Assisted Living Alberta

RS-11 Restricted Use Medication - Miscellaneous Drugs

Form submission (non-formulary request) is not required when restricted criteria is met. Documentation of review and rationale for use over the formulary alternative(s) (if applicable) and the specific criteria that are met is kept within the resident care record.

Generic Name	Brand Name Example	Strength	Formulary Restriction (select LCA product when available)
acetaminophen extended release	Tylenol Arthritis	650 mg ER tablet	Limited to when a resident has a maximum of two pastimes for their overall medication profile.
azithromycin	Zithromax	250 mg tablet	Restricted to short-course use up to 5 days, depending on indication, in accordance with most recent Bugs & Drugs or Firstline treatment recommendations. Consider alternate therapy if a macrolide was used in previous 3 months. For longer courses of treatment or prophylaxis use, authorization is required through the non-formulary process. Pharmacist's documentation should include alignment of treatment plan (route, dose, frequency, duration) to indication, a guideline review, and C&S review as available.
budesonide / glycopyrronium bromide / formoterol fumarate dihydrate	Breztri Aerosphere	160 mcg * 7.2 mcg * 5 mcg/dose inhalation metered dose aerosol	For chronic maintenance therapy of COPD under the following conditions: i. Add-on therapy for inadequate response to optimal dual-inhaled therapy for COPD. *Dual-inhaled therapy can be any combination of a long-acting muscarinic antagonist (LAMA), long-acting beta-2 agonist (LABA) or an inhaled corticosteroid (ICS); OR ii. Current use of triple therapy – LAMA, LABA and ICS -- (including use of multiple inhaler devices), AND clinical assessment indicates that all three drug classes continue to be necessary. •*Ongoing need for triple therapy should be assessed at a minimum annually. The clinical pharmacist or other member of the care team may complete the Inhaler Medication Assessment Tool as directed based on assessed need.*
calcipotriol	Dovonex	50 mcg/g ointment	When prescribed or recommended by a dermatologist
calcipotriol / betamethasone dipropionate	Dovobet	50 mcg/g * 0.5 mg/g ointment, 50 mcg/g * 0.5 mg/g gel	When prescribed or recommended by a dermatologist

Generic Name	Brand Name Example	Strength	Formulary Restriction (select LCA product when available)
carboxymethylcellulose sodium - preservative-free, unit dose (minims)	Refresh Celluvisc	1%	i. Long-term or regular use: documented intolerance to preserved lubricants; OR ii. Short-term or intermittent use AND not to exceed 1 box per month *•1% may be stocked in site's wardstock for short-term and intermittent resident use*
carboxymethylcellulose sodium - preservative-free, unit dose (minims)	Refresh+ Plus	0.5%	i. Long-term or regular use: documented intolerance to preserved lubricants; OR ii. Short-term or intermittent use AND not to exceed 1 box per month.
clarithromycin	Biaxin (not Clavulin)	250 mg and 500 mg tablet	Restricted to short-course use up to 7 days, depending on indication, in accordance with most recent Bugs & Drugs or Firstline treatment recommendations. Consider alternate therapy if a macrolide was used in previous 3 months. For longer courses of treatment or prophylaxis use, authorization is required through the non-formulary process. Pharmacist's documentation should include alignment of treatment plan (route, dose, frequency, duration) to indication, a guideline review, and C&S review as available.
clobazam	Novo-clobazam (LCA), Frisium	10 mg tablet	When prescribed or recommended by a neurologist.
clozapine	Clozaril	25 mg, 50 mg, 100 mg & 200 mg tabs	i. For maintenance treatment of refractory schizophrenia established in the community when initially prescribed in consultation with a psychiatrist; OR ii. For initial use in a continuing care home, coverage for clozapine will be provided for treatment of schizophrenia refractory to trials of other medications in the same pharmacological class (e.g. olanzapine and quetiapine) AND when prescribed in consultation with a psychiatrist. *•Off-label indications and compounded clozapine are non-formulary.*
clozapine ODT	LCA	12.5 mg, 25 mg, 50 mg, 100 mg & 200 mg oral disintegrating tabs	i. For maintenance treatment of refractory schizophrenia established in the community when initially prescribed in consultation with a psychiatrist; OR ii. For initial use in a continuing care home, coverage for clozapine will be provided for treatment of schizophrenia refractory to trials of other medications in the same pharmacological class (e.g. olanzapine and quetiapine) AND when prescribed in consultation with a psychiatrist. *•Off-label indications and compounded clozapine are non-formulary.*
cyanocobalamin 1000 mcg/mL	vitamin B12	1000 mcg/mL injection	For residents who are unable to take solid or crushed oral dosage form. Dispense patient-specific.
dabigatran	Pradaxa	75 mg, 110 mg & 150 mg capsule	For failure or intolerance of a formulary unrestricted direct oral anticoagulant (apixaban).

