **Arthur Child** Dr. N. Alimohamed, Dr. T. Cheng, Dr. S. Cook, Dr. N. Dehar, Dr. X. Feng, Dr. D. Heng, Dr. M. Hussain, Dr. S, Karim, Dr. R. Lee-Ying, Dr. M. Mahoney, Dr. V. Navani, Dr. N. Nixon, Dr. D. Ruether, Dr. V. Tam, Dr. C. Wells, Dr. S. Yip **Grande Prairie** Dr. R. Khwaja, Dr. R. Rigo **Lethbridge** Dr. A. Imbulgoda, Dr. A. Taleb **Medicine Hat** Dr. A. Taleb, Dr. S. Yip **Red Deer** Dr. C. Amaro, 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/22	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 or cabozantinib/nivolumab. Not to be used after progression on single agent Nivolumab or cabozantinib; may be considered if intolerant to Nivolumab or cabozantinib. •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; may be considered if intolerant to cabozantinib. •For its use in combination with pembrolizumab - See pembrolizumab listing. Prescribing limited to written authorization by named physicians: **CCI** Dr. N. Basappa, Dr. C. Beaulieu, Dr. A. Fawaz, Dr. M. Kolinsky, Dr. S. North, Dr. M. Smylie, Dr. J. Walker **Arthur Child** Dr. N. Alimohamed, Dr. T. Cheng, Dr. S. Cook, Dr. N. Dehar, Dr. X. Feng, Dr. D. Heng, Dr. M. Hussain, Dr. S, Karim, Dr. R. Lee-Ying, Dr. M. Mahoney, Dr. V. Navani, Dr. N. Nixon, Dr. D. Ruether, Dr. V. Tam, Dr. C. Wells, Dr. S. Yip **Grand Prairie** Dr. R. Khwaja, Dr. R. Rigo **Lethbridge** Dr. A. Imbulgoda, Dr. A. Taleb **Medicine Hat** Dr. A. Taleb, Dr. S. Yip **Red Deer** Dr. C. Amaro, 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 Jun/23 Sep/24	N/A
AZACITIDINE	1	Injectable		May/10 Jun/14	SC, IV - Basic
AZACITIDINE (Onureg)	2	Oral	**Hematology** •As a maintenance therapy in adults with AML who achieved CR or Cri following induction therapy with or without consolidation treatment, and who are not eligible for HSCT. Patients must be adults greater than or equal to l8 years of age. Patients must be newly diagnosed AML (de novo or secondary to prior MDS or CMML) with intermediate or poor risk cytogenetics. Oral azacitidine shall be discontinued upon disease relapse (i.e. appearance of > 5% blasts in bone marrow or peripheral blood), unacceptable toxicity or patient becomes eligible for allogeneic bone marrow or stem cell transplant. Prescribing limited to written authorization by named physicians: **CCI** Dr. L. Bolster, Dr. J. Brandwein, Dr. M. Chu, Dr. N. Chua, Dr. V. DeVito, 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. M. Oliver, Dr. D. Page, Dr. A. Parker, Dr. J. Patterson, Dr. A. Peters, Dr. B. Ritchie, Dr. I. Sandhu, Dr. R. Sangha, Dr. V. Sapon-Cousineau, Dr. D. Sawler, Dr. R. Sterrett, Dr. L. Sun, Dr. S. Takach Lapner, Dr. M. Taparia, Dr. L. Wang, Dr. P. Wang, Dr. E. Wall, Dr. M.D. Wong, Dr. C. Wu, Dr. C. Wynick, Dr. N. Zhu *(See next page for additional authorized prescribers)*	Jun/22	N/A

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
AZACITIDINE (Onureg) *Cont.*	2	Oral	*(See previous page for criteria and additional authorized prescribers)* **Arthur Child** Dr. N. Bahlis, Dr. A. Bryant, Dr. S. Cerquozzi, Dr. A. Daly, Dr. V. David, Dr. M. Drew-McKinstry, Dr. P. Duggan, Dr. M. Geddes, Dr. D. Goodyear, Dr. J. Grossman, Dr. K. Hay, Dr. K. Jamani, Dr. S. McCulloch, Dr. E.P. Neri, Dr. C. Owen, Dr. S. Perry, Dr. R. Puckrin, Dr. N. Rydz, Dr. M.L. Savoie, Dr. M. Shafey, Dr. S. Shivji, Dr. Y.M. Shrom, Dr. L. Skeith, Dr. J. Slaby, Dr. J. Storek, Dr. L. Street, Dr. D. Suryanarayan, Dr. J. Tay, Dr. K. Uminski, Dr. H. Vahidy, Dr. D. Wong, Dr. M. Wong, Dr. V. Zepeda **Grande Prairie** Dr. J. Hattingh, Dr. S. Marcotte, Dr. G. Nikoleychuk, Dr. A. Peters, Dr. R. Sterrett **Lethbridge** Dr. S. Benke, Dr. A. Imbulgoda, Dr. G.S.E. Razavi **Medicine Hat** Dr. G.S.E. Razavi **Red Deer** 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.		
BCG	1	Injectable		Jan/91 Apr/09	Bladder Instillation – Basic
BENDAMUSTINE	2	Injectable	**<u>Hematology</u>** •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 •For its use in combination with polatuzumab vedotin and rituximab in the treatment of adult patients with relapsed/refractory diffused large B cell lymphoma (DLBCL) - See polatuzumab vedotin listing. *(See next page for authorized prescribers)*	Mar/13 Jul/13 Mar/14 Apr/17 Jul/19 Jul/20	Basic

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
BENDAMUSTINE *Cont.*	2	Injectable	*(See previous page for criteria)* Prescribing limited to written authorization by named physicians: **CCI** Dr. L. Bolster, Dr. J. Brandwein, Dr. M. Chu, Dr. N. Chua, Dr. V. DeVito, 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. M. Oliver, Dr. D. Page, Dr. A. Parker, Dr. J. Patterson, Dr. A. Peters, Dr. B. Ritchie, Dr. I. Sandhu, Dr. R. Sangha, Dr. V. Sapon-Cousineau, Dr. D. Sawler, Dr. R. Sterrett, Dr. L. Sun, Dr. S. Takach Lapner, Dr. M. Taparia, Dr. L. Wang, Dr. P. Wang, Dr. E. Wall, Dr. M.D. Wong, Dr. C. Wu, Dr. C. Wynick, Dr. N. Zhu **Arthur Child** Dr. N. Bahlis, Dr. A. Bryant, Dr. S. Cerquozzi, Dr. A. Daly, Dr. V. David, Dr. M. Drew-McKinstry, Dr. P. Duggan, Dr. M. Geddes, Dr. D. Goodyear, Dr. J. Grossman, Dr. K. Hay, Dr. K. Jamani, Dr. S. McCulloch, Dr. E.P. Neri, Dr. C. Owen, Dr. S. Perry, Dr. R. Puckrin, Dr. N. Rydz, Dr. M.L. Savoie, Dr. M. Shafey, Dr. S. Shivji, Dr. Y.M. Shrom, Dr. L. Skeith, Dr. J. Slaby, Dr. J. Storek, Dr. L. Street, Dr. D. Suryanarayan, Dr. J. Tay, Dr. K. Uminski, Dr. H. Vahidy, Dr. D. Wong, Dr. M. Wong, Dr. V. Zepeda **Grande Prairie** Dr. J. Hattingh, Dr. S. Marcotte, Dr. G. Nikoleychuk, Dr. A. Peters, Dr. R. Sterrett **Lethbridge** Dr. S. Benke, Dr. A. Imbulgoda, Dr. G.S.E. Razavi **Medicine Hat** Dr. G.S.E. Razavi **Red Deer** 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.		

BELZUTIFAN	2	Injectable	**von Hippel-Lindau (VHL) disease**
			Belzutifan (Welireg) monotherapy is indicated for:
			• Adult patients with von Hippel-Lindau (VHL) disease who require therapy for:
			  • associated nonmetastatic renal cell carcinoma (RCC)
			  • central nervous system (CNS) hemangioblastomas
			  • nonmetastatic pancreatic neuroendocrine tumours (pNET), not requiring surgery
			• Patients with good performance status.
			• Treatment should be discontinued in patients where there is clinical or radiographic disease progression, or intolerance to therapy.
			
			Prescribing limited to written authorization by named physicians:
			CCI
			Dr. N. Basappa, Dr. C. Beaulieu, Dr. B. Danielson, Dr. A. Fawaz, Dr. B. Gowrishankar Dr. M. Kolinsky, Dr. S. North, Dr. M. Smylie, Dr. J. Walker
			Arthur Child
			Dr. N. Alimohamed, Dr. T. Cheng, Dr. S. Cook, Dr. N. Dehar, Dr. X. Feng, Dr. D. Heng, Dr. M. Hussain, Dr. S, Karim, Dr. R. Lee-Ying, Dr. N. Leong, Dr. M. Mahoney, Dr. V. Navani, Dr. N. Nixon, Dr. D. Ruether, Dr. V. Tam, Dr. C. Wells, Dr. S. Yip
			Grande Prairie
			Dr. R. Khwaja, Dr. R. Rigo
			
			(see next page for additional authorized prescribers)
				Dec/24	

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
BELZUTIFAN *Cont.*			*(see previous page for criteria and additional authorized prescribers)* **Lethbridge** Dr. A. Ghose, Dr. A. Imbulgoda, Dr. N. Lavens, Dr. A. Taleb **Medicine Hat** Dr. A. Taleb, Dr. I. Vargas, Dr. S. Yip **Red Deer** Dr. C. Amaro, Dr. D Hogarth, Dr. S. Mairs, Dr. S. Raissouni, Dr. C. Tarukandirwa **Alberta Urology Institute** Dr. L. Dean, Dr. H. Evans, Dr. A. Fairey, Dr. N.E. Jacobsen, Dr. A. Kinnaird **Southern AB Urology Institute** Dr. B. Bhindi, Dr. B. Donnelly, Dr. G. Gotto **Red Deer Urology** Dr. D. Pugsley As recommended by the genitourinary tumour program or outlined under group 2 drugs on first page		
BEVACIZUMAB	2	Injectable	**<u>Colorectal</u>** • 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) • For its use in hepatocellular cancer with atezolizumab - See Atezolizumab. Prescribing limited to written authorization by named physicians: **CCI** Dr. O. Abdelsalam, Dr. N. Chua, Dr. J. Easaw, Dr. K. King, Dr. S. Koski, Dr. K. Mulder, Dr. A. Paul, Dr. J. Price Hiller, Dr. J. Rauw, Dr. M. Sawyer, Dr. A. Scarfe, Dr. M. Smylie, Dr. J. Spratlin, Dr. J. Walker, Dr. K. Young, Dr. X. Zhu. **Arthur Child** Dr. W. Cheung, Dr. S. Cook, Dr. N. Dehar, Dr. S. Dowden, Dr. X. Feng, Dr. D. Heng, Dr. J. Henning, Dr. H. Karachiwala, Dr. S. Karim, Dr. O. Khan, Dr. V. Krause, Dr. R. Lee-Ying, Dr. S. Lupichuk, Dr. J. Monzon, Dr. N. Nixon, Dr. G. Roldan Urgoiti, Dr. D. Ruether, Dr. V. Tam, Dr. P. Tang, Dr. R. Tsang, Dr. M. Webster, Dr. C. Wells, Dr. S. Yip **Grande Prairie** Dr. R. Rigo **Lethbridge** Dr. A. Imbulgoda, Dr. A. Taleb **Medicine Hat** Dr. A. Taleb, Dr. S. Yip. **Red Deer** Dr. C. Amaro, 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 *Cont.*	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). •Patients are eligible to receive first line maintenance treatment with only one of Olaparib, niraparib or, bevacizumab, switching only if there is intolerance but no progression. Prescribing limited to written authorization by names physicians: **CCI** Dr. C Aubrey, Dr. V. Capstick, Dr. M. Kolinsky, Dr. S. Pin, Dr. J. Rauw, Dr. J. Sabourin, Dr. H. Steed, Dr. T. Wells, Dr. B. Zorniak **Arthur Child** Dr. A. Cameron, Dr. P. Chu, Dr. P. Ghatage, Dr. S. Glaze, Dr. J. Nation, Dr. G. Nelson **Lethbridge** Dr. A. Imbulgoda, Dr. A. Taleb **Medicine Hat** Dr. A. Taleb **Red Deer** Dr. C. Amaro, Dr. S. Mairs, Dr. S. Raissouni, Dr. C. Tarukandirwa As recommended by the gynecology tumour program, or outlined under group 2 drugs on first page.	Dec/15 Oct/16 Nov/17 May/18 Nov/18 Jul/20 Nov/21	Basic

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
BEVACIZUMAB *Cont.*	2	Injectable	**<u>Glioblastoma Multiforme</u>** • Bevacizumab in combination with lomustine should be reimbursed in patients who meet all four of the following criteria: - Histologically confirmed GBM - Unequivocal first progression after chemoradiotherapy (at least 3 months after the end of radiotherapy) - WHO performance status ≤ 2 - Adequate hematologic, renal, and hepatic function • Consideration could also be given to patients in specific populations such as patients who receive high doses of corticosteroids, patients with substantial peritumour edema, patients with confirmed tumour progression within <3 months after the end of chemoradiotherapy, and patients with a WHO performance status >2. • Bevacizumab in combination with lomustine should be discontinued if the patient has any of the following: - Disease progression as per the RANO criteria and clinical assessment, or - Significant intolerance to therapy Prescribing limited to written authorization by names physicians: **CCI** Dr. J. Amanie, Dr. A. Murtha, Dr. E. Omene, Dr. S. Patel, Dr. W. Roa, Dr. L. Rowe, Dr. J. Easaw, Dr. K. Young **Arthur Child** Dr. G. Cairncross, Dr. P. DeRobles, Dr. S. Faruqi, Dr. C. Leckie, Dr. G. Lim, Dr. S. Loewen, Dr. R. Nordal, Dr. G. Roldan Urgoiti, Dr. R. Tsang **Grande Prairie** Dr. R. Rigo **Lethbridge** Dr. A. Imbulgoda **Medicine Hat** **Red Deer** Dr. S. Raissouni As recommended by the neuro tumour program or outlined under group 2 drugs on first page.	Mar/24	Basic
BICALUTAMIDE	1	Tablets		May/97 Apr/09	N/A
BINIMETINIB	2	Tablets	• For its use in combination with encorafenib – see encorafenib listing.		N/A
BLEOMYCIN	1	Injectable			SC Test Dose, Direct IV, inf -Basic
BLEOMYCIN	1	Pump			Electronic Continuous Infusion Pump - Advanced

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
BLINATUMOMAB	2	Injectable	**Pediatrics** •For pediatric patients with Philadelphia chromosome negative relapsed or refractory B precursor acute lymphoblastic leukemia who are in second or later relapse, or who relapsed after allogeneic hematopoietic stem cell transplant, or who have refractory disease. Patients should have good performance status and no active central nervous system disease. Patients achieving a complete response within the first two cycles can receive up to three additional cycles to a maximum of 5 cycles. Prescribing limited to written authorization by named physicians: **Stollery Children's Hospital** Dr. S. Desai, Dr. S. Mckillop, Dr. L. Pecheux Dr. M. Rojas-Vasquez, Dr. A. Serbrin, Dr. M. Spavor, Dr. B Wilson **ACH** Dr. G. Guilcher, Dr. L. Lafay-Cousin, Dr. V. Lewis, Dr. R. Shah, Dr. G. Singh, Dr. T. Truong As recommended by pediatric tumour program.	Oct/22	Advanced
			Hematology •For the treatment of adult patients with Philadelphia chromosome-negative (PH-) B precursor acute lymphoblastic leukemia (ALL) in any of the following stages: Refractory to primary induction or salvage chemotherapy, first relapse with remission duration less than 12 months, second or greater relapse, relapse at any time after allogeneic stem cell transplantation. Treatment should be for patients with good performance status and should be continued until unacceptable toxicity or disease progression, up to a maximum of 2 cycles for induction, and 3 cycles for consolidation. •For adults with Ph negative or Ph positive relapsed or refractory B precursor ALL who have had at least two prior lines of systemic therapy. Treatment should be for patients with good performance status and continued until unacceptable toxicity, disease progression, or a maximum of 5 cycles. •Sequencing with inotuzumab ozagamicin is not recommended Prescribing limited to written authorization by named physicians: **CCI** Dr. L. Bolster, Dr. J. Brandwein, Dr. M. Chu, Dr. N. Chua, Dr. V. DeVito, 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. M. Oliver, Dr. D. Page, Dr. A. Parker, Dr. J. Patterson, Dr. A. Peters, Dr. B. Ritchie, Dr. I. Sandhu, Dr. R. Sangha, Dr. V. Sapon-Cousineau, Dr. D. Sawler, Dr. R. Sterrett, Dr. L. Sun, Dr. S. Takach Lapner, Dr. M. Taparia, Dr. L. Wang, Dr. P. Wang, Dr. E. Wall, Dr. M.D. Wong, Dr. C. Wu, Dr. C. Wynick, Dr. N. Zhu **Arthur Child** Dr. N. Bahlis, Dr. A. Bryant, Dr. S. Cerquozzi, Dr. A. Daly, Dr. V. David, Dr. M. Drew-McKinstry, Dr. P. Duggan, Dr. M. Geddes, Dr. D. Goodyear, Dr. J. Grossman, Dr. K. Hay, Dr. K. Jamani, Dr. S. McCulloch, Dr. E.P. Neri, Dr. C. Owen, Dr. S. Perry, Dr. R. Puckrin, Dr. N. Rydz, Dr. M.L. Savoie, Dr. M. Shafey, Dr. S. Shivji, Dr. Y.M. Shrom, Dr. L. Skeith, Dr. J. Slaby, Dr. J. Storek, Dr. L. Street, Dr. D. Suryanarayan, Dr. J. Tay, Dr. K. Uminski, Dr. H. Vahidy, Dr. D. Wong, Dr. M. Wong, Dr. V. Zepeda *(See next page for additional authorized prescribers)*	Oct/22 Jan/23	Advanced

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
BLINATUMOMAB *Cont.*	2	Injectable	*(See previous page for criteria and additional authorized prescribers)* **Grande Prairie** Dr. J. Hattingh, Dr. S. Marcotte, Dr. G. Nikoleychuk, Dr. A. Peters, Dr. R. Sterrett **Lethbridge** Dr. S. Benke, Dr. A. Imbulgoda Dr. G.S.E. Razavi **Medicine Hat** Dr. G.S.E. Razavi **Red Deer** 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.		
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 its use in combination with daratumumab in newly diagnosed multiple myeloma - See daratumumab listing. •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. •For its use in combination with daratumumab in amyloidosis – See daratumumab listing. •VRD - (lenalidomide with Bortezomib) and 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. •VRD (Bortezomib with lenalidomide and dexamethasone) as consolidation for up to 2 cycles after autologous stem cell transplant (ASCT) in newly diagnosed multiple myeloma. •Patients with resistance to Bortezomib may NOT be re-treated with Bortezomib. •Lenalidomide, bortezomib and dexamethasone as induction therapy for up to 6 cycles prior to autologous stem cell transplant in patients with newly diagnosed multiple myeloma. •Bortezomib in combination with Selinexor and dexamethasone (SVd) for the treatment of adult patients with multiple myeloma who have received at least one prior therapy. (See Selinexor criteria) *(See next page for authorized prescribers)*	Aug/06 May/08 Oct/12 Jul/13 Sep/14 Jul/15 Mar/15 Aug/15 Jan/16 July/20 May/21 Nov/21 Sep/22	Basic IV or SC 1 mg/mL Concentration

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
BORTEZOMIB *Cont.*	2	Injectable IV or SC at 1 mg/mL	*(See previous page for criteria)* Prescribing limited to written authorization by named physicians: **CCI** Dr. L. Bolster, Dr. J. Brandwein, Dr. M. Chu, Dr. N. Chua, Dr. V. DeVito, 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. M. Oliver, Dr. D. Page, Dr. A. Parker, Dr. J. Patterson, Dr. A. Peters, Dr. B. Ritchie, Dr. I. Sandhu, Dr. R. Sangha, Dr. V. Sapon-Cousineau, Dr. D. Sawler, Dr. R. Sterrett, Dr. L. Sun, Dr. S. Takach Lapner, Dr. M. Taparia, Dr. L. Wang, Dr. P. Wang, Dr. E. Wall, Dr. M.D. Wong, Dr. C. Wu, Dr. C. Wynick, Dr. N. Zhu **Arthur Child** Dr. N. Bahlis, Dr. A. Bryant, Dr. S. Cerquozzi, Dr. A. Daly, Dr. V. David, Dr. M. Drew-McKinstry, Dr. P. Duggan, Dr. M. Geddes, Dr. D. Goodyear, Dr. J. Grossman, Dr. K. Hay, Dr. K. Jamani, Dr. S. McCulloch, Dr. E.P. Neri, Dr. C. Owen, Dr. S. Perry, Dr. R. Puckrin, Dr. N. Rydz, Dr. M.L. Savoie, Dr. M. Shafey, Dr. S. Shivji, Dr. Y.M. Shrom, Dr. L. Skeith, Dr. J. Slaby, Dr. J. Storek, Dr. L. Street, Dr. D. Suryanarayan, Dr. J. Tay, Dr. K. Uminski, Dr. H. Vahidy, Dr. D. Wong, Dr. M. Wong, Dr. V. Zepeda **Grande Prairie** Dr. J. Hattingh, Dr. S. Marcotte, Dr. G. Nikoleychuk, Dr. A. Peters, Dr. R. Sterrett **Lethbridge** Dr. S. Benke, Dr. A. Imbulgoda, Dr. G.S.E. Razavi **Medicine Hat** Dr. G.S.E. Razavi **Red Deer** 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.	Jun/23	
BOSUTINIB	2	Oral	**<u>Hematology</u>** • 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. L. Bolster, Dr. J. Brandwein, Dr. M. Chu, Dr. N. Chua, Dr. V. DeVito, 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. M. Oliver, Dr. D. Page, Dr. A. Parker, Dr. J. Patterson, Dr. A. Peters, Dr. B. Ritchie, Dr. I. Sandhu, Dr. R. Sangha, Dr. V. Sapon-Cousineau, Dr. D. Sawler, Dr. R. Sterrett, Dr. L. Sun, Dr. S. Takach Lapner, Dr. M. Taparia, Dr. L. Wang, Dr. P. Wang, Dr. E. Wall, Dr. M.D. Wong, Dr. C. Wu, Dr. C. Wynick, Dr. N. Zhu *(See next page for additional authorized prescribers)*	Jan/16 Jul/20	N/A

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
BOSUTINIB *Cont.*	2	Oral	*(See previous page for criteria and additional authorized prescribers)* **Arthur Child** Dr. N. Bahlis, Dr. A. Bryant, Dr. S. Cerquozzi, Dr. A. Daly, Dr. V. David, Dr. M. Drew-McKinstry, Dr. P. Duggan, Dr. M. Geddes, Dr. D. Goodyear, Dr. J. Grossman, Dr. K. Hay, Dr. K. Jamani, Dr. S. McCulloch, Dr. E.P. Neri, Dr. C. Owen, Dr. S. Perry, Dr. R. Puckrin, Dr. N. Rydz, Dr. M.L. Savoie, Dr. M. Shafey, Dr. S. Shivji, Dr. Y.M. Shrom, Dr. L. Skeith, Dr. J. Slaby, Dr. J. Storek, Dr. L. Street, Dr. D. Suryanarayan, Dr. J. Tay, Dr. K. Uminski, Dr. H. Vahidy, Dr. D. Wong, Dr. M. Wong, Dr. V. Zepeda **Grande Prairie** Dr. J. Hattingh, Dr. S. Marcotte, Dr. G. Nikoleychuk, Dr. A. Peters, Dr. R. Sterrett **Lethbridge** Dr. S. Benke, Dr. A. Imbulgoda, Dr. G.S.E. Razavi **Medicine Hat** Dr. G.S.E. Razavi **Red Deer** 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.		
BRENTUXIMAB VEDOTIN	2	Injectable	**<u>Hematology – Hodgkin's Lymphoma</u>** • 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) may be offered to patients who relapse more than 12 months after completion of prior BV therapy. Prior BV therapy must have had a response. • 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) may be offered to patients who relapse more than 12 months after completion of prior BV therapy. Prior BV therapy must have had a response. *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 (BV-AVD) OR in combination with cyclophosphamide, doxorubicin, etoposide, darcarbazine and dexAMETHasone (BrECADD). Continue treatment until disease progression, unacceptable toxicity or until a maximum of SIX cycles, whichever comes first. *(See next page for additional criteria and authorized prescribers)*	May/14 Nov/18 Apr/20 Jul/20 Oct/20 Feb/21 Jul/21 Jun/22 Sep/24	Advanced

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
BRENTUXIMAB VEDOTIN *Cont.*	2	Injectable	*(See previous page for additional criteria)* **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 (i.e. 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 (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. L. Bolster, Dr. J. Brandwein, Dr. M. Chu, Dr. N. Chua, Dr. V. DeVito, 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. M. Oliver, Dr. D. Page, Dr. A. Parker, Dr. J. Patterson, Dr. A. Peters, Dr. B. Ritchie, Dr. I. Sandhu, Dr. R. Sangha, Dr. V. Sapon-Cousineau, Dr. D. Sawler, Dr. R. Sterrett, Dr. L. Sun, Dr. S. Takach Lapner, Dr. M. Taparia, Dr. L. Wang, Dr. P. Wang, Dr. E. Wall, Dr. M.D. Wong, Dr. C. Wu, Dr. C. Wynick, Dr. N. Zhu **Arthur Child** Dr. N. Bahlis, Dr. A. Bryant, Dr. S. Cerquozzi, Dr. A. Daly, Dr. V. David, Dr. M. Drew-McKinstry, Dr. P. Duggan, Dr. M. Geddes, Dr. D. Goodyear, Dr. J. Grossman, Dr. K. Hay, Dr. K. Jamani, Dr. S. McCulloch, Dr. E.P. Neri, Dr. C. Owen, Dr. S. Perry, Dr. R. Puckrin, Dr. N. Rydz, Dr. M.L. Savoie, Dr. M. Shafey, Dr. S. Shivji, Dr. Y.M. Shrom, Dr. L. Skeith, Dr. J. Slaby, Dr. J. Storek, Dr. L. Street, Dr. D. Suryanarayan, Dr. J. Tay, Dr. K. Uminski, Dr. H. Vahidy, Dr. D. Wong, Dr. M. Wong, Dr. V. Zepeda **Grande Prairie** Dr. J. Hattingh, Dr. S. Marcotte, Dr. G. Nikoleychuk, Dr. A. Peters, Dr. R. Sterrett **Lethbridge** Dr. S. Benke, Dr. A. Imbulgoda, Dr. G.S.E. Razavi **Medicine Hat** Dr. G.S.E. Razavi **Red Deer** 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
BRIGATINIB	2	Oral	**Lung Cancer (ALK)** •Brigatinib for the treatment of adult patients with anaplastic lymphoma kinase (ALK) – positive, locally advanced (not amenable to curative therapy) or metastatic non-small cell lung cancer (NSCLC) previously untreated with an ALK inhibitor. Not to be used after progression on an ALK inhibitor; may be considered in patients who are unable to tolerate other ALK inhibitors and otherwise meet criteria. = Prescribing limited to written authorization by named physicians: **CCI** Dr. H. Albaba, Dr. N. Basappa, Dr. C. Beaulieu, Dr. C. Butts, Dr. Q. Chu, Dr. H. El-Darsa, Dr. D. Fenton, Dr. A. Joy, Dr. M. Kolinsky, Dr. R. Sangha, Dr. M. Smylie, Dr. J. Walker, Dr. K. Young **Arthur Child** Dr. C. Card, Dr. D. Ezeife, Dr. X. Feng, Dr. A. Fung, Dr. D. Hao, Dr. V. Krause, Dr. H. Karachiwala, Dr. D. Morris, Dr. V. Navani, Dr. N. Nixon, Dr. D. Ruether, Dr. V. Tam, Dr. R. Tsang, Dr. S. Yip **Grande Prairie** Dr. R. Rigo **Lethbridge** Dr. A. Imbulgoda, Dr. A. Taleb **Medicine Hat** Dr. A. Taleb, Dr. S. Yip **Red Deer** Dr. C. Amaro, 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	Feb/22	N/A
BUSERELIN	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 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
CABAZITAXEL	2	Injectable		Aug/12 May/14 Jul/20 Jun/22	Basic

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/Axitinib or pembrolizumab/lenvatinib. 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. **Renal Cell Carcinoma** •Cabozantinib + nivolumab is indicated in adults (18 years or older) with all the following: advanced OR metastatic RCC, where advanced RCC is defined as not amenable to curative surgery or radiation therapy, and have not received prior systemic therapy for advanced RCC, and good performance status. - Patients must not have active central nervous system metastases or active autoimmune disease. Patients with treated or stable CNS metastases should be eligible for treatment. Treatment of patients with autoimmune disease may be at the discretion of the treating physician. - Patients with non-clear cell histology may be treated in the same manner as clear cell due to the absence of standard treatment options for non-clear cell patients. Patients can be treated if they received adjuvant or neoadjuvant therapy at least 6 months prior and had no previous tyrosine kinase inhibitor therapy. Reimbursement of cabozantinib + nivolumab should continue until disease progression or unacceptable toxicity. Nivolumab should continue for a maximum of 2 years; cabozantinib can be continued as monotherapy beyond this time. Prescribing limited to written authorization by named physicians: **CCI** Dr. N. Basappa, Dr. C. Beaulieu, Dr. A. Fawaz, Dr. M. Kolinsky, Dr. S. North, Dr. M. Smylie, Dr. J. Walker **Arthur Child** Dr. N. Alimohamed, Dr. T. Cheng, Dr. S. Cook, Dr. N. Dehar, Dr. X. Feng, Dr. D. Heng, Dr. M. Hussain, Dr. S, Karim, Dr. R. Lee-Ying, Dr. M. Mahoney, Dr. V. Navani, Dr. N. Nixon, Dr. D. Ruether, Dr. V. Tam, Dr. C. Wells, Dr. S. Yip **Grande Prairie** Dr. R. Khwaja, Dr. R. Rigo **Lethbridge** Dr. A. Imbulgoda, Dr. A. Taleb **Medicine Hat** Dr. A. Taleb, Dr. S. Yip **Red Deer** Dr. C. Amaro, 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 Jun/23 Sep/24 Dec/24	N/A

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
CABOZANTINIB	2	Oral	**Hepatocellular Carcinoma (HCC)** •Cabozantinib for adult patients with unresectable hepatocellular carcinoma (HCC) in the second line setting after progression on sorafenib or lenvatinib. Eligible patients should have an ECOG performance status of 0 or 1, and a Child-Pugh class status of A. Treatment should continue until the patient no longer experiences clinical benefit or experiences unacceptable toxicity. Patients may receive only one of these agents (cabozantinib or regorafenib) in this setting and switching only if intolerant, cannot have progressed on alternate. Prescribing limited to written authorization by named physicians: **CCI** Dr. O. Abdelsalam, Dr. N. Chua, Dr. J. Easaw, Dr. K. King, Dr. S. Koski, Dr. K. Mulder, Dr. A. Paul, Dr. J. Price Hiller, Dr. J. Rauw, Dr. M. Sawyer, Dr. A. Scarfe, Dr. M. Smylie, Dr. J. Spratlin, Dr. J. Walker, Dr. K. Young, Dr. X. Zhu **Arthur Child** Dr. W. Cheung, Dr. S. Cook, Dr. N. Dehar, Dr. S. Dowden, Dr. X. Feng, Dr. D. Heng, Dr. J. Henning, Dr. H. Karachiwala, Dr. S. Karim, Dr. O. Khan, Dr. V. Krause, Dr. R. Lee-Ying, Dr. S. Lupichuk, Dr. J. Monzon, Dr. N. Nixon, Dr. G. Roldan Urgoiti, Dr. D. Ruether, Dr. V. Tam, Dr. P. Tang, Dr. R. Tsang, Dr. M. Webster, Dr. C. Wells, Dr. S. Yip **Grande Prairie** Dr. R. Rigo **Lethbridge** Dr. A. Imbulgoda, Dr. A. Taleb **Medicine Hat** Dr. A. Taleb, Dr. S. Yip **Red Deer** Dr. C. Amaro, 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/21 Jan/22	N/A
			Thyroid Cancer •Cabozantinib for the treatment of adult patients with locally advanced or metastatic differentiated thyroid carcinoma that have progressed following prior VEGFR-targeted therapy and who are radioactive iodine-refractory (RAI) or ineligible for RAI. Cabozantinib may be considered as alternative to Lenvatinib or sorafenib in cases of an allergy or hypertension needing multiple antihypertensive drugs. Cabozantinib may be used in RET fusion positive patients after progression on Selpercatinib or if the patient is intolerant to Selpercatinib. Prescribing limited to written authorization by named physicians: **CCI** Dr. O. Abdelsalam, Dr. N. Chua, Dr. M Sawyer, Dr. J. Walker **Arthur Child** Dr. A. Aleksi, Dr. C. Card, Dr. S. Dowden, Dr. S. Ghaznavi, Dr. R. Lee-Ying, Dr. R. Paschke, Dr. D. Ruether **Grande Prairie** **Lethbridge** Dr. A. Imbulgoda **Medicine Hat** **Red Deer** Dr. S. Raissouni, Dr. C. Tarukandirwa As recommended by the endocrine tumour program or outlined under group 2 drugs on first page.	Oct/23	N/A

