## Appendix 1: Stakeholder Consultations

The following stakeholders were consulted for the purposes of this Environmental Scan. Permission was granted by all interviewees to publish their comments in this report.

<table>
<thead>
<tr>
<th>Province/Territory</th>
<th>Key Informant</th>
</tr>
</thead>
</table>
| **Alberta**        | Dr. Andrew Crichton MD FRCSC  
Clinical Professor of Surgery  
Division of Ophthalmology  
Faculty of Medicine, University of Calgary  
Calgary Ophthalmology Centre, Calgary |
|                    | Dr. Karim Damji MD FRCSC MBA  
Professor and Chair, Department of Ophthalmology and Visual Sciences  
University of Alberta  
Clinical Section Head, Ophthalmology, Edmonton Zone, Alberta Health Services  
Royal Alexandra Hospital, Edmonton |
|                    | Dr. Bryce Ford MD FRCSC  
Clinical Assistant Professor  
Division of Ophthalmology  
Faculty of Medicine, University of Calgary  
Calgary Ophthalmology Center, Calgary |
| **British Columbia** | Dr. James Taylor MD  
Ophthalmologist  
Royal Jubilee Hospital  
Victoria |
|                    | Ms. Carla Service BScN MPA CHE  
Program Manager, Island Health Surgical Ambulatory Clinics and Regional Pain Program  
Project Leader, Surgical Programs  
Vancouver Island Health Authority, Royal Jubilee Hospital |
| **Manitoba**       | Dr. Jennifer Rahman MD  
Eye Physician and Surgeon  
Medical Director, GEM Clinic  
Glaucoma & Eye Management Clinic  
Winnipeg |
|                    | Dr. Guillermo Rocha MD FRCSC FACS  
Ophthalmologist  
President, Canadian Ophthalmological Society  
Associate Professor, Faculty of Medicine, University of Manitoba  
Medical Director, Ocular Microsurgery & Laser Centre, Brandon Regional Health Centre  
Brandon |
|                    | Ms. Gillian Toth RN  
Director of Acute Care Programs  
Misericordia Health Centre  
Winnipeg |
<table>
<thead>
<tr>
<th>Province/Territory</th>
<th>Key Informant</th>
</tr>
</thead>
</table>
| New Brunswick           | Dr. Ken Roberts MD  
Associate Consultant Ophthalmologist,  
Horizon Health Network  
Fredericton              |
| Newfoundland & Labrador| Dr. Xavier Campos MD  
Ophthalmologist  
Glaucoma and advanced anterior Segment Surgery  
Western Health Eye Care Centre  
Corner Brook             |
| Nova Scotia             | Dr. Marcelo Nicolela MD FRCS  
Department Chief, Ophthalmology  
QEII Health Sciences Centre  
Department Head and Professor  
Department of Ophthalmology & Visual Sciences, Dalhousie University  
Halifax                  |
|                         | Dr. Paul Rafuse MD PhD FRCSC  
Ophthalmologist  
QEII Health Sciences Centre  
Associate Professor  
Department of Ophthalmology & Visual Sciences, Dalhousie University  
Halifax                  |
| Ontario                 | Dr. Ike Ahmed MD FRCSC  
Head of Ophthalmology, Trillium Health Partners, Mississauga  
Ophthalmologist, Prism Eye Institute, Brampton  
Assistant Professor, Department of Ophthalmology & Vision Sciences, University of Toronto  
Research Director, Kensington Eye Institute  
Toronto                  |
|                         | Dr. Catherine Birt MA MD FRCSC  
Affiliate scientist, Sunnybrook Health Sciences Centre  
Associate Professor, Department of Ophthalmology and Vision Sciences, Faculty of Medicine, University of Toronto  
Toronto                  |
|                         | Dr. Sherif El-Defrawy MD PhD FRCSC  
Professor and Chairman  
Department of Ophthalmology and Vision Sciences  
University of Toronto  
Ophthalmologist-in-Chief, Kensington Eye Institute  
Toronto                  |
|                         | Dr. Steven M. Gilberg MD FRCSC  
Chairman and Head  
University of Ottawa Eye Institute  
Ottawa                   |
<table>
<thead>
<tr>
<th>Province/Territory</th>
<th>Key Informant</th>
</tr>
</thead>
</table>
|                   | **Dr. Cindy M.L. Hutnik MD PhD**  
|                   | Ivey Eye Institute, London  
|                   | Professor, Department of Ophthalmology  
|                   | Schulich School of Medicine and Dentistry  
|                   | London  
|                   | **Ms. Donna Punch RN**  
|                   | Clinical Director  
|                   | Kensington Eye Institute  
|                   | Toronto  
| Quebec            | **Dr. Hady Saheb, MD MPH FRCSC DABO**  
|                   | Glaucoma, Cataract and Advanced Anterior Segment Surgeon  
|                   | Assistant Professor, Ophthalmology  
|                   | Director of Resident Research, McGill University  
|                   | Montreal  
| Prince Edward Island | **Dr. Richard Wedge MD**  
|                   | CEO (retired 2016)  
|                   | Health PEI  
|                   | Charlottetown  
| Yukon             | **Dr. Paul Mackenzie MD PhD**  
|                   | Ophthalmologist  
|                   | Eye Care Centre, Vancouver General Hospital  
|                   | Assistant Professor  
|                   | Ophthalmology and Visual Sciences, Faculty of Medicine  
|                   | University of British Columbia |
Appendix 2: Consultation Questions