Generic Name	Brand Name Example	Strength	Formulary Restriction (select LCA product when available)
desmopressin acetate	DDAVP	0.1 mg & 0.2 mg tabs 10 mcg/dose nasal spray	When prescribed or recommended by a neurologist or endocrinologist.
diclofenac diethylamine	Voltaren Emulgel Extra Strength	2.32%	i. Pain should have muscular-skeletal component, be superficial in nature and localized to an area; AND ii. Maximum twice a day application (PRN or scheduled); AND iii. If for short-course orders, the Automatic Stop Orders Guideline will apply (up to 14 days), unless otherwise indicated on the order; AND iv. If for new admission PRN orders, product will not be sent unless there is a demonstrated need (evidence of PRN use). Notes/Considerations • Due to high placebo response rate in chronic pain, for longer courses greater than 6 weeks, attempt to demonstrate ongoing effectiveness (min. semi-annually). Consider substitution with non-pharmacological emollient. • Consider obtaining a treatment order for non-pharmacological intervention(s). • If pain score is zero, consider medication taper or discontinuation on regular basis (quarterly to semi-annually); or document an alternative pain assessment, outcome, and rationale for ongoing use.
edoxaban	Lixiana	15 mg, 30 mg, and 60 mg tablet	i. For failure or intolerance of a formulary unrestricted direct oral anticoagulant (apixaban). This may include consideration for once-a-day dosing to facilitate medication adherence when there is non-adherence with twice daily dosing of apixaban; OR ii. When concurrent significant drug interactions with apixaban make edoxaban a preferred DOAC choice.
enalapril	Vasotec	2.5 mg tablet	2.5 mg strength is available for use when dose is too low to autosub to ramipril
enoxaparin	Elonox, Inclunox, Noromby, Redesca	all strengths of pre-filled syringes	Restricted to short-course use, 35 days or less. Automatic Stop Order Guideline (FPP-09) will apply (up to 14 days), unless otherwise indicated on the order. Notes/Considerations •If duration of therapy is for an indication greater than 35 days, an application must be made using the non-formulary/special authorization (FPP-01) process. •Admission or readmission orders must be reviewed within 7 days for indication,