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
CALASPARGASE PEGOL	2	Injectable	Treatment with calaspargase pegol should be reimbursed in patients 1-21 yrs. of age who have ALL (includes both B- and T-lymphoblastic leukemia). • Calaspargase pegol should be discontinued in patients who exhibit any of the following: • Development of hypersensitivity reaction or silent inactivation to calaspargase pegol. • Development of other high-grade toxicities such as pancreatitis, thrombosis, hepatotoxicity. • Evidence of disease progression. • Calaspargase should be prescribed as part of MAC regimen in replacement of pegaspargase. Prescribing limited to written authorization by named physicians: **CCI** Dr. L. Bolster, Dr. J. Brandwein, Dr. M. Chu, Dr. N. Chua, Dr. V. DeVito, 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. M. Oliver, Dr. D. Page, Dr. A. Parker, Dr. J. Patterson, Dr. A. Peters, Dr. B. Ritchie, Dr. I. Sandhu, Dr. R. Sangha, Dr. V. Sapon-Cousineau, Dr. D. Sawler, Dr. R. Sterrett, Dr. L. Sun, Dr. S. Takach Lapner, Dr. M. Taparia, Dr. L. Wang, Dr. P. Wang, Dr. E. Wall, Dr. M.D. Wong, Dr. C. Wu, Dr. C. Wynick, Dr. N. Zhu **Stollery Children's Hospital** Dr. S. Desai, Dr. S. Mckillop, Dr. L. Pecheux Dr. M. Rojas-Vasquez, Dr. A. Serbrin, Dr. M. Spavor, Dr. B Wilson **Arthur Child** Dr. N. Bahlis, Dr. A. Bryant, Dr. S. Cerquozzi, Dr. A. Daly, Dr. V. David, Dr. M. Drew-McKinstry, Dr. P. Duggan, Dr. M. Geddes, Dr. D. Goodyear, Dr. J. Grossman, Dr. J. Hardin, Dr. K. Hay, Dr. K. Jamani, Dr. S. McCulloch, Dr. E.P. Neri, Dr. C. Owen, Dr. S. Perry, Dr. R. Puckrin, Dr. N. Rydz, Dr. M.L. Savoie, Dr. M. Shafey, Dr. S. Shivji, Dr. Y.M. Shrom, Dr. L. Skeith, Dr. J. Slaby, Dr. J. Storek, Dr. L. Street, Dr. D. Suryanarayan, Dr. J. Tay, Dr. K. Uminski, Dr. H. Vahidy, Dr. D. Wong, Dr. M. Wong, Dr. V. Zepeda **ACH** Dr. G. Guilcher, Dr. L. Lafay-Cousin, Dr. V. Lewis, Dr. R. Shah, Dr. G. Singh, Dr. T. Truong **Grand Prairie** Dr. J. Hattingh, Dr. S. Marcotte, Dr. G. Nikoleychuk, Dr. A. Peters, Dr. R. Sterrett **Lethbridge** Dr. S. Benke, Dr. A. Imbulgoda, Dr. G.S.E. Razavi **Medicine Hat** Dr. G.S.E. Razavi **Red Deer** 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.	Sep/24	
CAPECITABINE	1	Oral		Jun/14	N/A
CARBOPLATIN	1	Injectable		May/85	IV inf. – Basic
				May/16	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. • Carfilzomib (+/-) cyclophosphamide in combination with dexamethasone for patients with relapsed multiple myeloma with a good performance status and who have received one or more previous therapies. Prescribing limited to written authorization by named physicians. • Anti-CD38-based regimens may be sequenced before or after KRD (Carfilzomib, Lenalidomide, and Dexamethasone). • Patients with resistance to carfilzomib may NOT be re-treated with carfilzomib. • Cyclophosphamide may be added to the carfilzomib and dexamethasone regimen. • Carfilzomib, (+/-) cyclophosphamide and dexamethasone (KD or KCD) may be sequenced before or after Pomalidomide, (+/-) cyclophosphamide and dexamethasone (PD or PCD). • Use with isatuximab - see isatuximab criteria **CCI** Dr. L. Bolster, Dr. J. Brandwein, Dr. M. Chu, Dr. N. Chua, Dr. V. DeVito, 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. M. Oliver, Dr. D. Page, Dr. A. Parker, Dr. J. Patterson, Dr. A. Peters, Dr. B. Ritchie, Dr. I. Sandhu, Dr. R. Sangha, Dr. V. Sapon-Cousineau, Dr. D. Sawler, Dr. R. Sterrett, Dr. L. Sun, Dr. S. Takach Lapner, Dr. M. Taparia, Dr. L. Wang, Dr. P. Wang, Dr. E. Wall, Dr. M.D. Wong, Dr. C. Wu, Dr. C. Wynick, Dr. N. Zhu **Arthur Child** Dr. N. Bahlis, Dr. A. Bryant, Dr. S. Cerquozzi, Dr. A. Daly, Dr. V. David, Dr. M. Drew-McKinstry, Dr. P. Duggan, Dr. M. Geddes, Dr. D. Goodyear, Dr. J. Grossman, Dr. K. Hay, Dr. K. Jamani, Dr. S. McCulloch, Dr. E.P. Neri, Dr. C. Owen, Dr. S. Perry, Dr. R. Puckrin, Dr. N. Rydz, Dr. M.L. Savoie, Dr. M. Shafey, Dr. S. Shivji, Dr. Y.M. Shrom, Dr. L. Skeith, Dr. J. Slaby, Dr. J. Storek, Dr. L. Street, Dr. D. Suryanarayan, Dr. J. Tay, Dr. K. Uminski, Dr. H. Vahidy, Dr. D. Wong, Dr. M. Wong, Dr. V. Zepeda **Grande Prairie** Dr. J. Hattingh, Dr. S. Marcotte, Dr. G. Nikoleychuk, Dr. A. Peters, Dr. R. Sterrett **Lethbridge** Dr. S. Benke, Dr. A. Imbulgoda, Dr. G.S.E. Razavi **Medicine Hat** Dr. G.S.E. Razavi **Red Deer** 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 Sep/22 Apr/23	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. L. Bolster, Dr. J. Brandwein, Dr. M. Chu, Dr. N. Chua, Dr. V. DeVito, 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. M. Oliver, Dr. D. Page, Dr. A. Parker, Dr. J. Patterson, Dr. A. Peters, Dr. B. Ritchie, Dr. I. Sandhu, Dr. R. Sangha, Dr. V. Sapon-Cousineau, Dr. D. Sawler, Dr. R. Sterrett, Dr. L. Sun, Dr. S. Takach Lapner, Dr. M. Taparia, Dr. L. Wang, Dr. P. Wang, Dr. E. Wall, Dr. M.D. Wong, Dr. C. Wu, Dr. C. Wynick, Dr. N. Zhu **Stollery Children's Hospital** Dr. S. Desai, Dr. S. Mckillop, Dr. L. Pecheux Dr. M. Rojas-Vasquez, Dr. A. Serbrin, Dr. M. Spavor, Dr. B Wilson **Arthur Child** Dr. N. Bahlis, Dr. A. Bryant, Dr. S. Cerquozzi, Dr. A. Daly, Dr. V. David, Dr. M. Drew-McKinstry, Dr. P. Duggan, Dr. M. Geddes, Dr. D. Goodyear, Dr. J. Grossman, Dr. J. Hardin, Dr. K. Hay, Dr. K. Jamani, Dr. S. McCulloch, Dr. E.P. Neri, Dr. C. Owen, Dr. S. Perry, Dr. R. Puckrin, Dr. N. Rydz, Dr. M.L. Savoie, Dr. M. Shafey, Dr. S. Shivji, Dr. Y.M. Shrom, Dr. L. Skeith, Dr. J. Slaby, Dr. J. Storek, Dr. L. Street, Dr. D. Suryanarayan, Dr. J. Tay, Dr. K. Uminski, Dr. H. Vahidy, Dr. D. Wong, Dr. M. Wong, Dr. V. Zepeda **ACH** Dr. G. Guilcher, Dr. L. Lafay-Cousin, Dr. V. Lewis, Dr. R. Shah, Dr. G. Singh, Dr. T. Truong **Grand Prairie** Dr. J. Hattingh, Dr. S. Marcotte, Dr. G. Nikoleychuk, Dr. A. Peters, Dr. R. Sterrett **Lethbridge** Dr. S. Benke, Dr. A. Imbulgoda, Dr. G.S.E. Razavi **Medicine Hat** Dr. G.S.E. Razavi **Red Deer** 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
CARMUSTINE	2	Ointment	**Topical** • Carmustine topical for primary cutaneous lymphoma. Prescribing limited to written authorization by named physicians: **CCI** Dr. L. Bolster, Dr. J. Brandwein, Dr. M. Chu, Dr. N. Chua, Dr. V. DeVito, 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. M. Oliver, Dr. D. Page, Dr. A. Parker, Dr. J. Patterson, Dr. A. Peters, Dr. B. Ritchie, Dr. T. Salopek, Dr. I. Sandhu, Dr. R. Sangha, Dr. V. Sapon-Cousineau, Dr. D. Sawler, Dr. R. Sterrett, Dr. L. Sun, Dr. S. Takach Lapner, Dr. M. Taparia, Dr. L. Wang, Dr. P. Wang, Dr. E. Wall, Dr. M.D. Wong, Dr. C. Wu, Dr. C. Wynick, Dr. N. Zhu *(See next page for additional authorized prescribers)*	Apr/17	N/A

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
CARMUSTINE *Cont.*	2	Ointment	*(See previous page for criteria and additional authorized prescribers)* **Arthur Child** Dr. N. Bahlis, Dr. A. Bryant, Dr. S. Cerquozzi, Dr. A. Daly, Dr. V. David, Dr. M. Drew-McKinstry, Dr. P. Duggan, Dr. M. Geddes, Dr. D. Goodyear, Dr. J. Grossman, Dr. J. Hardin, Dr. K. Hay, Dr. K. Jamani, Dr. S. McCulloch, Dr. E.P. Neri, Dr. C. Owen, Dr. S. Perry, Dr. R. Puckrin, Dr. N. Rydz, Dr. M.L. Savoie, Dr. M. Shafey, Dr. S. Shivji, Dr. Y.M. Shrom, Dr. L. Skeith, Dr. J. Slaby, Dr. J. Storek, Dr. L. Street, Dr. D. Suryanarayan, Dr. J. Tay, Dr. K. Uminski, Dr. H. Vahidy, Dr. D. Wong, Dr. M. Wong, Dr. V. Zepeda **Grande Prairie** Dr. J. Hattingh, Dr. S. Marcotte, Dr. G. Nikoleychuk, Dr. A. Peters, Dr. R. Sterrett **Lethbridge** Dr. S. Benke, Dr. A. Imbulgoda, Dr. G.S.E. Razavi **Medicine Hat** Dr. G.S.E. Razavi **Red Deer** 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.		
CEMIPLIMAB	2	Injectable	**<u>Cutaneous Squamous Cell Carcinoma (CSCC)</u>** •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 **CCI** Dr. M. Anaka, Dr. M. Smylie, Dr. J. Walker **Arthur Child** Dr. T. Cheng, Dr. N. Dehar, Dr. X. Feng, Dr. M. Hussain, Dr. M. Mahoney, Dr. J. Monzon, Dr. S. Strum As recommended by the cutaneous tumour program or outlined under group 2 drugs on first page	Feb/24	Basic

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
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/m2, then 250 mg/m2 weekly for six to seven weeks. Prescribing limited to written authorization by named physicians: **CCI** Dr. H. Albaba, Dr. Q. Chu, Dr. N. Chua, Dr. H. El-Darsa, Dr. D. Fenton, Dr. S. Koski, , Dr. A. Paul, Dr. J. Walker **Arthur Child** Dr. A. Aleksi, Dr. D. Ezeife, Dr. X. Feng, Dr. A. Fung, Dr. D. Hao, Dr. M. Webster **Grande Prairie** **Lethbridge** Dr. A. Imbulgoda, **Medicine Hat** **Red Deer** Dr. S. Raissouni As recommended by the head and neck tumour program 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		Nov/17 Oct/18 Nov/21	N/A
CRISANTASPASE RECOMBINANT	2	Injectable	**Hematology** •Crisantaspase Recombinant (Rylaze) for pediatric or adult patients who have ALL or LBL with documented hypersensitivity to (or silent inactivation of) an E-coli-derived asparaginase. Prescribing limited to written authorization by named physicians: **CCI** Dr. L. Bolster, Dr. J. Brandwein, Dr. M. Chu, Dr. N. Chua, Dr. V. DeVito, 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. M. Oliver, Dr. D. Page, Dr. A. Parker, Dr. J. Patterson, Dr. A. Peters, Dr. B. Ritchie, Dr. I. Sandhu, Dr. R. Sangha, Dr. V. Sapon-Cousineau, Dr. D. Sawler, Dr. R. Sterrett, Dr. L. Sun, Dr. S. Takach Lapner, Dr. M. Taparia, Dr. L. Wang, Dr. P. Wang, Dr. E. Wall, Dr. M.D. Wong, Dr. C. Wu, Dr. C. Wynick, Dr. N. Zhu *(See next page for additional authorized prescribers)*	Aug/23	Basic

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
CRISANTASPASE RECOMBINANT *Cont.*	2	Injectable	*(See previous page for criteria and additional authorized prescribers)* **Stollery Children's Hospital** Dr. S. Desai, Dr. S. Mckillop, Dr. L. Pecheux Dr. M. Rojas-Vasquez, Dr. A. Serbrin, Dr. M. Spavor, Dr. B Wilson **Arthur Child** Dr. N. Bahlis, Dr. A. Bryant, Dr. S. Cerquozzi, Dr. A. Daly, Dr. V. David, Dr. M. Drew-McKinstry, Dr. P. Duggan, Dr. M. Geddes, Dr. D. Goodyear, Dr. J. Grossman, Dr. K. Hay, Dr. K. Jamani, Dr. S. McCulloch, Dr. E.P. Neri, Dr. C. Owen, Dr. S. Perry, Dr. R. Puckrin, Dr. N. Rydz, Dr. M.L. Savoie, Dr. M. Shafey, Dr. S. Shivji, Dr. Y.M. Shrom, Dr. L. Skeith, Dr. J. Slaby, Dr. J. Storek, Dr. L. Street, Dr. D. Suryanarayan, Dr. J. Tay, Dr. K. Uminski, Dr. H. Vahidy, Dr. D. Wong, Dr. M. Wong, Dr. V. Zepeda **ACH** Dr. G. Guilcher, Dr. L. Lafay-Cousin, Dr. V. Lewis, Dr. R. Shah, Dr. G. Singh, Dr. T. Truong **Grande Prairie** Dr. J. Hattingh, Dr. S. Marcotte, Dr. G. Nikoleychuk, Dr. A. Peters, Dr. R. Sterrett **Lethbridge** Dr. S. Benke, Dr. A. Imbulgoda, Dr. G.S.E. Razavi **Medicine Hat** Dr. G.S.E. Razavi **Red Deer** 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.		
CRIZOTINIB	2	Oral	**Lung Cancer** •Crizotinib single agent as first line treatment for patients with ROS1-positive advanced non-small cell lung cancer (NSCLC). Treatment should continue until unacceptable toxicity or disease progression. Not to be used after progression on entrectinib. May be considered if intolerant to entrectinib. Prescribing limited to written authorization by named physicians: **CCI** Dr. H. Albaba, Dr. N. Basappa, Dr. C. Beaulieu, Dr. C. Butts, Dr. Q. Chu, Dr. H. El-Darsa, Dr. D. Fenton, Dr. A. Joy, Dr. M. Kolinsky, Dr. R. Sangha, Dr. M. Smylie, Dr. J. Walker, Dr. K. Young **Arthur Child** Dr. C. Card, Dr. D. Ezeife, Dr. X. Feng, Dr. A. Fung, Dr. D. Hao, Dr. H. Karachiwala, Dr. V. Krause, Dr. D. Morris, Dr. V. Navani, Dr. N. Nixon, Dr. D. Ruether, Dr. V. Tam, Dr. R. Tsang, Dr. S. Yip **Grande Prairie** Dr. R. Rigo **Lethbridge** Dr. A. Imbulgoda, Dr. A. Taleb **Medicine Hat** Dr. A. Taleb, Dr. S. Yip **Red Deer** Dr. C. Amaro, 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 Nov/21 Feb/22	Basic

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
CYCLOPHOSPHA-MIDE	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
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. Anaka, Dr. M. Smylie, Dr. J. Walker **Arthur Child** Dr. T. Cheng, Dr. N. Dehar, Dr. X. Feng, Dr. M. Hussain, Dr. M. Mahoney, Dr. J. Monzon, Dr. S. Strum 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
DARATUMUMAB	2	Injectable IV or SC	**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. •Patients with resistance to anti-CD38 biologics may NOT be re-treated with daratumumab. •Anti-CD38-based regimens may be sequenced before or after KRD (carfilzomib, lenalidomide and dexamethasone). *(See next page for additional criteria and authorized prescribers)*	Jan/19 Jul/19 Nov/19 Jul/20 Apr/23	Advanced

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
DARATUMUMAB *Cont.*	2	Injectable IV or SC	*(See previous page for additional criteria)* • Daratumumab in combination with CyBorD (bortezomib, cyclophosphamide and dexamethasone) for first line treatment of adult patients with newly diagnosed light chain (AL) amyloidosis who have a histopathologic diagnoses of amyloidosis, measurable disease and at least 1 involved organ at baseline. Daratumumab should be given in combination with CyBorD for 6 months, followed by daratumumab monotherapy until disease progression, unacceptable toxicity or to a maximum of 2 years (whichever is shorter). Patients should have good performance status. Patients must not have had prior therapy for AL amyloidosis or multiple myeloma, a previous or current diagnosis of multiple myeloma, or be planning to have a stem cell transplant during the first 6 cycles of treatment. Patients currently receiving • CyBorD for AL amyloidosis who do not have an adequate response to treatment, can have daratumumab added to their regimen. For patients currently receiving CyBorD for AL Amyloidosis who do not demonstrate a response to treatment daratumumab could be added to their CyBorD regimen. The timing of adding daratumumab to CyBorD should be left to the judgment of the treating physician. • Daratumumab in combination with lenalidomide and dexamethasone (DRd) for patients with newly diagnosed multiple myeloma who are not suitable for autologous stem cell transplant. At the time of implementation adding Daratumumab to the lenalidomide and dexamethasone for patients who recently initiated RD. (NOTE: The hematology group is requesting that Daratumumab SC be used in this protocol, with the option to use Daratumumab IV in patients that do not tolerate SC. • (Daratumumab in combination with bortezomib, melphalan and prednisone (DVMP) or Cyclophosphamide, Bortezomib, Dexamethasone. (DCyBorD) for the treatment of patients with newly diagnosed multiple myeloma who are not suitable for autologous stem cell transplant. At the time of implementation daratumumab may be added for patients who recently initiated VMP or CyBorD. If the patient has completed these treatments daratumumab would be reserved for later lines of treatment. Prescribing limited to written authorization by named physicians: **CCI** Dr. L. Bolster, Dr. J. Brandwein, Dr. M. Chu, Dr. N. Chua, Dr. V. DeVito, 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. M. Oliver, Dr. D. Page, Dr. A. Parker, Dr. J. Patterson, Dr. A. Peters, Dr. B. Ritchie, Dr. I. Sandhu, Dr. V. Sapon-Cousineau, Dr. D. Sawler, Dr. R. Sterrett, Dr. L. Sun, Dr. S. Takach Lapner, Dr. M. Taparia, Dr. L. Wang, Dr. P. Wang, Dr. E. Wall, Dr. M.D. Wong, Dr. C. Wu, Dr. C. Wynick, Dr. N. Zhu *(See next page for additional authorized prescribers)*	Sep/22 Sep/22	

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
DARATUMUMAB *Cont.*	2	Injectable IV or SC	*(See previous page for criteria and additional authorized prescribers)* **Arthur Child** Dr. N. Bahlis, Dr. A. Bryant, Dr. S. Cerquozzi, Dr. A. Daly, Dr. V. David, Dr. M. Drew-McKinstry, Dr. P. Duggan, Dr. M. Geddes, Dr. D. Goodyear, Dr. J. Grossman, Dr. K. Hay, Dr. K. Jamani, Dr. S. McCulloch, Dr. E.P. Neri, Dr. C. Owen, Dr. S. Perry, Dr. R. Puckrin, Dr. N. Rydz, Dr. M.L. Savoie, Dr. M. Shafey, Dr. S. Shivji, Dr. Y.M. Shrom, Dr. L. Skeith, Dr. J. Slaby, Dr. J. Storek, Dr. L. Street, Dr. D. Suryanarayan, Dr. J. Tay, Dr. K. Uminski, Dr. H. Vahidy, Dr. D. Wong, Dr. M. Wong, Dr. V. Zepeda **Grande Prairie** Dr. J. Hattingh, Dr. S. Marcotte, Dr. G. Nikoleychuk, Dr. A. Peters, Dr. R. Sterrett **Lethbridge** Dr. S. Benke, Dr. A. Imbulgoda, Dr. G.S.E. Razavi **Medicine Hat** Dr. G.S.E. Razavi **Red Deer** 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.		
DAROLUTAMIDE	2	Oral	**<u>Non-Metastatic Castration Resistant Prostate Cancer (nmCRPC)</u>** • Darolutamide in combination with androgen deprivation therapy (ADT) for the treatment of patients with non-metastatic castration resistant prostate cancer (nmCRPC) who are high risk of developing metastases. High risk is defined as prostate specific antigen doubling time (PSADT) of < 10 months during continuous ADT/post orchiectomy. Patients may receive only one of these agents (darolutamide, apalutamide or enzalutamide) in this setting and may switch to another agent only if intolerant (without progression). **<u>Metastatic Castration-Sensitive Prostate Cancer (mCSPC)</u>** • Darolutamide in combination with docetaxel and androgen deprivation therapy (ADT) for the treatment of patients with metastatic castration-sensitive prostate cancer (mCSPC) (defined as no prior ADT in the metastatic setting, or within 6 months of beginning ADT for metastatic disease, or more than 1 year after completing adjuvant ADT in the non-metastatic setting). Patients are not eligible if they have received prior treatment with an androgen receptor-axis-targeted therapy (ARAT), chemotherapy, or immunotherapy for prostate cancer. Patients should be chemotherapy-eligible and have good performance status. • Patients unable to tolerate docetaxel (with no progression) are eligible to continue with darolutamide + ADT. Patients unable to tolerate darolutamide (with no progression) may switch to a different ARAT + docetaxel + ADT or an ARAT + ADT combination. *(See next page for authorized prescribers)*	May/21 Nov/21 Feb/24	N/A

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
DAROLUTAMIDE *Cont.*	2	Oral	*(See previous page for criteria)* Prescribing limited to written authorization by named physicians: **CCI** Dr. N. Basappa, Dr. C. Beaulieu, Dr. B. Danielson, Dr. A. Fawaz, Dr. B. Gowrishankar Dr. M. Kolinsky, Dr. S. North, Dr. M. Smylie, Dr. J. Walker **Arthur Child** Dr. N. Alimohamed, Dr. T. Cheng, Dr. S. Cook, Dr. N. Dehar, Dr. X. Feng, Dr. D. Heng, Dr. M. Hussain, Dr. S, Karim, Dr. R. Lee-Ying, Dr. N. Leong, Dr. M. Mahoney, Dr. V. Navani, Dr. N. Nixon, Dr. D. Ruether, Dr. V. Tam, Dr. C. Wells, Dr. S. Yip **Grande Prairie** Dr. R. Khwaja, Dr. R. Rigo **Lethbridge** Dr. A. Ghose, Dr. G. Goucher, Dr. A. Imbulgoda, Dr. N. Lavens, Dr. A. Taleb **Medicine Hat** Dr. A. Taleb, Dr. I. Vargas, Dr. S. Yip **Red Deer** Dr. C. Amaro, Dr. D Hogarth, Dr. S. Mairs, Dr. S. Raissouni, Dr. C. Tarukandirwa **Alberta Urology Institute** Dr. L. Dean, Dr. H. Evans, Dr. A. Fairey, Dr. N.E. Jacobsen, Dr. A. Kinnaird **Southern AB Urology Institute** Dr. B. Bhindi, Dr. B. Donnelly, Dr. G. Gotto **Red Deer Urology** Dr. D. Pugsley As recommended by the genitourinary tumour program or outlined under group 2 drugs on first page		
DASATINIB	1	Oral		Oct/12 Oct/09 Jul/20 Feb/24	N/A
DAUNORUBICIN	1	Injectable			Direct IV, inf. – Basic
DAUNORUBICIN LIPOSOMAL / CYTARABINE	2	Injectable	**<u>Acute Myeloid leukaemia (t-AML) or AML with Myelodysplasia Related Changes (AML-MRC)</u>** Vyxeos® – Liposomal Daunorubicin and Cytarabine • For the treatment of adults with newly diagnosed therapy related acute myeloid leukaemia (t-AML) or AML with myelodysplasia related changes (AML-MRC). Induction therapy is administered in an in-patient setting. Consolidation therapy for patients who achieve complete remission (CR) or CR with incomplete neutrophil or platelet recovery (CRi) during induction cycles are eligible for up to an additional 2 cycles of consolidation therapy with liposomal daunorubicin and cytarabine. The consolidation cycles can be administered in an outpatient setting. Liposomal daunorubicin and cytarabine should not be used in combination with other anti-cancer therapy. *(See next page for authorized prescribers)*	Sep/22	Advanced

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
DAUNORUBICIN LIPOSOMAL / CYTARABINE *Cont.*	2	Injectable	*(See previous page for criteria)* Prescribing limited to written authorization by named physicians: **CCI** Dr. L. Bolster, Dr. J. Brandwein, Dr. M. Chu, Dr. N. Chua, Dr. V. DeVito, 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. M. Oliver, Dr. D. Page, Dr. A. Parker, Dr. J. Patterson, Dr. A. Peters, Dr. B. Ritchie, Dr. I. Sandhu, Dr. R. Sangha, Dr. V. Sapon-Cousineau, Dr. D. Sawler, Dr. R. Sterrett, Dr. L. Sun, Dr. S. Takach Lapner, Dr. M. Taparia, Dr. L. Wang, Dr. P. Wang, Dr. E. Wall, Dr. M.D. Wong, Dr. C. Wu, Dr. C. Wynick, Dr. N. Zhu **Arthur Child** Dr. N. Bahlis, Dr. A. Bryant, Dr. S. Cerquozzi, Dr. A. Daly, Dr. V. David, Dr. M. Drew-McKinstry, Dr. P. Duggan, Dr. M. Geddes, Dr. D. Goodyear, Dr. J. Grossman, Dr. K. Hay, Dr. K. Jamani, Dr. S. McCulloch, Dr. E.P. Neri, Dr. C. Owen, Dr. S. Perry, Dr. R. Puckrin, Dr. N. Rydz, Dr. M.L. Savoie, Dr. M. Shafey, Dr. S. Shivji, Dr. Y.M. Shrom, Dr. L. Skeith, Dr. J. Slaby, Dr. J. Storek, Dr. L. Street, Dr. D. Suryanarayan, Dr. J. Tay, Dr. K. Uminski, Dr. H. Vahidy, Dr. D. Wong, Dr. M. Wong, Dr. V. Zepeda **Grande Prairie** Dr. J. Hattingh, Dr. S. Marcotte, Dr. G. Nikoleychuk, Dr. A. Peters, Dr. R. Sterrett **Lethbridge** Dr. S. Benke, Dr. A. Imbulgoda, Dr. G.S.E. Razavi **Medicine Hat** Dr. G.S.E. Razavi **Red Deer** 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.		
DECITABINE / CEDAZURIDINE	2	Tablets	**<u>Myelodysplastic Syndromes (MDS)</u>** Inqovi® (Decitabine 35 mg and Cedazuridine 100 mg oral Tablets) • For treatment of adult patients with myelodysplastic syndromes (MDS) including previously treated and untreated, de novo and secondary MDS, and chronic myelomonocytic leukemia {CMML}) with intermediate-1, intermediate-2, or high risk International Prognostic Scoring System (IPSS) groups. Treat for at least 6 months (in absence of disease progression or unacceptable toxicity) and continue until documented disease progression or unacceptable toxicity. May NOT be used after progression on another hypomethylating agent (HMA) (i.e., azacitidine) May be switched from azacitidine to Inqovi® provided the patient has not progressed on azacitidine. May NOT be used for treatment of acute myeloid leukemia (AML) or low-risk MDS. May be used as a bridge to transplant May be used in patients with deletion 5q-MDS who have progressed on lenalidomide. *(See next page for authorized prescribers)*	Sep/22 Apr/23	N/A

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
DECITABINE / CEDAZURIDINE *Cont.*	2	Tablets	*(See previous page for criteria)* Prescribing limited to written authorization by named physicians: **CCI** Dr. L. Bolster, Dr. J. Brandwein, Dr. M. Chu, Dr. N. Chua, Dr. V. DeVito, 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. M. Oliver, Dr. D. Page, Dr. A. Parker, Dr. J. Patterson, Dr. A. Peters, Dr. B. Ritchie, Dr. I. Sandhu, Dr. R. Sangha, Dr. V. Sapon-Cousineau, Dr. D. Sawler, Dr. R. Sterrett, Dr. L. Sun, Dr. S. Takach Lapner, Dr. M. Taparia, Dr. L. Wang, Dr. P. Wang, Dr. E. Wall, Dr. M.D. Wong, Dr. C. Wu, Dr. C. Wynick, Dr. N. Zhu **Arthur Child** Dr. N. Bahlis, Dr. A. Bryant, Dr. S. Cerquozzi, Dr. A. Daly, Dr. V. David, Dr. M. Drew-McKinstry, Dr. P. Duggan, Dr. M. Geddes, Dr. D. Goodyear, Dr. J. Grossman, Dr. K. Hay, Dr. K. Jamani, Dr. S. McCulloch, Dr. E.P. Neri, Dr. C. Owen, Dr. S. Perry, Dr. R. Puckrin, Dr. N. Rydz, Dr. M.L. Savoie, Dr. M. Shafey, Dr. S. Shivji, Dr. Y.M. Shrom, Dr. L. Skeith, Dr. J. Slaby, Dr. J. Storek, Dr. L. Street, Dr. D. Suryanarayan, Dr. J. Tay, Dr. K. Uminski, Dr. H. Vahidy, Dr. D. Wong, Dr. M. Wong, Dr. V. Zepeda **Grande Prairie** Dr. J. Hattingh, Dr. S. Marcotte, Dr. G. Nikoleychuk, Dr. A. Peters, Dr. R. Sterrett **Lethbridge** Dr. S. Benke, Dr. A. Imbulgoda, Dr. G.S.E. Razavi **Medicine Hat** Dr. G.S.E. Razavi **Red Deer** 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.		
DEXAMETHASONE	1	Injectable Tablets	Antiemetic use NOT covered.		N/A
DOCETAXEL	1	Injectable		Mar/01 Apr/03 Jun/14	Advanced - IV Basic - Intravesical Use (Bladder Instillation)
DOSTARLIMAB	2	Injectable	**<u>Endometrial Cancer</u>** •Treatment with dostarlimab + carboplatin-paclitaxel should be reimbursed in adult patient with dMMR or MSI-H primary advanced or recurrent endometrial cancer not amenable to curative therapy who meet >1 of the following criterial: ○ Have primary stage III or IV endometrial cancer. ○ Have a first recurrence and have not previously received systemic anticancer therapy in advanced disease. ○ Have received prior neoadj. or adj. systemic anticancer therapy and a first recurrence at a min. of 6 mos. after completion of treatment. •Patients should have a good performance status •Patients must not have any of the following: ○ First recurrence with 6 mons. of completing neoadj. or adj. systemic anticancer therapy. ○ Prior therapy with anti-PD-1, anti-PD-L2 drug for advanced disease. ○ Uncontrolled brain mets. (see next page for additional criterial and authorized prescribers)	Feb/25	

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
DOSTARLIMAB *Cont.*	2	Injectable	•Discontinuation should be based on a combination of clinical and radiological progression and/or significant adverse events potentially related to dostarlimab + carboplatin-paclitaxel. •Dostarlimab should be reimbursed for a max. of 3 years (ie, 500 mg q 3 wks. [cycles 1 to 6] and 1000 mg q 6 wks. [cycle 7 and thereafter]). •Dostarlimab + carboplatin-paclitaxel should only be reimbursed when started in combination. Prescribing limited to written authorization by named physicians: **CCI** Dr. C Aubrey, Dr. V. Capstick, Dr. M. Lavecchia, Dr. J. Pettigrew, Dr. S. Pin, Dr. J. Rauw, Dr. J. Sabourin, Dr. H. Steed, Dr. T. Wells, **Arthur Child** Dr. A. Cameron, Dr. P. Chu, Dr. P. Ghatage, Dr. S. Glaze, Dr. J. Nation, Dr. G. Nelson **Grande Prairie** **Lethbridge** Dr. A. Imbulgoda, Dr. A. Taleb **Medicine Hat** Dr. A. Taleb **Red Deer** Dr. C. Amaro, Dr. S. Mairs, Dr. S. Raissouni, Dr. C. Tarukandirwa As recommended by the gynecology tumour program or outlined under group 2 drugs on first page.		
DOXORUBICIN	1	Injectable			Direct IV – Basic Electronic Continuous Infusion Pump - Advanced
DOXORUBICIN LIPOSOMAL	1	Injectable		Jun/14	Basic
DURVALUMAB	2	Injectable	**<u>Lung Cancer</u>** •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. Dosing is 10 mg/kg up to a maximum of 750 mg IV every 2 weeks or 20 mg/kg up to a maximum of 1500 mg IV every 4 weeks. •Treatment should continue until unacceptable toxicity or disease progression to a maximum of 12 months. •In combination with etoposide and either carboplatin or cisplatin (EP), followed by durvalumab maintenance, for the first-line treatment of patients with extensive-stage small cell lung cancer (ES-SCLC). Durvalumab dosing is 20 mg/kg up to a maximum of 1500 mg every 4 weeks. Patients must be outpatient commencing the durvalumab on cycle 1 or 2. Patients may receive alternative chemotherapy only if they are unable to receive EP. Treatment should continue until disease progression or unacceptable toxicity. Prescribing limited to written authorization by named physicians: **CCI** Dr. H. Albaba, Dr. N. Basappa, Dr. C. Beaulieu, Dr. C. Butts, Dr. Q. Chu, Dr. H. El-Darsa, Dr. D. Fenton, Dr. A. Joy, Dr. M. Kolinsky, Dr. R. Sangha, Dr. M. Smylie, Dr. J. Walker, Dr. K. Young (see next page for additional prescribers)	Apr/20 Jul/20 Feb/22 Jun/22	Basic

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
DURVALUMAB *Cont.*	2	Injectable	(see previous page for criteria and additional prescribers) **Arthur Child** Dr. C. Card, Dr. D. Ezeife, Dr. X. Feng, Dr. A. Fung, Dr. D. Hao, Dr. H. Karachiwala, Dr. V. Krause, Dr. D. Morris, Dr. V. Navani, Dr. N. Nixon, Dr. D. Ruether, Dr. V. Tam, Dr. R. Tsang, S. Yip **Grande Prairie** Dr. R. Rigo **Lethbridge** Dr. A. Imbulgoda, Dr. A. Taleb **Medicine Hat** Dr. A. Taleb, Dr. S. Yip **Red Deer** Dr. C. Amaro, 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		
			<u>Biliary Tract Cancer</u> •Durvalumab in combination with gemcitabine plus platinum-based chemotherapy for the first line treatment of patients with locally advanced (not amenable to surgery) or metastatic biliary tract cancer (intrahepatic, extrahepatic, and gallbladder cancer). Treatment at initial diagnosis of metastatic/locally advanced disease, or greater than 6 months after the completion of adjuvant therapy or curative surgery. An attempt at histological diagnosis should be made but is not required for treatment. For patients who are currently receiving gemcitabine plus platinum-based therapy who have no evidence of disease progression, durvalumab may be initiated. Dosing is 20mg/kg up to a maximum of 1500mg (every 3-4 weeks as clinically indicated). Patients may switch to pembrolizumab and gemcitabine if they experience intolerance or toxicity; however not upon progression. Prescribing limited to written authorization by named physicians: **CCI** Dr. O. Abdelsalam, Dr. N. Chua, Dr. J. Easaw, Dr. K. King, Dr. S. Koski, Dr. K. Mulder, Dr. A. Paul, Dr. J. Price Hiller, Dr. J. Rauw, Dr. M. Sawyer, Dr. A. Scarfe, Dr. M. Smylie, Dr. J. Spratlin, Dr. J. Walker, Dr. K. Young, Dr. X. Zhu **Arthur Child** Dr. W. Cheung, Dr. S. Cook, Dr. N. Dehar, Dr. S. Dowden, Dr. X. Feng, Dr. D. Heng, Dr. J. Henning, Dr. H. Karachiwala, Dr. S. Karim, Dr. O. Khan, Dr. V. Krause, Dr. R. Lee-Ying, Dr. S. Lupichuk, Dr. J. Monzon, Dr. N. Nixon, Dr. G. Roldan Urgoiti, Dr. D. Ruether, Dr. V. Tam, Dr. P. Tang, Dr. R. Tsang, Dr. M. Webster, Dr. C. Wells, Dr. S. Yip **Grande Prairie** Dr. R. Rigo **Lethbridge** Dr. A. Imbulgoda, Dr. A. Taleb **Medicine Hat** Dr. A. Taleb, Dr. S. Yip **Red Deer** Dr. C. Amaro, 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/24 Jul/24 Dec/24	Basic
			<u>Hepatocellular Carcinoma (HCC)</u> • For its use in combination with tremelimumab - See tremelimumab listing.	Apr/24	