The following questions were posed to key informants as part of the stakeholder consultation:

1. How do you/your facility manage patients with glaucoma?

2. Is your facility/jurisdiction currently performing MIGS procedures? If so, which one(s)? If not, are any being considered?

3. Are traditional glaucoma surgeries being performed along with MIGS procedures in your facility/jurisdiction?

4. What do you consider to be the main challenges to implementing MIGS procedures in your jurisdiction? (what’s getting in the way)

5. What is in place now that assists in best practice as it relates to MIGS procedures? (enablers)

6. How do you determine which patients get access to MIGS procedures in your facility/jurisdiction?

7. What formal training do your clinicians receive in order to perform MIGS procedures?

8. How are clinicians in your facility/jurisdiction reimbursed for performing MIGS procedures?

9. Are there any research studies regarding MIGS implementation issues that we should be aware of?

10. Are there any individuals (clinicians, researchers, health system administrators) you feel we should consult with for this Environmental Scan?
### Appendix 3: Available MIGS Procedures and Devices in Canada

<table>
<thead>
<tr>
<th>MIGS Device or Procedure</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Approach: Reducing aqueous production</strong></td>
<td></td>
</tr>
</tbody>
</table>
| Endoscopic cyclophotocoagulation (or endocyclophotocoagulation) (ECP) | ECP involves targeted ablation of the ciliary body with an endoscope probe to reduce the production of aqueous humour. 
12,38                                                                                                                                 |
| **Approach: Increasing trabecular outflow by bypassing the TM using tissue ablation/removal** |                                                                                                                                                                                                           |
| Trabectome                                                   | The trabectome is a surgical device used to perform an “ab-interno trabeculectomy,” which involves ablation and removal of tissue from the TM and inner wall of Schlemm’s canal using high-frequency electrocautery to facilitate the outflow of aqueous humour from the anterior chamber to the collector channels. 
5,12,35                                                                                                                                 |
| Kahook Dual Blade                                            | The Kahook is a dual-blade single-use instrument designed to perform an ab-interno trabeculectomy, similar to the trabectome. The instrument removes tissue from the TM and inner wall of Schlemm’s canal to create a pathway for improving aqueous outflow. 
58                                                                                                                                 |
| **Approach: Increasing trabecular outflow by bypassing the TM using a device** |                                                                                                                                                                                                           |
| iStent (first generation)                                   | The iStent is a device made of heparin-coated titanium that is inserted into Schlemm’s canal using an ab-interno surgical technique to create a permanent bypass channel for aqueous outflow from the anterior chamber to the collector channels. 
5,10,12,59 Single or multiple iStents may be implanted. 
