



Appendix A: Medication Table¹⁻⁴

This drug list includes examples of treatment options (commonly used drugs and/or a PharmaCare benefit) and is not a comprehensive list.

Information in this table is provided for otherwise healthy adult patients. Dose adjustments for special populations (e.g. children, elderly, pregnancy, renal or hepatic dysfunction, polypharmacy) may be necessary. Please consult other resources for specific cases such as the product monograph, a pharmacist, primary literature and/or an interaction checker (e.g., Lexicomp) before prescribing.

Generic Name Trade Name Dosage Forms and Strengths	Recommended Adult Dose ^A	Adverse Effects ^B	Drug Interactions ^B	PharmaCare Coverage ^C	Approx. Cost per Month ^D	Comments
Analgesics						
Acetaminophen						
Acetaminophen <i>Tylenol, G</i> Tabs: 325, 500 mg XR tabs: 650 mg Suppositories: 325, 650 mg	<i>Mild-moderate pain:</i> 325-1000 mg every 4-6 hours <i>XR tabs:</i> 1300 mg TID <i>Low back pain:</i> 325-650 mg every 4 hours Maximum: 4000 mg per day	Hepatotoxicity in overdose or supratherapeutic dosing.	Chronic alcohol use increases the risk of hepatotoxicity. Acetaminophen has been reported to increase INR in warfarin-treated patients.	Regular benefit (Palliative Care, Plan W patients) Non-benefit (Other PharmaCare plans)	\$10-20	Available OTC: 325, 500, 650 mg Maximum: 4000 mg/d
Nonsteroidal Anti-inflammatory Drugs (NSAIDs)						
For treatment of Acute Pain: maximum duration of 7 days is recommended Use the lowest dose for the shortest duration to reduce risk of serious adverse effects (i.e., GI complications, CV events, renal toxicity) To reduce GI complications, use a COX-2 inhibitor or add a PPI even for short term use. Studies show CV risk is similar between naproxen (≤ 750 mg/d), ibuprofen (≤ 1200mg/d), and celecoxib (≤ 200 mg/d) ^{5,6}						
ibuprofen <i>Advil, Motrin, G</i> Caps/tabs: 200, 400, 600, 800 mg <i>Advil XR</i> XR tabs: 600 mg	<i>Anti-inflammatory:</i> 400-600 mg TID <i>Low back pain:</i> 300-600 mg TID-QID <i>Mild-moderate pain:</i> 200-800 mg every 6-8 hours <i>Dysmenorrhea:</i> 200-600 mg q6h <i>Headache:</i> 400-800 mg q6h x1-2 doses <i>Gout:</i> 800 mg TID for 5-7 days Maximum: 2400mg per day	GI: dyspepsia, epigastric pain, nausea/vomiting, diarrhea, gastric and duodenal ulcers, GI bleeding. Cardiovascular: MI, stroke, heart failure, fluid retention, hypertension. Nephrotoxicity may occur; avoid NSAIDs in patients with severe renal impairment (CrCl <30 mL/min).	Warfarin: increased anticoagulant effect. Antihypertensives (diuretics, beta-blockers, ACE inhibitors, alpha-blockers): possible reduction in antihypertensive effect. Increased risk of GI bleeding with SSRIs.	Regular benefit, RDP Reference Drug	\$15-30	Available OTC: 200, 400 mg Maximum: 1200 mg/d
naproxen <i>Naprosyn, G</i> Tabs: 250, 375, 500 mg EC Tabs: 250, 375, 500 mg	<i>Anti-inflammatory:</i> 375-500 mg BID <i>Mild-moderate pain:</i> 250-500 mg BID <i>Dysmenorrhea:</i> 500 mg STAT, then 500 mg BID or 250 mg TID-QID <i>Low back pain:</i> 250-375 mg BID-TID <i>Migraine:</i> 750 mg STAT, then 250-500 mg if needed <i>Gout:</i> 750 mg STAT, then 500 mg BID for 5-7 days Maximum: 1250-1500 mg per day	CNS: dizziness, drowsiness, headache, tinnitus, confusion (especially in the elderly); CNS effects may be dose related and respond to decreased dosage. Minor or serious skin rashes, pruritus.	Lithium: monitor lithium levels when NSAID added. Lithium may interfere with sodium/water balance.	Regular benefit, RDP Reference Drug	\$10-20	