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
ENCORAFENIB	2	Oral	**Metastatic colorectal cancer (mCRC)** •Encorafenib plus panitumumab for patients with BRAF V600E-mutated metastatic colorectal cancer (mCRC), who have received at least 1 previous systemic treatment for mCRC, who have good performance status. Patients should not have previously been treated with EGFR inhibitors or BRAF inhibitors. There is a time limited need to allow for patients receiving ongoing treatment with panitumumab in combination with chemotherapy to be treated with encorafenib in combination with panitumumab if they have not progressed on EGFR inhibitors. Prescribing limited to written authorization by named physicians: **CCI** Dr. O. Abdelsalam, Dr. N. Chua, Dr. J. Easaw, Dr. K. King, Dr. S. Koski, Dr. K. Mulder, Dr. A. Paul, Dr. J. Price Hiller, Dr. J. Rauw, Dr. M. Sawyer, Dr. A. Scarfe, Dr. M. Smylie, Dr. J. Spratlin, Dr. J. Walker, Dr. K. Young, Dr. X. Zhu **Arthur Child** Dr. W. Cheung, Dr. S. Cook, Dr. N. Dehar, Dr. S. Dowden, Dr. X. Feng, Dr. D. Heng, Dr. J. Henning, Dr. H. Karachiwala, Dr. S. Karim, Dr. O. Khan, Dr. V. Krause, Dr. R. Lee-Ying, Dr. S. Lupichuk, Dr. J. Monzon, Dr. N. Nixon, Dr. G. Roldan Urgoiti, Dr. D. Ruether, Dr. V. Tam, Dr. P. Tang, Dr. R. Tsang, Dr. M. Webster, Dr. C. Wells, Dr. S. Yip **Grande Prairie** Dr. R. Rigo **Lethbridge** Dr. A. Imbulgoda, Dr. A. Taleb **Medicine Hat** Dr. A. Taleb, Dr. S. Yip **Red Deer** Dr. C. Amaro, 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.	Sep/22	N/A
			Metastatic Melanoma • Encorafenib plus binimetinib for the treatment of adult 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. Prescribing limited to written authorization by named physicians: **CCI** Dr. M. Anaka, Dr. M. Smylie, Dr. J. Walker **Arthur Child** Dr. T. Cheng, Dr. N. Dehar, Dr. X. Feng, Dr. M. Hussain, Dr. M. Mahoney, Dr. J. Monzon, Dr. S. Strum As recommended by the cutaneous tumour program or outlined under group 2 drugs on first page	Sep/22	
ENFORTUMAB VEDOTIN	2	Injectable	**Advanced or Metastatic Urothelial Carcinoma** •Monotherapy for the treatment of adult patients with unresectable, locally advanced or metastatic urothelial carcinoma who have previously received platinum-containing chemotherapy (in any setting), and who also have had disease progression during or after PD-1 or PD-L1 inhibitor therapy in the locally advanced or metastatic setting, or within 6 months of completion in the adjuvant setting. Patients who have permanently discontinued PD-1 or PD-L1 inhibitor therapy due to toxicity must have evidence of disease progression before being eligible for enfortumab vedotin. Patients should have good performance status and treatment should continue until disease progression or unacceptable toxicity. *(See next page for authorized prescribers)*	Jan/23 Apr/23	Advanced

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
ENFORTUMAB VEDOTIN *Cont.*	2	Injectable	*(See previous page for criteria)* Prescribing limited to written authorization by named physicians: **CCI** Dr. N. Basappa, Dr. C. Beaulieu, Dr. A. Fawaz, Dr. M. Kolinsky, Dr. S. North, Dr. M. Smylie, Dr. J. Walker **Arthur Child** Dr. N. Alimohamed, Dr. T. Cheng, Dr. S. Cook, Dr. N. Dehar, Dr. X. Feng, Dr. D. Heng, Dr. M. Hussain, Dr. S, Karim, Dr. R. Lee-Ying, Dr. M. Mahoney, Dr. V. Navani, Dr. N. Nixon, Dr. D. Ruether, Dr. V. Tam, Dr. C. Wells, Dr. S. Yip **Grande Prairie** Dr. R. Khwaja, Dr. R. Rigo **Lethbridge** Dr. A. Imbulgoda, Dr. A. Taleb **Medicine Hat** Dr. A. Taleb, Dr. S. Yip **Red Deer** Dr. C. Amaro, 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		
ENTRECTINIB	2	Oral	**<u>Non-Small Cell Lung Cancer (NSCLC)</u>** •Entrectinib for the first line treatment of patients with ROS-1-positive locally advanced or metastatic non-small cell lung cancer (NSCLC) and good performance status. Treatment should continue until unacceptable toxicity or disease progression. Not to be used after progression on crizotinib. May be considered if intolerant to crizotinib. There is a time limited need to offer entrectinib to patients with ROS-1-positive locally advanced or metastatic NSCLC: •Who have initiated first line platinum based doublet chemotherapy, chemotherapy- immunotherapy, or single agent immunotherapy (pembrolizumab monotherapy) and have not progressed or, •At any line of therapy, if they have not previously been treated with ROS-1 targeted therapy. Prescribing limited to written authorization by named physicians: **CCI** Dr. H. Albaba, Dr. N. Basappa, Dr. C. Beaulieu, Dr. C. Butts, Dr. Q. Chu, Dr. H. El-Darsa, Dr. D Fenton, Dr. A. Joy, Dr. M. Kolinsky, Dr. R. Sangha, Dr. M. Smylie, Dr. J. Walker, Dr. K. Young **Arthur Child** Dr. C. Card, Dr. D. Ezeife, Dr. X. Feng, Dr. A. Fung, Dr. D. Hao, Dr. H. Karachiwala, Dr. V. Krause, Dr. D. Morris, Dr. V. Navani, Dr. N. Nixon, Dr. D. Ruether, Dr. V. Tam, Dr. R. Tsang, S. Yip **Grande Prairie** Dr. R. Rigo **Lethbridge** Dr. A. Imbulgoda, Dr. A. Taleb **Medicine Hat** Dr. A. Taleb, Dr. S. Yip **Red Deer** Dr. C. Amaro, 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/21 Jan/22	N/A

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
ENTRECTINIB *Cont.*	2	Oral	**<u>Locally Advanced or Metastatic Extracranial Solid Tumours</u>** •Entrectinib monotherapy indicated for adult patients (≥ 18 yrs.) with unresectable locally advanced or metastatic extracranial solid tumours, including patients with brain metastases, NTRK gene fusion, and good performance status (ECOG ≤ 2).· All available standard treatments for tumour site should have been previously used and exhausted. •Entrectinib should not be initiated in patients with primary CNS tumours (controlled or asymptomatic CNS metastases acceptable), or in patients who have received prior treatment with an NTRK inhibitor. Patients should have access to alternative agent larotrectinib in the event of unacceptable toxicity, but not progression. Prescribing limited to written authorization by named physicians: **CCI** Dr. O. Abdelsalam, Dr. H. Albaba, Dr. M. Anaka, Dr. N. Basappa, Dr. C. Beaulieu, Dr. C. Butts, Dr. Q. Chu, Dr. N. Chua, Dr. H. El-Darsa, Dr. Easaw, Dr. D. Fenton, Dr. A. Joy, Dr. R. Khwaja, Dr. K. King, Dr. M. Kolinsky, Dr. S. Koski, Dr. S. McKillop, Dr. K. Mulder, Dr. S. North, Dr. A. Paul, Dr. J. Price Hiller, Dr. J. Rauw, Dr. R. Sangha, Dr. M. Sawyer, Dr. A. Scarfe, Dr. M. Smylie, Dr. J. Spratilin, Dr. J. Walker, Dr. K. Young, Dr. X. Zhu, Dr. B. Zorniak **Arthur Child** Dr. A. Aleksi, Dr. N. Alimohamed, Dr. C. Card, Dr. W. Cheung, Dr. T. Cheng, Dr. S. Cook, Dr. N. Dehar, Dr. S. Dowden, Dr. D. Ezeife, Dr. X. Feng, Dr. A. Fung, Dr. S. Ghaznavi, Dr. D. Hao, Dr. D. Heng, Dr. J. Henning, Dr. Karachiwala, Dr. O. Khan, Dr. S. Karim, Dr. R. Lee-Ying, Dr. D. Morris, Dr. V. Navani, Dr. N. Nixon, Dr. R. Paschke, Dr. D. Ruether, Dr. C. Symonds, Dr. V. Tam, Dr. M. Webster, Dr. C. Wells, Dr. S. Yip **Grande Prairie** Dr. R. Rigo **Lethbridge** Dr. A. Imbulgoda, Dr. A. Taleb **Medicine Hat** Dr. A. Taleb, Dr. S. Yip **Red Deer** Dr. C. Amaro, Dr. S. Mairs, Dr. S. Raissouni, Dr. C. Tarukandirwa As recommended by the endocrine tumour program, gastrointestinal tumour program, head and neck tumour program, lung tumour program, or sarcoma tumour program, or outlined under group 2 drugs on first page.	Feb/24	
ENZALUTAMIDE	2	Oral	**<u>Metastatic Castrate Resistant Prostate Cancer (mCRPC)</u>** •Enzalutamide for the treatment of metastatic castration resistant prostate cancer. •May not be used following apalutamide, enzalutamide or darolutamide in the nmCRPC setting or following apalutamide, enzalutamide, or darolutamide in the mCSPC setting unless discontinued due to intolerance (without progression). •May be used after progression on docetaxel if not received before *(See next page for additional criteria and authorized prescribers)*	Dec/13 Dec/15 Apr/20 Jul/20 May/21 Nov/21 Jan/22 Feb/24	N/A

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
ENZALUTAMIDE *Cont.*	2	Oral	*(See previous page for criteria)* **<u>Metastatic Castrate Sensitive Prostate Cancer (mCSPC)</u>** • Enzalutamide in combination with Androgen Deprivation Therapy (ADT) for patients with metastatic castration sensitive prostate cancer (mCSPC) defined as: - No prior ADT in the metastatic setting or - within six months of beginning ADT, or - >1 year since prior ADT for early stage disease with good performance status. Patients may receive only one of the agents (apalutamide, enzalutamide, darolutamide plus docetaxel, or abiraterone) in this setting and may switch to another agent only if intolerant (without progression). May follow prior docetaxel for mCSPC provided treatment has been within the last 3 months and there has been no disease progression (time limited need). **<u>Non-Metastatic Castrate Resistant Prostate Cancer (nmCRPC)</u>** •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/post orchiectomy. Patients may receive only one of these agents (Darolutamide, apalutamide or enzalutamide) in this setting and may switch to another agent only if intolerant (without progression). Prescribing limited to written authorization by named physicians: **CCI** Dr. N. Basappa, Dr. C. Beaulieu, Dr. B. Danielson, Dr. A. Fawaz, Dr. B. Gowrishankar, Dr. M. Kolinsky, Dr. S. North, Dr. M. Smylie, Dr. J. Walker **Arthur Child** Dr. N. Alimohamed, Dr. T. Cheng, Dr. S. Cook, Dr. N. Dehar, Dr. X. Feng, Dr. D. Heng, Dr. M. Hussain, Dr. S. Karim, Dr. R. Lee-Ying, Dr. N. Leong, Dr. M. Mahoney, Dr. V. Navani, Dr. N. Nixon, Dr. D. Ruether, Dr. V. Tam, Dr. C. Wells, Dr. S. Yip **Grande Prairie** Dr. R. Khwaja, Dr. R. Rigo **Lethbridge** Dr. A. Ghose, Dr. G. Goucher, Dr. A. Imbulgoda, Dr. N. Lavens, Dr. A. Taleb **Medicine Hat** Dr. A. Taleb, Dr. I. Vargas, Dr. S. Yip **Red Deer** Dr. C. Amaro, Dr. D Hogarth, Dr. S. Mairs, Dr. D. Pugsley, Dr. S. Raissouni, Dr. C. Tarukandirwa Dr. L. Dean, Dr. H. Evans, Dr. A. Fairey Dr. N.E. Jacobsen, Dr. A. Kinnaird **Alberta Urology Institute** Dr. L. Dean, Dr. H. Evans, Dr. A. Fairey, Dr. N.E. Jacobson, Dr. A. Kinnaird **Southern AB Urology Institute** Dr. B. Bhindi, Dr. B. Donnelly, Dr. G. Gotto **Red Deer Urology** Dr. D. Pugsley As recommended by the genitourinary tumour program or outlined under group 2 drugs on first page		

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
EPIRUBICIN	1	Injectable		Jul/20	Direct IV - Basic
EPCORITAMAB	2	Injectable	Epcoritamab (Epkinly) as monotherapy for the treatment of adults, 18 years or older, with both of the following: • Relapsed or refractory DLBCL not otherwise specified, DLBCL transformed from indolent lymphoma, high-grade B-cell lymphoma, primary mediastinal B-cell lymphoma, or follicular lymphoma grade 3B • Have received 2 or more lines of systemic therapy and who have previously received or are unable to receive CAR T-cell therapy. Epcoritamab should be discontinued upon objective disease progression or unacceptable toxicity. Epcoritamab should not be given in combination with other systemic anti-cancer drugs. Sequential usage of glofitamab and epcoritamab is not permitted. Prescribing limited to written authorization by named physicians: **CCI** Dr. L. Bolster, Dr. J. Brandwein, Dr. M. Chu, Dr. N. Chua, Dr. V. DeVito, 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. M. Oliver, Dr. D. Page, Dr. A. Parker, Dr. J. Patterson, Dr. A. Peters, Dr. B. Ritchie, Dr. I. Sandhu, Dr. R. Sangha, Dr. V. Sapon-Cousineau, Dr. D. Sawler, Dr. R. Sterrett, Dr. L. Sun, Dr. S. Takach Lapner, Dr. M. Taparia, Dr. L. Wang, Dr. P. Wang, Dr. E. Wall, Dr. M.D. Wong, Dr. C. Wu, Dr. C. Wynick, Dr. N. Zhu **Arthur Child** Dr. N. Bahlis, Dr. A. Bryant, Dr. S. Cerquozzi, Dr. A. Daly, Dr. V. David, Dr. M. Drew-McKinstry, Dr. P. Duggan, Dr. M. Geddes, Dr. D. Goodyear, Dr. J. Grossman, Dr. K. Hay, Dr. K. Jamani, Dr. S. McCulloch, Dr. E.P. Neri, Dr. C. Owen, Dr. S. Perry, Dr. R. Puckrin, Dr. N. Rydz, Dr. M.L. Savoie, Dr. M. Shafey, Dr. S. Shivji, Dr. Y.M. Shrom, Dr. L. Skeith, Dr. J. Slaby, Dr. J. Storek, Dr. L. Street, Dr. D. Suryanarayan, Dr. J. Tay, Dr. K. Uminski, Dr. H. Vahidy, Dr. D. Wong, Dr. M. Wong, Dr. V. Zepeda **Grande Prairie** Dr. J. Hattingh, Dr. S. Marcotte, Dr. G. Nikoleychuk, Dr. A. Peters, Dr. R. Sterrett **Lethbridge** Dr. S. Benke, Dr. A. Imbulgoda Dr. G.S.E. Razavi **Medicine Hat** Dr. G.S.E. Razavi **Red Deer** 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/24 Feb/25	
ERIBULIN	2	Injectable		Oct/13 Jul/20 Jun/22	Basic
ERLOTINIB	1	Tablets	Not funded after progression on first line advanced/metastatic osimertinib.	Nov/17 Jan/23	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	1	Tablets		Feb/11 Mar/13 Dec/13 Mar/14 Apr/17 May/18 Sep/18 Jul/19 Nov/19 Jul/20 Apr/21 Jun/23 Feb/24	N/A
EXEMESTANE	1	Oral		July/13	N/A
FEDRATINIB	2	Oral	**Hematology** ●For treatment of splenomegaly and/or disease-related symptoms in adult patients with intermediate-2 or high-risk (IPSS) primary myelofibrosis, post-polycythemia vera myelofibrosis, or post-essential thrombocythemia myelofibrosis with platelet count greater than or equal to 50 x 109/L. Fedratinib is an option where ruxolitinib is contraindicated or when patients are intolerant to it. Not to be used after progression on ruxolitinib. Treatment until disease progression, unacceptable toxicity/intolerance and/or relapse. Prescribing limited to written authorization by named physicians: **CCI** Dr. L. Bolster, Dr. J. Brandwein, Dr. M. Chu, Dr. N. Chua, Dr. V. DeVito, 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. M. Oliver, Dr. D. Page, Dr. A. Parker, Dr. J. Patterson, Dr. A. Peters, Dr. B. Ritchie, Dr. I. Sandhu, Dr. R. Sangha, Dr. V. Sapon-Cousineau, Dr. D. Sawler, Dr. R. Sterrett, Dr. L. Sun, Dr. S. Takach Lapner, Dr. M. Taparia, Dr. L. Wang, Dr. P. Wang, Dr. E. Wall, Dr. M.D. Wong, Dr. C. Wu, Dr. C. Wynick, Dr. N. Zhu **Arthur Child** Dr. N. Bahlis, Dr. A. Bryant, Dr. S. Cerquozzi, Dr. A. Daly, Dr. V. David, Dr. M. Drew-McKinstry, Dr. P. Duggan, Dr. M. Geddes, Dr. D. Goodyear, Dr. J. Grossman, Dr. K. Hay, Dr. K. Jamani, Dr. S. McCulloch, Dr. E.P. Neri, Dr. C. Owen, Dr. S. Perry, Dr. R. Puckrin, Dr. N. Rydz, Dr. M.L. Savoie, Dr. M. Shafey, Dr. S. Shivji, Dr. Y.M. Shrom, Dr. L. Skeith, Dr. J. Slaby, Dr. J. Storek, Dr. L. Street, Dr. D. Suryanarayan, Dr. J. Tay, Dr. K. Uminski, Dr. H. Vahidy, Dr. D. Wong, Dr. M. Wong, Dr. V. Zepeda **Grande Prairie** Dr. J. Hattingh, Dr. S. Marcotte, Dr. G. Nikoleychuk, Dr. A. Peters, Dr. R. Sterrett **Lethbridge** Dr. S. Benke, Dr. A. Imbulgoda, Dr. G.S.E. Razavi **Medicine Hat** Dr. G.S.E. Razavi **Red Deer** 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.	Sep/22	

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
FLUDARABINE	1	Injectable, Tablets		Mar/96 Apr/09	IV inf. - Basic
FLUOROURACIL	1	Injectable, Cream			Direct IV, inf. – Basic
		Pump	electronic continuous infusion pumps	Jan/02	Advanced
			Baxter (elastomeric) pumps.	Jan/02	Basic
		Ophthalmic		May/22	Ophthalmic – Basic
FLUTAMIDE	1	Tablets		Apr/09	N/A
FULVESTRANT	2	Injectable	**Breast Cancer** • 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. • For its use in combination with palbociclib - See palbociclib listing. • For its use in combination with ribociclib – See ribociclib listing. Prescribing limited to written authorization by named physicians **CCI** Dr. S. Basi, Dr. D. Fenton, Dr. A. Joy, Dr. R. Khwaja, Dr. K. King, Dr. J. Meza-Junco, Dr. J. Price Hiller, Dr. M. Smylie, Dr. J. Walker, Dr. K. Young, Dr. X. Zhu, Dr. B. Zorniak **Arthur Child** Dr. N. Alimohamed, Dr. S. Cook, Dr. D. Ezeife, Dr. X. Feng, Dr. J. Henning, Dr. M. Hussain, Dr. O. Khan, Dr. V. Krause, Dr. S. Lupichuk, Dr. N. Nixon, Dr. G. Roldan Urgoiti, Dr. D. Ruether, Dr. P. Tang, Dr. R. Tsang, Dr. M. Webster **Grande Prairie** Dr. R. Rigo **Lethbridge** Dr. A. Imbulgoda, Dr. A. Taleb **Medicine Hat** Dr. A. Taleb, Dr. S. Yip **Red Deer** Dr. C. Amaro, 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.	Sep/20 Dec/20 Apr/21	N/A
GEFITINIB	1	Tablets	Not funded after progression on first line advanced/metastatic osimertinib.	Apr/20 Jan/23	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
GEMTUZUMAB OZOGAMICIN	2	Injectable	**Hematology** • Gemtuzumab ozogamicin in combination with an anthracycline (either idarubicin or daunorubicin) and cytarabine for the treatment of adult patients with previously untreated, de novo –CD33 positive acute myeloid leukemia (AML), except acute promyelocytic leukemia (APL_). Eligible patients include adults with good performance status and favourable, intermediate or unknown cytogenetics (using the European Leukemia Net (ELN) 2017 risk classification). Should a patient's unknown cytogenetic status become known as adverse, gemtuzumab ozogamicin should be discontinued. For patients with complete remission following induction, gemtuzumab ozogamicin in combination with standard cytarabine consolidation or cytarabine and daunorubicin consolidation for up to two cycles is permitted. Prescribing limited to written authorization by named physicians: **CCI** Dr. L. Bolster, Dr. J. Brandwein, Dr. M. Chu, Dr. N. Chua, Dr. V. DeVito, 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. M. Oliver, Dr. D. Page, Dr. A. Parker, Dr. J. Patterson, Dr. A. Peters, Dr. B. Ritchie, Dr. I. Sandhu, Dr. R. Sangha, Dr. V. Sapon-Cousineau, Dr. D. Sawler, Dr. R. Sterrett, Dr. L. Sun, Dr. S. Takach Lapner, Dr. M. Taparia, Dr. L. Wang, Dr. P. Wang, Dr. E. Wall, Dr. M.D. Wong, Dr. C. Wu, Dr. C. Wynick, Dr. N. Zhu **Arthur Child** Dr. N. Bahlis, Dr. A. Bryant, Dr. S. Cerquozzi, Dr. A. Daly, Dr. V. David, Dr. M. Drew-McKinstry, Dr. P. Duggan, Dr. M. Geddes, Dr. D. Goodyear, Dr. J. Grossman, Dr. K. Hay, Dr. K. Jamani, Dr. S. McCulloch, Dr. E.P. Neri, Dr. C. Owen, Dr. S. Perry, Dr. R. Puckrin, Dr. N. Rydz, Dr. M.L. Savoie, Dr. M. Shafey, Dr. S. Shivji, Dr. Y.M. Shrom, Dr. L. Skeith, Dr. J. Slaby, Dr. J. Storek, Dr. L. Street, Dr. D. Suryanarayan, Dr. J. Tay, Dr. K. Uminski, Dr. H. Vahidy, Dr. D. Wong, Dr. M. Wong, Dr. V. Zepeda **Grande Prairie** Dr. J. Hattingh, Dr. S. Marcotte, Dr. G. Nikoleychuk, Dr. A. Peters, Dr. R. Sterrett **Lethbridge** Dr. S. Benke, Dr. A. Imbulgoda Dr. G.S.E. Razavi **Medicine Hat** Dr. G.S.E. Razavi **Red Deer** 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/22	Advanced
GILTERITINIB	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: *(See next page for authorized prescribers)*	May/21	N/A

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
GILTERITINIB *Cont.*	2	Oral	*(See previous page for criteria)* **CCI** Dr. L. Bolster, Dr. J. Brandwein, Dr. M. Chu, Dr. N. Chua, Dr. V. DeVito, 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. M. Oliver, Dr. D. Page, Dr. A. Parker, Dr. J. Patterson, Dr. A. Peters, Dr. B. Ritchie, Dr. I. Sandhu, Dr. R. Sangha, Dr. V. Sapon-Cousineau, Dr. D. Sawler, Dr. R. Sterrett, Dr. L. Sun, Dr. S. Takach Lapner, Dr. M. Taparia, Dr. L. Wang, Dr. P. Wang, Dr. E. Wall, Dr. M.D. Wong, Dr. C. Wu, Dr. C. Wynick, Dr. N. Zhu **Arthur Child** Dr. N. Bahlis, Dr. A. Bryant, Dr. S. Cerquozzi, Dr. A. Daly, Dr. V. David, Dr. M. Drew-McKinstry, Dr. P. Duggan, Dr. M. Geddes, Dr. D. Goodyear, Dr. J. Grossman, Dr. K. Hay, Dr. K. Jamani, Dr. S. McCulloch, Dr. E.P. Neri, Dr. C. Owen, Dr. S. Perry, Dr. R. Puckrin, Dr. N. Rydz, Dr. M.L. Savoie, Dr. M. Shafey, Dr. S. Shivji, Dr. Y.M. Shrom, Dr. L. Skeith, Dr. J. Slaby, Dr. J. Storek, Dr. L. Street, Dr. D. Suryanarayan, Dr. J. Tay, Dr. K. Uminski, Dr. H. Vahidy, Dr. D. Wong, Dr. M. Wong, Dr. V. Zepeda **Grande Prairie** Dr. J. Hattingh, Dr. S. Marcotte, Dr. G. Nikoleychuk, Dr. A. Peters, Dr. R. Sterrett **Lethbridge** Dr. S. Benke, Dr. A. Imbulgoda, Dr. G.S.E. Razavi **Medicine Hat** Dr. G.S.E. Razavi **Red Deer** 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.		
GLOFITAMAB	2	injectable	**<u>Hematology</u>** For the treatment of adult patients with relapsed or refractory (R/R) diffuse large B-cell lymphoma (DLBCL) not otherwise specified, DLBCL arising from follicular lymphoma (trFL), or primary mediastinal B-cell lymphoma (PMBCL), who have received 2 or more lines of systemic therapy and who have previously received or are unable to receive CAR-T cell therapy. Eligible patients include those with good performance status. Eligible patients include those with patients with Grade 3B FL, HGBCL, and transformed lymphomas from any indolent lymphoma. All patients must receive a single 1,000 mg dose of obinutuzumab on cycle 1 Day 1 (7 days before initiation of glofitamab treatment) to deplete circulating and lymphoid tissue B-cells and minimize the risk of CRS. Re-treatment with glofitamab is funded for up to 12 cycles in patients with demonstrated clinical benefit who had a progression-free interval of at least 6 months from completion of treatment. Sequential usage of glofitamab and epcoritamab is not permitted. Glofitamab may continue for a maximum of 12 cycles, or until confirmed disease progression or unacceptable toxicity, whichever comes first. Prescribing limited to written authorization by named physicians: (see next page for authorized prescribers)	Feb/25	

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
GLOFITAMAB *Cont.*	2	injectable	(see previous page for criteria) **CCI** Dr. L. Bolster, Dr. J. Brandwein, Dr. M. Chu, Dr. N. Chua, Dr. V. DeVito, 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. M. Oliver, Dr. D. Page, Dr. A. Parker, Dr. J. Patterson, Dr. A. Peters, Dr. B. Ritchie, Dr. I. Sandhu, Dr. R. Sangha Dr. V. Sapon-Cousineau, Dr. D. Sawler, Dr. R. Sterrett, Dr. L. Sun, Dr. S. Takach Lapner, Dr. M. Taparia, Dr. L. Wang, Dr. L. Wang, Dr. P. Wang, Dr. E. Wall, Dr. M.D. Wong, Dr. C. Wu, Dr. C. Wynick, Dr. N. Zhu **Arthur Child** Dr. N. Bahlis, Dr. A. Bryant, Dr. S. Cerquozzi, Dr. A. Daly, Dr. V. David, Dr. M. Drew-McKinstry, Dr. P. Duggan, Dr. M. Geddes, Dr. D. Goodyear, Dr. J. Grossman, Dr. K. Hay, Dr. K. Jamani, Dr. S. McCulloch, Dr. E.P. Neri, Dr. C. Owen, Dr. S. Perry, Dr. R. Puckrin, Dr. N. Rydz, Dr. M.L. Savoie, Dr. M. Shafey, Dr. S. Shivji, Dr. Y.M. Shrom, Dr. L. Skeith, Dr. J. Slaby, Dr. J. Storek, Dr. L. Street, Dr. D. Suryanarayan, Dr. J. Tay, Dr. K. Uminski, Dr. H. Vahidy, Dr. D. Wong, Dr. M. Wong, Dr. V. Zepeda **Grande Prairie** Dr. J. Hattingh, Dr. S. Marcotte, Dr. G. Nikoleychuk, Dr. A. Peters, Dr. R. Sterrett **Lethbridge** Dr. S. Benke, Dr. A. Imbulgoda, Dr. G.S.E. Razavi **Medicine Hat** Dr. G.S.E. Razavi **Red Deer** 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.		
GOSERELIN	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 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
HYDROCORTISON SODIUM SUCCINATE	1	Injectable	Intrathecal use only.		IT – Basic
HYDROXYUREA	1	Capsules			N/A

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
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 or old, patients with unmutated IgHV status Treatment should be for patients with a good performance status until disease progression or unacceptable toxicity. Not to be used in patients who have progressed on another BTK inhibitor. May be used if patient is intolerant to other BTK inhibitors. •Ibrutinib for patients with CLL/SLL who have received at least one prior therapy. Not to be used in patients who have progressed on another BTK inhibitor. May be used if patient is intolerant to other BTK inhibitors Prescribing limited to written authorization by named physicians: **CCI** Dr. L. Bolster, Dr. J. Brandwein, Dr. M. Chu, Dr. N. Chua, Dr. V. DeVito, 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. M. Oliver, Dr. D. Page, Dr. A. Parker, Dr. J. Patterson, Dr. A. Peters, Dr. B. Ritchie, Dr. I. Sandhu, Dr. R. Sangha Dr. V. Sapon-Cousineau, Dr. D. Sawler, Dr. R. Sterrett, Dr. L. Sun, Dr. S. Takach Lapner, Dr. M. Taparia, Dr. L. Wang, Dr. L. Wang, Dr. P. Wang, Dr. E. Wall, Dr. M.D. Wong, Dr. C. Wu, Dr. C. Wynick, Dr. N. Zhu **Arthur Child** Dr. N. Bahlis, Dr. A. Bryant, Dr. S. Cerquozzi, Dr. A. Daly, Dr. V. David, Dr. M. Drew-McKinstry, Dr. P. Duggan, Dr. M. Geddes, Dr. D. Goodyear, Dr. J. Grossman, Dr. K. Hay, Dr. K. Jamani, Dr. S. McCulloch, Dr. E.P. Neri, Dr. C. Owen, Dr. S. Perry, Dr. R. Puckrin, Dr. N. Rydz, Dr. M.L. Savoie, Dr. M. Shafey, Dr. S. Shivji, Dr. Y.M. Shrom, Dr. L. Skeith, Dr. J. Slaby, Dr. J. Storek, Dr. L. Street, Dr. D. Suryanarayan, Dr. J. Tay, Dr. K. Uminski, Dr. H. Vahidy, Dr. D. Wong, Dr. M. Wong, Dr. V. Zepeda **Grande Prairie** Dr. J. Hattingh, Dr. S. Marcotte, Dr. G. Nikoleychuk, Dr. A. Peters, Dr. R. Sterrett **Lethbridge** Dr. S. Benke, Dr. A. Imbulgoda, Dr. G.S.E. Razavi **Medicine Hat** Dr. G.S.E. Razavi **Red Deer** 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 Apr/20 Jul/20 Jan/22	N/A
IDARUBICIN	1	Injectable		Jul/98 Apr/09	
IDELALISIB	2	Tablets		Oct/16 May/18 Jul/20 Jun/22	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. M. Anaka, Dr. Q. Chu, Dr. R. Khwaja, Dr. S. McKillop, Dr. K. Mulder, Dr. M. Smylie, Dr. B. Zorniak **Arthur Child** Dr. X. Feng, Dr. J. Henning, Dr. H. Karachiwala, Dr. O. Khan, Dr. D. Morris, Dr. V. Tam **Grande Prairie** **Lethbridge** Dr. A. Imbulgoda **Medicine Hat** Dr. S. Yip **Red Deer** 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
			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. •Imatinib for the treatment of advanced hypereosinophilic syndrome (HES) and / or chronic eosinophilic leukemia (CEL) with FIP1L1-PDGFRa rearrangement, or LY myeloproliferative variant HES. Prescribing limited to written authorization by named physicians: **CCI** Dr. L. Bolster, Dr. J. Brandwein, Dr. M. Chu, Dr. N. Chua, Dr. V. DeVito, 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. M. Oliver, Dr. D. Page, Dr. A. Parker, Dr. J. Patterson, Dr. A. Peters, Dr. B. Ritchie, Dr. I. Sandhu, Dr. R. Sangha, Dr. V. Sapon-Cousineau, Dr. D. Sawler, Dr. R. Sterrett, Dr. L. Sun, Dr. S. Takach Lapner, Dr. M. Taparia, Dr. L. Wang, Dr. P. Wang, Dr. E. Wall, Dr. M.D. Wong, Dr. C. Wu, Dr. C. Wynick, Dr. N. Zhu **Arthur Child** Dr. N. Bahlis, Dr. A. Bryant, Dr. S. Cerquozzi, Dr. A. Daly, Dr. V. David, Dr. M. Drew-McKinstry, Dr. P. Duggan, Dr. M. Geddes, Dr. D. Goodyear, Dr. J. Grossman, Dr. K. Hay, Dr. K. Jamani, Dr. S. McCulloch, Dr. E.P. Neri, Dr. C. Owen, Dr. S. Perry, Dr. R. Puckrin, Dr. N. Rydz, Dr. M.L. Savoie, Dr. M. Shafey, Dr. S. Shivji, Dr. Y.M. Shrom, Dr. L. Skeith, Dr. J. Slaby, Dr. J. Storek, Dr. L. Street, Dr. D. Suryanarayan, Dr. J. Tay, Dr. K. Uminski, Dr. H. Vahidy, Dr. D. Wong, Dr. M. Wong, Dr. V. Zepeda **Grande Prairie** Dr. J. Hattingh, Dr. S. Marcotte, Dr. G. Nikoleychuk, Dr. A. Peters, Dr. R. Sterrett *(See next page for additional authorized prescribers)*	Apr/03 Oct/03 Jul/20 Nov/21	N/A