5                                                                                                                                 |
| iStent Inject (second generation)                           | The iStent Inject is also made of heparin-coated titanium, but is three times smaller than the first-generation iStent, and is designed for ab-interno injection into Schlemm’s canal using a less challenging surgical technique. 
60 The iStent Inject is preloaded with two stents, such that both can be placed without removing the injector from the eye. 
60                                                                                                                                 |
| **Approach: Increasing trabecular outflow by bypassing the TM via 360° suture** |                                                                                                                                                                                                           |
| Gonioscopy-assisted transluminal trabeculotomy (GATT)        | GATT is a procedure for ab-interno circumferential trabeculotomy using a 360° suture or microcatheter in Schlemm’s canal (i.e., opening the trabecular meshwork pathway without removing tissue). 
58,61                                                                                                                                 |
| **Approach: Increasing uveoscleral outflow via suprachoroidal shunts** |                                                                                                                                                                                                           |
| CyPass Micro-Stent                                           | The CyPass Micro-Stent is a polyamide tube, 6.35 mm long with a 300 mm lumen, that is implanted into the supraciliary space (between the ciliary body and the sclera) to create a permanent channel between the anterior chamber and the suprachoroidal space. 
12,63                                                                                                                                 |
<table>
<thead>
<tr>
<th>MIGS Device or Procedure</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Approach: Creating a subconjunctival pathway for filtration</strong></td>
<td></td>
</tr>
<tr>
<td>XEN 45 Gel Stent</td>
<td>The XEN Gel Stent is a device that is implanted from the anterior chamber into the subconjunctival space to provide a bypass route for aqueous outflow. The cylindrical implant is made of flexible collagen-derived gelatin material cross-linked with glutaraldehyde, measures 6 mm in length, and is available in three different options denoted by inner diameters of 45 µm, 63 µm, and 140 µm. However, the manufacturer recommends only the 45 µm size to prevent hypotony. The procedure may be augmented with subconjunctival injection of mitomycin-C to reduce scarring.</td>
</tr>
<tr>
<td>XEN 63 Gel Stent</td>
<td></td>
</tr>
<tr>
<td>XEN 140 Gel Stent</td>
<td></td>
</tr>
<tr>
<td><strong>Approach: Dilation of the Schlemm's canal using a microstent</strong></td>
<td></td>
</tr>
<tr>
<td>Hydrus MicroStent</td>
<td>The Hydrus MicroStent is an 8 mm long nitinol alloy open scaffold device shaped to fit the Schlemm's canal and is implanted into the Schlemm's canal via a preloaded injector.</td>
</tr>
</tbody>
</table>

ECP = endoscopic cyclophotoagulation or endocyclophotoagulation; GATT = gonioscopy-assisted transluminal trabeculotomy; IOP = intraocular pressure; MIGS = minimally invasive glaucoma surgery; TM = trabecular meshwork.
Appendix 4: Drug Plan Benefit Listings

Prostaglandin analogues

Prostaglandin analogues include travoprost, latanoprost, and bimatoprost.