Generic Name Trade Name Dosage Forms and Strengths	Recommended Adult Dose ^A	Adverse Effects ^B	Drug Interactions ^B	PharmaCare Coverage ^C	Approx. Cost per Month ^D	Comments
naproxen sodium <i>Aleve, Anaprox, Motrin, G</i> Tabs: 220, 275, 550 mg	<i>Anti-inflammatory:</i> 440-550 mg BID <i>Mild-moderate pain:</i> 220-550 mg BID Maximum: 1375 mg per day *Naproxen sodium 220 mg = Naproxen 200 mg	GI: dyspepsia, epigastric pain, nausea/vomiting, diarrhea, gastric and duodenal ulcers, GI bleeding. Cardiovascular: MI, stroke, heart failure, fluid retention, hypertension.	Warfarin: increased anticoagulant effect. Antihypertensives (diuretics, beta-blockers, ACE inhibitors, alpha-blockers): possible reduction in antihypertensive effect. Increased risk of GI bleeding with SSRIs. Lithium: monitor lithium levels when NSAID added. Lithium may interfere with sodium/water balance.	Non-benefit	\$25-40	Available OTC: 220 mg Maximum: 440 mg/d
celecoxib <i>Celebrex, G</i> Caps: 100, 200 mg	<i>Anti-inflammatory:</i> 200 mg once daily or BID <i>Mild-moderate pain:</i> 200 mg once daily or divided BID <i>Gout (off-label):</i> 200 mg BID for 5-7 days Maximum: 400 mg per day	Nephrotoxicity may occur; avoid NSAIDs in patients with severe renal impairment (CrCl <30 mL/min).		Limited coverage	\$10-20	COX-2 selective inhibitor at therapeutic doses
diclofenac potassium <i>Voltaren Rapide, G</i> Tabs: 50 mg	<i>Anti-inflammatory:</i> 50 mg BID <i>Osteoarthritis:</i> 25 mg BID-TID or 50 mg BID <i>Dysmenorrhea (off-label):</i> 100 mg STAT then 50 mg q6-8h prn (max day 1: 200 mg; day 2+: 100 mg/d) Maximum: 100 mg per day	CNS: dizziness, drowsiness, headache, tinnitus, confusion (especially in the elderly); CNS effects may be dose related and respond to decreased dosage.		Limited Coverage, RDP	\$25-30	
diclofenac sodium <i>Voltaren, G</i> EC tabs: 25, 50 mg SR tabs: 75, 100 mg Suppository: 50, 100 mg	<i>Anti-inflammatory:</i> EC: 50 mg BID SR: 75-100 mg SR once daily <i>Osteoarthritis:</i> EC: 25 mg BID-TID or 50 mg BID SR: 75-100 mg once daily <i>Dysmenorrhea (off-label):</i> EC: 100 mg STAT then 50 mg q6-7h (max day 1: 200 mg; day 2+: 100 mg/d) SR: 75 mg BID Maximum: 100 mg per day	Minor or serious skin rashes, pruritus.		Limited Coverage, RDP	\$10-20	
indomethacin <i>Indocid, G</i> Caps: 25, 50 mg Suppository: 50, 100 mg	<i>Anti-inflammatory:</i> 25 mg TID <i>Gout:</i> 75 mg STAT; Day 1-2: 50 mg q6h; Day 3: 50 mg q8h; Day 4: 25 mg q8h <i>Mild-moderate pain:</i> 25-50 mg TID Maximum: 200 mg per day			Limited Coverage, RDP	\$20-30	
ketorolac <i>Toradol, G</i> Tabs: 10 mg	<i>Anti-inflammatory:</i> 10 mg QID <i>Mild-moderate pain:</i> 10 mg QID Maximum: 40 mg per day for 7 days (5 days in combination with IM/IV)			Non-benefit	\$20/ 1 week	Maximum duration of 7 days.
meloxicam <i>Mobicox, G</i> Tabs: 7.5, 15 mg	<i>Anti-inflammatory:</i> 7.5 mg once daily <i>Mild-moderate pain:</i> 7.5-15 mg once daily <i>Gout:</i> 15 mg once daily Maximum: 15 mg per day			Limited Coverage	\$10	COX-2 preferential at low dose, selectivity lost at high doses