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
IMATINIB *Cont.*	2	Tablets	*(See previous page for criteria and additional authorized prescribers)* **Lethbridge** Dr. S. Benke, Dr. A. Imbulgoda, Dr. G.S.E. Razavi **Medicine Hat** Dr. G.S.E. Razavi **Red Deer** 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.		
IMIQUIMOD	2	Topical	**Gynecology** •Imiquimod for the treatment of high-grade squamous intraepithelial lesion (HSIL of the female lower genital tract [CIN/VIN/VaIN]). To be dispensed for self-application 1 to 3 times per week for 8 to 16 weeks; may treat for up to 6 months. Discontinue treatment upon disease progression. Prescribing limited to written authorization by named physicians: **CCI** Dr. C Aubrey, Dr. V. Capstick, Dr. M. Kolinsky, Dr. S. Pin, Dr. J. Rauw, Dr. J. Sabourin, Dr. H. Steed, Dr. T. Wells, Dr. B. Zorniak **Arthur Child** Dr. A. Cameron, Dr. P. Chu, Dr. P. Ghatage, Dr. S. Glaze, Dr. J. Nation, Dr. G. Nelson **Grande Prairie** **Lethbridge** Dr. A. Imbulgoda, Dr. A. Taleb **Medicine Hat** Dr. A. Taleb **Red Deer** Dr. C. Amaro, Dr. S. Mairs, Dr. S. Raissouni, Dr. C. Tarukandirwa As recommended by the gynecology tumour program or outlined under group 2 drugs on first page.	Sep/24	N/A

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
INOTUZUMAB OZOGAMICIN	2	Injectable	**Hematology** ●For the treatment of relapsed or refractory B-cell precursor acute lymphoblastic leukemia (ALL). Eligible patients include Philadelphia chromosome (Ph) –positive and Ph-negative relapsed or refractory B Cell precursor ALL with good performance status. For patients with Ph-positive ALL, failure with at least one second generation or third generation tyrosine kinase inhibitor and standard multi-drug induction chemotherapy is required before treatment with inotuzumab ozogamicin. Treatment should be continued until unacceptable toxicity or disease progression, up to a maximum or three cycles, for those patients proceeding to hematopoietic stem cell transplant (HSCT). For patients not proceeding to HSCT who achieve a complete response or complete response with incomplete count recovery (CR/CRi) and minimal residual disease negativity, treatment may be continued for a maximum of six cycles. Sequencing with blinatumumab is not recommended. Prescribing limited to written authorization by named physicians: **CCI** Dr. L. Bolster, Dr. J. Brandwein, Dr. M. Chu, Dr. N. Chua, Dr. V. DeVito, 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. M. Oliver, Dr. D. Page, Dr. A. Parker, Dr. J. Patterson, Dr. A. Peters, Dr. B. Ritchie, Dr. I. Sandhu, Dr. R. Sangha, Dr. V. Sapon-Cousineau, Dr. D. Sawler, Dr. R. Sterrett, Dr. L. Sun, Dr. S. Takach Lapner, Dr. M. Taparia, Dr. L. Wang, Dr. P. Wang, Dr. E. Wall, Dr. M.D. Wong, Dr. C. Wu, Dr. C. Wynick, Dr. N. Zhu **Arthur Child** Dr. N. Bahlis, Dr. A. Bryant, Dr. S. Cerquozzi, Dr. A. Daly, Dr. V. David, Dr. M. Drew-McKinstry, Dr. P. Duggan, Dr. M. Geddes, Dr. D. Goodyear, Dr. J. Grossman, Dr. K. Hay, Dr. K. Jamani, Dr. S. McCulloch, Dr. E.P. Neri, Dr. C. Owen, Dr. S. Perry, Dr. R. Puckrin, Dr. N. Rydz, Dr. M.L. Savoie, Dr. M. Shafey, Dr. S. Shivji, Dr. Y.M. Shrom, Dr. L. Skeith, Dr. J. Slaby, Dr. J. Storek, Dr. L. Street, Dr. D. Suryanarayan, Dr. J. Tay, Dr. K. Uminski, Dr. H. Vahidy, Dr. D. Wong, Dr. M. Wong, Dr. V. Zepeda **Grande Prairie** Dr. J. Hattingh, Dr. S. Marcotte, G. Nikoleychuk, Dr. A. Peters, Dr. R. Sterrett **Lethbridge** Dr. S. Benke, Dr. A. Imbulgoda, Dr. G.S.E. Razavi **Medicine Hat** Dr. G.S.E. Razavi **Red Deer** 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/22	Advanced

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 - See nivolumab listing. Prescribing limited to written authorization by named physicians: **CCI** Dr. M. Anaka, Dr. M. Smylie, Dr. J. Walker **Arthur Child** Dr. T. Cheng, Dr. N. Dehar, Dr. X. Feng, Dr. M. Hussain, Dr. M. Mahoney, Dr. J. Monzon, Dr. S.Strum 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	Basic
			Renal • For its use in combination with nivolumab - See nivolumab listing.		
			Malignant Pleural Mesothelioma (MPM) Nivolumab plus ipilimumab for the treatment of previously untreated malignant pleural mesothelioma (MPM) with good performance status. Patients should have not received any prior systemic therapy including adjuvant or neoadjuvant chemotherapy, surgery (radical pleuropneumonectomy), or non-palliative radiotherapy. Dosing is nivolumab 4.5 mg/kg to a maximum of 360 mg every 3 weeks and ipilimumab 1 mg/kg every 6 weeks. Treatment should continue unless disease progression or unacceptable toxicity to a maximum of 2 years, whichever comes first. Patients who progress after completion of nivolumab / ipilimumab therapy may receive an additional year of nivolumab plus ipilimumab combination treatment, providing treatment was discontinued for reasons other than disease progression (e.g., toxicity or completion of 2 year treatment duration). There is a time limited need for patients who, at the time of listing, have been initiated on first-line systemic treatment to switch to nivolumab plus ipilimumab, if criteria is otherwise met. Prescribing limited to written authorization by named physicians: **CCI** Dr. H. Albaba, Dr. N. Basappa, Dr. C. Beaulieu, Dr. C. Butts, Dr. Q. Chu, Dr. H. El-Darsa, Dr. D. Fenton, Dr. A. Joy, Dr. M. Kolinsky, Dr. R. Sangha, Dr. M. Smylie, Dr. J. Walker, Dr. K. Young **Arthur Child** Dr. C. Card, Dr. D. Ezeife, Dr. X. Feng, Dr. A. Fung, Dr. D. Hao, Dr. H. Karachiwala, Dr. V. Krause, Dr. D. Morris, Dr. V. Navani, Dr. N. Nixon, Dr. D. Ruether, Dr. V. Tam, Dr. R. Tsang **Grande Prairie** Dr. R. Rigo **Lethbridge** Dr. A. Imbulgoda, Dr. A. Taleb **Medicine Hat** Dr. A. Taleb, Dr. S. Yip **Red Deer** Dr. C. Amaro, 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/22	Basic

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
IPILIMUMAB *Cont.*	2	Injectable	**Lung Cancer** •Nivolumab plus ipilimumab and two cycles of platinum doublet chemotherapy for the first-line treatment of adult patients with advanced, metastatic or recurrent non-small cell lung cancer (NSCLC) with no known sensitizing epidermal growth factor receptor (EGFR) or anaplastic lymphoma kinase (ALK) genomic tumour aberration (or the EGFR/ALK oncogenic alternations cannot be evaluated). Dosing is 4.5 mg/kg to a maximum of 360 mg every 3 weeks and ipilimumab 1 mg/kg every 6 weeks. Treatment should continue until confirmed disease progression or unacceptable toxicity to a maximum of 2 years, whichever comes first. Patients who progress after completion of nivolumab/ipilimumab therapy may receive an additional year of nivolumab plus ipilimumab combination treatment, providing treatment was discontinued for reasons other than disease progression (e.g., toxicity or completion of 2 year treatment duration). Patients previously treated with durvalumab in the adjuvant setting are eligible if they completed adjuvant therapy with no progression and have had at least a six-month interval progression-free after adjuvant therapy. Patients who progress on nivolumab plus ipilimumab are not eligible for subsequent immunotherapy. Prescribing limited to written authorization by named physicians: **CCI** Dr. H. Albaba, Dr. N. Basappa, Dr. C. Beaulieu, Dr. C. Butts, Dr. Q. Chu, Dr. H. El-Darsa, Dr. D. Fenton, Dr. A. Joy, Dr. M. Kolinsky, Dr. R. Sangha, Dr. M. Smylie, Dr. J. Walker, Dr. K. Young **Arthur Child** Dr. C. Card, Dr. D. Ezeife, Dr. X. Feng, Dr. A. Fung, Dr. D. Hao, Dr. H. Karachiwala, Dr. V. Krause, Dr. D. Morris, Dr. V. Navani, Dr. N. Nixon, Dr. D. Ruether, Dr. V. Tam, Dr. R. Tsang **Grande Prairie** Dr. D. Rigo **Lethbridge** Dr. A. Imbulgoda, Dr. A. Taleb **Medicine Hat** Dr. A. Taleb, Dr. S. Yip **Red Deer** Dr. C. Amaro, 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/22	Basic
IRINOTECAN *Note: Loperamide supplied by industry with this agent's use.	1	Injectable		Aug/09	IV inf. – Basic
ISATUXIMAB	2	Injectable	**In Combination with carfilzomib and dexamethasone for Multiple Myeloma** •Isatuximab in combination with carfilzomib and dexamethasone for the treatment of adult patients with relapsed or refractory multiple myeloma who have received at least I prior line of therapy. Patients must have evaluable disease, must NOT be resistant to an anti-CD38 monoclonal antibody, and must NOT be considered refractory to treatment with carfilzomib. Treatment should continue until unacceptable toxicity or disease progression. •On a time limited basis, patient currently on KD, could have isatuximab added to this regimen, if the KD was initiated prior to funding of isatuximab and they otherwise meet criteria.	April/23	IV-Advanced

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
ISATUXIMAB *Cont.*	2	Injectable	**In Combination with pomalidomide and dexamethasone for Multiple Myeloma** • Isatuximab in combination with pomalidomide and dexamethasone (IsaPd) for the treatment of patients with relapsed or refractory multiple myeloma who have received at least two prior classes of therapy including failed treatment on lenalidomide and a proteasome inhibitor. Patients must have disease that was refractory to their last line of therapy received. Patients must NOT be resistant to an anti-CD38 biologic. Treatment should be continued until unacceptable toxicity or clinical disease progression. Patient with primary amyloidosis are NOT eligible for isatuximab. • On a time limited basis, patients current on PD, could have isatuximab added to this regimen, if the PD was initiated prior to funding of isatuximab and they otherwise meet criteria for this therapy. Prescribing limited to written authorization by named physicians: **CCI** 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. M. Oliver, Dr. D. Page, Dr. A. Parker, Dr. J. Patterson, Dr. A. Peters, Dr. B. Ritchie, Dr. I. Sandhu, Dr. R. Sangha, Dr. V. Sapon-Cousineau, Dr. D. Sawler, Dr. R. Sterrett, Dr. L. Sun, Dr. S. Takach Lapner, Dr. M. Taparia, Dr. L. Wang, Dr. P. Wang, Dr. E. Wall, Dr. M.D. Wong, Dr. C. Wu, Dr. C. Wynick, Dr. N. Zhu **Arthur Child** Dr. N. Bahlis, Dr. A. Bryant, Dr. S. Cerquozzi, Dr. A. Daly, Dr. V. David, Dr. M. Drew-McKinstry, Dr. P. Duggan, Dr. M. Geddes, Dr. D. Goodyear, Dr. J. Grossman, Dr. K. Hay, Dr. K. Jamani, Dr. S. McCulloch, Dr. E.P. Neri, Dr. C. Owen, Dr. S. Perry, Dr. R. Puckrin, Dr. N. Rydz, Dr. M.L. Savoie, Dr. M. Shafey, Dr. S. Shivji, Dr. Y.M. Shrom, Dr. L. Skeith, Dr. J. Slaby, Dr. J. Storek, Dr. L. Street, Dr. D. Suryanarayan, Dr. J. Tay, Dr. K. Uminski, Dr. H. Vahidy, Dr. D. Wong, Dr. M. Wong, Dr. V. Zepeda **Grande Prairie** Dr. J. Hattingh, Dr. S. Marcotte, Dr. G. Nikoleychuk, Dr. A. Peters, Dr. R. Sterrett **Lethbridge** Dr. S. Benke, Dr. A. Imbulgoda, Dr. G.S.E. Razavi **Medicine Hat** Dr. G.S.E. Razavi **Red Deer** 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/23	
ISOTRETINOIN	1	Capsules		Mar/99 Apr/09	N/A
LAPATINIB	2	Tablets		Feb/11 Aug/12 Jul/20 Jun/22	N/A

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
LAROTRECTINIB	2	Oral/ Capsules	**NTRK Gene Fusion** ●Larotrectinib monotherapy is indicated for adult and pediatric patients with NTRK gene fusion without a known acquired resistance mutation, metastatic or locally advanced solid tumour, and good performance status (i.e., ECOG 0-2 adults, ECOG 0-3 pediatrics). All available standard treatments for tumour site should have been previously used and exhausted and surgery and/or RT would lead to substantial morbidity. Treatment with larotrectinib should not be in initiated in patients who have symptomatic brain metastases, unstable cardiovascular disease, or are unable to discontinue treatment with a strong CYP3A4 inhibitor or inducer before treatment initiation. Treatment with additional cycles of larotrectinib is permitted unless there is radiographic disease progression or unacceptable toxicity. Patient should have access to alternative agent entrectinib in the event of unacceptable toxicity, but not progression. Prescribing limited to written authorization by named physicians: **CCI** Dr. O. Abdelsalam, Dr. H. Albaba, Dr. M. Anaka, Dr. N. Basappa, Dr. C. Beaulieu, Dr. C. Butts, Dr. Q. Chu, Dr. N. Chua, Dr. H. El-Darsa, Dr. Easaw, Dr. D. Fenton, Dr. A. Joy, Dr. K. King, Dr. M. Kolinsky, Dr. S. Koski, Dr. S. McKillop, Dr. K. Mulder, Dr. S. North, Dr. A. Paul, Dr. J. Price Hiller, Dr. J. Rauw, Dr. R. Sangha, Dr. M. Sawyer, Dr. A. Scarfe, Dr. M. Smylie, Dr. J. Spratilin, Dr. J. Walker, Dr. K. Young, Dr. X. Zhu, Dr. B. Zorniak **Stollery Children's Hospital** Dr. S. Desai, Dr. S. Mckillop, Dr. L. Pecheux Dr. M. Rojas-Vasquez, Dr. A. Serbrin, Dr. M. Spavor, Dr. B Wilson **Arthur Child** Dr. N. Alimohamed, Dr. C. Card, Dr. W. Cheung, Dr. T. Cheng, Dr. S. Cook, Dr. N. Dehar, Dr. P. de Robles, Dr. S. Dowden, Dr. D. Ezeife, Dr. X. Feng, Dr. A. Fung, Dr. S. Ghaznavi, Dr. D. Hao, Dr. D. Heng, Dr. J. Henning, Dr. Karachiwala, Dr. O. Khan, Dr. S. Karim, Dr. R. Lee-Ying, Dr. D. Morris, Dr. V. Navani, Dr. N. Nixon, Dr. R. Paschke, Dr. G. Roldan Urgoiti, Dr. D. Ruether, Dr. C. Symonds, Dr. V. Tam, Dr. R. Tsang, Dr. M. Webster, Dr. S. Yip **ACH** Dr. G. Guilcher, Dr. L. Lafay-Cousin, Dr. V. Lewis, Dr. R. Shah, Dr. G. Singh, Dr. T. Truong **Grande Prairie** Dr. R. Rigo **Lethbridge** Dr. A. Imbulgoda, Dr. A. Taleb **Medicine Hat** Dr. A. Taleb, Dr. S. Yip **Red Deer** Dr. C. Amaro, Dr. S. Mairs, Dr. S. Raissouni, Dr. C. Tarukandirwa As recommended by the endocrine tumour program, gastrointestinal tumour program, head and neck tumour program, lung tumour program, pediatric tumour program, or sarcoma tumour program, or outlined under group 2 drugs on first page.	Feb/24	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, (+/-) cyclophosphamide, and dexamethasone for first line treatment in patients with multiple myeloma who are not eligible for autologous stem cell transplant. For patients with ECOG PS < 2. Treat until disease progression. • Multiple myeloma after at least one prior therapy. • Patients with resistance to lenalidomide may NOT be retreated with lenalidomide • Cyclophosphamide may be added to lenalidomide and dexamethasone. • Anti-CD38-based regimens may be sequenced before or after KRD (Carfilzomib, Lenalidomide and Dexamethasone) • 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 - (lenalidomide with bortezomib and dexamethasone) in patients with newly diagnosed multiple myeloma in whom stem cell transplant is not intended. Reimbursement should be in patients with good performance status and treatment (with lenalidomide and dexamethasone for the maintenance phase) should continue until unacceptable toxicity or disease progression. • VRD (Lenalidomide with bortezomib and dexamethasone) as consolidation for up to 2 cycles after autologous stem cell transplant (ASCT) in newly diagnosed multiple myeloma. • Lenalidomide, bortezomib and dexamethasone as induction therapy for up to 6 cycles prior to autologous stem cell transplant in patients with newly diagnosed multiple myeloma. • For its use in combination with bortezomib as consolidation treatment in high risk patients - See bortezomib listing. • Daratumumab in combination with lenalidomide and dexamethasone (DRd) for patients with newly diagnosed multiple myeloma who are not suitable for autologous stem cell transplant. At the time of implementation adding Daratumumab to the lenalidomide and dexamethasone for patients who recently initiated RD. **Follicular Lymphoma** • Lenalidomide plus Rituximab for the treatment of relapsed or refractory follicular lymphoma. Treatment should continue until relapse, progressive disease, unacceptable toxicity, or up to a maximum of 12 cycles. Prescribing limited to named physicians WHO ARE REGISTERED IN PROGRAM WITH A SPECIFIC PRESCRIBER ID NUMBER: **CCI** 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. V. Sapon-Cousineau, Dr. D. Sawler, Dr. R. Sterrett, Dr. M. Taparia, Dr. E. Wall, Dr. P. Wang, Dr. M.D. Wong, Dr. C. Wu, Dr. N. Zhu **Arthur Child** Dr. N. Bahlis, Dr. A. Bryant, Dr. A. Daly, Dr. P. Duggan, Dr. M. Geddes, Dr. D. Goodyear, Dr. J. Grossman, Dr. S. McCulloch, Dr. E.P. Neri, Dr. C. Owen, Dr. S. Perry, Dr. R. Puckrin, Dr. N. Rydz, Dr. M.L. Savoie, Dr. M. Shafey, Dr. Yael Shrom, Dr. J. Slaby, Dr. J. Storek, Dr. L. Street, Dr. D. Suryanarayan, Dr. J. Tay, Dr. M. Wong, Dr. V. Zepeda *(See next page for additional authorized prescribers)*	Aug/09 Oct/09 Sept/14 Jan/16 Oct/16 Jul/20 Dec/20 May/21 Jan/22 Sep/22 Jun/22	N/A N/A

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
LENALIDOMIDE *Cont.*	2	Capsules	(see previous page for criteria and additional prescribers) **Grande Prairie** Dr. J. Hattingh, Dr. S. Marcotte, Dr. G. Nikoleychuk, Dr. A. Peters, Dr. R. Sterrett **Lethbridge** Dr. S. Benke, Dr. A Haner, Dr. A. Imbulgoda, Dr. G.S.E. Razavi **Medicine Hat** Dr. G.S.E. Razavi **Red Deer** Dr. I. Akwu'ude, Dr. K. Feragen, Dr. E. Landsbergen, Dr. D. Prajapati, Dr. S. Raissouni, Dr. K. Rudolph, Dr. C. Tarukandirwa **Community Cancer Centers** **Barrhead** Dr. K. Bernes, Dr. E. DeWaal, Dr. A. Tawfik **Bonnyville** Dr. A. DuPreez, Dr. M. Du Toit, Dr. K. Stausebach, Dr. S. Steyn **Camrose** Dr. L. Chapman, Dr. A. Jorgensen, Dr. K. Letley, Dr. V. Smith **Canmore** Dr. L. Irving, Dr. C. Hinds **Drayton Valley** Dr. I. Akwu'ude **Drumheller** Dr. S. Chetty, Dr. A. Matter, Dr. B. Randolph **Fort McMurray** Dr. S. Yam **High River** Dr. C. Powell, Dr. A. Vyse **Hinton** Dr. S. Corser, Dr. K. Sorenson **Lloydminster** T. Hamilton NP As recommended by the hematology tumour program.		
LENVATINIB	2	Capsules	**<u>Thyroid Cancer</u>** • 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 **Arthur Child** Dr. A. Aleksi, Dr. C. Card, Dr. S. Dowden, Dr. Ghaznavi, Dr. R. Lee-Ying, Dr. R. Paschke, Dr. D. Ruether **Grande Prairie** **Lethbridge** Dr. A. Imbulgoda **Medicine Hat** **Red Deer** Dr. S. Raissouni, Dr. C. Tarukandirwa As recommended by the endocrine tumour program or outlined under group 2 drugs on first page.	Nov/17 Apr/20 Nov/21	N/A
			<u>Hepatocellular Carcinoma (HCC)</u> • 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, and no brain metastases. 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. (see next page for additional criteria and authorized prescribers)	Jan/22 Feb/25	N/A

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
LENVATINIB	2	Capsules	(see previous page for additional criteria) • For the second line treatment of adult patients with unresectable hepatocellular carcinoma previously treated with atezolizumab-bevacizumab or tremelimumab-durvalumab. Patients should have Child Pugh A liver function. Not to be used in patients who have progressed on Sorafenib. Prescribing limited to written authorization by named physicians: **CCI** Dr. O. Abdelsalam, Dr. N. Chua, Dr. J. Easaw, Dr. K. King, Dr. S. Koski, Dr. K. Mulder, Dr. A. Paul, Dr. J. Price Hiller, Dr. J. Rauw, Dr. M. Sawyer, Dr. A. Scarfe, Dr. M. Smylie, Dr. J. Spratlin, Dr. J. Walker, Dr. K. Young, Dr. X. Zhu **Arthur Child** Dr. W. Cheung, Dr. S. Cook, Dr. N. Dehar, Dr. S. Dowden, Dr. X. Feng, Dr. D. Heng, Dr. J. Henning, Dr. H. Karachiwala, Dr. S. Karim, Dr. O. Khan, Dr. V. Krause, Dr. R. Lee-Ying, Dr. S. Lupichuk, Dr. J. Monzon, Dr. N. Nixon, Dr. G. Roldan Urgoiti, Dr. D. Ruether, Dr. V. Tam, Dr. P. Tang, Dr. R. Tsang, Dr. M. Webster, Dr. S. Yip **Grande Prairie** Dr. R. Rigo **Lethbridge** Dr. A. Imbulgoda, Dr. A. Taleb **Medicine Hat** Dr. A. Taleb, Dr. S. Yip **Red Deer** Dr. C. Amaro, 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/24	
			Endometrial • For its use in combination with pembrolizumab - See pembrolizumab listing.	Jun/23	N/A
			Renal • For its use in combination with pembrolizumab - See pembrolizumab listing.	Jun/23	N/A
LETROZOLE	1	Tablets		Jul/13	N/A
LEUCOVORIN CALCIUM	1	Injectable, Tablets	Use not covered in combination with pralatrexate	Sep/20	N/A

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
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
LEVONORGESTREL INTRAUTERINE DEVICE	2	IUD	**Endometrial Cancer** • Levonorgestrel intrauterine device (IUD) for the treatment of endometrial cancer in patients who are nonsurgical candidates at the time of assessment. Nonsurgical candidates may include younger patients not wanting hysterectomy, patients requiring weight loss or other optimization prior to surgery, or patients with comorbidities which would preclude them from having surgery. Prescribing limited to written authorization by named physicians: **CCI** Dr. C Aubrey, Dr. V. Capstick, Dr. M. Kolinsky, Dr. S. Pin, Dr. J. Rauw, Dr. J. Sabourin, Dr. H. Steed, Dr. T. Wells, Dr. B. Zorniak **Arthur Child** Dr. A. Cameron, Dr. P. Chu, Dr. P. Ghatage, Dr. S. Glaze, Dr. J. Nation, Dr. G. Nelson **Grande Prairie** **Lethbridge** Dr. A. Imbulgoda, Dr. A. Taleb **Medicine Hat** Dr. A. Taleb **Red Deer** Dr. C. Amaro, Dr. S. Mairs, Dr. S. Raissouni, Dr. C. Tarukandirwa As recommended by the gynecology tumour program or outlined under group 2 drugs on first page.	Sep/22	N/A

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
LUTETIUM (177Lu) oxodotreotide	2	injectable	**For the treatment of pNETs:** • For the treatment of adult patients with unresectable or metastatic, well-differentiated, somatostatin receptor (SSR)-positive pancreatic neuroendocrine tumours (pNETs), where the disease has progressed after somatostatin analogue (SSA) treatment or if the patient has a contraindication or intolerance to somatostatin analogues (SSAs). Treatment should be discontinued upon occurrence of unacceptable toxicity or disease progression assessed by clinical examination, imaging, or biomarker assessment as appropriate. **For the treatment of GEP-NETS:** • For the treatment of adult patients with a somatostatin receptor (SSR) - positive midgut neuroendocrine tumours (NETS) (defined as jejunoileum and proximal colon in the NETTER-1 trial) whose disease has progressed on a SSA and is unresectable. Treatment should continue until disease progression, unacceptable toxicity or a maximum of 4 infusions. Lu-Dotatate should not be used in patients with SSR-positive foregut and hindgut NETs. Prescribing limited to written authorization by named physicians: **CCI** Dr. N. Basappa, Dr. C. Beaulieu, Dr. A. Fawaz, Dr. M. Kolinsky, Dr. S. Koumna, Dr. S. North, Dr. J. Porter, Dr. M. Smylie, Dr. J. Walker **Arthur Child** Dr. A. Alekski, Dr. N. Alimohamed, Dr. D. Chan, Dr. T. Cheng, Dr. S. Cook, Dr. N. Dehar, Dr. X. Feng, Dr. R. Gnanakmumar, Dr. D. Heng, Dr. M. Hussain, Dr. S, Karim, Dr. R. Lee-Ying, Dr. L. Lou, Dr. M. Mahoney, Dr. V. Navani, Dr. N. Nixon, Dr. L. Numerow, Dr. L. Murtha, Dr. D. Ruether, Dr. V. Tam, Dr. K. Taylor, Dr. C. Wells, Dr. W. Ying, Dr. S. Yip **Grande Prairie** Dr. R. Khwaja, Dr. R. Rigo **Lethbridge** Dr. A. Imbulgoda, Dr. A. Taleb **Medicine Hat** Dr. A. Taleb, Dr. S. Yip **Red Deer** Dr. C. Amaro, Dr. Mairs, Dr. S. Raissouni, Dr. C. Tarukandirwa As recommended by nulclear medicine group and the genitourinary tumour program or outlined under group 2 drugs on first page.	Feb/25	
LUTETIUM (177Lu) vipivotide tetraxetan	2		• For the treatment of adult metastatic castration-resistant prostate cancer (mCRPC) patients, with at least one prostate-specific membrane antigen (PSMA) positive metastatic lesion who have received at least one androgen receptor pathway inhibitor (ARPI) and at least one taxane -based chemotherapy and have good performance status (ECOG 0-2). Treatment is limited to a maximum of 6 cycles. Lutetium vipivotide tetraxetan should not be prescribed in combination with any other treatment other than androgen deprivation therapy (ADT). Prescribing limited to written authorization by named physicians: **CCI** Dr. N. Basappa, Dr. C. Beaulieu, Dr. A. Fawaz, Dr. M. Kolinsky, Dr. S. Koumna, Dr. S. North, Dr. J. Porter, Dr. M. Smylie, Dr. J. Walker **Arthur Child** Dr. N. Alimohamed, Dr. D. Chan, Dr. T. Cheng, Dr. S. Cook, Dr. N. Dehar, Dr. X. Feng, Dr. R. Gnanakmumar, Dr. D. Heng, Dr. M. Hussain, Dr. S, Karim, Dr. R. Lee-Ying, Dr. L. Lou, Dr. M. Mahoney, Dr. V. Navani, Dr. N. Nixon, Dr. L. Numerow, Dr. L. Murtha, Dr. D. Ruether, Dr. V. Tam, Dr. K. Taylor, Dr. C. Wells, Dr. W. Ying, Dr. S. Yip	Feb/25	

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
			Prescribing is limited to members of nuclear medicine group and the genitourinary tumour group and nuclear medicine physicians at CCI and ACCC.		
LORLATINIB	2	**Oral**	**Lung Cancer** •Lorlatinib monotherapy for the first-line treatment of adult patients with anaplastic lymphoma kinase (ALK)-positive locally advanced (not amenable to curative therapy) or metastatic non-small cell lung cancer (NSCLC). Patients should have had no prior systemic therapy for advanced or metastatic NSCLC; patients may switch to lorlatinib if chemotherapy was initiated before confirmation of ALK status. Not to be used after progression on an ALK inhibitor; may be considered in patients who are unable to tolerate other ALK inhibitors and otherwise meet criteria. Prescribing limited to written authorization by named physicians: **CCI** Dr. H Albaba, Dr. N. Basappa, Dr. C. Beaulieu, Dr. C. Butts, Dr. Q. Chu, Dr. H. El-Darsa, Dr. D Fenton, Dr. A. Joy, Dr. M. Kolinsky, Dr. R. Sangha, Dr. M. Smylie, Dr. J. Walker, Dr. K. Young **Arthur Child** Dr. C. Card, Dr. D. Ezeife, Dr. X. Feng, Dr. A. Fung, Dr. D. Hao, Dr. H. Karachiwala, Dr. V. Krause, Dr. D. Morris, Dr. V. Navani, Dr. N. Nixon, Dr. D. Ruether, Dr. V. Tam, Dr. R. Tsang **Grande Prairie** Dr. R. Rigo **Lethbridge** Dr. A. Imbulgoda, Dr. A. Taleb **Medicine Hat** Dr. A. Taleb, Dr. S. Yip **Red Deer** Dr. C. Amaro, 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.	Jun/23	N/A
LOMUSTINE	1	Capsules			N/A
MEDROXY-ROGESTERONE ACETATE	1	Tablets			N/A
MEGESTROL ACETATE	1	Tablets			N/A
MELPHALAN	1	Tablets Injectable		Jul/16	Basic
MERCAPTOPURINE	1	Tablets			N/A
MESNA	1	Injectable			N/A
METHOTREXATE	1	Injectable, Tablets			IM, Direct IV, IT, IV inf. – Basic
METHYL-PREDNISOLONE	1	Injectable		Jun/14	Basic

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
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: **CCI** Dr. L. Bolster, Dr. J. Brandwein, Dr. M. Chu, Dr. N. Chua, Dr. V. DeVito, 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. M. Oliver, Dr. D. Page, Dr. A. Parker, Dr. J. Patterson, Dr. A. Peters, Dr. B. Ritchie, Dr. I. Sandhu, Dr. R. Sangha, Dr. V. Sapon-Cousineau, Dr. D. Sawler, Dr. R. Sterrett, Dr. L. Sun, Dr. S. Takach Lapner, Dr. M. Taparia, Dr. L. Wang, Dr. P. Wang, Dr. E. Wall, Dr. M.D. Wong, Dr. C. Wu, Dr. C. Wynick, Dr. N. Zhu **Arthur Child** Dr. N. Bahlis, Dr. A. Bryant, Dr. S. Cerquozzi, Dr. A. Daly, Dr. V. David, Dr. M. Drew-McKinstry, Dr. P. Duggan, Dr. M. Geddes, Dr. D. Goodyear, Dr. J. Grossman, Dr. K. Hay, Dr. K. Jamani, Dr. S. McCulloch, Dr. E.P. Neri, Dr. C. Owen, Dr. S. Perry, Dr. R. Puckrin, Dr. N. Rydz, Dr. M.L. Savoie, Dr. M. Shafey, Dr. S. Shivji, Dr. Y.M. Shrom, Dr. L. Skeith, Dr. J. Slaby, Dr. J. Storek, Dr. L. Street, Dr. D. Suryanarayan, Dr. J. Tay, Dr. K. Uminski, Dr. H. Vahidy, Dr. D. Wong, Dr. M. Wong, Dr. V. Zepeda **Grande Prairie** Dr. J. Hattingh, Dr. S. Marcotte, Dr. G. Nikoleychuk, Dr. A. Peters, Dr. R. Sterrett **Lethbridge** Dr. S. Benke, Dr. A. Imbulgoda, Dr. G.S.E. Razavi **Medicine Hat** Dr. G.S.E. Razavi **Red Deer** 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
		ophthalmic		May/22	Ophthalmic - Basic
MITOTANE	1	Oral		Sep/10	N/A
MITOXANTRONE	1	Injectable		May/85	Direct IV, inf. – Basic

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
MOGAMULIZUMAB	2	Injectable	**Hematology - Mycosis Fungoides or Sézary Syndrome** • Mogamulizumab should be reimbursed for adult patients who have all of the following: - Histologically confirmed mycosis fungoides (MF) or Sézary syndrome (SS) - Stage IB, IIA, IIB, III or IV disease - Failed at least one prior course of systemic therapy • Patients should have a good performance status. • Treatment with mogamulizumab should not be used in patients with active or untreated CNS metastases. • Patients with large cell transformation should be considered for mogamulizumab provided they meet other eligibility criteria. • Treatment to continue until toxicity or disease progression. Prescribing limited to written authorization by named physicians: **CCI** Dr. L. Bolster, Dr. J. Brandwein, Dr. M. Chu, Dr. N. Chua, Dr. V. DeVito, 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. M. Oliver, Dr. D. Page, Dr. A. Parker, Dr. J. Patterson, Dr. A. Peters, Dr. B. Ritchie, Dr. I. Sandhu, Dr. R. Sangha, Dr. V. Sapon-Cousineau, Dr. D. Sawler, Dr. R. Sterrett, Dr. L. Sun, Dr. S. Takach Lapner, Dr. M. Taparia, Dr. L. Wang, Dr. P. Wang, Dr. E. Wall, Dr. M.D. Wong, Dr. C. Wu, Dr. C. Wynick, Dr. N. Zhu **Arthur Child** Dr. N. Bahlis, Dr. A. Bryant, Dr. S. Cerquozzi, Dr. A. Daly, Dr. V. David, Dr. M. Drew-McKinstry, Dr. P. Duggan, Dr. M. Geddes, Dr. D. Goodyear, Dr. J. Grossman, Dr. K. Hay, Dr. K. Jamani, Dr. S. McCulloch, Dr. E.P. Neri, Dr. C. Owen, Dr. S. Perry, Dr. R. Puckrin, Dr. N. Rydz, Dr. M.L. Savoie, Dr. M. Shafey, Dr. S. Shivji, Dr. Y.M. Shrom, Dr. L. Skeith, Dr. J. Slaby, Dr. J. Storek, Dr. L. Street, Dr. D. Suryanarayan, Dr. J. Tay, Dr. K. Uminski, Dr. H. Vahidy, Dr. D. Wong, Dr. M. Wong, Dr. V. Zepeda **Grande Prairie** Dr. J. Hattingh, Dr. S. Marcotte, Dr. G. Nikoleychuk, Dr. A. Peters, Dr. R. Sterrett **Lethbridge** Dr. S. Benke, Dr. A. Imbulgoda, Dr. G.S.E. Razavi **Medicine Hat** Dr. G.S.E. Razavi **Red Deer** 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.	Jul/24	Advanced