<table>
<thead>
<tr>
<th>Drug</th>
<th>Strength/ Dosage Form</th>
<th>BC</th>
<th>AB</th>
<th>SK</th>
<th>MB</th>
<th>ON</th>
<th>NB</th>
<th>NL</th>
<th>NS</th>
<th>PEI</th>
<th>NIHB/NU</th>
<th>DND</th>
</tr>
</thead>
<tbody>
<tr>
<td>Travoprost 0.003% ophthalmic solution</td>
<td>5 mL ophthalmic solution</td>
<td>UR</td>
<td>UR</td>
<td>UR</td>
<td>UR</td>
<td>UR</td>
<td>UR</td>
<td>UR</td>
<td>UR</td>
<td>NaB</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Travoprost 0.004% (Travatan Z and generics)</td>
<td>5 mL ophthalmic solution</td>
<td>FB</td>
<td>FB</td>
<td>FB</td>
<td>FB</td>
<td>RES</td>
<td>FB</td>
<td>FB</td>
<td>FB</td>
<td>FB</td>
<td>FB</td>
<td></td>
</tr>
<tr>
<td>Travoprost 0.004% (generics)</td>
<td>2.5 mL ophthalmic solution</td>
<td>FB</td>
<td>FB</td>
<td>FB</td>
<td>FB</td>
<td>NaB</td>
<td>FB</td>
<td>FB</td>
<td>FB</td>
<td>FB</td>
<td>FB</td>
<td></td>
</tr>
<tr>
<td>Latanoprost 0.005% (Xalatan and generics)</td>
<td>2.5 mL ophthalmic solution</td>
<td>FB</td>
<td>FB</td>
<td>FB</td>
<td>FB</td>
<td>RES</td>
<td>FB</td>
<td>FB</td>
<td>FB</td>
<td>FB</td>
<td>FB</td>
<td></td>
</tr>
<tr>
<td>Bimatoprost 0.01% (Lumigan RC)</td>
<td>5 mL ophthalmic solution</td>
<td>FB</td>
<td>FB</td>
<td>FB</td>
<td>FB</td>
<td>RES</td>
<td>FB</td>
<td>FB</td>
<td>FB</td>
<td>FB</td>
<td>FB</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7.5 mL ophthalmic solution</td>
<td>FB</td>
<td>FB</td>
<td>FB</td>
<td>FB</td>
<td>RES</td>
<td>FB</td>
<td>FB</td>
<td>FB</td>
<td>FB</td>
<td>FB</td>
<td></td>
</tr>
<tr>
<td>Bimatoprost 0.03% (Vistitan)</td>
<td>3 mL ophthalmic solution</td>
<td>NaB</td>
<td>FB</td>
<td>NaB</td>
<td>FB</td>
<td>RES</td>
<td>FB</td>
<td>NaB</td>
<td>NaB</td>
<td>NaB</td>
<td>FB</td>
<td>NaB</td>
</tr>
<tr>
<td></td>
<td>5 mL ophthalmic solution</td>
<td>NaB</td>
<td>FB</td>
<td>NaB</td>
<td>FB</td>
<td>RES</td>
<td>FB</td>
<td>NaB</td>
<td>NaB</td>
<td>NaB</td>
<td>FB</td>
<td>NaB</td>
</tr>
</tbody>
</table>

AB = Alberta; BC = British Columbia; DND = Department of Defense; FB = full benefit; MB = Manitoba; NB = New Brunswick; NaB = not a benefit; NIHB = Non-Insured Health Benefits (NIHB) Program; NL = Newfoundland and Labrador; NS = Nova Scotia; NU = Nunavut; ON = Ontario; PEI = Prince Edward Island; RES = restricted benefit with specified criteria (e.g., special authorization, exception drug status, limited use benefit), SK = Saskatchewan; UR = under review.

Sources: BC PharmaCare Formulary\(^{42}\), Alberta Interactive Drug Benefit List\(^{42}\), Manitoba Pharmacare Program Drug Formulary Lookup\(^{44}\), Ontario Drug Benefit Formulary\(^{46}\), New Brunswick Drug Plans Formulary\(^{46}\), Nova Scotia Formulary\(^{47}\), P.E.I. Pharmacare Formulary\(^{48}\), Non-Insured Health Benefits Formulary \(^{41}\), Canadian Armed Forces Drug Benefit List\(^{49}\), Saskatchewan Online Formulary Database\(^{50}\), Newfoundland and Labrador Interchangeable Drug Products Formulary\(^{50}\).
### Alpha-2 Adrenergic Agonists

Alpha-2 adrenergic agonists include brimonidine and apraclonidine.