Generic Name Trade Name Dosage Forms and Strengths	Recommended Adult Dose ^A	Adverse Effects ^B	Drug Interactions ^B	PharmaCare Coverage ^C	Approx. Cost per Month ^D	Comments
Opioids						
codeine <i>Codeine, Codeine Contin, G</i> IR: 15, 30 mg CR (12h): 50, 100, 150, 200 mg	IR: 15-30 mg every 4 hours as required CR: 50 mg BID 50 mg ME = 334 mg/d 90 mg ME = 600 mg/d	All opioids: nausea, constipation, sedation or drowsiness, confusion, urinary retention, dry mouth, respiratory depression, risk of addiction; allergic reactions, e.g., rash.	All opioids: additive sedation with other CNS depressants such as alcohol; potential enhancement of opioid effects with lidocaine.	Regular benefit	\$25-30	Codeine is metabolized by CYP2D6 to its active form, morphine. Up to 23% of the population may produce significantly more or less morphine than expected based on the dose. Monitor for increased side effects/ decreased efficacy or select alternative drug.
codeine/acetaminophen with or without caffeine <i>Tylenol #1, 2, 3, 4, Emtec -30, G</i> Tabs: 8/300 mg, 15/300 mg, 30/300 mg, 60/300 mg with or without 15 mg caffeine	Codeine(mg)/tablet: 8-30 mg/tab: 1-2 tabs every 4-6 hours as required 60 mg/tab: 1 tab every 4-6 hours as required Maximum: 13 tablets per day (3900 mg acetaminophen)			Codeine ≥15 mg: Regular benefit Codeine <15 mg: Non-benefit	OTC: \$25-35 Rx: \$35-65	Products containing codeine 8 mg and 2 other medicinal ingredients are available without a prescription. See attached combination product table
hydromorphone <i>Dilaudid, Hydromorphone-contin, G</i> IR: 1, 2, 4, 8 mg CR (12h): 3, 4.5, 6, 9, 12, 18, 24, 30 mg Syrup: 1 mg/ml	IR: 1-2 mg every 4 hours as required CR: 3 mg BID 50 mg ME = 10 mg/d 90 mg ME = 18 mg/d			IR: Regular benefit CR: Regular benefit (Plan P) Non-benefit (Other plans)	IR: \$20-30 CR: \$45-150 Syrup:	
morphine <i>MS-IR, Statex, M-Ediat</i> IR: 5, 10, 20, 25, 30, 50 mg <i>MS Contin, M-eslon</i> SR (12h): 10, 15, 30, 60, 100, 200 mg <i>Kadian</i> SR (24h): 10, 20, 50, 100 mg <i>Doloral</i> Syrup: 1 mg/ml, 5 mg/ml	IR: 5-10 mg every 4 to 6 hours as required SR (12h): 15 mg BID SR (24h): 20-30 mg once daily 50 mg ME = 50 mg/d 90 mg ME = 90 mg/d			Regular benefit	IR: \$25 SR (12h): \$15 SR (24h): \$45 Syrup: \$10-20 Inj: \$300	
oxycodone <i>Oxy-IR, Supeudol, OxyNEO, G</i> IR: 5, 10, 20 mg CR (12h): 5, 10, 15, 20, 30, 40, 60, 80 mg Suppository: 10, 20 mg	IR: 5-10 mg every 4 to 6 hours as required CR: 10-15 mg BID 50 mg ME = 33 mg/d 90 mg ME = 60 mg/d			IR: Regular benefit CR: Regular benefit (Plan P) Non-benefit (Other plans)	IR: \$35 CR (12h): \$30-75	
oxycodone/acetaminophen <i>Percocet, G</i> IR: 5/325 mg	1 tablet every 4-6 hours Maximum: 12 tablets per day (3900 mg acetaminophen)			Regular benefit	\$25	*Also available in combination with 325 mg ASA