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
(NAB)-PACLITAXEL	2	Injectable	**Hypersensitivity Reactions in Solid tumours** Patients with solid tumours who have had grade 2 or 3 moderate to severe hypersensitivity acute infusion reactions, anaphylaxis or anaphylactoid reactions, or significant contraindications to paclitaxel or docetaxel, that may not be manageable despite the use of pre-medications and increased infusion durations, 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. H. Albaba, Dr. O. Abdelsalam, Dr. C Aubrey, Dr. S. Basi, Dr. N. Basappa, Dr. C. Beaulieu, Dr. C. Butts, Dr. V. Capstick, Dr. Q. Chu, Dr. N. Chua, Dr. J. Easaw, Dr. H. El-Darsa, Dr. D. Fenton, Dr. A. Joy, Dr. Dr. R. Khwaja, Dr. K. King, Dr. M. Kolinsky, Dr. S. Koski, Dr. J. Meza-Junco, Dr. K. Mulder, Dr. A. Paul, Dr. S. Pin, Dr. J. Price Hiller, Dr. J. Rauw, Dr. J. Sabourin, Dr. R. Sangha, Dr. M. Sawyer, Dr. A. Scarfe, Dr. M. Smylie, Dr. J. Spratlin, Dr. H. Steed, Dr. J. Walker, Dr. T. Wells, Dr. K. Young, Dr. X. Zhu, Dr. B. Zorniak **Arthur Child** Dr. N. Alimohamed, Dr. A. Cameron, Dr. C. Card, Dr. W. Cheung, Dr. P. Chu, Dr. S. Cook, Dr. N. Dehar, Dr. S. Dowden, Dr. D. Ezeife, Dr. X. Feng, Dr. A. Fung, Dr. P. Ghatage, Dr. S. Glaze, Dr. D. Hao, Dr. D. Heng, Dr. J. Henning, Dr. M. Hussain, Dr. H. Karachiwala, Dr. S. Karim, Dr. O. Khan, Dr. V. Krause, Dr. R. Lee-Ying, Dr. S. Lupichuk, Dr. J. Monzon, Dr. D. Morris, Dr. J. Nation, Dr. V. Navani, Dr. G. Nelson, Dr. N. Nixon, Dr. G. Roldan Urgoiti, Dr. D. Ruether, Dr. V. Tam, Dr. P. Tang, Dr. R. Tsang, Dr. M. Webster, Dr. S. Yip **Grande Prairie** Dr. R. Rigo **Lethbridge** Dr. A. Imbulgoda, Dr. A. Taleb **Medicine Hat** Dr. A. Taleb, Dr. S. Yip **Red Deer** Dr. C. Amaro, Dr. S. Mairs, Dr. S. Raissouni, Dr. C. Tarukandirwa As recommended by the breast, gastrointestinal, lung and gynecology tumour program or outlined under group 2 drugs on first page.	Jan/08 Apr/09 Jul/20 Dec/24	IV-Basic
			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. K. King, Dr. S. Koski, Dr. K. Mulder, Dr. A. Paul, Dr. J. Price Hiller, Dr. J. Rauw, Dr. M. Sawyer, Dr. A. Scarfe, Dr. M. Smylie, Dr. J. Spratlin, Dr. J. Walker, Dr. K. Young, Dr. X. Zhu *(See next page for additional prescribers)*	Mar/15 Jan/16 Apr/20 Jul/20	IV-Basic

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
(NAB)-PACLITAXEL *Cont.*	2	Injectable	*(see previous page for criteria and additional authorized prescribers)* **Arthur Child** Dr. W. Cheung, Dr. S. Cook, Dr. N. Dehar, Dr. S. Dowden, Dr. X. Feng, Dr. D. Heng, Dr. J. Henning, Dr. H. Karachiwala, Dr. S. Karim, Dr. O. Khan, Dr. V. Krause, Dr. R. Lee-Ying, Dr. S. Lupichuk, Dr. J. Monzon, Dr. N. Nixon, Dr. G. Roldan Urgoiti, Dr. D. Ruether, Dr. V. Tam, Dr. P. Tang, Dr. R. Tsang, Dr. M. Webster, Dr. S. Yip **Grande Prairie** Dr. R. Rigo **Lethbridge** Dr. A. Imbulgoda, Dr. A. Taleb **Medicine Hat** Dr. A. Taleb, Dr. S. Yip **Red Deer** Dr. C. Amaro, 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.		
NELARABINE	2	Injectable	**<u>Multiagent Chemotherapy</u>** • Treatment with nelarabine should be initiated as addition to front-line multiagent chemotherapy in patients aged 1-30 yrs. with intermediate- and high-risk T-ALL. Patients are ineligible for treatment with nelarabine if they meet any of the following criteria: Prior to induction phase, have any prior cytotoxic chemotherapy, except for steroids and/or IT cytarabine, have pre-existing peripheral neurotoxicity of ≥ CTCAE grade 2, or in pregnant or lactating females. Prescribing limited to written authorization by named physicians: **CCI** Dr. L. Bolster, Dr. J. Brandwein, Dr. M. Chu, Dr. N. Chua, Dr. V. DeVito, 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. M. Oliver, Dr. A. Parker, Dr. J. Patterson, Dr. A. Peters, Dr. B. Ritchie, Dr. I. Sandhu, Dr. R. Sangha, Dr. V. Sapon-Cousineau, Dr. D. Sawler, Dr. R. Sterrett, Dr. L. Sun, Dr. S. Takach Lapner, Dr. M. Taparia, Dr. L. Wang, Dr. P. Wang, Dr. E. Wall, Dr. M.D. Wong, Dr. C. Wu, Dr. C. Wynick, Dr. N. Zhu **Stollery Children's Hospital** Dr. S. Desai, Dr. S. Mckillop, Dr. L. Pecheux Dr. M. Rojas-Vasquez, Dr. A. Serbrin, Dr. M. Spavor, Dr. B Wilson **Arthur Child** Dr. N. Bahlis, Dr. A. Bryant, Dr. S. Cerquozzi, Dr. A. Daly, Dr. V. David, Dr. M. Drew-McKinstry, Dr. P. Duggan, Dr. M. Geddes, Dr. D. Goodyear, Dr. J. Grossman, Dr. K. Hay, Dr. K. Jamani, Dr. S. McCulloch, Dr. E.P. Neri, Dr. C. Owen, Dr. S. Perry, Dr. R. Puckrin, Dr. N. Rydz, Dr. M.L. Savoie, Dr. M. Shafey, Dr. S. Shivji, Dr. Y.M. Shrom, Dr. L. Skeith, Dr. J. Slaby, Dr. J. Storek, Dr. L. Street, Dr. D. Suryanarayan, Dr. J. Tay, Dr. K. Uminski, Dr. H. Vahidy, Dr. D. Wong, Dr. M. Wong, Dr. V. Zepeda **ACH** Dr. G. Guilcher, Dr. L. Lafay-Cousin, Dr. V. Lewis, Dr. R. Shah, Dr. G. Singh, Dr. T. Truong **Grande Prairie** Dr. J. Hattingh, Dr. S. Marcotte, Dr. G. Nikoleychuk, Dr. A. Peters, Dr. R. Sterrett **Lethbridge** Dr. S. Benke, Dr. A. Imbulgoda, Dr. G.S.E. Razavi *(see next page for additional authorized prescribers)*	Feb/24	N/A

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
NELARABINE Cont.	2	Injectable	*(see previous page for criteria and additional authorized prescribers)* **Medicine Hat** Dr. G.S.E. Razavi **Red Deer** 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 or outlined under group 2 drugs on first page.		
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. L. Bolster, Dr. J. Brandwein, Dr. M. Chu, Dr. N. Chua, Dr. V. DeVito, 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. M. Oliver, Dr. D. Page, Dr. A. Parker, Dr. J. Patterson, Dr. A. Peters, Dr. B. Ritchie, Dr. I. Sandhu, Dr. R. Sangha, Dr. V. Sapon-Cousineau, Dr. D. Sawler, Dr. R. Sterrett, Dr. L. Sun, Dr. S. Takach Lapner, Dr. M. Taparia, Dr. L. Wang, Dr. P. Wang, Dr. E. Wall, Dr. M.D. Wong, Dr. C. Wu, Dr. C. Wynick, Dr. N. Zhu **Arthur Child** Dr. N. Bahlis, Dr. A. Bryant, Dr. S. Cerquozzi, Dr. A. Daly, Dr. V. David, Dr. M. Drew-McKinstry, Dr. P. Duggan, Dr. M. Geddes, Dr. D. Goodyear, Dr. J. Grossman, Dr. K. Hay, Dr. K. Jamani, Dr. S. McCulloch, Dr. E.P. Neri, Dr. C. Owen, Dr. S. Perry, Dr. R. Puckrin, Dr. N. Rydz, Dr. M.L. Savoie, Dr. M. Shafey, Dr. S. Shivji, Dr. Y.M. Shrom, Dr. L. Skeith, Dr. J. Slaby, Dr. J. Storek, Dr. L. Street, Dr. D. Suryanarayan, Dr. J. Tay, Dr. K. Uminski, Dr. H. Vahidy, Dr. D. Wong, Dr. M. Wong, Dr. V. Zepeda **Grande Prairie** Dr. J. Hattingh, Dr. S. Marcotte, Dr. G. Nikoleychuk, Dr. A. Peters, Dr. R. Sterrett **Lethbridge** Dr. S. Benke, Dr. A. Imbulgoda, Dr. G.S.E. Razavi **Medicine Hat** Dr. G.S.E. Razavi **Red Deer** 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

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
NIRAPARIB	2	Oral	**Epithelial, Ovarian, Primary Peritoneal and Fallopian Tube Cancer** **First line Maintenance** • Niraparib monotherapy as maintenance treatment of patients with newly diagnosed epithelial ovarian, fallopian tube, or primary peritoneal cancer who are in complete or partial response (according to RECIST criteria) to first-line platinum-based chemotherapy (including intraperitoneal). Eligible patients should have high-grade serous or endometrioid tumours classified as stage III or IV according to FIGO criteria. Patients should have completed between 6 and 9 cycles of first-line platinum-based chemotherapy. Maintenance therapy with niraparib should start within 12 weeks of the last dose of platinum-based chemotherapy and continue until disease progression, unacceptable toxicity or completion of 3 years of therapy, whichever occurs first. Patients should have a good performance status. Other eligible patients include: • Patients in rare cases that received an alternative chemotherapy regimen but whom benefitted from surgery and chemotherapy • Patients who received less then 6 cycles for reasons of allergy or intolerance etc., but whom have demonstrated a response to treatment may be considered on an individual basis. • Patients who have undergone more than 2 debulking surgeries in the first-line setting and otherwise meet eligibility criteria • Patients who have an intolerance to Olaparib (no progression) may switch to niraparib if first –line maintenance treatment was discontinued for reasons other then progression (intolerance, treatment break etc.), retreatment with niraparib is acceptable. • Patients are eligible to receive first- line maintenance treatment with only one of Olaparib, niraparib or bevacizumab, switching only if there is intolerance but no progression. At the time of listing, patients who are currently being monitored (BRCA-wild type) or who are on maintenance bevacizumab may be considered for niraparib first line maintenance treatment (time-limited need). **Recurrent Maintenance** • Niraparib monotherapy for the maintenance treatment of patients with recurrent epithelial ovarian, fallopian tube or primary peritoneal cancer. Eligible patients should have platinum-sensitive disease, defined as disease progression having occurred at least six months after completion of platinum-based treatment. • Patients must have completed at least two prior lines of platinum-based chemotherapy and be in response (complete or partial) to their most recent platinum-based chemotherapy regimen. Patients must have completed at least four cycles of their most recent platinum-based chemotherapy before starting on niraparib. • Maintenance therapy should begin within 8 weeks of the last dose of platinum-based chemotherapy. • Treatment may be initiated within 12 weeks of the last chemotherapy treatment if progressive disease has been excluded. • Treatment should continue until unacceptable toxicity or disease progression. • Patients should have good performance status with no active or uncontrolled metastases in the central nervous system. • Patients who have progresses on a prior PARP inhibitor (e.g., Olaparib, niraparib) regardless of treatment line are not eligible for treatment with niraparib. Patients intolerant to Olaparib in the relapses setting without progression may switch to niraparib. Patients should have good performance status with no active or uncontrolled metastases in the central nervous system. *(see next page for additional criteria and authorized prescribers)*	Nov/21 Jan/22	N/A

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
NIRAPARIB *Cont.*	2	Oral	*(see previous page for additional criteria)* •Patients who have progressed on a prior PARP inhibitor (e.g., Olaparib, niraparib) regardless of treatment line are not eligible for treatment with niraparib. Patients intolerant to Olaparib in the relapsed setting without progression may switch to niraparib. Prescribing limited to written authorization by named physicians: **CCI** Dr. C Aubrey, Dr. V. Capstick, Dr. M. Lavecchia, Dr. J. Pettigrew, Dr. S. Pin, Dr. J. Rauw, Dr. J. Sabourin, Dr. H. Steed, Dr. T. Wells, **Arthur Child** Dr. A. Cameron, Dr. P. Chu, Dr. P. Ghatage, Dr. S. Glaze, Dr. J. Nation, Dr. G. Nelson **Lethbridge** Dr. A. Imbulgoda, Dr. A. Taleb **Medicine Hat** Dr. A. Taleb **Red Deer** Dr. C. Amaro, Dr. S. Mairs, Dr. S. Raissouni, Dr. C. Tarukandirwa As recommended by the gynecology tumour program or outlined under group 2 drugs on first page.		
			<u>Metastatic Castrate Resistant Prostate Cancer (mCRPC)</u> •Niraparib + abiraterone acetate with prednisone or prednisolone for the first line treatment of adults (>18 years) with deleterious or suspected deleterious BRCA-mutated (germline and/or somatic) metastatic castrate-resistant prostate cancer (mCRPC) who are asymptomatic or mildly symptomatic, and in whom chemotherapy is not clinically indicated only if all the following conditions are met: - mCRPC - Positive for a germline and/or somatic BRCA1 or BRCA2 gene alteration - Have not received prior treatment with an ARPi for mCSPC or nmCRPC - Have not received prior systemic therapy for mCRPC, except for < 4 months of abiraterone acetate with prednisone for mCRPC - Have not received prior treatment with a PARP inhibitor for mCRPC •Patients should have good performance status. •Reimbursement of niraparib + abiraterone should continue until disease progression or unacceptable toxicity. •Niraparib + abiraterone with prednisone or prednisolone should not be reimbursed when administered in combination with other anticancer drugs. •Patients may switch to olaparib if they experience intolerance or toxicity in this setting, however not upon progression on a PARP inhibitor. Prescribing limited to written authorization by named physicians: **CCI** Dr. N. Basappa, Dr. C. Beaulieu, Dr. A. Fawaz, Dr. M. Kolinsky, Dr. S. North, Dr. M. Smylie, Dr. J. Walker **Arthur Child** Dr. N. Alimohamed, Dr. T. Cheng, Dr. S. Cook, Dr. N. Dehar, Dr. X. Feng, Dr. D. Heng, Dr. M. Hussain, Dr. S, Karim, Dr. R. Lee-Ying, Dr. M. Mahoney, Dr. V. Navani, Dr. N. Nixon, Dr. D. Ruether, Dr. V. Tam, Dr. C. Wells, Dr. S. Yip **Grande Prairie** Dr. R. Khwaja, Dr. R. Rigo (see next page for additional prescribers)	Feb/25	

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
NIRAPARIB *Cont.*	2	Oral	(see previous page for criteria and additional prescribers) **Lethbridge** Dr. A. Imbulgoda, Dr. A. Taleb **Medicine Hat** Dr. A. Taleb, Dr. S. Yip **Red Deer** Dr. C. Amaro, Dr. Mairs, Dr. S. Raissouni, Dr. C. Tarukandirwa As recommended by the genitourinary tumour program or outlined under group 2 drugs on first page.		
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 are eligible if they completed adjuvant therapy with no progression and have had at least a six-month interval progression-free after adjuvant therapy. Patients should have a good performance status. Cannot have progressed on pembrolizumab, nivolumab plus ipilimumab or atezolizumab. • Nivolumab plus ipilimumab and two cycles of platinum doublet chemotherapy for the first-line treatment of adult patients with advanced, metastatic or recurrent non-small cell lung cancer (NSCLC) with no known sensitizing epidermal growth factor receptor (EGFR) or anaplastic lymphoma kinase (ALK) genomic tumour aberration (or if the EGFR/ALK oncogenic alternations cannot be evaluated). Dosing is nivolumab 4.5 mg/kg to a maximum of 360 mg every 3 weeks and ipilimumab 1 mg/kg every 6 weeks. Treatment should continue until confirmed disease progression or unacceptable toxicity to a maximum of 2 years, whichever comes first. Patients who progress after completion of nivolumab/ipilimumab therapy may receive an additional year of nivolumab plus ipilimumab combination treatment, providing treatment was discontinued for reasons other than disease progression (e.g., toxicity or completion of 2 year treatment duration). Patients previously treated with durvalumab in the adjuvant setting are eligible if they completed adjuvant therapy with no progression and have had at least a six-month interval progression-free after adjuvant therapy. Patients who progress on nivolumab plus ipilimumab are not eligible for subsequent immunotherapy. • Nivolumab neoadjuvant treatment in combination with platinum-doublet chemotherapy in with patients with NSCLC whose tumors are both resectable ≥ 4cm or node positive. Patients are ineligible if they have unresectable or metastatic disease, or known EGFR mutations or ALK translocations or large cell neuroendocrine carcinoma tumor histology. This is for 3 cycles only. Prescribing limited to written authorization by named physicians: **CCI** Dr. H. Albaba, Dr. N. Basappa, Dr. C. Beaulieu, Dr. C. Butts, Dr. Q. Chu, Dr. H. El-Darsa, Dr. D. Fenton, Dr. A. Joy, Dr. M. Kolinsky, Dr. R. Sangha, Dr. M. Smylie, Dr. J. Walker, Dr. K. Young **Arthur Child** Dr. C. Card, Dr. D. Ezeife, Dr. X. Feng, Dr. A. Fung, Dr. D. Hao, Dr. H. Karachiwala, Dr. V. Krause, Dr. D. Morris, Dr. V. Navani, Dr. N. Nixon, Dr. D. Ruether, Dr. V. Tam, Dr. R. Tsang **Grande Prairie** Dr. R. Rigo **Lethbridge** Dr. A. Imbulgoda, Dr. A. Taleb *(see next page for authorized prescribers)*	Apr/17 Feb/18 Oct/19 Apr/20 Jul/20 Sep/20 Mar/22 Aug/23	Basic Basic

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
NIVOLUMAB Cont.	2	Injectable	*(see previous page for criteria)* **Medicine Hat** Dr. A. Taleb, Dr. S. Yip **Red Deer** Dr. C. Amaro, 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.		
			Malignant Pleural Mesothelioma (MPM) •Nivolumab plus ipilimumab for the treatment of previously untreated malignant pleural mesothelioma (MPM) with good performance status. Patients should have not received any prior systemic therapy including adjuvant or neoadjuvant chemotherapy, surgery (radical pleuropneumonectomy), or non-palliative radiotherapy. Dosing is nivolumab 4.5 mg/kg to a maximum of 360 mg every 3 weeks and ipilimumab 1 mg/kg every 6 weeks. Treatment should continue unless disease progression or unacceptable toxicity to a maximum of 2 years, whichever comes first. Patients who progress after completion of nivolumab / ipilimumab therapy may receive an additional year of nivolumab plus ipilimumab combination treatment, providing treatment was discontinued for reasons other than disease progression (e.g., toxicity or completion of 2 year treatment duration). There is a time limited need for patients who, at the time of listing, have been initiated on first-line systemic treatment to switch to nivolumab plus ipilimumab, if criteria is otherwise met. Prescribing limited to written authorization by named physicians: **CCI** Dr. H. Albaba, Dr. N. Basappa, Dr. C. Beaulieu, Dr. C. Butts, Dr. Q. Chu, Dr. H. El-Darsa, Dr. D Fenton, Dr. A. Joy, Dr. M. Kolinsky, Dr. R. Sangha, Dr. M. Smylie, Dr. J. Walker, Dr. K. Young **Arthur Child** Dr. C. Card, Dr. D. Ezeife, Dr. X. Feng, Dr. A. Fung, Dr. D. Hao, Dr. H. Karachiwala, Dr. V. Krause, Dr. D. Morris, Dr. V. Navani, Dr. N. Nixon, Dr. D. Ruether, Dr. V. Tam, Dr. R. Tsang **Grande Prairie** Dr. R. Rigo **Lethbridge** Dr. A. Imbulgoda, Dr. A. Taleb **Medicine Hat** Dr. A. Taleb, Dr. S. Yip **Red Deer** Dr. C. Amaro, 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/22	Basic
			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, first line pembrolizumab/Axitinib or first line pembrolizumab/lenvatinib. Patients who received pembrolizumab in the adjuvant setting without disease progression and had a disease-free interval of 6 months or greater are eligible for nivolumab in the metastatic setting. 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.	Apr/17 Nov/17 Apr/20 Jul/19 Jul/19 Jul/20 Feb/21 Jun/23	Basic

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
NIVOLUMAB *Cont.*	2	Injectable	•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. Patients who received pembrolizumab in the adjuvant setting without disease progression and had a disease-free interval of 6 months or greater are eligible for nivolumab plus ipilimumab in the advanced/metastatic setting. •For its use with cabozantinib in RCC – See cabozantinib listing.	Sep/24 Dec/24	
			<u>Urothelial</u> • Nivolumab monotherapy for the adjuvant treatment of adult patients with urothelial carcinoma (UC) who are at a high risk of recurrence after undergoing resection of UC. Patients may have received neoadjuvant cisplatin-based chemotherapy, or are not eligible for or decline adjuvant cisplatin-based chemotherapy. Patients should have no evidence of recurrence before initiating therapy. Dosing is 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 and treatment should continue until disease progression or unacceptable toxicity, or for a maximum of the equivalent of 1 year. Prescribing limited to written authorization by named physicians: **CCI** Dr. N. Basappa, Dr. C. Beaulieu, Dr. A. Fawaz, Dr. M. Kolinsky, Dr. S. North, Dr. M. Smylie, Dr. J. Walker **Arthur Child** Dr. N. Alimohamed, Dr. T. Cheng, Dr. S. Cook, Dr. N. Dehar, Dr. X. Feng, Dr. D. Heng, Dr. M. Hussain, Dr. S, Karim, Dr. R. Lee-Ying, Dr. M. Mahoney, Dr. V. Navani, Dr. N. Nixon, Dr. D. Ruether, Dr. V. Tam, Dr. C. Wells, Dr. S. Yip **Grande Prairie** Dr. R. Khwaja, Dr. R. Rigo **Lethbridge** Dr. A. Imbulgoda, Dr. A. Taleb **Medicine Hat** Dr. A. Taleb, Dr. S. Yip **Red Deer** Dr. C. Amaro, Dr. Mairs, Dr. S. Raissouni, Dr. C. Tarukandirwa As recommended by the genitourinary tumour program or outlined under group 2 drugs on first page.	Jan/23	Basic
			<u>Melanoma - Adjuvant</u> •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. *(see next page for additional criterial and authorized prescribers)*	Apr/17 Jul/19 Apr/20 Sep/20 May/21	Basic

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
NIVOLUMAB *Cont.*	2	Injectable	(see previous page for additional criteria) •Nivolumab monotherapy for the treatment of adult patients with completely resected stage IIB or IIC cutaneous melanoma (excluding uveal and ocular melanoma), according to AJCC 8th Edition. Treatment should be: • initiated within 12 wks. of surgery. • For patients who have not received any prior treatment beyond complete resection. • For a maximum of 12 months • Dosing is 3mg/kg up to a maximum of 240mg every 2 weeks or 6mg/kg up to a maximum dose of 480mg every 4 weeks Treatment should be discontinued in patients who exhibit clinical or radiological disease recurrence or evidence of significant toxicity or adverse events potentially related to nivolumab. Nivolumab should not be combined with other anticancer drugs for melanoma. Prescribing limited to written authorization by named physicians: **CCI** Dr. M. Anaka, Dr. M. Smylie, Dr. J. Walker **Arthur Child** Dr. T. Cheng, Dr. N. Dehar, Dr. X. Feng, Dr. M. Hussain, Dr. M. Mahoney, Dr. J. Monzon, Dr. S. Strum As recommended by the cutaneous tumour program or outlined under group 2 drugs on first page	Sep/24	
			<u>Metastatic Melanoma</u> •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. M. Anaka, Dr. K. Dabbs, Dr. D. Olson, Dr. T. Salopek, Dr. M. Smylie, Dr. J. Walker **Arthur Child** Dr. T. Cheng, Dr. N. Dehar, Dr. X. Feng, Dr. M. Hussain, Dr. M. Mahoney, Dr. J. G. McKinnon, Dr. D. Mew, Dr. J. Monzon, Dr. M. L. Quan, Dr. S. Strum, 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	Basic

Drug	Group	Dosage Form	*Criteria*	Approval Date	Administration Classification
NIVOLUMAB *Cont.*	2	Injectable	**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. H. Albaba, Dr. Q. Chu, Dr. N. Chua, Dr. H. El-Darsa, Dr. D. Fenton, Dr. S. Koski, Dr. A. Paul, Dr. J. Walker **Arthur Child** Dr. A. Aleksi, Dr. D. Ezeife, Dr. X. Feng, Dr. A. Fung, Dr. D. Hao, Dr. M. Webster **Grande Prairie** **Lethbridge** Dr. A. Imbulgoda **Medicine Hat** Dr. S. Yip **Red Deer** Dr. S. Raissouni As recommended by the head and neck tumour program or outlined under group 2 drugs on first page.	May/18 Jul/21	Basic
			Hematology •Nivolumab for patients with classical Hodgkin Lymphoma (cHL) that has relapsed or progressed after autologous stem cell transplant (ASCT) and bretuximab vedotin (BV) OR are NOT candidates for ASCT and failed BV Not to be used if progression on treatment with an alternate PD 1 inhibitor (e.g. 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. L. Bolster, Dr. J. Brandwein, Dr. M. Chu, Dr. N. Chua, Dr. V. DeVito, 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. M. Oliver, Dr. D. Page, Dr. A. Parker, Dr. J. Patterson, Dr. A. Peters, Dr. B. Ritchie, Dr. I. Sandhu, Dr. R. Sangha, Dr. V. Sapon-Cousineau, Dr. D. Sawler, Dr. R. Sterrett, Dr. L. Sun, Dr. S. Takach Lapner, Dr. M. Taparia, Dr. L. Wang, Dr. P. Wang, Dr. E. Wall, Dr. M.D. Wong, Dr. C. Wu, Dr. C. Wynick, Dr. N. Zhu **Arthur Child** Dr. N. Bahlis, Dr. A. Bryant, Dr. S. Cerquozzi, Dr. A. Daly, Dr. V. David, Dr. M. Drew-McKinstry, Dr. P. Duggan, Dr. M. Geddes, Dr. D. Goodyear, Dr. J. Grossman, Dr. K. Hay, Dr. K. Jamani, Dr. S. McCulloch, Dr. E.P. Neri, Dr. C. Owen, Dr. S. Perry, Dr. R. Puckrin, Dr. N. Rydz, Dr. M.L. Savoie, Dr. M. Shafey, Dr. S. Shivji, Dr. Y.M. Shrom, Dr. L. Skeith, Dr. J. Slaby, Dr. J. Storek, Dr. L. Street, Dr. D. Suryanarayan, Dr. J. Tay, Dr. K. Uminski, Dr. H. Vahidy, Dr. D. Wong, Dr. M. Wong, Dr. V. Zepeda (see next page for additional prescribers)	Apr/20 Jul/20 Jun/22	Basic

Drug	Group	Dosage Form	*Criteria*	Approval Date	Administration Classification
NIVOLUMAB *Cont.*	2	Injectable	(see previous page for criteria and additional prescribers) **Grande Prairie** Dr. J. Hattingh, Dr. S. Marcotte, Dr. G. Nikoleychuk, Dr. A. Peters, Dr. R. Sterrett **Lethbridge** Dr. S. Benke, Dr. A. Imbulgoda, Dr. G.S.E. Razavi **Medicine Hat** Dr. G.S.E. Razavi **Red Deer** 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.		
			<u>Esophageal or Gastroesophageal Junction (GEJ)</u> • Nivolumab monotherapy for the adjuvant treatment of adult patients with completely resected adenocarcinoma or squamous cell carcinoma of the esophageal or gastroesophageal junction (GEJ) who have residual pathologic disease following prior neoadjuvant chemoradiotherapy as follows: - Have good performance status. - Treatment can be continued until disease progression or unacceptable toxicity for total treatment duration equivalent to 1 year. - Treatment can be interrupted or delayed for a maximum of 10 weeks. - Dosing: Nivolumab 6mg/kg up to 480 mg every 4 weeks	Sep/22 Jan/23	Basic
			<u>Gastric, Esophageal or Gastroesophageal Junction (GEJ)</u> • Nivolumab for the first-line treatment of adult patients with HER2 negative advanced or metastatic gastric adenocarcinoma, gastroesophageal junction adenocarcinoma, or esophageal adenocarcinoma as follows: - In combination with fluoropyrimidine- and platinum-containing chemotherapy - Patients should not have previous treatment for advanced or metastatic gastric adenocarcinoma, gastroesophageal junction adenocarcinoma, or esophageal adenocarcinoma - Have good performance status • In addition: - Treatment should continue until confirmed disease progression (by radiographic confirmation), or unacceptable toxicity, up to a maximum of 24 months. - May re-administer nivolumab for up to one year, with or without chemotherapy, to patients whose disease progresses while off treatment - For patients who discontinue platinum drugs due to hypersensitivity, treatment may continue with the other components of the treatment regimen - For patients whose disease has unknown HER2 status, they can begin on chemotherapy alone and have nivolumab added upon confirmation of HER2-negative status. If the HER2 status cannot be determined, patients with unknown HER2 status are eligible for first line nivolumab plus chemotherapy - Patients can receive nivolumab monotherapy due to intolerance with chemotherapy and lack of grade 3 or higher immune-related adverse events, as long as they have received at least 1 cycle of chemotherapy concurrently with nivolumab *(see next page for additional criteria and authorized prescribers)*	Sep/22 Jan/23	Basic

Drug	Group	Dosage Form	*Criteria*	Approval Date	Administration Classification
NIVOLUMAB *Cont.*	2	Injectable	(see previous page for additional criteria) - Patients who received prior adjuvant therapy with a PD-1, PD-L1, or PD-L2 inhibitor may be re-treated with nivolumab plus chemotherapy in the advanced or metastatic setting, if there was a disease-free interval of 6 months or greater after completion of adjuvant therapy. - Patients who are currently receiving a first-line chemotherapy regimen for this indication prior to funding and who have not progressed on chemotherapy along with those that have recently completed chemotherapy without disease progression, may have nivolumab added to their first line fluoropyrimide- and platinum-containing chemotherapy (limited time need). - Dosing: In combination with chemotherapy: nivolumab 3 mg/kg up to 240 mg every 2 weeks or nivolumab 4.5 mg/kg up to 360 mg every 3 weeks). - Monotherapy: nivolumab 6mg/kg up to 480 mg every 4 weeks. Prescribing limited to written authorization by named physicians: **CCI** Dr. O. Abdelsalam, Dr. N. Chua, Dr. J. Easaw, Dr. K. King, Dr. S. Koski, Dr. K. Mulder, Dr. A. Paul, Dr. J. Price Hiller, Dr. J. Rauw, Dr. M. Sawyer, Dr. A. Scarfe, Dr. M. Smylie, Dr. J. Spratlin, Dr. J. Walker, Dr. K. Young, Dr. X. Zhu **Arthur Child** Dr. W. Cheung, Dr. S. Cook, Dr. N. Dehar, Dr. S. Dowden, Dr. X. Feng, Dr. D. Heng, Dr. J. Henning, Dr. H. Karachiwala, Dr. S. Karim, Dr. O. Khan, Dr. V. Krause, Dr. R. Lee-Ying, Dr. S. Lupichuk, Dr. J. Monzon, Dr. N. Nixon, Dr. G. Roldan Urgoiti, Dr. D. Ruether, Dr. V. Tam, Dr. P. Tang, Dr. R. Tsang, Dr. M. Webster, Dr. S. Yip **Grande Prairie** Dr. R, Rigo **Lethbridge** Dr. A. Imbulgoda, Dr. A. Taleb **Medicine Hat** Dr. A. Taleb, Dr. S. Yip **Red Deer** Dr. C. Amaro, 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.		
NIVOLUMAB – RELATLIMAB	2	Injectable	**Nivolumab-Relatlimab (Opdualag®) for metastatic melanoma:** For the treatment of adult and pediatric patients 12 years of age or older with unresectable or metastatic melanoma who have not received prior systemic therapy for unresectable or metastatic melanoma. Should be reimbursed only in patients with all the following: - Histologically confirmed unresectable stage III or IV (metastatic) melanoma - No prior systemic therapy for unresectable or metastatic melanoma - Age ≥ 12 yrs. and weighing ≥ 40 kg - Good performance status • Could be reimbursed in patients who had prior adjuvant or neoadjuvant anti-PD-1 or anti-CTLA-4 therapy if the therapy was completed ≥ 6 mos. before the date of recurrence. • Should not be reimbursed in with active brain metastases, uveal melanoma, or active autoimmune disease. • May continue unless clinical or radiographic disease progression, or intolerable side effects that are unmanageable by dose interruption. *(see next page for authorized prescribers)*	Dec/24	