<table>
<thead>
<tr>
<th>Drug</th>
<th>Strength/ Dosage Form</th>
<th>BC</th>
<th>AB</th>
<th>SK</th>
<th>MB</th>
<th>ON</th>
<th>NB</th>
<th>NL</th>
<th>NS</th>
<th>PEI</th>
<th>NIHB/NU</th>
<th>DND</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brimonidine (Alphagan and generics)</td>
<td>0.15% Ophthalmic solution</td>
<td>FB</td>
<td>NaB</td>
<td>FB</td>
<td>FB</td>
<td>RES</td>
<td>FB</td>
<td>FB</td>
<td>FB</td>
<td>FB</td>
<td>FB</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0.20% Ophthalmic solution</td>
<td>FB</td>
<td>FB</td>
<td>FB</td>
<td>–</td>
<td>RES</td>
<td>FB</td>
<td>–</td>
<td>FB</td>
<td>–</td>
<td>FB</td>
<td>FB</td>
</tr>
<tr>
<td>Apraclonidine (Iopidine)</td>
<td>0.5% Ophthalmic solution</td>
<td>FB</td>
<td>FB</td>
<td>NaB</td>
<td>FB</td>
<td>NaB</td>
<td>FB</td>
<td>FB</td>
<td>FB</td>
<td>FB</td>
<td>FB</td>
<td></td>
</tr>
</tbody>
</table>

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### Beta Adrenergic Antagonists

Beta adrenergic antagonists include betaxolol, timolol, and levobunolol.

<table>
<thead>
<tr>
<th>Drug</th>
<th>Strength/ Dosage Form</th>
<th>BC</th>
<th>AB</th>
<th>SK</th>
<th>MB</th>
<th>ON</th>
<th>NB</th>
<th>NL</th>
<th>NS</th>
<th>PEI</th>
<th>NIHB/NU</th>
<th>DND</th>
</tr>
</thead>
<tbody>
<tr>
<td>Betaxolol (Betoptic S)</td>
<td>0.25% Ophthalmic solution</td>
<td>FB</td>
<td>FB</td>
<td>FB</td>
<td>FB</td>
<td>GB</td>
<td>FB</td>
<td>FB</td>
<td>FB</td>
<td>FB</td>
<td>FB</td>
<td></td>
</tr>
<tr>
<td>Timolol (Timoptic and generics)</td>
<td>0.25% Ophthalmic solution</td>
<td>FB</td>
<td>FB</td>
<td>FB</td>
<td>FB</td>
<td>GB</td>
<td>FB</td>
<td>FB</td>
<td>FB</td>
<td>FB</td>
<td>FB</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0.50% Ophthalmic solution</td>
<td>FB</td>
<td>EX: NaB WE: FB</td>
<td>FB</td>
<td>FB</td>
<td>GB</td>
<td>FB</td>
<td>FB</td>
<td>NaB</td>
<td>FB</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Timolol gel-forming solution (Timoptic XE, Timolol maleate EX)</td>
<td>0.25% Ophthalmic solution</td>
<td>FB</td>
<td>FB</td>
<td>GB</td>
<td>FB</td>
<td>FB</td>
<td>0.25%: NaB 0.50%: FB</td>
<td>FB</td>
<td>0.25%: NaB 0.50%: FB</td>
<td>FB</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>0.50% Ophthalmic solution</td>
<td>FB</td>
<td>0.25%: NaB 0.50%: FB</td>
<td>FB</td>
<td>FB</td>
<td>GB</td>
<td>0.25%: NaB 0.50%: FB</td>
<td>FB</td>
<td>0.25%: NaB 0.50%: FB</td>
<td>FB</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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**Carbonic Anhydrase Inhibitors**

Carbonic anhydrase inhibitors include dorzolamide and brinzolamide.