Generic Name Trade Name Dosage Forms and Strengths	Recommended Adult Dose ^A	Adverse Effects ^B	Drug Interactions ^B	PharmaCare Coverage ^C	Approx. Cost per Month ^D	Comments
oxycodone/naloxone <i>Targin, G</i> Tabs: 5/2.5, 10/5, 20/10, 40/20 mg	10/5 mg every 12 hours Maximum: 80/40 mg per day			Non-benefit	\$70-180	*naloxone is indicated for the relief of opioid-induced constipation
tramadol <i>Ultram, G</i> IR: 50 mg <i>Durela, Ralivia (Peak 12-15h, duration 24h):</i> ER tabs: 100, 200, 300 mg <i>Tridural, G (Peak 4-8h, duration 24 h):</i> ER tabs: 100, 200, 300 mg <i>Zytram XL (Peak 4-8h, duration 24 h):</i> XL tabs: 75, 100, 150, 200, 300, 400 mg	IR: 50 mg every 4 to 6 hours Maximum: 400 mg per day ER: 100 mg once daily Maximum: 300 mg per day XL: 150 mg once daily Maximum: 400 mg per day 50 mg ME = 300 mg/d 90 mg ME = 540 mg/d	Respiratory depression, sedation, ataxia, constipation, seizures, nausea, orthostatic hypotension.	Do not use if MAOIs taken within past 14 days. Caution with drugs that lower seizure threshold, e.g., SSRIs, TCAs, bupropion. Additive effects with other CNS depressants (e.g., alcohol, opioids, hypnotics). Carbamazepine may decrease analgesic effect of tramadol. Clearance of tramadol (and conversion to its active M1 metabolite) may be decreased by inhibitors of CYP2D6 such as fluoxetine, paroxetine or quinidine, increasing the risk of seizures or serotonin syndrome. Clearance may also be reduced by inhibitors of CYP3A4 such as erythromycin, itraconazole or ketoconazole.	Non-benefit	IR: \$85 ER: \$25-100 XL: \$35-160	Tramadol is metabolized by CYP2D6 to a more active metabolite. Up to 28% of the population may produce significantly more or less of the metabolite than expected based on the dose. Monitor for increased side effects/ decreased efficacy or select alternative drug.
tramadol/acetaminophen <i>Tramacet, g</i> Tabs: 37.5/325 mg	1-2 tablets every 4 to 6 hours as required Maximum: 8 tablets per day			Non-benefit	\$80-160	