Drug	Group	Dosage Form	*Criteria*	Approval Date	Administration Classification
NIVOLUMAB – RELATLIMAB Cont.	2	Injectable	*(see previous page for criteria)* Prescribing limited to written authorization by named physicians: **CCI** Dr. M. Anaka, Dr. M. Smylie, Dr. J. Walker **Arthur Child** Dr. T. Cheng, Dr. N. Dehar, Dr. X. Feng, Dr. M. Hussain, Dr. M. Mahoney, Dr. J. Monzon, Dr. S. Strum As recommended by the cutaneous tumour program or outlined under group 2 drugs on first page.		
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 (i.e., 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. •For its use in combination with venetoclax – See venetoclax listing. •For adults who meet the criteria for glofitamab therapy, given as 1 dose seven days prior to glofitamab treatment. Prescribing limited to written authorization by named physicians: **CCI** Dr. L. Bolster, Dr. J. Brandwein, Dr. M. Chu, Dr. N. Chua, Dr. V. DeVito, 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. M. Oliver, Dr. D. Page, Dr. A. Parker, Dr. J. Patterson, Dr. A. Peters, Dr. B. Ritchie, Dr. I. Sandhu, Dr. R. Sangha, Dr. V. Sapon-Cousineau, Dr. D. Sawler, Dr. R. Sterrett, Dr. L. Sun, Dr. S. Takach Lapner, Dr. M. Taparia, Dr. L. Wang, Dr. P. Wang, Dr. E. Wall, Dr. M.D. Wong, Dr. C. Wu, Dr. C. Wynick, Dr. N. Zhu **Arthur Child** Dr. N. Bahlis, Dr. A. Bryant, Dr. S. Cerquozzi, Dr. A. Daly, Dr. V. David, Dr. M. Drew-McKinstry, Dr. P. Duggan, Dr. M. Geddes, Dr. D. Goodyear, Dr. J. Grossman, Dr. K. Hay, Dr. K. Jamani, Dr. S. McCulloch, Dr. E.P. Neri, Dr. C. Owen, Dr. S. Perry, Dr. R. Puckrin, Dr. N. Rydz, Dr. M.L. Savoie, Dr. M. Shafey, Dr. S. Shivji, Dr. Y.M. Shrom, Dr. L. Skeith, Dr. J. Slaby, Dr. J. Storek, Dr. L. Street, Dr. D. Suryanarayan, Dr. J. Tay, Dr. K. Uminski, Dr. H. Vahidy, Dr. D. Wong, Dr. M. Wong, Dr. V. Zepeda **Grande Prairie** Dr. J. Hattingh, Dr. S. Marcotte, Dr. G. Nikoleychuk, Dr. A. Peters, Dr. R. Sterrett **Lethbridge** Dr. S. Benke, Dr. A. Imbulgoda, Dr. G.S.E. Razavi **Medicine Hat** Dr. G.S.E. Razavi **Red Deer** 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 Feb/25	IV-Advanced

Drug	Group	Dosage Form	*Criteria*	Approval Date	Administration Classification
OLAPARIB	2	Oral	**<u>Epithelial, Ovarian, Primary Peritoneal and Fallopian Tube Cancer</u>** •Olaparib monotherapy as maintenance treatment of patients with newly diagnosed, advanced, (FIGO Stage III or IV), 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. Treatment should continue until unacceptable toxicity, disease progression, or completion of two years of therapy (for patient with no evidence of disease), whichever comes first. Patients who have at least a partial response or stable disease at two years are permitted to continue receiving olaparib at the discretion of the treating oncologist. Patients are eligible to receive first line maintenance treatment with only one of olaparib, niraparib or bevacizumab, switching only if there is intolerance but no progression. •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 intolerant to niraparib in the relapsed setting without progression may switch to olaparib if they are BRCA mutation positive. Patients are ineligible for 2nd line maintenance in the relapsed/refractory setting if they have received olaparib or niraparib 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. Rauw, Dr. J. Sabourin, Dr. H. Steed, Dr. T. Wells, Dr. B. Zorniak **Arthur Child** Dr. A. Cameron, Dr. P. Chu, Dr. P. Ghatage, Dr. S. Glaze, Dr. J. Nation, Dr. G. Nelson **Grande Prairie** **Lethbridge** Dr. A. Imbulgoda, Dr. A. Taleb **Medicine Hat** Dr. A Taleb **Red Deer** Dr. C. Amaro, Dr. S. Mairs, Dr. S. Raissouni, Dr. C. Tarukandirwa As recommended by the gynecology tumour program or outlined under group 2 drugs on first page.	Sep/18 Feb/21 Nov/21 Jan/22 Mar/22	N/A
			<u>Metastatic Castration Resistant Prostate Cancer (mCRPC)</u> Olaparib monotherapy for the treatment of metastatic castration resistant prostate cancer (mCRPC) and deleterious or suspected deleterious germline and / or somatic mutations in the homologous recombination repair (HRR) genes BRCA 1/2 or ATM who have progressed following prior treatment with an androgen receptor – axis targeted therapy (ARAT). Olaparib may be offered to patients who are unable to tolerate an ARAT. Patients who have received prior taxane based chemotherapy are eligible.	Feb/22	N/A

Drug	Group	Dosage Form	*Criteria*	Approval Date	Administration Classification
OLAPARIB *Cont.*	2	Oral	**Metastatic Castration Resistant Prostate Cancer (mCRPC)** • Olaparib and abiraterone acetate with prednisone/prednisolone as first-line treatment of adult patients (>18 years) with deleterious or suspected deleterious germline and/or somatic BRCA-mutated metastatic castrate-resistant prostate cancer (mCRPC) in whom chemotherapy is not clinically indicated only if the following conditions are met: - mCRPC positive for a germline and/or somatic BRCA1 or BRCA2 gene alteration - have not received prior treatment with an ARPi in the mCSPC or nmCRPC setting - have not received prior treatment with a PARP inhibitor for mCRPC - have not received CYP-17 inhibitor (e.g., abiraterone) for mCRPC for a prolonged time period • Patients should have good performance status. • Reimbursement of olaparib + abiraterone should continue until disease progression or unacceptable toxicity. • Olaparib + abiraterone should not be reimbursed when administered in combination with other anticancer drugs. • Patients may switch to niraparib if they experience intolerance or toxicity; however not upon progression on a PARP inhibitor. • Patients with mCRPC treated with abiraterone for a maximum of 4 months should be eligible for treatment with olaparib + abiraterone, as timely access to BRCA testing should not preclude a patient from treatment with the combination therapy. Prescribing limited to written authorization by named physicians: **CCI** Dr. N. Basappa, Dr. C. Beaulieu, Dr. B. Danielson, Dr. A. Fawaz, Dr. M. Kolinsky, Dr. S. North, Dr. M. Smylie, Dr. J. Walker **Arthur Child** Dr. N. Alimohamed, Dr. T. Cheng, Dr. X. Feng, Dr. D. Heng, Dr. S. Karim, Dr. R. Lee-Ying, Dr. V. Navani, Dr. N. Nixon, Dr. D. Ruether, Dr. V. Tam, Dr. C. Wells, Dr. S. Yip **Grande Prairie** Dr. R. Khwaja, Dr. R. Rigo **Lethbridge** Dr. A. Imbulgoda, Dr. N. Lavens, Dr. A. Taleb **Medicine Hat** Dr. A. Taleb, Dr. S. Yip **Red Deer** Dr. C. Amaro, Dr. S. Mairs, Dr. S. Raissouni, Dr. C. Tarukandirwa **Alberta Urology Institute** 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. Gotto **Red Deer Urology** Dr. D. Pugsley As recommended by the genitourinary tumour program or outlined under group 2 drugs on first page.	Jul/24	N/A

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
OLAPARIB *Cont.*	2	Oral	**Breast Cancer** • Olaparib for the adjuvant treatment of adult patients with deleterious or suspected deleterious germline BRCAm, HER2 -negative high risk early breast cancer if 1 of the following criteria is met: 1.1 for patients who underwent initial surgery and received adjuvant chemotherapy: a) those with TNBC must have axillary node-positive or axillary node-negative disease with pT 2 cm, OR b) those with HR-positive, HER-2 negative disease must have ≥ 4 involved pathologically confirmed positive lymph nodes. OR 1.2 for patients who underwent neoadjuvant chemotherapy followed by surgery: a) those with TNBC must have residual invasive breast cancer in the breast and/or resected lymph nodes (non pCR), OR b) those with HR-positive HER2-negative disease must have residual invasive cancer in the breast and/or the resected lymph nodes (non-pCR) and a CPS + ER* score of ≥ 3. • Patients must have confirmation of germline BRCA mutation before Olaparib treatment is initiated. Patients are not eligible if they have HER2-positive or metastatic breast cancer. Patients must have completed neoadjuvant or adjuvant chemotherapy containing anthracyclines, taxanes, or the combination of both. Olaparib should be initiated within 12 weeks of completion of the last treatment, including surgery, chemotherapy, or radiation therapy. Treatment with Olaparib should be discontinued upon the occurrence of an of the following, whichever occurs first: disease recurrence, unacceptable toxicity, or completion of a total of 1 year of treatment. Olaparib should not be sequenced following therapy with abemaciclib. Prescribing limited to written authorization by named physicians: **CCI** Dr. S. Basi, Dr. D. Fenton, Dr. A. Joy, Dr. Dr. R. Khwaja, K. King, Dr. J. Meza-Junco, Dr. J. Price Hiller, Dr. M. Smylie, Dr. J. Walker, Dr. K. Young, Dr. X. Zhu, Dr. B. Zorniak **Arthur Child** Dr. N. Alimohamed, Dr. S. Cook, Dr. D. Ezeife, Dr. X. Feng, Dr. J. Henning, Dr. M. Hussain, Dr. O. Khan, Dr. V. Krause, Dr. S. Lupichuk, Dr. N. Nixon, Dr. G. Roldan Urgoiti, Dr. D. Ruether, Dr. P. Tang, Dr. R. Tsang, Dr. M. Webster **Grande Prairie** Dr. R. Rigo **Lethbridge** Dr. A. Imbulgoda, Dr. A. Taleb **Medicine Hat** Dr. A. Taleb, Dr. S. Yip **Red Deer** Dr. C. Amaro, 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/23 Feb/25	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. Patients who received osimertinib in the adjuvant setting may be re-treated with osimertinib in the advanced or metastatic setting if it has been greater than 6 months since their last dose of osimertinib in the adjuvant setting. • Osimertinib for the adjuvant treatment of adult patients with completely resected stage IB-IIIA (AJCC 7th edition) or stage IB-IIIB (AJCC 8th edition) non-small cell lung cancer (NSCLC), and whose tumours have EGFR exon 19 deletions or exon 21 (L858R) substitution mutations. Patients may have had prior post-operative chemotherapy. Patients should have good performance status, and treatment should be continued until disease recurrence or unacceptable toxicity for a maximum of 3 years of adjuvant treatment. Prescribing limited to written authorization by named physicians: **CCI** Dr. H. Albaba, Dr. N. Basappa, Dr. C. Beaulieu, Dr. C. Butts, Dr. Q. Chu, Dr. H. El-Darsa, Dr. D. Fenton, Dr. A. Joy, Dr. M. Kolinsky, Dr. R. Sangha, Dr. M. Smylie, Dr. J. Walker, Dr. K. Young **Arthur Child** Dr. C. Card, Dr. D. Ezeife, Dr. X. Feng, Dr. A. Fung, Dr. D. Hao, Dr. H. Karachiwala, Dr. V. Krause, Dr. D. Morris, Dr. V. Navani, Dr. N. Nixon, Dr. D. Ruether, Dr. V. Tam, Dr. R. Tsang **Grande Prairie** Dr. R. Rigo **Lethbridge** Dr. A. Imbulgoda, Dr. A. Taleb **Medicine Hat** Dr. A. Taleb, Dr. S. Yip **Red Deer** Dr. C. Amaro, 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 Jan/23 Apr/23	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	**<u>Breast Cancer</u>** • 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 (disease free interval does not apply to patients previously on exemestane or tamoxifen). - prior adjuvant treatment with Abemaciclib plus endocrine therapy if disease progression occurred 6 months or greater after completion of adjuvant Abemaciclib. - 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 the metastatic setting. 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) or whose disease has progressed 6 months or greater after completion of adjuvant Abemaciclib. - 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 in the metastatic setting, 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. D. Fenton, Dr. A. Joy, Dr. R. Khwaja, Dr. K. King, Dr. J. Meza-Junco, Dr. J. Price Hiller, Dr. M. Smylie, Dr. J. Walker, Dr. K. Young, Dr. X. Zhu, Dr. B. Zorniak **Arthur Child** Dr. N. Alimohamed, Dr. S. Cook, Dr. D. Ezeife, Dr. X. Feng, Dr. J. Henning, Dr. M. Hussain, Dr. O. Khan, Dr. V. Krause, Dr. S. Lupichuk, Dr. N. Nixon, Dr. G. Roldan Urgoiti, Dr. D. Ruether, Dr. P. Tang, Dr. R. Tsang, Dr. M. Webster *(See next page for additional authorized prescribers)*	May/18 Sep/18 Nov/19 Jul/20 Sept/20 Apr/21 Feb/22	N/A

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
PALBOCICLIB *Cont.*	2	Oral	*(See previous page for criteria and additional authorized prescribers)* **Grande Prairie** Dr. R. Rigo **Lethbridge** Dr. A. Imbulgoda, Dr. A. Taleb **Medicine Hat** Dr. A. Taleb, Dr. S. Yip **Red Deer** Dr. C. Amaro, 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	Metastatic colorectal cancer (open listing) • In combination with encorafenib for BRAFV600E mutated colorectal cancer – See encorafenib listing.	Oct/09 Jun/14 Feb/25	Basic
PAZOPANIB	2	Oral	**Renal** • As an option in the first line treatment of advanced or metastatic 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. Not to be used after progression on sunitinib; may be considered if intolerant to sunitinib. Prescribing limited to written authorization by named physicians: **CCI** Dr. N. Basappa, Dr. C. Beaulieu, Dr. A. Fawaz, Dr. M. Kolinsky, Dr. S. North, Dr. M. Smylie, Dr. J. Walker **Arthur Child** Dr. N. Alimohamed, Dr. T. Cheng, Dr. S. Cook, Dr. N. Dehar, Dr. X. Feng, Dr. D. Heng, Dr. M. Hussain, Dr. S, Karim, Dr. R. Lee-Ying, Dr. M. Mahoney, Dr. V. Navani, Dr. N. Nixon, Dr. D. Ruether, Dr. V. Tam, Dr. C. Wells, Dr. S. Yip **Grande Prairie** Dr. R. Khwaja, Dr. R. Rigo **Lethbridge** Dr. A. Imbulgoda, Dr. A. Taleb **Medicine Hat** Dr. A. Taleb, Dr. S. Yip **Red Deer** Dr. C. Amaro, 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 Jun/23 Oct/23	N/A
PEGASPARGASE (Oncospar)	1	Injectable		Sep/20	Advanced
PEG-INTERFERON	1	Injectable		Feb/21 May/21 Feb/24	Basic

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
PEMBROLIZUMAB	2	Injectable	**Breast Cancer** • For the treatment of adult patients with high-risk early-stage triple-negative breast cancer (TNBC) in combination with chemotherapy as neoadjuvant treatment, followed by pembrolizumab as adjuvant treatment after surgery. Patients should have had no prior systemic therapy for non-metastatic TNBC. Treatment should continue until disease progression or unacceptable toxicity up to a maximum of 17 doses (of every 3-week dosing). Pembrolizumab dosing is either 2 mg/kg to a maximum of 200 mg every 3 weeks or 4 mg/kg to a maximum of 400 mg every 6 weeks.	Jan/23 Oct/23 Jul/24	Basic
			Locally Recurrent Unresectable or Metastatic Triple Negative Breast Cancer • Pembrolizumab in combination with chemotherapy, for the treatment of adult patients with locally recurrent unresectable or metastatic triple negative breast cancer who have not received prior chemotherapy for metastatic disease and whose tumours express programmed cell death-ligand 1 (combined positive score ≥ 10) as determined by a validated test. There needs to be at least 6 month time interval between the completion of treatment with curative intent and the first documented local or distant disease recurrence. Pembrolizumab should be reimbursed to a maximum of 35 cycles for every 3 weeks or l8 cycles for every 6 week dosing or 2 years whichever is longer. Chemotherapy can be continued beyond this time Dosing will be weight based dose of 2 mg/kg, up to maximum of 200 mg every 3 weeks or 4 mg /kg, up to maximum of 400 mg every 6 weeks. Prescribing limited to written authorization by named physicians: **CCI** Dr. S. Basi, Dr. D. Fenton, Dr. A. Joy, Dr. R. Khwaja, Dr. K. King, Dr. J. Meza-Junco, Dr. J. Price Hiller, Dr. M. Smylie, Dr. J. Walker, Dr. K. Young, Dr. X. Zhu, Dr. B. Zorniak **Arthur Child** Dr. N. Alimohamed, Dr. S. Cook, Dr. D. Ezeife, Dr. X. Feng, Dr. J. Henning, Dr. M. Hussain, Dr. O. Khan, Dr. V. Krause, Dr. S. Lupichuk, Dr. N. Nixon, Dr. G. Roldan Urgoiti, Dr. D. Ruether, Dr. P. Tang, Dr. R. Tsang, Dr. M. Webster **Grande Prairie** Dr. R. Rigo **Lethbridge** Dr. A. Imbulgoda, Dr. A. Taleb **Medicine Hat** Dr. A. Taleb, Dr. S. Yip **Red Deer** Dr. C. Amaro, 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/23 Sep/24	Basic

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
PEMBROLIZUMAB *Cont.*	2	Injectable	**Colorectal Cancer** •Pembrolizumab monotherapy for the first-line treatment of metastatic microsatellite instability high (MSI-H) or mismatch repair-deficient (dMMR) colorectal cancer, with good performance status. Patients should be previously untreated in the metastatic setting but may have received prior adjuvant chemotherapy for colorectal cancer. •Treatment should continue until disease progression, or unacceptable toxicity to a maximum of 35 cycles of every 3-week dosing (or up to 24 months). Dosing is either 2mg/kg to a maximum of 200 mg every 3 weeks or weight based 4 mg/kg to a maximum of 400 mg every 6 weeks. Patients are eligible for up to one year of re-treatment if treatment had been discontinued for reasons other than disease progression. At the time of listing, there is a time limited need to offer pembrolizumab to patients who are receiving chemotherapy as first line treatment of metastatic MSI-H/dMMR colorectal cancer and have not progressed.	Feb/22 Oct/23 Feb/24 Jul/24	Basic
			HER2+ Gastric/GEJ adenocarcinoma •Treatment with pembrolizumab, in combination with trastuzumab, fluoropyrimidine- and platinum-containing chemotherapy should be initiated in patients who have all of the following: - 18 years of age or older - Previously untreated HER2+ locally advanced unresectable or metastatic gastric or GEJ adenocarcinoma - Tumour PD-L1 expression (CPS ≥ 1) •Patients must not have active CNS metastases or history of therapy with an anti-PD-1, anti-PDL1, or anti-PD-L2 agent in the advanced or metastatic setting. •Patients must have good performance status. •Treatment should be discontinued upon the occurrence of any of the following: - Clinical disease progression - Unacceptable toxicity •One or more components of the treatment can be discontinued at the discretion of the treating physician in the case of adverse events. •Pembrolizumab should be prescribed in combination with trastuzumab, fluoropyrimidine- and platinum-containing chemotherapy (oxaliplatin or cisplatin). •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 •Retreatment with pembrolizumab may occur at the time of recurrence (e.g. up to 17 additional q3-week doses, or a total of 12 months) at the discretion of the treating physician for patients who have discontinued pembrolizumab upon the completion of 2 years of treatment and before any disease progression, or after achieving a complete response.	Dec/24	

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
PEMBROLIZUMAB *Cont.*	2	Injectable	**HER2- Gastric/GEJ adenocarcinoma** •Pembrolizumab for the treatment of adult patients, in combinations with fluoropyrimidine and platinum containing therapy with previously untreated HER2- locally advanced unresectable or metastatic gastric or GEJ adenocarcinoma. Patients must not have active CNS metastases or history of therapy with an anti-PD-1, anti-PDL1, or anti-PD-L2 agent in the advanced or metastatic setting. Treatment should be discontinued upon the occurrence of clinical disease progression, unacceptable toxicity or upon completion of 24 months of treatment. One component of the treatment can be discontinued in the case of adverse events. Dosing is 2mg/kg every 3 weeks for a maximum of 200mg or 4mg/kg every 6 weeks for a maximum of 400mg. Patient's may be retreated with pembrolizumab at the time of reoccurrence for a total 12 months in patients who discontinued pembrolizumab with the completion of 2 years (24 months) of treatment and before disease progression, or after achieving a complete response.	Feb/25	
			Esophagus/Esophagogastric Junction (EGJ) •Pembrolizumab for the first-line treatment of adult patients with locally advanced unresectable or metastatic adenocarcinoma or squamous cell carcinoma of the esophagus, or advanced or metastatic HER-2 negative adenocarcinoma of the esophagogastric junction (EGJ), as follows: - In combination with platinum and fluoropyrimidine-based chemotherapy regimens - Patients should not have received previous treatment for advanced or metastatic esophageal or EGJ cancer. - Have good performance status. • In addition: - - Treatment should continue until confirmed disease progression (by radiographic confirmation), or unacceptable toxicity, up to a maximum of 24 months. - May re-administer pembrolizumab for up to one year, with or without chemotherapy, for patients who have discontinued pembrolizumab at the time of relapse only if the treatment was discontinued before disease progression or disease progression occurred during a treatment break. - Pembrolizumab dosing is either 2 mg/kg to a maximum of 200 mg every 3 weeks or 4 mg/kg to a maximum of 400 mg every 6 weeks. •For patients whose disease has unknown HER2 status, they can begin on chemotherapy alone and have pembrolizumab added upon confirmation of HER2-negative status. If the HER2 status cannot be determined, patients with unknown HER2 status are eligible for first-line pembrolizumab plus chemotherapy. •Patients can receive pembrolizumab monotherapy due to intolerance with chemotherapy and lack of grade 3 or higher immune-related adverse events, as long as they have received at least 1 cycle of chemotherapy concurrently with pembrolizumab. •Patients who have already initiated a first-line chemotherapy regimen for this indication prior to funding and who have not progressed on chemotherapy along with those that have recently completed chemotherapy without disease progression, may have pembrolizumab added to their treatment (limited time need). *(see next page for additional criteria and authorized prescribers)*	May/22 Sep/22 Oct/23 Jul/24	Basic

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
PEMBROLIZUMAB *Cont.*	2	Injectable	•May re-treat patients who received prior adjuvant therapy with a PD-1, PD-L1, or PD-L2 inhibitor with pembrolizumab plus platinum and fluoropyrimidine-based chemotherapy in the locally advanced or metastatic setting, if there was a disease-free interval of 6 months of greater after completion of adjuvant therapy. *(see previous page for additional criteria)* Prescribing limited to written authorization by named physicians: **CCI** Dr. O. Abdelsalam, Dr. N. Chua, Dr. J. Easaw, Dr. K. King, Dr. S. Koski, Dr. K. Mulder, Dr. A. Paul, Dr. J. Price Hiller, Dr. J. Rauw, Dr. M. Sawyer, Dr. A. Scarfe, Dr. M. Smylie, Dr. J. Spratlin, Dr. J. Walker, Dr. K. Young, Dr. X. Zhu **Arthur Child** Dr. W. Cheung, Dr. S. Cook, Dr. N. Dehar, Dr. S. Dowden, Dr. X. Feng, Dr. D. Heng, Dr. J. Henning, Dr. H. Karachiwala, Dr. S. Karim, Dr. O. Khan, Dr. V. Krause, Dr. R. Lee-Ying, Dr. S. Lupichuk, Dr. J. Monzon, Dr. N. Nixon, Dr. G. Roldan Urgoiti, Dr. D. Ruether, Dr. V. Tam, Dr. P. Tang, Dr. R. Tsang, Dr. M. Webster, Dr. S. Yip **Grande Prairie** Dr. R. Rigo **Lethbridge** Dr. A. Imbulgoda, Dr. A. Taleb **Medicine Hat** Dr. A. Taleb, Dr. S. Yip **Red Deer** Dr. C. Amaro, 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.		
			Biliary tract carcinoma: •Pembrolizumab plus gemcitabine-based chemotherapy should only be initiated in adult patients with: o Locally advanced unresectable or metastatic BTC, e.g., intra- and extra-hepatic BTC including mixed HCC-CCA, or GBC. o First-line unresectable or metastatic disease at initial diagnosis, or greater than 6-months after the completion of prior non-gemcitabine-based neoadjuvant/adjuvant therapy. o Good performance status. •Pembrolizumab plus gemcitabine-based chemotherapy should not be used in patients with Ampulla of Vater cancer. •Pembrolizumab plus gemcitabine-based chemotherapy should be discontinued upon the occurrence of any of the following: objective disease progression, unacceptable toxicity, or completion of 24 months of treatment. •Pembrolizumab dosing is either 2 mg/kg to a maximum of 200 mg every 3 weeks or 4 mg/kg to a maximum of 400 mg every 6 weeks. •Patients may switch to durvalumab and gemcitabine if they experience intolerance or toxicity; however not upon progression. •On a time limited basis, pembrolizumab may be added to 1st line chemotherapy (provided there is no evidence of disease progression) Prescribing limited to written authorization by named physicians: *(See next page for authorized prescribers)*	Dec/24	

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
PEMBROLIZUMAB *Cont.*	2	Injectable	*(See previous page for criteria)* **CCI** Dr. O. Abdelsalam, Dr. N. Chua, Dr. J. Easaw, Dr. K. King, Dr. S. Koski, Dr. K. Mulder, Dr. A. Paul, Dr. J. Price Hiller, Dr. J. Rauw, Dr. M. Sawyer, Dr. A. Scarfe, Dr. M. Smylie, Dr. J. Spratlin, Dr. J. Walker, Dr. K. Young, Dr. X. Zhu **Arthur Child** Dr. W. Cheung, Dr. S. Cook, Dr. N. Dehar, Dr. S. Dowden, Dr. X. Feng, Dr. D. Heng, Dr. J. Henning, Dr. H. Karachiwala, Dr. S. Karim, Dr. O. Khan, Dr. V. Krause, Dr. R. Lee-Ying, Dr. S. Lupichuk, Dr. J. Monzon, Dr. N. Nixon, Dr. G. Roldan Urgoiti, Dr. D. Ruether, Dr. V. Tam, Dr. P. Tang, Dr. R. Tsang, Dr. M. Webster, Dr. S. Yip **Grande Prairie** Dr. R. Rigo **Lethbridge** Dr. A. Imbulgoda, Dr. A. Taleb **Medicine Hat** Dr. A. Taleb, Dr. S. Yip **Red Deer** Dr. C. Amaro, 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.		
			<u>Head and Neck</u> • 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) - Dosing is weight-based dose of 2 mg/kg, up to maximum of 200 mg every 3 weeks or 4 mg /kg, up to maximum of 400 mg every 6 weeks. - 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, o 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. *(see next page for additional criteria and authorized prescribers)*	Jul/21 Oct/23 Jul/24	Basic

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
PEMBROLIZUMAB *Cont.*	2	Injectable	(see previous page for additional criteria) - 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. H. Albaba, Dr. Q. Chu, Dr. N. Chua, Dr. H. El-Darsa, Dr. D. Fenton, Dr. S. Koski, Dr. A Paul, Dr. J. Walker **Arthur Child** Dr. A. Aleksi, Dr. D. Ezeife, Dr. X. Feng, Dr. A. Fung, Dr. D. Hao, Dr. M. Webster **Grande Prairie** **Lethbridge** Dr. A. Imbulgoda **Medicine Hat** Dr. S. Yip **Red Deer** Dr. S. Raissouni As recommended by the head and neck tumour program or outlined under group 2 drugs on first page.		
			<u>Lung Cancer – First Line</u> • Pembrolizumab monotherapy for the treatment of locally advanced or previously untreated metastatic non-small cell lung cancer (NSCLC). Patients previously treated with durvalumab in the adjuvant setting are eligible if they completed adjuvant therapy with no progression and have had at least a six-month interval progression-free after adjuvant therapy. 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 (or if the EGFR/ALK oncogenic alternations cannot be evaluated). 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. Dosing is 2mg/kg to a maximum of 200mg q3 weeks or 4 mg/kg to a maximum of 400 mg every 6 weeks and 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. Cannot have progressed on nivolumab plus ipilimumab. (see next page for additional criteria and authorized prescribers)	Feb/18 May/18 Sep/18 Oct/19 Apr/20 Jul/20 Sep/20 Oct/20 Mar/22 Oct/23 Jul/24	Basic

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
PEMBROLIZUMAB *Cont.*	2	Injectable	**Lung Cancer – Subsequent 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 are eligible if they completed adjuvant therapy with no progression and have had at least a six-month interval progression-free after adjuvant therapy. 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. Dosing is 2mg/kg to a maximum of 200mg q3 weeks or 4 mg/kg to a maximum of 400 mg every 6 weeks and treatment should continue until confirmed disease progression, unacceptable toxicity, or to a maximum of two years, whichever comes first. Cannot have progressed on pembrolizumab or nivolumab plus ipilimumab in the first line setting. Cannot have progressed on nivolumab or atezolizumab in the subsequent line setting.	Oct/23 Jul/24	
			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 (or if the EGFR/ALK oncogenic alterations cannot be evaluated). Patients previously treated with durvalumab in the adjuvant setting are eligible if they completed adjuvant therapy with no progression and have had at least a six-month interval progression-free after adjuvant therapy. Dosing is 2 mg/kg, up to maximum of 200 mg every 3 weeks or 4 mg /kg, up to maximum of 400 mg every 6 weeks. 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.	Sep/20 May/21 Jun/22 Oct/23 Jul/24	Basic
			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 are eligible if they completed adjuvant therapy with no progression and have had at least a six-month interval progression-free after adjuvant therapy. Dosing is 2 mg/kg, up to maximum of 200 mg every 3 weeks or 4 mg /kg, up to maximum of 400 mg every 6 weeks. 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. *(see next page for authorized prescribers)*		

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
PEMBROLIZUMAB *Cont.*	2	Injectable	Prescribing limited to written authorization by named physicians: **CCI** Dr. H. Albaba, Dr. N. Basappa, Dr. C. Beaulieu, Dr. C. Butts, Dr. Q. Chu, Dr. H. El-Darsa, Dr. D. Fenton, Dr. A. Joy, Dr. M. Kolinsky, Dr. R. Sangha, Dr. M. Smylie, Dr. J. Walker, Dr. K. Young **Arthur Child** Dr. C. Card, Dr. D. Ezeife, Dr. X. Feng, Dr. A. Fung, Dr. D. Hao, Dr. H. Karachiwala, Dr. V. Krause, Dr. D. Morris, Dr. V. Navani, Dr. N. Nixon, Dr. D. Ruether, Dr. V. Tam, Dr. R. Tsang **Grande Prairie** Dr. R. Rigo **Lethbridge** Dr. A. Imbulgoda, Dr. A. Taleb **Medicine Hat** Dr. A. Taleb, Dr. S. Yip **Red Deer** Dr. C. Amaro, 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		
			Hematology • Pembrolizumab for the treatment of adult and pediatric patients with refractory or relapsed cHL, as monotherapy, who have failed ASCT, or who are not candidates for multi-agent salvage chemotherapy and ASCT. Not to be used in progression on treatment with an alternate PDL inhibitor (e.g., Nivolumab). For Adults: Must be dosed using weight-based dosing (2mg/kg) to a maximum of 200 mg every 3 weeks or 4mg/kg to a maximum of 400 mg every 6 weeks. For Pediatrics: Must be dosed using weight based dosing (2mg/kg) to a maximum of 200 mg every 3 weeks. Duration of therapy until disease progression or unacceptable toxicity up to a maximum of 2 years. If pembrolizumab is stopped for reasons other than progression, re-treatment is allowed for a duration of up to 1 year. Prescribing limited to written authorization by named physicians: **CCI** Dr. L. Bolster, Dr. J. Brandwein, Dr. M. Chu, Dr. N. Chua, Dr. V. DeVito, 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. M. Oliver, Dr. D. Page, Dr. A. Parker, Dr. J. Patterson, Dr. A. Peters, Dr. B. Ritchie, Dr. I. Sandhu, Dr. R. Sangha, Dr. V. Sapon-Cousineau, Dr. D. Sawler, Dr. R. Sterrett, Dr. L. Sun, Dr. S. Takach Lapner, Dr. M. Taparia, Dr. L. Wang, Dr. P. Wang, Dr. E. Wall, Dr. M.D. Wong, Dr. C. Wu, Dr. C. Wynick, Dr. N. Zhu **Arthur Child** Dr. N. Bahlis, Dr. A. Bryant, Dr. S. Cerquozzi, Dr. A. Daly, Dr. V. David, Dr. M. Drew-McKinstry, Dr. P. Duggan, Dr. M. Geddes, Dr. D. Goodyear, Dr. J. Grossman, Dr. K. Hay, Dr. K. Jamani, Dr. S. McCulloch, Dr. E.P. Neri, Dr. C. Owen, Dr. S. Perry, Dr. R. Puckrin, Dr. N. Rydz, Dr. M.L. Savoie, Dr. M. Shafey, Dr. S. Shivji, Dr. Y.M. Shrom, Dr. L. Skeith, Dr. J. Slaby, Dr. J. Storek, Dr. L. Street, Dr. D. Suryanarayan, Dr. J. Tay, Dr. K. Uminski, Dr. H. Vahidy, Dr. D. Wong, Dr. M. Wong, Dr. V. Zepeda **Grande Prairie** Dr. J. Hattingh, Dr. S. Marcotte, Dr. G. Nikoleychuk, Dr. A. Peters, Dr. R. Sterrett **Lethbridge** Dr. S. Benke, Dr. A. Imbulgoda, Dr. G.S.E. Razavi *(see next page for additional authorized prescribers)*	Sep/20 Dec/20 Feb/22 May/22 Jun/22 Oct/23 Jul/24	Basic -

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
PEMBROLIZUMAB *Cont.*	2	Injectable	**Medicine Hat** Dr. G.S.E. Razavi **Red Deer** 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.		
			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. • Pembrolizumab for the neo-adjuvant - adjuvant treatment of patients with stage IIB, IIC (IIB and IIC adult and pediatrics 12 years and older) 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 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 stage III 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. Anaka, Dr. M. Smylie, Dr. J. Walker **Stollery Children's Hospital** Dr. S. Desai, Dr. S. Mckillop, Dr. L. Pecheux Dr. M. Rojas-Vasquez, Dr. A. Serbrin, Dr. M. Spavor, Dr. B Wilson **Arthur Child** Dr. T. Cheng, Dr. N. Dehar, Dr. X. Feng, Dr. M. Hussain, Dr. M. Mahoney, Dr. J. Monzon, Dr. S. Strum **ACH** Dr. G. Guilcher, Dr. L. Lafay-Cousin, Dr. V. Lewis, Dr. R. Shah, Dr. G. Singh, Dr. T. Truong As recommended by the cutaneous tumour program and pediatric tumour program or outlined under group 2 drugs on first page.	Jul/16 Apr/17 Oct/18 Sep/20 Oct/20 May/21 Jul/21 Apr/23 Jun/23 Oct/23 Jul/24 Dec/24	Basic