<table>
<thead>
<tr>
<th>Drug</th>
<th>Strength/ Dosage Form</th>
<th>BC</th>
<th>AB</th>
<th>SK</th>
<th>MB</th>
<th>ON</th>
<th>NB</th>
<th>NL</th>
<th>NS</th>
<th>PEI</th>
<th>NIHB/NU</th>
<th>DND</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dorzolamide (Trusopt and generics)</td>
<td>2.00% Ophthalmic solution</td>
<td>FB</td>
<td>FB</td>
<td>FB</td>
<td>FB</td>
<td>RES</td>
<td>FB</td>
<td>FB</td>
<td>FB</td>
<td>FB</td>
<td>FB</td>
<td>FB</td>
</tr>
<tr>
<td>Brinzolamide (Azopt)</td>
<td>1.00% Ophthalmic solution</td>
<td>FB</td>
<td>FB</td>
<td>FB</td>
<td>RES</td>
<td>FB</td>
<td>FB</td>
<td>FB</td>
<td>FB</td>
<td>FB</td>
<td>FB</td>
<td>FB</td>
</tr>
</tbody>
</table>

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**Parasympathomimetics (Cholinergic Agents)**

Parasympathomimetics include pilocarpine and carbachol.

<table>
<thead>
<tr>
<th>Drug</th>
<th>Strength/ Dosage Form</th>
<th>BC</th>
<th>AB</th>
<th>SK</th>
<th>MB</th>
<th>ON</th>
<th>NB</th>
<th>NL</th>
<th>NS</th>
<th>PEI</th>
<th>NIHB/NU</th>
<th>DND</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pilocarpine (Isopto Carpine and generics)</td>
<td>1.00%, 2.00% Ophthalmic solution</td>
<td>FB</td>
<td>FB</td>
<td>FB</td>
<td>(1% discontinued)</td>
<td>FB</td>
<td>GB</td>
<td>FB</td>
<td>FB</td>
<td>2% &amp; 4% – FB</td>
<td>1% – NaB</td>
<td>FB</td>
</tr>
<tr>
<td>4.00% Ophthalmic solution</td>
<td>—</td>
<td>NaB</td>
<td>Discontinued but had been FB</td>
<td>FB</td>
<td>NaB</td>
<td>NaB</td>
<td>NaB</td>
<td>NaB</td>
<td>NaB</td>
<td>FB</td>
<td>NaB</td>
<td></td>
</tr>
<tr>
<td>Carbachol (isopto Carbachol)*</td>
<td>1.00%, 3.00% Ophthalmic solution</td>
<td>—</td>
<td>NaB</td>
<td>Discontinued but had been FB</td>
<td>FB</td>
<td>NaB</td>
<td>NaB</td>
<td>NaB</td>
<td>NaB</td>
<td>FB</td>
<td>NaB</td>
<td></td>
</tr>
</tbody>
</table>

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* For Carbachol 1% and 3% (Isopto Carbachol) it appears that these products have been discontinued by the manufacturer and there does not appear to be a comparable product currently available in Canada.

Combination Products

Combination products are anti-glaucoma drops that contain two or more medications within their formulation.

