

Palliative Care Drug Plan (Plan P) Formulary

— List of drugs PharmaCare covers

Last Updated: Nov 16, 2016

Important Notes:

- Pharmacists must submit a claim on PharmaNet at the time of purchase to enable coverage.
- PharmaCare may not cover all available formulations and strengths of the drugs listed below under Plan P.
 - ▶▶ Examples of drug formulation include: tablet, capsule, liquid, and injection.
 - ▶▶ Examples of drug strength include: 5 mg and 10 mg/ml.
- If PharmaCare covers a generic version of a drug, PharmaCare usually covers only part of the cost of the brand product. Some generic products may be only partially covered depending on the price of competing generic products.
- This formulary is intended only as a general guide to the products covered by PharmaCare's Palliative Care Drug Plan (Plan P) and may not reflect recent changes to the formulary.
- PharmaCare formularies are not a replacement for professional medical judgment and advice.

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Select a link below or scroll to view the formulary.

Questions? Please contact the [Health Insurance BC](#).

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Analgesics	
Non-Opioid	
▪ Acetaminophen	
NSAIDs (This category excludes topical NSAIDs)	
▪ Celecoxib	▪ Meloxicam
▪ Diclofenac	▪ Naproxen
▪ Ibuprofen	
Opioids (This category excludes Demerol, Pentazocine, Butorphanol, Anileridine)	
▪ Codeine products including acetaminophen combinations	▪ Morphine
▪ Fentanyl	▪ Oxycodone
▪ Hydromorphone	▪ Sufentanil
▪ Methadone	
Misc Analgesics	
▪ Ketamine	▪ Xylocaine
▪ Mexiletine	
Anticoagulants and Coagulants	
Anticoagulants	
▪ Heparin sodium	▪ Warfarin
Coagulants – Antifibrinolytic Agents	
▪ Tranexamic acid	
Anticonvulsants	
▪ Carbamazepine	▪ Phenytoin
▪ Gabapentin	▪ Valproic acid
▪ Phenobarbital	
Antidiarrheals	
▪ Bismuth subsalicylate	▪ Octreotide – As a last resort only (e.g., currently covered for profuse diarrhea in advanced AIDS not responsive to multiple constipating agents).
▪ Diphenoxylate	
▪ Loperamide	
Antiemetics	
▪ Dexamethasone	▪ Metoclopramide – oral, parenteral
▪ Dimenhydrinate	▪ Octreotide – As a last resort only (e.g., currently covered for uncontrolled vomiting from an irreversible bowel obstruction not responsive to the use of multiple antiemetics).
▪ Domperidone	▪ Prochlorperazine – oral, suppository
▪ Haloperidol	▪ Promethazine

Anti-infectives	
Antifungal (oral/topical/vaginal preparations)	
▪ Clotrimazole	▪ Ketoconazole
▪ Fluconazole	▪ Nystatin
Antimicrobials	
▪ All antimicrobials normally covered by PharmaCare	
Antivirals	
▪ Acyclovir	▪ Famcyclovir
Antipruritics	
▪ Diphenhydramine	▪ Hydroxyzine
Antispasmodics	
▪ Atropine	▪ Hyoscyamine (Levsin)
▪ Baclofen	▪ Opium and Belladonna – suppositories
▪ Benztropine	▪ Oxybutynin
▪ Dantrolene	▪ Scopolamine – oral, parenteral, patch
▪ Dicyclomine (Bentylol)	
Bone Metabolism Regulators	
▪ Clodronate	▪ Pamidronate
▪ Denosumab (Xgeva)	▪ Zoledronic acid – Covered if a cost-effective usage. For example, if a patient is at home, has an estimated life span of more than 4 weeks, and hospital day care is not available or the patient would need transportation to get to a hospital. In such a case, the physician could administer zoledronic acid over 10-15 minutes via a butterfly needle in a peripheral vein.
Central Nervous System Stimulants	
▪ Methylphenidate	
Congestive Heart Failure Therapy	
▪ All ACE inhibitors that are normally PharmaCare benefits	▪ Carvedilol
▪ All antianginals that are normally PharmaCare benefits	▪ Digoxin
▪ All beta blockers that are normally PharmaCare benefits	
Diabetic Agents	
▪ Insulin	▪ Metformin
▪ Glyburide	

Diuretics	
▪ Amiloride	▪ Metolazone
▪ Ethacrynic acid	▪ Spironolactone
▪ Furosemide	▪ Triamterene
▪ Hydrochlorothiazide	
H2 Blockers and Proton Pump Inhibitors	
▪ Pantoprazole magnesium	▪ Ranitidine
▪ Rabeprazole	
Hemorrhoid Therapy (Ointment and Suppositories)	
▪ Anusol®, Anusol HC® or equivalent preparations	▪ Pramoxine with and without hydrocortizone
▪ Framycetin	▪ Zinc sulfate with and without hydrocortizone
Laxatives	
▪ Bisacodyl	▪ Microlax® enema
▪ Cascara	▪ Magnesium citrate
▪ Docusate sodium	▪ Magnesium hydroxide (Milk of Magnesia)
▪ Fleet enema®	▪ Senna
▪ Glycerin	▪ Senna/Docusate combinations
▪ Lactulose	
Psychiatric Medication	
Antidepressants	
▪ Amitriptyline	▪ Imipramine
▪ Bupropion	▪ Mirtazapine
▪ Citalopram	▪ Nortriptyline
▪ Desipramine	▪ Paroxetine
▪ Doxepin	▪ Sertraline
▪ Escitalopram	▪ Trazodone
▪ Fluoxetine	▪ Venlafaxine
▪ Fluvoxamine	▪ Zuclopenthixol
Antipsychotics	
▪ Aripiprazole	▪ Methotrimeprazine
▪ Chlorpromazine	▪ Paliperidone
▪ Haloperidol	▪ Risperidone
▪ Loxapine	▪ Quetiapine
Anxiolytics/Hypnotics	
▪ Alprazolam	▪ Lorazepam – oral, sublingual, parenteral
▪ Clonazepam	▪ Midazolam
▪ Diazepam – oral, parenteral	▪ Oxazepam

Respiratory System Therapy	
Bronchodilators	
▪ Aminophylline tablets	▪ Salbutamol – inhalers and nebulas
▪ Ipratropium – inhalers and nebulas	▪ Theophylline
Inhaled Corticosteroids	
▪ Beclomethasone	▪ Fluticasone
▪ Budesonide	▪ mometasone furoate (Asmanex™ Twisthaler™)
▪ Ciclesonide	
Antitussives	
▪ Codeine syrup	▪ Hydrocodone-phenyltoloxamine
Steroids	
▪ Dexamethasone	▪ All topical steroids normally covered by PharmaCare
▪ Prednisone	
Wound care	
▪ Fucidin (topical)	▪ Silver sulfadiazine (topical)
▪ Metronidazole (topical)	
Other	
▪ Azeleic acid topical gel	▪ Potassium chloride solution
▪ Digestive enzymes	▪ Simethicone
▪ Glycopyrrolate	