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
PEMBROLIZUMAB *Cont.*	2	Injectable	**Renal Cell Carcinoma (RCC)** • Pembrolizumab monotherapy for the adjuvant treatment of adult patients with renal cell carcinoma (RCC) at intermediate-high or high risk of recurrence following nephrectomy or following nephrectomy and resection of metastatic lesions. Patients should have histologically confirmed diagnosis of RCC with a clear cell component, with or without sarcomatoid features, and have had no prior systemic therapy for advanced RCC. - Treatment should be initiated within 12 weeks of complete resection and should continue until disease recurrence or unacceptable toxicity, or for a maximum of the equivalent of 1 year. - Dosing should be 2 mg/kg up to maximum of 200 mg every 3 weeks or 4 mg/kg up to a maximum dose of 400 mg every 6 weeks.	Mar/23 Oct/23 Jul/24	Basic
			Advanced Renal Cell Carcinoma (RCC) • 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. Patients may receive only one of these agents (pembrolizumab/lenvatinib or pembrolizumab/axitinib or cabozantinib/nivolumab) in this setting and switching only if intolerant, cannot have progressed on alternate. Patients who received pembrolizumab in the adjuvant setting without disease progression and had a disease-free interval of 6 months or greater are eligible for pembrolizumab with axitinib. Pembrolizumab dosing should be 2mg/kg to a maximum of 200 mg every 3 weeks or 4 mg/kg up to a maximum of 400 mg every 6 weeks.	Feb/21 Jun/23 Oct/23 Jul/24 Sep/24	Basic
			Metastatic Renal Cell Carcinoma (RCC) • Pembrolizumab in combination with lenvatinib for the first-line treatment of adult patients with advanced or metastatic renal cell carcinoma (RCC). Eligible patients should be previously untreated in the 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. Lenvatinib treatment should continue until disease progression or unacceptable toxicity. Patients who stop pembrolizumab after approximately 2 years without progressive disease or have disease progression during a treatment break may be eligible for a second course of pembrolizumab treatment (with or without lenvatinib) for up to approximately one year upon experiencing progressive disease. Patients who received pembrolizumab in the adjuvant setting without disease progression and had a disease-free interval of 6 months or greater are eligible for pembrolizumab with lenvatinib. Patients may receive only one of these agents (pembrolizumab/lenvatinib or pembrolizumab/axitinib) in this setting and switching only if intolerant, cannot have progressed on alternate. Pembrolizumab must be dosed using weight-based dosing 2mg/kg to a maximum of 200 mg every 3 weeks or 4 mg/kg up to a maximum of 400 mg every 6 weeks. *(See next page for additional criteria and authorized prescribers)*	Jun/23 Oct/23 Jul/24	Basic

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
PEMBROLIZUMAB *Cont.*	2	Injectable	*(See previous page for additional criteria)* **<u>Urothelial</u>** • 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 chemotherapy; or have disease progression more than 6 months after completion of adjuvant nivolumab and then first line advanced/metastatic patient-based chemotherapy. Patients may receive only one PD-1 or PD-L1 agent by itself in the advanced/metastatic setting. 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 treatments of pembrolizumab beyond initial complete response or had stable disease, partial response, or complete response and stopped treatment after 24 months for reasons other than 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. Prescribing limited to written authorization by named physicians: **CCI** Dr. N. Basappa, Dr. C. Beaulieu, Dr. A. Fawaz, Dr. M. Kolinsky, Dr. S. North, Dr. M. Smylie, Dr. J. Walker **Arthur Child** Dr. N. Alimohamed, Dr. T. Cheng, Dr. S. Cook, Dr. N. Dehar, Dr. X. Feng, Dr. D. Heng, Dr. M. Hussain, Dr. S, Karim, Dr. R. Lee-Ying, Dr. M. Mahoney, Dr. V. Navani, Dr. N. Nixon, Dr. D. Ruether, Dr. V. Tam, Dr. C. Wells, Dr. S. Yip **Grande Prairie** Dr. R. Khwaja, Dr. R. Rigo **Lethbridge** Dr. A. Ghose, Dr. A. Imbulgoda, Dr. A. Taleb **Medicine Hat** Dr. A. Taleb, Dr. S. Yip **Red Deer** Dr. C. Amaro, 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.	Sep/20 Oct/20 Apr/23 Oct/23 Jul/24	Basic
			<u>Metastatic Cervical Cancer</u> • For the treatment of adult patients with persistent, recurrent, or metastatic cervical cancer whose tumours express PD-L1 (combined positive score ≥ 1), as determined by a validated test, in combination with chemotherapy with or without bevacizumab. Tumour is not amenable to curative therapy and patient has not been previously treated with systemic chemotherapy for metastatic or advanced disease (except for patients who received concurrent cisplatin with radiation with curative intent). Maximum duration of reimbursement is up to I05 weeks for patients who receive pembrolizumab every 3 weeks or up to I08 weeks for patients who receive pembrolizumab every 6 week. Dosing will be weight based dose of 2 mg/kg, up to maximum of 200 mg every 3 weeks or 4 mg /kg, up to maximum of 400 mg every 6 weeks. *(See next page for additional criteria and authorized prescribers)*	Jun/23 Sep/24	Basic

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
PEMBROLIZUMAB *Cont.*	2	Injectable	**Unresectable or Metastatic Microsatellite Instability-High or Mismatch Repair Deficient Endometrial Cancer** •For the treatment of adult patients with unresectable or metastatic microsatellite instability-high or mismatch repair deficient endometrial cancer whose tumours have progressed following prior therapy or who are intolerant of prior therapy and who have no satisfactory alternative treatment options, as monotherapy. Patients must not have had any prior treatment with a PD-1 or PD-L1 inhibitor, active CNS metastases or active autoimmune disease. Pembrolizumab should be reimbursed for maximum of l8 cycles or 2 years whichever is longer. The dosing schedule for this monotherapy is either 2 mg/kg to a maximum of 200 mg every 3 weeks or 4 mg/kg, up to a maximum of 400 mg every 6 weeks. •Pembrolizumab may be readministered (up to 17 additional administrations of 200 mg) for patients who have discontinued pembrolizumab at the time of relapse only if the treatment was discontinued before disease progression or disease progression occurred during a treatment break.	Jun/23 Sep/24 Feb/25	Basic
			Advanced, Recurrent or Metastatic Endometrial Carcinoma or Carcinosarcoma who do not have MSI-H or dMMR Disease •Pembrolizumab in combination with lenvatinib for the treatment of adult patients with advanced, recurrent or metastatic endometrial carcinoma or carcinosarcoma who do not have MSI-H or dMMR disease, who have disease progression following prior systemic therapy, and who are not candidates for curative surgery or radiation. •Lenvatinib treatment should continue until disease progression or unacceptable toxicity. Pembrolizumab treatment should continue until disease progression or unacceptable toxicity to a maximum of approximately 2 years. Patients who stop pembrolizumab after approximately 2 years without progressive disease or have disease progression during a treatment break may be eligible for a second course of pembrolizumab treatment (with or without lenvatinib) for up to approximately one year upon experiencing progressive disease. Pembrolizumab must be dosed using weight-based dosing 2mg/kg to a maximum of 200 mg every 3 weeks or 4 mg/kg up to a maximum of 400 mg every 6 weeks. Prescribing limited to written authorization by named physicians: **CCI** Dr. C Aubrey, Dr. V. Capstick, Dr. M. Lavecchia, Dr. J. Pettigrew, Dr. S. Pin, Dr. J. Rauw, Dr. J. Sabourin, Dr. H. Steed, Dr. T. Wells, **Arthur Child** Dr. A. Cameron, Dr. P. Chu, Dr. P. Ghatage, Dr. S. Glaze, Dr. J. Nation, Dr. G. Nelson **Grande Prairie** **Lethbridge** Dr. A. Imbulgoda, Dr. A. Taleb **Medicine Hat** Dr. A. Taleb **Red Deer** Dr. C. Amaro, Dr. S. Mairs, Dr. S. Raissouni, Dr. C. Tarukandirwa As recommended by the gynecology tumour program or outlined under group 2 drugs on first page.	Oct/23 Jul/24	Basic
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 adjuvant trastuzumab, or any time after adjuvant trastuzumab emtansine (KADCYLA). Prescribing limited to written authorization by named physicians: **CCI** Dr. S. Basi, Dr. D. Fenton, Dr. A. Joy, Dr. R. Khwaja, Dr. K. King, Dr. J. Meza-Junco, Dr. J. Price Hiller, Dr. M. Smylie, Dr. J. Walker, Dr. K. Young, Dr. X. Zhu, Dr. B. Zorniak **Arthur Child** Dr. N. Alimohamed, Dr. S. Cook, Dr. D. Ezeife, Dr. X. Feng, Dr. J. Henning, Dr. M. Hussain, Dr. O. Khan, Dr. V. Krause, Dr. S. Lupichuk, Dr. N. Nixon, Dr. G. Roldan Urgoiti, Dr. D. Ruether, Dr. P. Tang, Dr. R. Tsang, Dr. M. Webster **Grande Prairie** Dr. R. Rigo **Lethbridge** Dr. A. Imbulgoda, Dr. A. Taleb **Medicine Hat** Dr. A. Taleb, Dr. S. Yip **Red Deer** Dr. C. Amaro, 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 Jan/23 Jun/23	1st dose (Loading)- Advanced 2nd Dose Onward (Maintenance)- Basic
POLATUZUMAB VEDOTIN	2	Injectable	**Hematology** • Polatuzumab Vedotin in combination with bendamustine and rituximab for the treatment of adult patients with relapsed/refractory diffuse large B-cell lymphoma (DLBCL), not otherwise specified (including grey zone lymphoma, mediastinal large B cell lymphoma, HIV related and transformed follicular, but excluding CNS lymphoma who are not eligible for autologous stem transplant (ASCT). May be used in relapse after ASCT as a bridge to CAR T-cell therapy (bendamustine may be omitted based on clinical judgment). Eligible patients have received at least one prior therapy. Treatment with pola-BR should continue for a maximum of 6 cycles (21 days per cycle) or until unacceptable toxicity or disease progression, whichever comes first. Prescribing limited to written authorization by named physicians: **CCI** Dr. L. Bolster, Dr. J. Brandwein, Dr. M. Chu, Dr. N. Chua, Dr. V. DeVito, 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. M. Oliver, Dr. D. Page, Dr. A. Parker, Dr. J. Patterson, Dr. A. Peters, Dr. B. Ritchie, Dr. I. Sandhu, Dr. R. Sangha, Dr. V. Sapon-Cousineau, Dr. D. Sawler, Dr. R. Sterrett, Dr. L. Sun, Dr. S. Takach Lapner, Dr. M. Taparia, Dr. L. Wang, Dr. P. Wang, Dr. E. Wall, Dr. M.D. Wong, Dr. C. Wu, Dr. C. Wynick, Dr. N. Zhu *(See next page for authorized prescribers)*	Feb/22	Advanced

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
POLATUZUMAB VEDOTIN *Cont.*	2	Injectable	*(See previous page for criteria and additional authorized prescribers)* **Arthur Child** Dr. N. Bahlis, Dr. A. Bryant, Dr. S. Cerquozzi, Dr. A. Daly, Dr. V. David, Dr. M. Drew-McKinstry, Dr. P. Duggan, Dr. M. Geddes, Dr. D. Goodyear, Dr. J. Grossman, Dr. K. Hay, Dr. K. Jamani, Dr. S. McCulloch, Dr. E.P. Neri, Dr. C. Owen, Dr. S. Perry, Dr. R. Puckrin, Dr. N. Rydz, Dr. M.L. Savoie, Dr. M. Shafey, Dr. S. Shivji, Dr. Y.M. Shrom, Dr. L. Skeith, Dr. J. Slaby, Dr. J. Storek, Dr. L. Street, Dr. D. Suryanarayan, Dr. J. Tay, Dr. K. Uminski, Dr. H. Vahidy, Dr. D. Wong, Dr. M. Wong, Dr. V. Zepeda **Grande Prairie** Dr. J. Hattingh, Dr. S. Marcotte, Dr. G. Nikoleychuk, Dr. A. Peters, Dr. R. Sterrett **Lethbridge** Dr. S. Benke, Dr. A. Imbulgoda, Dr. G.S.E. Razavi **Medicine Hat** Dr. G.S.E. Razavi **Red Deer** 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.		
POMALIDOMIDE	2	Capsules	**<u>Hematology</u>** • Pomalidomide and dexamethasone (with or without cyclophosphamide) in patients with relapsed and/or refractory multiple myeloma who have previously failed Bortezomib and Lenalidomide and demonstrated disease progression on the last treatment. • 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. • Pomalidomide (+/- Cyclophosphamide) dexamethasone (PD or PCD) may be sequenced before or after carfilzomib (+/- Cyclophosphamide) dexamethasone (KD or KCD). • Patients with resistance to Pomalidomide may NOT be retreated with Pomalidomide. • Cyclophosphamide may be added to pomalidomide and dexamethasone. • Use with isatuximab - see isatuximab criteria Prescribing limited to named physicians WHO ARE REGISTERED IN PROGRAM WITH A SPECIFIC PRESCRIBER ID NUMBER: **CCI** Dr. L. Bolster, Dr. J. Brandwein, Dr. M. Chu, Dr. N. Chua, Dr. V. DeVito, 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. D. Sawler, Dr. R. Sterrett, Dr. L. Sun, Dr. M. Taparia, Dr. P. Wang, Dr. M.D. Wong, Dr. C. Wu, Dr. N. Zhu **Arthur Child** Dr. N. Bahlis, Dr. A. Bryant, Dr. S. Cerquozzi, Dr. A. Daly, Dr. P. Duggan, Dr. M. Geddes, Dr. D. Goodyear, Dr. J. Grossman, Dr. K. Jamani, Dr. S. McCulloch, Dr. E.P. Neri, Dr. C. Owen, Dr. S. Perry, Dr. R. Puckrin, Dr. N. Rydz, Dr. M.L. Savoie, Dr. M. Shafey, Dr. Yael Shrom, Dr. J. Slaby, Dr. J. Storek, Dr. L. Street, Dr. D. Suryanarayan, Dr. J. Tay, Dr. M. Wong, Dr. V. Zepeda *(See next page for additional authorized prescribers)*	Apr/15 Jan/16 Jan/19 Jul/20 Sep/22 Apr/23	N/A

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
POMALIDOMIDE *Cont.*	2	Capsules	*(See previous page for criteria and additional authorized prescribers)* **Grande Prairie** Dr. J. Hattingh, Dr. S. Marcotte, Dr. G. Nikoleychuk, Dr. A. Peters, Dr. R. Sterrett **Lethbridge** Dr. S. Benke, Dr. A. Imbulgoda, Dr. G. Shoja E. Razavi. **Medicine Hat** Dr. G. Shoja E. Razavi **Red Deer** Dr. D. Prajapati, Dr. S. Raissouni, Dr. K. Rudolph, Dr. C. Tarukandirwa As recommended by the hematology tumour program or outlined under group 2 drugs on the first page.		
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. L. Bolster, Dr. J. Brandwein, Dr. M. Chu, Dr. N. Chua, Dr. V. DeVito, 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. M. Oliver, Dr. D. Page, Dr. A. Parker, Dr. J. Patterson, Dr. A. Peters, Dr. B. Ritchie, Dr. I. Sandhu, Dr. R. Sangha, Dr. V. Sapon-Cousineau, Dr. D. Sawler, Dr. R. Sterrett, Dr. L. Sun, Dr. S. Takach Lapner, Dr. M. Taparia, Dr. L. Wang, Dr. P. Wang, Dr. E. Wall, Dr. M.D. Wong, Dr. C. Wu, Dr. C. Wynick, Dr. N. Zhu **Arthur Child** Dr. N. Bahlis, Dr. A. Bryant, Dr. S. Cerquozzi, Dr. A. Daly, Dr. V. David, Dr. M. Drew-McKinstry, Dr. P. Duggan, Dr. M. Geddes, Dr. D. Goodyear, Dr. J. Grossman, Dr. K. Hay, Dr. K. Jamani, Dr. S. McCulloch, Dr. E.P. Neri, Dr. C. Owen, Dr. S. Perry, Dr. R. Puckrin, Dr. N. Rydz, Dr. M.L. Savoie, Dr. M. Shafey, Dr. S. Shivji, Dr. Y.M. Shrom, Dr. L. Skeith, Dr. J. Slaby, Dr. J. Storek, Dr. L. Street, Dr. D. Suryanarayan, Dr. J. Tay, Dr. K. Uminski, Dr. H. Vahidy, Dr. D. Wong, Dr. M. Wong, Dr. V. Zepeda **Grande Prairie** Dr. J. Hattingh, Dr. S. Marcotte, Dr. G. Nikoleychuk, Dr. A. Peters, Dr. R. Sterrett **Lethbridge** Dr. S. Benke, Dr. A. Imbulgoda, Dr. G.S.E. Razavi **Medicine Hat** Dr. G.S.E. Razavi **Red Deer** 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. *(See next page for additional authorized prescribers)*	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. L. Bolster, Dr. J. Brandwein, Dr. M. Chu, Dr. N. Chua, Dr. V. DeVito, 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. M. Oliver, Dr. D. Page, Dr. A. Parker, Dr. J. Patterson, Dr. A. Peters, Dr. B. Ritchie, Dr. I. Sandhu, Dr. R. Sangha, Dr. V. Sapon-Cousineau, Dr. D. Sawler, Dr. R. Sterrett, Dr. L. Sun, Dr. S. Takach Lapner, Dr. M. Taparia, Dr. L. Wang, Dr. P. Wang, Dr. E. Wall, Dr. M.D. Wong, Dr. C. Wu, Dr. C. Wynick, Dr. N. Zhu **Arthur Child** Dr. N. Bahlis, Dr. A. Bryant, Dr. S. Cerquozzi, Dr. A. Daly, Dr. V. David, Dr. M. Drew-McKinstry, Dr. P. Duggan, Dr. M. Geddes, Dr. D. Goodyear, Dr. J. Grossman, Dr. K. Hay, Dr. K. Jamani, Dr. S. McCulloch, Dr. E.P. Neri, Dr. C. Owen, Dr. S. Perry, Dr. R. Puckrin, Dr. N. Rydz, Dr. M.L. Savoie, Dr. M. Shafey, Dr. S. Shivji, Dr. Y.M. Shrom, Dr. L. Skeith, Dr. J. Slaby, Dr. J. Storek, Dr. L. Street, Dr. D. Suryanarayan, Dr. J. Tay, Dr. K. Uminski, Dr. H. Vahidy, Dr. D. Wong, Dr. M. Wong, Dr. V. Zepeda **Grande Prairie** Dr. J. Hattingh, Dr. S. Marcotte, Dr. G. Nikoleychuk, Dr. A. Peters, Dr. R. Sterrett **Lethbridge** Dr. S. Benke, Dr. A. Imbulgoda, Dr. G.S.E. Razavi **Medicine Hat** Dr. G.S.E. Razavi **Red Deer** 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.	Sep/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
RAMUCIRUMAB	2	Injectable		Apr/17 Jul/20 Jun/22	Advanced

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
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. M. Anaka, Dr. Q. Chu, Dr. R. Khwaja, Dr. S, Mckillop, Dr. K. Mulder, Dr. M. Smylie, Dr. B. Zorniak **Arthur Child** Dr. X. Feng, Dr. J. Henning, Dr. H. Karachiwala, Dr. O. Khan Dr. D. Morris, Dr. V. Tam **Grande Prairie** **Lethbridge** Dr. A. Imbulgoda **Medicine Hat** Dr. D. Yip **Red Deer** 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
			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. • Patients may receive only one of these agents (cabozantinib or regorafenib) in this setting and switching only if intolerant, cannot have progressed on alternate. Prescribing limited to written authorization by named physicians: **CCI** Dr. O. Abdelsalam, Dr. N. Chua, Dr. J. Easaw, Dr. K. King, Dr. S. Koski, Dr. K. Mulder, Dr. A. Paul, Dr. J. Price Hiller, Dr. J. Rauw, Dr. M. Sawyer, Dr. A. Scarfe, Dr. M. Smylie, Dr. J. Spratlin, Dr. J. Walker, Dr. K. Young, Dr. X. Zhu **Arthur Child** Dr. W. Cheung, Dr. S. Cook, Dr. N. Dehar, Dr. S. Dowden, Dr. X. Feng, Dr. D. Heng, Dr. J. Henning, Dr. H. Karachiwala, Dr. S. Karim, Dr. O. Khan, Dr. V. Krause, Dr. R. Lee-Ying, Dr. S. Lupichuk, Dr. J. Monzon, Dr. N. Nixon, Dr. G. Roldan Urgoiti, Dr. D. Ruether, Dr. V. Tam, Dr. P. Tang, Dr. R. Tsang, Dr. M. Webster, Dr. C. Wells, Dr. S. Yip **Grande Prairie** Dr. R. Rigo **Lethbridge** Dr. A. Imbulgoda, Dr. A. Taleb **Medicine Hat** Dr. A. Taleb, Dr. S. Yip **Red Deer** Dr. C. Amaro, 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 Nov/21	N/A

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
RIBOCICLIB	2	Oral	**<u>Breast Cancer</u>** •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: - de novo stage IV - prior earlier stage and disease free for at least 12 months following completion of (neo) adjuvant non-steroidal aromatase inhibitor (disease free interval does not apply to patients previously on exemestane or tamoxifen). - prior adjuvant treatment with abemaciclib plus endocrine therapy if disease progression occurred 6 months or greater after completion of adjuvant abemaciclib. - 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 (e.g. 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) or - whose disease has progressed 6 months or greater after completion of adjuvant abemaciclib. - 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 in the metastatic setting 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. D. Fenton, Dr. A. Joy, Dr. R. Khwaja, Dr. K. King, Dr. J. Meza-Junco, Dr. J. Price Hiller, Dr. M. Smylie, Dr. J. Walker, Dr. K. Young, Dr. X. Zhu, Dr. B. Zorniak **Arthur Child** Dr. N. Alimohamed, Dr. S. Cook, Dr. D. Ezeife, Dr. X. Feng, Dr. J. Henning, Dr. M. Hussain, Dr. O. Khan, Dr. V. Krause, Dr. S. Lupichuk, Dr. N. Nixon, Dr. G. Roldan Urgoiti, Dr. D. Ruether, Dr. P. Tang, Dr. R. Tsang, Dr. M. Webster *(See next page for additional authorized prescribers)*	Nov/19 Jul/20 Dec/20 Apr/21 Feb/22	N/A

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
RIBOCICLIB *Cont.*	2	Oral	*(See previous page for criteria and additional criteria)* **Grande Prairie** Dr. R. Rigo **Lethbridge** Dr. A. Imbulgoda, Dr. A. Taleb **Medicine Hat** Dr. A. Taleb, Dr. S. Yip **Red Deer** Dr. C. Amaro, 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.		
RIPRETINIB	2	Oral	**Advanced GIST** • Ripretinib monotherapy for the treatment of adult patients with advanced GIST who have progressed on or developed intolerance to treatment with imatinib, sunitinib, and regorafenib. Prescribing limited to written authorization by named physicians: **CCI** Dr. M. Anaka, Dr. Q. Chu, Dr. R. Khwaja, Dr. S. McKillop, Dr. K. Mulder, Dr. M. Smylie, Dr. B. Zorniak **Arthur Child** Dr. X. Feng, Dr. J. Henning, Dr. H. Karachiwala, Dr. O. Khan, Dr. D. Morris, Dr. V. Tam **Grande Prairie** **Lethbridge** Dr. A. Imbulgoda **Medicine Hat** Dr. S. Yip **Red Deer** Dr. S. Raissouni, Dr. C. Tarukandirwa As recommended by the sarcoma tumour program or outlined under group 2 drugs on first page.	Jun/23	N/A
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). *(See next page for additional criteria and authorized prescribers)*	Jan/00 Mar/01 Apr/03 May/04 Mar/07 May/08 May/10 Sep/04 Jan/12 Apr/12 Jul/13 Oct/16 Apr/17 Nov/17 Nov/18 Jul/20 Jun/22	IV – Advanced SC – Basic

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
RITUXIMAB	2	Injectable IV or SC	*(see previous page for additional criteria)* •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 •For its use in combination with lenalidomide – See lenalidomide listing. Prescribing limited to written authorization by named physicians: **CCI** Dr. L. Bolster, Dr. J. Brandwein, Dr. M. Chu, Dr. N. Chua, Dr. V. DeVito, 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. M. Oliver, Dr. D. Page, Dr. A. Parker, Dr. J. Patterson, Dr. A. Peters, Dr. B. Ritchie, Dr. I. Sandhu, Dr. R. Sangha, Dr. V. Sapon-Cousineau, Dr. D. Sawler, Dr. R. Sterrett, Dr. L. Sun, Dr. S. Takach Lapner, Dr. M. Taparia, Dr. L. Wang, Dr. P. Wang, Dr. E. Wall, Dr. M.D. Wong, Dr. C. Wu, Dr. C. Wynick, Dr. N. Zhu **Arthur Child** Dr. N. Bahlis, Dr. A. Bryant, Dr. S. Cerquozzi, Dr. A. Daly, Dr. V. David, Dr. M. Drew-McKinstry, Dr. P. Duggan, Dr. M. Geddes, Dr. D. Goodyear, Dr. J. Grossman, Dr. K. Hay, Dr. K. Jamani, Dr. S. McCulloch, Dr. E.P. Neri, Dr. C. Owen, Dr. S. Perry, Dr. R. Puckrin, Dr. N. Rydz, Dr. M.L. Savoie, Dr. M. Shafey, Dr. S. Shivji, Dr. Y.M. Shrom, Dr. L. Skeith, Dr. J. Slaby, Dr. J. Storek, Dr. L. Street, Dr. D. Suryanarayan, Dr. J. Tay, Dr. K. Uminski, Dr. H. Vahidy, Dr. D. Wong, Dr. M. Wong, Dr. V. Zepeda **Grande Prairie** Dr. J. Hattingh, Dr. S. Marcotte, Dr. G. Nikoleychuk, Dr. A. Peters, Dr. R. Sterrett **Lethbridge** Dr. S. Benke, Dr. A. Imbulgoda, Dr. G.S.E. Razavi **Medicine Hat** Dr. G.S.E. Razavi **Red Deer** 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/00 Mar/01 Apr/03 May/04 Mar/07 May/08 May/10 Sep/04 Jan/12 Apr/12 Jul/13 Oct/16 Apr/17 Nov/17 Nov/18 Jul/20 Jun/22	IV – Advanced SC – Basic
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). •Romidepsin moved to a restricted dispensing program March 20, 2023 for existing patients. No new patients are to be started on the agent. *(See next page for authorized prescribers)*	Dec/15 Jul/20 Sep/20 Apr/23	Basic

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
ROMIDEPSIN *Cont.*	2	Injectable	*(See previous page for criteria)* Prescribing limited to written authorization by named physicians: **CCI** Dr. L. Bolster, Dr. J. Brandwein, Dr. M. Chu, Dr. N. Chua, Dr. V. DeVito, 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. M. Oliver, Dr. D. Page, Dr. A. Parker, Dr. J. Patterson, Dr. A. Peters, Dr. B. Ritchie, Dr. I. Sandhu, Dr. R. Sangha, Dr. V. Sapon-Cousineau, Dr. D. Sawler, Dr. R. Sterrett, Dr. L. Sun, Dr. S. Takach Lapner, Dr. M. Taparia, Dr. L. Wang, Dr. P. Wang, Dr. E. Wall, Dr. M.D. Wong, Dr. C. Wu, Dr. C. Wynick, Dr. N. Zhu **Arthur Child** Dr. N. Bahlis, Dr. A. Bryant, Dr. S. Cerquozzi, Dr. A. Daly, Dr. V. David, Dr. M. Drew-McKinstry, Dr. P. Duggan, Dr. M. Geddes, Dr. D. Goodyear, Dr. J. Grossman, Dr. K. Hay, Dr. K. Jamani, Dr. S. McCulloch, Dr. E.P. Neri, Dr. C. Owen, Dr. S. Perry, Dr. R. Puckrin, Dr. N. Rydz, Dr. M.L. Savoie, Dr. M. Shafey, Dr. S. Shivji, Dr. Y.M. Shrom, Dr. L. Skeith, Dr. J. Slaby, Dr. J. Storek, Dr. L. Street, Dr. D. Suryanarayan, Dr. J. Tay, Dr. K. Uminski, Dr. H. Vahidy, Dr. D. Wong, Dr. M. Wong, Dr. V. Zepeda **Grande Prairie** Dr. J. Hattingh, Dr. S. Marcotte, Dr. G. Nikoleychuk, Dr. A. Peters, Dr. R. Sterrett **Lethbridge** Dr. S. Benke, Dr. A. Imbulgoda, Dr. G.S.E. Razavi **Medicine Hat** Dr. G.S.E. Razavi **Red Deer** 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.		
RUXOLITINIB	2	Oral	**<u>Hematology</u>** •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. L. Bolster, Dr. J. Brandwein, Dr. M. Chu, Dr. N. Chua, Dr. V. DeVito, 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. M. Oliver, Dr. D. Page, Dr. D. Parker, Dr. J. Patterson, Dr. A. Peters, Dr. B. Ritchie, Dr. I. Sandhu, Dr. R. Sangha, Dr. V. Sapon-Cousineau, Dr. D. Sawler, Dr. R. Sterrett, Dr. L. Sun, Dr. S. Takach Lapner, Dr. M. Taparia, Dr. L. Wang, Dr. P. Wang, Dr. E. Wall, Dr. M.D. Wong, Dr. C. Wu, Dr. C. Wynick, Dr. N. Zhu *(See next page for additional authorized prescribers)*	Oct/13 May/18 Jul/20	N/A

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
RUXOLITINIB *Cont.*	2	Oral	*(See previous page for criteria and additional authorized prescribers)* **Arthur Child** Dr. N. Bahlis, Dr. A. Bryant, Dr. S. Cerquozzi, Dr. A. Daly, Dr. V. David, Dr. M. Drew-McKinstry, Dr. P. Duggan, Dr. M. Geddes, Dr. D. Goodyear, Dr. J. Grossman, Dr. K. Hay, Dr. K. Jamani, Dr. S. McCulloch, Dr. E.P. Neri, Dr. C. Owen, Dr. S. Perry, Dr. R. Puckrin, Dr. N. Rydz, Dr. M.L. Savoie, Dr. M. Shafey, Dr. S. Shivji, Dr. Y.M. Shrom, Dr. L. Skeith, Dr. J. Slaby, Dr. J. Storek, Dr. L. Street, Dr. D. Suryanarayan, Dr. J. Tay, Dr. K. Uminski, Dr. H. Vahidy, Dr. D. Wong, Dr. M. Wong, Dr. V. Zepeda **Grande Prairie** Dr. J. Hattingh, Dr. S. Marcotte, Dr. G. Nikoleychuk, Dr. A. Peters, Dr. R. Sterrett **Lethbridge** Dr. S. Benke, Dr. A. Imbulgoda, Dr. G.S.E. Razavi **Medicine Hat** Dr. G.S.E. Razavi **Red Deer** 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.		
SACITUZUMAB GOVITECAN	2	Injectable	**Metastatic Breast Cancer** •Sacituzumab govitecan for the treatment of adult patients with unresectable locally advanced or metastatic triple- negative breast cancer (HER2-low (IHC 1+ or IHC2+/ISH-) who have received 2 or more prior therapies, with at least 1 of them for metastatic disease as follows: - Have good performance status - Prior therapy must have included a taxane regardless of disease stage, unless the patient has a contraindication or intolerance to taxanes. - Treatment should continue until confirmed disease progression (by radiographic confirmation), unacceptable toxicity or clinical deterioration. •Patients may switch between trastuzumab deruxtecan and sacituzumab govitecan due to intolerance or toxicities, provided they meet eligibility criteria for both drugs. Prescribing limited to written authorization by named physicians: **CCI** Dr. S. Basi, Dr. D. Fenton, Dr. A. Joy, Dr. K. King, Dr. R. Khwaja, Dr. J. Meza-Junco, Dr. J. Price Hiller, Dr. M. Smylie, Dr. J. Walker, Dr. K. Young, Dr. X. Zhu, Dr. B. Zorniak **Arthur Child** Dr. N. Alimohamed, Dr. S. Cook, Dr. D. Ezeife, Dr. X. Feng, Dr. J. Henning, Dr. M. Hussain, Dr. O. Khan, Dr. V. Krause, Dr. S. Lupichuk, Dr. N. Nixon, Dr. G. Roldan Urgoiti, Dr. D. Ruether, Dr. P. Tang, Dr. R. Tsang, Dr. M. Webster **Grande Prairie** Dr. R. Rigo **Lethbridge** Dr. A. Imbulgoda, Dr. A. Taleb **Medicine Hat** Dr. A. Taleb, Dr. S. Yip **Red Deer** Dr. C. Amaro, 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.	Mar/23 Jul/24	Advanced

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
SELINEXOR	2	Oral	**Multiple Myeloma** • In combination with bortezomib and dexamethasone (SVd) for the treatment of adult patients with multiple myeloma who have received at least one prior therapy. Patients with plasma cell leukemia and systemic light chain amyloidosis are permitted to receive SVd. Prior treatment with a proteasome inhibitor is permitted providing the previous response was equal to or greater than a partial response, the patient did not discontinue due to grade 3 or greater related toxicity and there is a proteasome inhibitor treatment free interval of at least 6 months. Treatment should continue until disease progression or unacceptable toxicity. Prescribing limited to written authorization by named physicians: **CCI** Dr. L. Bolster, Dr. J. Brandwein, Dr. M. Chu, Dr. N. Chua, Dr. V. DeVito, 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. M. Oliver, Dr. D. Page, Dr. D. Parker, Dr. J. Patterson, Dr. A. Peters, Dr. B. Ritchie, Dr. I. Sandhu, Dr. R. Sangha, Dr. V. Sapon-Cousineau, Dr. D. Sawler, Dr. R. Sterrett, Dr. L. Sun, Dr. S. Takach Lapner, Dr. M. Taparia, Dr. L. Wang, Dr. P. Wang, Dr. E. Wall, Dr. M.D. Wong, Dr. C. Wu, Dr. C. Wynick, Dr. N. Zhu **Arthur Child** Dr. N. Bahlis, Dr. A. Bryant, Dr. S. Cerquozzi, Dr. A. Daly, Dr. V. David, Dr. M. Drew-McKinstry, Dr. P. Duggan, Dr. M. Geddes, Dr. D. Goodyear, Dr. J. Grossman, Dr. K. Hay, Dr. K. Jamani, Dr. S. McCulloch, Dr. E.P. Neri, Dr. C. Owen, Dr. S. Perry, Dr. R. Puckrin, Dr. N. Rydz, Dr. M.L. Savoie, Dr. M. Shafey, Dr. S. Shivji, Dr. Y.M. Shrom, Dr. L. Skeith, Dr. J. Slaby, Dr. J. Storek, Dr. L. Street, Dr. D. Suryanarayan, Dr. J. Tay, Dr. K. Uminski, Dr. H. Vahidy, Dr. D. Wong, Dr. M. Wong, Dr. V. Zepeda **Grande Prairie** Dr. J. Hattingh, Dr. S. Marcotte, Dr. G. Nikoleychuk, Dr. A. Peters, Dr. R. Sterrett **Lethbridge** Dr. S. Benke, Dr. A. Imbulgoda, Dr. G.S.E. Razavi **Medicine Hat** Dr. G.S.E. Razavi **Red Deer** 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.	Jun/23 Oct/23	N/A