<table>
<thead>
<tr>
<th>Drug</th>
<th>Strength/ Dosage Form</th>
<th>BC</th>
<th>AB</th>
<th>SK</th>
<th>MB</th>
<th>ON</th>
<th>NB</th>
<th>NL</th>
<th>NS</th>
<th>PEI</th>
<th>NIHB/NUNI</th>
<th>DND</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brinzolamide/brimonidine (Simbrinza)</td>
<td>1.0%/0.2% Ophthalmic solution</td>
<td>FB</td>
<td>FB</td>
<td>FB</td>
<td>FB</td>
<td>RES</td>
<td>FB</td>
<td>FB</td>
<td>NB</td>
<td>NB</td>
<td>FB</td>
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</tr>
<tr>
<td>Brimonidine/timolol maleate (Combigan)</td>
<td>0.2%/0.5% Ophthalmic solution</td>
<td>FB</td>
<td>FB</td>
<td>FB</td>
<td>FB</td>
<td>RES</td>
<td>FB</td>
<td>FB</td>
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</tr>
<tr>
<td>Brinzolamide/timolol maleate (Azarga)</td>
<td>1.0%/0.5% Ophthalmic solution</td>
<td>FB</td>
<td>FB</td>
<td>FB</td>
<td>FB</td>
<td>RES</td>
<td>FB</td>
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</tr>
<tr>
<td>Dorzolamide/timolol maleate (Cosopt and generics)</td>
<td>2.0%/0.5% Ophthalmic solution</td>
<td>FB</td>
<td>FB</td>
<td>FB</td>
<td>FB</td>
<td>RES</td>
<td>FB</td>
<td>FB</td>
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</tr>
<tr>
<td>Latanoprost/timolol maleate (Xalacom and generics)</td>
<td>50mcg/mL – 5mg/mL Ophthalmic solution</td>
<td>FB</td>
<td>FB</td>
<td>FB</td>
<td>FB</td>
<td>RES</td>
<td>FB</td>
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</tr>
<tr>
<td>Travoprost/timolol maleate (DuoTrav PQ)</td>
<td>0.004%/% Ophthalmic solution</td>
<td>FB</td>
<td>Generic – UR</td>
<td>RES</td>
<td>FB</td>
<td>FB</td>
<td>FB</td>
<td>FB</td>
<td>FB</td>
<td>FB</td>
<td>FB</td>
<td>RES</td>
</tr>
</tbody>
</table>

AB = Alberta; BC = British Columbia; DND = Department of Defense; FB = full benefit; MB = Manitoba; NB = New Brunswick; NIHB = Non-Insured Health Benefits (NIHB) Program; NL = Newfoundland and Labrador; NS = Nova Scotia; NU = Nunavut; ON = Ontario; PEI = Prince Edward Island; RES = restricted benefit with specified criteria (e.g., special authorization, exception drug status, limited use benefit), SK = Saskatchewan; UR = under review.

Appendix 5: Drug Plan Benefit Listings Associated Listing Criteria

Ontario was the only province who provided the associated listing criteria for glaucoma medications with restricted benefits. The Canadian Armed Forces also provided information on their associated listing criteria for medications with restricted benefits.

**Ontario**:  
Travatan Z (travoprost), Xalatan (latanoprost), Lumigan RC (bimatoprost), Vistitan (bimatoprost), Alphagan (brimonidine), Trusopt (dorzolamide), and Azopt (brinzolamide)  
- As first-line treatment of elevated intraocular pressure in patients who cannot tolerate an ophthalmic beta-blocking agent or where beta-blocking agents are contraindicated.  
- As second-line monotherapy or combination therapy in patients who do not have an adequate intraocular pressure lowering response to ophthalmic beta-blocking agents.  
- For use as adjunctive therapy with an ophthalmic beta-blocking agent in an urgent situation (e.g., patients with a high baseline intraocular pressure) where monotherapy is unlikely to be effective.

Simbrinza (brinzolamide/brimonidine)  
- As second-line therapy for patients who do not have an adequate intraocular pressure lowering response to monotherapy with brinzolamide or brimonidine.  
- For use as initial therapy in an urgent situation (e.g., patients with a high baseline intraocular pressure) where monotherapy is unlikely to be effective.

Combigan (brinzolamide/timolol), Azarga (brinzolamide/timolol), Cosopt (dorzolamide/timolol), Xalacom (latanoprost/timolol), DuoTrav PQ (travoprost/timolol)  
- As second-line therapy for patients who do not have an adequate intraocular pressure lowering response to monotherapy with ophthalmic beta-blocking agents.  
- For use as initial therapy in an urgent situation (e.g., patients with a high baseline intraocular pressure) where monotherapy is unlikely to be effective.

**Canadian Armed Forces**:  
DuoTrav (timolol combination), Azarga (timolol combination)  
- Requests for use are considered for members who have not adequately responded to monotherapy with ophthalmic beta blocker drugs.