Generic Name	Brand Name Example	Strength	Formulary Restriction (select LCA product when available)
fluticasone furoate / umeclidinium bromide / vilanterol trifenatate	Trelegy Ellpta	100 mcg * 62.5 mcg * 25 mcg /dose	For chronic maintenance therapy of COPD under the following conditions: i. Add-on therapy for inadequate response to optimal dual-inhaled therapy for COPD. *Dual-inhaled therapy can be any combination of a long-acting muscarinic antagonist (LAMA), long-acting beta-2 agonist (LABA) or an inhaled corticosteroid (ICS); OR ii. Current use of triple therapy – LAMA, LABA and ICS -- (including use of multiple inhaler devices) AND clinical assessment indicates that all three drug classes continue to be necessary. •*Ongoing need for triple therapy should be assessed at a minimum annually. The clinical pharmacist or other member of the care team may complete the Inhaler Medication Assessment Tool as directed based on assessed need.*
glucagon nasal powder	Baqsimi	3 mg device	For hypoglycemic treatment when unconscious or otherwise unable to take oral glucose. •*Limit of 1 device per main statbox.*
indacaterol acetate / glycopyrronium / mometasone	Enerzair Breezhaler	150mcg* 50mcg*160mcg inhalation caps	For chronic maintenance therapy of Asthma under the following conditions: i. Add-on therapy for inadequate response to maintenance doses of a LABA and medium or high-dose ICS AND having one or more asthma exacerbations in the previous 12 months; OR ii. Current use of triple therapy – LABA, LAMA and ICS – (including use of multiple inhaler devices), AND clinical assessment indicates that all three drug classes continue to be necessary. •*Ongoing need for triple therapy should be assessed at a minimum annually. The clinical pharmacist or other member of the care team may complete the Inhaler Medication Assessment Tool as directed, based on assessed need.*
levetiracetam	Keppra	250 mg, 500 mg & 750 mg tablet	When prescribed or recommended by a neurologist.
lisinopril	Prinivil , Zestril	2.5 mg tablet	2.5 mg strength is available for use when dose is too low to autosub to ramipril
midazolam	Versed	1 mg/mL injection	When prescribed or recommended for palliative care
morphine sulfate		2mg/mL injection	May be used when morphine is ordered for doses less than 2 mg via subcutaneous route; AND i. when an oral formulary product is not a reasonable option; AND ii. the product should be dispensed patient-specific.
naltrexone	Revia	50 mg tab	When prescribed for the treatment of opioid or alcohol dependence
oseltamivir	Tamiflu	30 mg & 75 mg capsules, 6 mg/mL liquid	Prophylaxis use is restricted use, as per the direction of AHS Public Health Outbreak Team. • *Treatment use is Formulary*

Generic Name	Brand Name Example	Strength	Formulary Restriction (select LCA product when available)
perindopril	Coversyl	2 mg, 4 mg and 8 mg tablet	When prescribed or recommended by a specialist
sucralfate	Sulcrate	1 g tablets	For treatment or prophylaxis of gastric ulcer, duodenal ulcers, or GERD refractory to proton-pump inhibitors and/or histamine H2 antagonists. •*Treatment dosing (four times a day) is restricted to up to 8 weeks. For use beyond 8 weeks, prophylaxis dosing (twice a day) is funded.*
sucralfate suspension	Sulcrate	200 mg/mL suspension	For treatment or prophylaxis of gastric ulcer, duodenal ulcers, or GERD refractory to proton-pump inhibitors and/or histamine H2 antagonists; AND i. When the resident cannot swallow crushed tablets; OR ii. when diagnostic imagining shows significant esophageal involvement. •*Treatment dosing (four times a day) is restricted to up to 8 weeks. For use beyond 8 weeks, prophylaxis dosing (twice a day) is funded.*
tetrabenazine	Nitoman	25 mg tablet	When prescribed or recommended by a neurologist, geriatrician or psychiatrist.
tinzaparin	Innohep	all strengths of pre-filled syringes	Restricted to short-course use, 35 days or less. Automatic Stop Order Guideline (FPP-09) will apply (up to 14 days), unless otherwise indicated on the order. •If duration of therapy is for an indication greater than 35 days, an application must be made using the non-formulary/special authorization (FPP-01) process. •Admission or readmission orders must be reviewed within 7 days for indication, duration, and alternate oral therapy.
urea	Uremol, Urist	10% & 20% creams, 10% lotion	i. For continuation of therapy on admission; OR ii. if failed an adequate trial of non-medicated moisturizer while in LTC; OR iii. when prescribed by a dermatologist or ISFL Skin & Wound consultant.
zoledronic acid	Aclasta	0.05 mg/mL injection	Restricted to diagnosis of osteoporosis for primary or secondary fracture prevention meeting the following criteria (established prior to each dispense): i. For those residents who are unable to take oral bisphosphonates; AND ii. physician documented life expectancy greater than 1 year (as demonstrated through prognostication and MDS scores); AND iii. current Fracture Risk Score (FRS) greater than or equal to 4; AND iv. resident can continue intake of adequate vitamin D and dietary or supplemental calcium. Additionally, consider a drug holiday if more than 3 years of parenteral or more than 6 years of oral bisphosphonate treatment for current treatment course. Treatment with zoledronic acid beyond 3 years requires NF approval.