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
SELPERCATINIB	2	Orals	**Lung Cancer** •Selpercatinib as monotherapy for treatment of metastatic-RET fusion positive NSCLC in adult patients Prescribing limited to written authorization by named physician. **CCI** Dr. H. Albaba, Dr. N. Basappa, Dr. C. Beaulieu, Dr. C. Butts, Dr. Q. Chu, Dr. H. El-Darsa, Dr. D. Fenton, Dr. A. Joy, Dr. M. Kolinsky, Dr. R. Sangha, Dr. M. Smylie, Dr. J. Walker, Dr. K. Young. **Arthur Child** Dr. C. Card, Dr. D. Ezeife, Dr. X. Feng, Dr. A. Fung, Dr. D. Hao, Dr. H. Karachiwala, Dr. V. Krause, Dr. D. Morris, Dr. V. Navani, Dr. N. Nixon, Dr. D. Ruether, Dr. V. Tam, Dr. R. Tsang, S. Yip. **Grande Prairie** Dr. R. Rigo **Lethbridge** Dr. A. Imbulgoda, Dr. A. Taleb **Medicine Hat** Dr. A. Taleb, Dr. S. Yip **Red Deer** Dr. C. Amaro, 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	Aug/23	N/A
			Thyroid Cancer •Selpercatinib in adult patients with rearranged during transfection (RET) fusion – positive differentiated thyroid carcinoma (DTC) with advanced or metastatic disease (not amendable to surgery or radioactive iodine therapy) following prior treatment with sorafenib and/or lenvatinib, Selpercatinib should not reimbursed if given in combination with other systemic anti-cancer drugs – e.g. this is monotherapy. •Selpercatinib for the treatment of RET-mutant medullary thyroid cancer (MTC) in adults and pediatric patients 12 years of age and older with unresectable advanced or metastatic disease who have progressed on, or are intolerant to, or have a contraindication to first line therapy. Selpercatinib should not be reimbursed if given in combination with other systemic anticancer drugs – e.g. this is monotherapy. Prescribing limited to written authorization by named physicians: **CCI** Dr. O. Abdelsalam, Dr. N. Chua, Dr. M. Sawyer, Dr. J. Walker **Arthur Child** Dr. A. Aleksi, Dr. C. Card, Dr. S. Dowden, Dr. S. Ghaznavi, Dr. R. Lee-Ying, Dr. R. Paschke, Dr. D. Ruether. **Grande Prairie** **Lethbridge** Dr. A. Imbulgoda, **Medicine Hat** **Red Deer** Dr. S. Raissouni, Dr. C. Tarukandirwa As recommended by the endocrine tumour program or outlined under group 2 drugs on first page.	Aug/23	N/A

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
SORAFENIB	2	Tablets	**<u>Advanced Hepatocellular Carcinoma</u>** • 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. • For the second line treatment of adult patients with unresectable hepatocellular carcinoma previously treated with atezolizumab-bevacizumab or tremelimumab-durvalumab, and were intolerant to lenvatinib. Patients should have Child Pugh A liver function. 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. K. King, Dr. S. Koski, Dr. K. Mulder, Dr. A. Paul, Dr. J. Price Hiller, Dr. J. Rauw, Dr. M. Sawyer, Dr. A. Scarfe, Dr. M. Smylie, Dr. J. Spratlin, Dr. J. Walker, Dr. K. Young, Dr. X. Zhu **Arthur Child** Dr. W. Cheung, Dr. S. Cook, Dr. N. Dehar, Dr. S. Dowden, Dr. X. Feng, Dr. D. Heng, Dr. J. Henning, Dr. H. Karachiwala, Dr. S. Karim, Dr. O. Khan, Dr. V. Krause, Dr. R. Lee-Ying, Dr. S. Lupichuk, Dr. J. Monzon, Dr. N. Nixon, Dr. G. Roldan Urgoiti, Dr. D. Ruether, Dr. V. Tam, Dr. P. Tang, Dr. R. Tsang, Dr. M. Webster, Dr. C. Wells, Dr. S. Yip **Grande Prairie** Dr. R. Rigo **Lethbridge** Dr. A. Imbulgoda, Dr. A. Taleb **Medicine Hat** Dr. A. Taleb, Dr. S. Yip **Red Deer** Dr. C. Amaro, 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 Jan/22 Apr/24	N/A
STREPTOZOCIN	1	Injectable		May/85	IV inf. – Basic
SUNITINIB	2	Capsules		Oct/07 Feb/08 Mar/13 Mar/14 Jul/19 Apr/20 Jul/20 Jun/22	N/A
TAMOXIFEN	1	Tablets		Jul/92	N/A

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
TEBENTAFUSP	2	Injectable	**Unresectable or Metastic Uveal Melanoma (mUM)** •Tebentafusp for the treatment of human leukocyte antigen (HLA)-A*02:01-positive adult patients with unresectable or metastatic uveal melanoma (mUM)in the first line setting and in a second or later line setting on a time limited basis. Prescribing limited to written authorization by named physicians **CCI** Dr. M. Anaka, Dr. M. Smylie, Dr. J. Walker **Arthur Child** Dr. T. Cheng, Dr. N. Dehar, Dr. X. Feng, Dr. M. Hussain, Dr. M. Mahoney, Dr. J. Monzon, Dr. S. Strum As recommended by the cutaneous tumour program or outlined under group 2 drugs on first page	Feb/24	N/A
TEMOZOLOMIDE	1	Oral		Jul/16	N/A
TEMSIROLIMUS	1	Injectable		Nov/10 Jun/14	IV-Basic
THIOGUANINE	1	Tablets			N/A
THIOTEPA	1	Injectable		Feb/21 Feb/24	Basic
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. Prescribing limited to written authorization by named physicians: **CCI** Dr. M. Anaka, Dr. M. Smylie, Dr. J. Walker **Arthur Child** Dr. T. Cheng, Dr. N. Dehar, Dr. X. Feng, Dr. M. Hussain, Dr. M. Mahoney, Dr. J. Monzon, Dr. S. Strum As recommended by the cutaneous tumour program or outlined under group 2 drugs on first page.	Oct/16 Nov/17 Oct/18 Apr/20 May/21	N/A
TRASTUZUMAB	2	Injectable	**Metastatic Breast** •Restricted to the treatment of metastatic breast cancer, HER 2 protein overexpression (+3) by IHC or HER2 amplification by FISH. •For its use in combination with pertuzumab - See pertuzumab listing. •For its use in combination with tucatinib - See tucatinib listing. *(See next page for additional criteria and authorized prescribers)*	Jan/00 Feb/02 Nov/03 Feb/12 Jul/20 Jan/23	IV Load Dose Basic IV Maintenance (2mg/kg weekly or 6mg/kg every 3 weeks) – Basic

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
TRASTUZUMAB *Cont.*	2	Injectable	*(See previous page for additional criteria)* **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. D. Fenton, Dr. A. Joy, Dr. R. Khwaja, Dr. K. King, Dr. J. Meza-Junco, Dr. J. Price Hiller, Dr. M. Smylie, Dr. J. Walker, Dr. K. Young, Dr. X. Zhu, Dr. B. Zorniak **Arthur Child** Dr. N. Alimohamed, Dr. S. Cook, Dr. D. Ezeife, Dr. X. Feng, Dr. J. Henning, Dr. M. Hussain, Dr. O. Khan, Dr. V. Krause, Dr. S. Lupichuk, Dr. N. Nixon, Dr. G. Roldan Urgoiti, Dr. D. Ruether, Dr. P. Tang, Dr. R. Tsang, Dr. M. Webster **Grande Prairie** Dr. R. Rigo **Lethbridge** Dr. A. Imbulgoda, Dr. A. Taleb **Medicine Hat** Dr. A. Taleb, Dr. S. Yip **Red Deer** Dr. C. Amaro, 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. K. King, Dr. S. Koski, Dr. K. Mulder, Dr. A. Paul, Dr. J. Price Hiller, Dr. J. Rauw, Dr. M. Sawyer, Dr. A. Scarfe, Dr. M. Smylie, Dr. J. Spratlin, Dr. J. Walker, Dr. K. Young, Dr. X. Zhu **Arthur Child** Dr. W. Cheung, Dr. S. Cook, Dr. N. Dehar, Dr. S. Dowden, Dr. X. Feng, Dr. D. Heng, Dr. J. Henning, Dr. H. Karachiwala, Dr. S. Karim, Dr. O. Khan, Dr. V. Krause, Dr. R. Lee-Ying, Dr. S. Lupichuk, Dr. J. Monzon, Dr. N. Nixon, Dr. G. Roldan Urgoiti, Dr. D. Ruether, Dr. V. Tam, Dr. P. Tang, Dr. R. Tsang, Dr. M. Webster, Dr. C. Wells, Dr. S. Yip **Grande Prairie** Dr. R. Rigo **Lethbridge** Dr. A. Imbulgoda, Dr. A. Taleb **Medicine Hat** Dr. A. Taleb, Dr. S. Yip **Red Deer** Dr. C. Amaro, 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.	Aug/12 Jul/19 Jul/20	IV Load Dose – Basic IV Maintenance (6mg/kg every 3 weeks) – Basic

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
TRASTUZUMAB *Cont.*	2	Injectable	**Gynecology** • In combination with chemotherapy followed by single agent maintenance therapy for the treatment of advanced or recurrent HER2-positive, high grade serous carcinoma of the endometrium or uterus. Treatment should continue until disease progression or unacceptable toxicity. Prescribing limited to written authorization by named physicians: **CCI** Dr. C Aubrey, Dr. V. Capstick, Dr. M. Kolinsky, Dr. S. Pin, Dr. J. Rauw, Dr. J. Sabourin, Dr. H. Steed, Dr. T. Wells, Dr. B. Zorniak **Arthur Child** Dr. A. Cameron, Dr. P. Chu, Dr. P. Ghatage, Dr. S. Glaze, Dr. J. Nation, Dr. G. Nelson **Grande Prairie** **Lethbridge** Dr. A. Imbulgoda, Dr. A. Taleb **Medicine Hat** Dr. A Taleb **Red Deer** Dr. C. Amaro, Dr. S. Mairs, Dr. S. Raissouni, Dr. C. Tarukandirwa As recommended by the gynecology tumour program or outlined under group 2 drugs on first page.	Jan/23	Basic
TRASTUZUMAB DERUXTECAN (ENHERTU)	2	Injectable	**Breast Cancer** • Monotherapy for the treatment of adult patients with unresectable or metastatic HER2-positive breast cancer who have had prior treatment with an anti-HER2-based regimen in the metastatic setting or developed disease recurrence during or within 6 months of completing neoadjuvant or adjuvant therapy. Patient must not have previously progressed on an anti-HER2 antibody-drug conjugate in the metastatic setting; may be considered if intolerant to an alternate anti-HER2 antibody-drug conjugate. Prior treatment with an anti-HER2 antibody-drug conjugate in the adjuvant or neoadjuvant setting would be permitted if it has been at least 12 months since the completion of adjuvant therapy. Treatment should continue until confirmed disease progression or unacceptable toxicity.	Jun/23	Basic
			Unresectable / metastatic Her2- Low Breast Cancer • Adult patients with unresectable or metastatic HER2-low (IHC 1+ or IHC2+/ISH-) breast cancer who have all the following: - Treated with ≥ 1 prior line of chemotherapy in the metastatic setting or developed disease recurrence during or within 6 months of completing adjuvant chemotherapy. - Patients who are hormone receptor positive must have been treated with ≥ 1 prior line of endocrine therapy and no longer be considered candidates for endocrine therapy. - Good performance status (ECOG PS 0 to 2). • Trastuzumab deruxtecan must not be in combination with other cancer drugs. • Patients must not have symptomatic spinal cord compression, clinically active CNS metastases, or current interstitial lung disease or pneumonitis. *(See next page for additional criteria and authorized prescribers)*	Mar/24	Basic

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
TRASTUZUMAB DERUXTECAN (ENHERTU) *Cont.*	2	Injectable	*(See previous page for additional criteria)* • Trastuzumab deruxtecan must be discontinued upon the occurrence of progressive disease per mRECIST v1.1 (based on clinical and radiographic evaluation q 2-3 months or at physician's discretion) or unacceptable toxicity. • Patients may switch between trastuzumab deruxtecan and sacituzumab govitecan due to intolerance or toxicities, provided they meet eligibility criteria for both drugs. Prescribing limited to written authorization by named physicians: **CCI** Dr. S. Basi, Dr. D. Fenton, Dr. A. Joy, Dr. R. Khwaja, Dr. K. King, Dr. J. Meza-Junco, Dr. J. Price Hiller. Dr. M. Smylie, Dr. J. Walker, Dr. K. Young, Dr. X. Zhu, Dr. B. Zorniak **Arthur Child** Dr. N. Alimohamed, Dr. S. Cook, Dr. D. Ezeife, Dr. X. Feng, Dr. J. Henning, Dr. M. Hussain, Dr. O. Khan, Dr. V. Krause, Dr. S. Lupichuk, Dr. N. Nixon, Dr. G. Roldan Urgoiti, Dr. D. Ruether, Dr. P. Tang, Dr. R. Tsang, Dr. M. Webster **Grande Prairie** Dr. R. Rigo **Lethbridge** Dr. A. Imbulgoda, Dr. A. Taleb **Medicine Hat** Dr. A. Taleb, Dr. S. Yip **Red Deer** Dr. C. Amaro, 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.		
TRASTUZUMAB EMTANSINE (KADCYLA)	2	Injectable	**Breast Cancer** • 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). Patient must not have previously progressed on an anti-HER2 antibody-drug conjugate in the metastatic setting; may be considered if intolerant to an alternate anti-HER2 antibody-drug conjugate. 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). *(See next page for authorized prescribers)*	Jun/14 Jul/20 Dec/20 Jan/23 Jun/23	Basic

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
TRASTUZUMAB EMTANSINE (KADCYLA) *Cont.*	2	Injectable	*(See previous page for criteria)* Prescribing limited to written authorization by named physicians: **CCI** Dr. S. Basi, Dr. D. Fenton, Dr. A. Joy, Dr. R. Khwaja, Dr. K. King, Dr. J. Meza-Junco, Dr. J. Price Hiller. Dr. M. Smylie, Dr. J. Walker, Dr. K. Young, Dr. X. Zhu, Dr. B. Zorniak **Arthur Child** Dr. N. Alimohamed, Dr. S. Cook, Dr. D. Ezeife, Dr. X. Feng, Dr. J. Henning, Dr. M. Hussain, Dr. O. Khan, Dr. V. Krause, Dr. S. Lupichuk, Dr. N. Nixon, Dr. G. Roldan Urgoiti, Dr. D. Ruether, Dr. P. Tang, Dr. R. Tsang, Dr. M. Webster **Grande Prairie** Dr. R. Rigo **Lethbridge** Dr. A. Imbulgoda, Dr. A. Taleb **Medicine Hat** Dr. A. Taleb, Dr. S. Yip **Red Deer** Dr. C. Amaro, 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.		
TREMELIMUMAB	2	Injectable	**<u>Hepatocellular carcinoma (HCC)</u>** •Tremelimumab in combination with durvalumab should be reimbursed in the first line treatment of patients aged 18 years or older who meet all the following criteria: - Unresectable HCC that is no longer amenable to local therapies (e.g., transarterial chemoembolization or surgery) - Child-Pugh score class A - Good performance status (clinicians may consider using tremelimumab + durvalumab for patients with an ECOG > 1 at their discretion) - Require systemic therapy •Patients are ineligible for treatment with tremelimumab + durvalumab if they have any of the following: - Received any prior systemic therapy for unresectable HCC - Severe autoimmune or inflammatory disorders •Durvalumab dosing is 20mg/kg up to a maximum of 1500mg every 4 weeks •Switching from atezolizumab + bevacizumab to tremelimumab + durvalumab should be event-driven for patients experiencing serious adverse effects, such as severe proteinuria and GI perforation, but only in the absence of disease progression. Prescribing limited to written authorization by named physicians: **CCI** Dr. O. Abdelsalam, Dr. N. Chua, Dr. J. Easaw, Dr. K. King, Dr. S. Koski, Dr. K. Mulder, Dr. A. Paul, Dr. J. Price Hiller, Dr. J. Rauw, Dr. M. Sawyer, Dr. A. Scarfe, Dr. M. Smylie, Dr. J. Spratlin, Dr. J. Walker, Dr. K. Young, Dr. X. Zhu *(See next page for additional authorized prescribers)*	Apr/24 Jul/24	Basic

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
TREMELIMUMAB *Cont.*	2	Injectable	*(See previous page for criteria and additional authorized prescribers)* **Arthur Child** Dr. W. Cheung, Dr. S. Cook, Dr. N. Dehar, Dr. S. Dowden, Dr. X. Feng, Dr. D. Heng, Dr. J. Henning, Dr. H. Karachiwala, Dr. S. Karim, Dr. O. Khan, Dr. V. Krause, Dr. R. Lee-Ying, Dr. S. Lupichuk, Dr. J. Monzon, Dr. N. Nixon, Dr. G. Roldan Urgoiti, Dr. D. Ruether, Dr. V. Tam, Dr. P. Tang, Dr. R. Tsang, Dr. M. Webster, Dr. C. Wells, Dr. S. Yip **Grande Prairie** Dr. R. Rigo **Lethbridge** Dr. A. Imbulgoda, Dr. A. Taleb **Medicine Hat** Dr. A. Taleb, Dr. S. Yip **Red Deer** Dr. C. Amaro, 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.		
TRETINOIN	1	Capsules		May/95 Apr/09	N/A
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. K. King, Dr. S. Koski, Dr. K. Mulder, Dr. A. Paul, Dr. J. Price Hiller, Dr. J. Rauw, Dr. M. Sawyer, Dr. A. Scarfe, Dr. M. Smylie, Dr. J. Spratlin, Dr. J. Walker, Dr. K. Young, Dr. X. Zhu **Arthur Child** Dr. W. Cheung, Dr. S. Cook, Dr. N. Dehar, Dr. S. Dowden, Dr. X. Feng, Dr. D. Heng, Dr. J. Henning, Dr. O. Khan, Dr. H. Karachiwala, Dr. S. Karim, Dr. V. Krause, Dr. R. Lee-Ying, Dr. S. Lupichuk, Dr. J. Monzon, Dr. N. Nixon, Dr. G. Roldan Urgoiti, Dr. D. Ruether, Dr. V. Tam, Dr. P. Tang, Dr. R. Tsang, Dr. M. Webster, Dr. C. Wells, Dr. S. Yip **Grande Prairie** Dr. R. Rigo **Lethbridge** Dr. A. Imbulgoda, Dr. A. Taleb **Medicine Hat** Dr. A. Taleb, Dr. S. Yip **Red Deer** Dr. C. Amaro, 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.	Feb/21 May/21	N/A

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
TRIFLURIDINE/ TIPIRACIL	2	Oral	**Metastatic Colorectal Cancer:** •Trifluridine-tipiracil in combination with bevacizumab is for patients with unresectable metastatic colorectal cancer who have disease progression, intolerance, or are not candidates for available therapies including: - fluoropyrimidine-, oxaliplatin-, and irinotecan-based chemotherapies, anti-VEGF monoclonal antibody, and: - if they have disease that is RAS wild-type, anti-EGFR drugs - if they have dMMR/MSI-H, pembrolizumab - if they have a BRAF V600E mutation, anti-EGFR and encorafenib To a maximum of 2 prior cytotoxic chemotherapy regimens. Limited time use will be permitted for patients who received more than 2 prior cytotoxic chemotherapy regimens. Patients who received adjuvant/neoadjuvant therapy and had a recurrence during or within 6 months of completion could count that therapy as a regimen to qualify Patients with small bowel or appendiceal cancer histology would also be eligible Patients would be eligible regardless of prior bevacizumab exposure Patients should have good performance status Treatment should not be reimbursed in patients with uncontrolled CNS disease Prescribing limited to written authorization by named physicians: CCI Dr. O. Abdelsalam, Dr. N. Chua, Dr. J. Easaw, Dr. K. King, Dr. S. Koski, Dr. K. Mulder, Dr. A. Paul, Dr. J. Price Hiller, Dr. J. Rauw, Dr. M. Sawyer, Dr. A. Scarfe, Dr. M. Smylie, Dr. J. Spratlin, Dr. J. Walker, Dr. K. Young, Dr. X. Zhu **Arthur Child** Dr. W. Cheung, Dr. S. Cook, Dr. N. Dehar, Dr. S. Dowden, Dr. X. Feng, Dr. D. Heng, Dr. J. Henning, Dr. O. Khan, Dr. H. Karachiwala, Dr. S. Karim, Dr. V. Krause, Dr. R. Lee-Ying, Dr. S. Lupichuk, Dr. J. Monzon, Dr. N. Nixon, Dr. G. Roldan Urgoiti, Dr. D. Ruether, Dr. V. Tam, Dr. P. Tang, Dr. R. Tsang, Dr. M. Webster, Dr. C. Wells, Dr. S. Yip **Grande Prairie** Dr. R. Rigo **Lethbridge** Dr. A. Imbulgoda, Dr. A. Taleb **Medicine Hat** Dr. A. Taleb, Dr. S. Yip **Red Deer** Dr. C. Amaro, 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.	Sep/24 Feb/25	

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
TUCATINIB	2	Tablet	**Breast Cancer** •Tucatinib in combination with trastuzumab and capecitabine for the treatment of adult patients with locally advanced unresectable or metastatic HER2-positive breast cancer who have received at least one prior systemic treatment for HER2-positive, locally advanced for metastatic breast cancer AND have received prior treatment with trastuzumab, pertuzumab, and an anti-HER2 antibody-drug conjugate (in any setting). May be used in patients who cannot receive pertuzumab or an anti-HER2 antibody-drug conjugate due to contraindications or toxicity issues. Treatment should continue until disease progression or unacceptable toxicity. Treatment with tucatinib can continue if either capecitabine OR trastuzumab are discontinued due to toxicity, but must be discontinued if treatment with both capecitabine AND trastuzumab are discontinued. Prescribing limited to written authorization by named physicians: **CCI** Dr. S. Basi, Dr. D. Fenton, Dr. A. Joy, Dr. R. Khwaja, Dr. K. King, Dr. J. Meza-Junco, Dr. J. Price Hiller, Dr. M. Smylie, Dr. J. Walker, Dr. K. Young, Dr. X. Zhu, Dr. B. Zorniak **Arthur Child** Dr. N. Alimohamed, Dr. S. Cook, Dr. D. Ezeife, Dr. X. Feng, Dr. J. Henning, Dr. M. Hussain, Dr. O. Khan, Dr. V. Krause, Dr. S. Lupichuk, Dr. N. Nixon, Dr. G. Roldan Urgoiti, Dr. D. Ruether, Dr. P. Tang, Dr. R. Tsang, Dr. M. Webster **Grande Prairie** Dr. R. Rigo **Lethbridge** Dr. A. Haner, Dr. A. Imbulgoda, Dr. A. Taleb **Medicine Hat** Dr. A. Taleb, Dr. S. Yip **Red Deer** Dr. C. Amaro, 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.	Sep/22 Jun/23	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 **Arthur Child** Dr. A. Aleksi, Dr. C. Card, Dr. S. Dowden, Dr. S. Ghaznavi, Dr. R. Lee-Ying, Dr. R. Paschke, Dr. D. Ruether. **Grande Prairie** **Lethbridge** Dr. A. Imbulgoda, **Medicine Hat** **Red Deer** 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		Oct/12 Mar/15 Oct/16 Nov/17 Oct/18 Nov/21	N/A
VENETOCLAX	2	Oral	**Hematology** •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. •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 deletions 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. •Venetoclax in combination with obinutuzumab for the treatment of adult patients with previously untreated chronic lymphocytic leukemia (CLL) or small lymphocytic lymphoma (SLL) who are fludarabine ineligible. Treatment shall be given for a total of 12 months as a finite treatment (6x28 day cycles in combination with obinutuzumab, followed by 6 months of venetoclax as a single agent). Retreatment with venetoclax based regimen is allowed if relapse is greater than 12 months from completing venetoclax treatment. •Venetoclax in combination with azacitidine in adults newly diagnosed with acute myeloid leukemia (AML) who are 75 years or older, or who have comorbidities that preclude the use of intensive induction chemotherapy. Venetoclax may be added to azacitidine within 6 months of initiating azacitidine, if the patient's disease has not progressed. Treatment should be continued until disease progression or intolerable toxicity for a minimum of 6 cycles. Prescribing limited to written authorization by named physicians: **CCI** Dr. L. Bolster, Dr. J. Brandwein, Dr. M. Chu, Dr. N. Chua, Dr. V. DeVito, 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. M. Oliver, Dr. D. Page, Dr. A. Parker, Dr. J. Patterson, Dr. A. Peters, Dr. B. Ritchie, Dr. I. Sandhu, Dr. R. Sangha, Dr. V. Sapon-Cousineau, Dr. D. Sawler, Dr. R. Sterrett, Dr. L. Sun, Dr. S. Takach Lapner, Dr. M. Taparia, Dr. L. Wang, Dr. P. Wang, Dr. E. Wall, Dr. M.D. Wong, Dr. C. Wu, Dr. C. Wynick, Dr. N. Zhu *(See next page for additional authorized prescribers)*	Jul/19 Apr/20 Jul/20 Dec/20 Jan/22 Feb/22 May/22 Feb/24	N/A

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
VENETOCLAX *Cont.*	2	Oral	*(See previous page for criteria and additional authorized prescribers)* **Arthur Child** Dr. N. Bahlis, Dr. A. Bryant, Dr. S. Cerquozzi, Dr. A. Daly, Dr. V. David, Dr. M. Drew-McKinstry, Dr. P. Duggan, Dr. M. Geddes, Dr. D. Goodyear, Dr. J. Grossman, Dr. K. Hay, Dr. K. Jamani, Dr. S. McCulloch, Dr. E.P. Neri, Dr. C. Owen, Dr. S. Perry, Dr. R. Puckrin, Dr. N. Rydz, Dr. M.L. Savoie, Dr. M. Shafey, Dr. S. Shivji, Dr. Y.M. Shrom, Dr. L. Skeith, Dr. J. Slaby, Dr. J. Storek, Dr. L. Street, Dr. D. Suryanarayan, Dr. J. Tay, Dr. K. Uminski, Dr. H. Vahidy, Dr. D. Wong, Dr. M. Wong, Dr. V. Zepeda **Grande Prairie** Dr. J. Hattingh, Dr. S. Marcotte, Dr. G. Nikoleychuk, Dr. A. Peters, Dr. R. Sterrett **Lethbridge** Dr. S. Benke, Dr. A. Imbulgoda, Dr. G.S.E. Razavi **Medicine Hat** Dr. G.S.E. Razavi **Red Deer** 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
VISMODEGIB	2	Oral	**<u>Cutaneous</u>** • 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. *(See next page for additional criteria and authorized prescribers)*	Jun/14	N/A

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
VISMODEGIB *Cont.*	2	Oral	*(See previous page for additional criteria and authorized prescribers)* 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 Anaka, Dr. M. Smylie, Dr. J. Walker **Arthur Child** Dr. T. Cheng, Dr. X. Feng, Dr. J. Monzon		
ZANUBRUTINIB	2	Oral	**Waldenström's Macroglobulinemia (WM)** •Zanubrutinib for the treatment of adult patients with relapsed or refractory (RR) Waldenström's macroglobulinemia (WM). Must have received at least one prior line of therapy. Must meet a least 1 criterion for treatment according to IWWM-7 consensus panel criteria. Must NOT have progressed on a prior exposure to a BTK inhibitor (may be intolerant to prior BTK inhibitor) or must NOT have disease transformation. Continue treatment until disease progression or unacceptable toxicity. **Chronic Lymphocytic Leukemia (CLL)** • Adult patients with CLL who meet 1 of the following: - 1st line/Previously untreated CLL for whom fludarabine-based treatment is inappropriate including patients who: • have high-risk factors, including del17p, TP53 mutation, del11q and unmutated IGHV • have a contraindication or intolerance to chemoimmunotherapy • are not suitable candidates for intravenous therapy - Relapsed or refractory (r/r) CLL who have at least 1 prior systemic therapy. • Patients must not have prior progression on a BTK inhibitor or prolymphocytic leukemia or Richter's transformation. • Treatment should be discontinued upon occurrence of progression of disease according to International Workshop on CLL response assessment criteria or unacceptable toxicity. Prescribing limited to written authorization by named physicians: *(See next page for authorized prescribers)*	Jan/23 Mar/24 Sep/24	N/A N/A

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
ZANUBRUTINIB *Cont.*	2	Oral	*(See previous page for criteria)* **CCI** Dr. L. Bolster, Dr. J. Brandwein, Dr. M. Chu, Dr. N. Chua, Dr. V. DeVito, 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. M. Oliver, Dr. D. Page, Dr. A. Parker, Dr. J. Patterson, Dr. A. Peters, Dr. B. Ritchie, Dr. I. Sandhu, Dr. R. Sangha, Dr. V. Sapon-Cousineau, Dr. D. Sawler, Dr. R. Sterrett, Dr. L. Sun, Dr. S. Takach Lapner, Dr. M. Taparia, Dr. L. Wang, Dr. P. Wang, Dr. E. Wall, Dr. M.D. Wong, Dr. C. Wu, Dr. C. Wynick, Dr. N. Zhu **Arthur Child** Dr. N. Bahlis, Dr. A. Bryant, Dr. S. Cerquozzi, Dr. A. Daly, Dr. V. David, Dr. M. Drew-McKinstry, Dr. P. Duggan, Dr. M. Geddes, Dr. D. Goodyear, Dr. J. Grossman, Dr. K. Hay, Dr. K. Jamani, Dr. S. McCulloch, Dr. E.P. Neri, Dr. C. Owen, Dr. S. Perry, Dr. R. Puckrin, Dr. N. Rydz, Dr. M.L. Savoie, Dr. M. Shafey, Dr. S. Shivji, Dr. Y.M. Shrom, Dr. L. Skeith, Dr. J. Slaby, Dr. J. Storek, Dr. L. Street, Dr. D. Suryanarayan, Dr. J. Tay, Dr. K. Uminski, Dr. H. Vahidy, Dr. D. Wong, Dr. M. Wong, Dr. V. Zepeda **Grande Prairie** Dr. J. Hattingh, Dr. S. Marcotte, Dr. G. Nikoleychuk, Dr. A. Peters, Dr. R. Sterrett **Lethbridge** Dr. S. Benke, Dr. A. Imbulgoda, Dr. G.S.E. Razavi **Medicine Hat** Dr. G.S.E. Razavi **Red Deer** 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.		
ZOLEDRONIC ACID	2	Injectable	**<u>Breast Cancer</u>** • 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. D. Fenton, Dr. A. Joy, Dr. R. Khwaja, Dr. K. King, Dr. J. Meza-Junco, Dr. J. Price Hiller, Dr. M. Smylie, Dr. J. Walker, Dr. K. Young, Dr. X. Zhu, Dr. B. Zorniak **Arthur Child** Dr. N. Alimohamed, Dr. S. Cook, Dr. D. Ezeife, Dr. X. Feng, Dr. J. Henning, Dr. M. Hussain, Dr. O. Khan, Dr. V. Krause, Dr. S. Lupichuk, Dr. N. Nixon, Dr. G. Roldan Urgoiti, Dr. D. Ruether, Dr. P. Tang, Dr. R. Tsang, Dr. M. Webster **Grande Prairie** Dr. R. Rigo **Lethbridge** Dr. A. Haner, Dr. A. Imbulgoda, Dr. A. Taleb **Medicine Hat** Dr. A. Taleb, Dr. S. Yip **Red Deer** Dr. C. Amaro, 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

Drug	Group	Dosage Form	Criteria	Approval Date	Administration Classification
ZOLEDRONIC ACID *Cont.*	2	Injectable	**Symptomatic Myeloma** • Zoledronic Acid for the management of patients with symptomatic myeloma. Prescribing limited to written authorization by named physicians: **CCI** Dr. L. Bolster, Dr. J. Brandwein, Dr. M. Chu, Dr. N. Chua, Dr. V. DeVito, 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. M. Oliver, Dr. D. Page, Dr. A. Parker, Dr. J. Patterson, Dr. A. Peters, Dr. B. Ritchie, Dr. I. Sandhu, Dr. R. Sangha, Dr. V. Sapon-Cousineau, Dr. D. Sawler, Dr. R. Sterrett, Dr. L. Sun, Dr. S. Takach Lapner, Dr. M. Taparia, Dr. L. Wang, Dr. P. Wang, Dr. E. Wall, Dr. M.D. Wong, Dr. C. Wu, Dr. C. Wynick, Dr. N. Zhu **Arthur Child** Dr. N. Bahlis, Dr. A. Bryant, Dr. S. Cerquozzi, Dr. A. Daly, Dr. V. David, Dr. M. Drew-McKinstry, Dr. P. Duggan, Dr. M. Geddes, Dr. D. Goodyear, Dr. J. Grossman, Dr. K. Hay, Dr. K. Jamani, Dr. S. McCulloch, Dr. E.P. Neri, Dr. C. Owen, Dr. S. Perry, Dr. R. Puckrin, Dr. N. Rydz, Dr. M.L. Savoie, Dr. M. Shafey, Dr. S. Shivji, Dr. Y.M. Shrom, Dr. L. Skeith, Dr. J. Slaby, Dr. J. Storek, Dr. L. Street, Dr. D. Suryanarayan, Dr. J. Tay, Dr. K. Uminski, Dr. H. Vahidy, Dr. D. Wong, Dr. M. Wong, Dr. V. Zepeda **Grande Prairie** Dr. J. Hattingh, Dr. S. Marcotte, Dr. G. Nikoleychuk, Dr. A. Peters, Dr. R. Sterrett **Lethbridge** Dr. S. Benke, Dr. A. Imbulgoda, Dr. G.S.E. Razavi **Medicine Hat** Dr. G.S.E. Razavi **Red Deer** 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.	Sep/22	Basic