Generic Name Trade Name Dosage Forms and Strengths	Recommended Adult Dose ^A	Adverse Effects ^B	Drug Interactions ^B	PharmaCare Coverage ^C	Approx. Cost per Month ^D	Comments
Tricyclic Antidepressants (TCA)						
amitriptyline G Tabs: 10, 25, 50, 75 mg	<i>Chronic neuropathic pain, postherpetic neuralgia (Off-label)</i> Initial: 10-25 mg once daily Usual: 50-150 mg once daily <i>Fibromyalgia (Off-label):</i> Initial: 5-10 mg once daily Usual: 20-30 mg once daily <i>Interstitial cystitis (Off-label):</i> Initial: 10 mg once daily Usual: 75-100 mg once daily <i>Postherpetic neuralgia (Off-label):</i> Initial: 10-25 mg once daily Usual: up to 160 mg per day	All TCAs: dry mouth, constipation, drowsiness, blurred vision, urinary retention, weight gain, confusion, tachycardia (rare reversible idiosyncratic effect). Avoid in patients with prostatic hypertrophy (because TCAs may cause/exacerbate urinary retention), angle-closure glaucoma or in significant heart disease because of cardiac toxicity, e.g., arrhythmias.	All TCAs: metabolized by cytochrome P450; potential interactions with other substrates, inhibitors (e.g., erythromycin, fluoxetine, fluvoxamine, isoniazid, itraconazole, ketoconazole, paroxetine, valproic acid) or inducers (e.g., carbamazepine, phenobarbital, phenytoin, rifampin); increased sedation with other CNS depressants such as alcohol; increased anticholinergic effects with other anticholinergic agents.	Regular benefit	\$5-15	Amitriptyline is metabolized by both CYP2D6 and CYP2C19. Up to 50% of the population may produce significantly more or less metabolite than expected based on the dose. Monitor for increased side effects/ decreased efficacy or select alternative drug.
desipramine G Tabs: 10, 25, 50, 75, 100 mg	<i>Chronic neuropathic pain (Off-label)</i> Initial: 10-25 mg once daily at bedtime Usual: 50-75 mg once daily at bedtime <i>Diabetic neuropathy (off-label):</i> Initial: 12.5 mg once daily Usual: up to 250 mg per day <i>Postherpetic neuralgia (Off-label):</i> Initial: 12.5-25 mg once daily Usual: up to 150 mg per day	Amitriptyline is more sedating than other TCAs; preferable option if insomnia is an issue.		Regular benefit	\$5-30	Desipramine is metabolized by CYP2D6. Up to 30% of the population may produce significantly more or less metabolite than expected based on the dose. Monitor for increased side effects/ decreased efficacy or select alternative drug.
nortriptyline G Caps: 10, 25 mg	<i>Chronic neuropathic pain (Off-label)</i> Initial: 10-25 mg once daily at bedtime Usual: 50-75 mg once daily at bedtime <i>Diabetic neuropathy (Off-label):</i> Initial: 10-25 mg once daily Usual: 25-100 mg per day <i>Postherpetic neuralgia (Off-label):</i> Initial: 10-20 mg once daily Usual: up to 160 mg per day			Regular benefit	\$15-60	Nortriptyline is metabolized by CYP2D6. Up to 30% of the population may produce significantly more or less metabolite than expected based on the dose. Monitor for increased side effects/ decreased efficacy or select alternative drug.
Antidepressants						
duloxetine <i>Cymbalta, G</i> Caps: 30, 60 mg	<i>Diabetic neuralgia, fibromyalgia, chronic low back pain, osteoarthritis of the knee:</i> Initial: 30-60 mg once daily Maximum: 120 mg per day	Nausea, headache, drowsiness, insomnia, dizziness, dry mouth. Do not use in patients with severe renal impairment (CrCl<30 mL/min).	Alcohol, CNS depressants. Avoid use with MAOIs or tramadol; may cause serotonin syndrome. Avoid use with potent CYP1A2 inhibitors (e.g., ciprofloxacin, fluvoxamine, ketoconazole). CYP2D6 inhibitors (e.g., SSRIs); may increase duloxetine levels.	Limited coverage (for doses ≤ 60 mg/d) Non-benefit (doses >60 mg/d)	\$15-35	

Generic Name Trade Name Dosage Forms and Strengths	Recommended Adult Dose ^A	Adverse Effects ^B	Drug Interactions ^B	PharmaCare Coverage ^C	Approx. Cost per Month ^D	Comments
venlafaxine <i>Effexor XR, G</i> Caps: 37.5, 75, 150 mg	<i>Neuropathic pain (Off-label):</i> Initial: 37.5 mg once daily Usual: 150-225 mg once daily Maximum: 375 mg per day	Hypertension, ataxia, sedation, insomnia, nausea, hyperhidrosis, dry mouth, constipation, anxiety, anorexia.	Clearance may be reduced by inhibitors of CYP2D6 such as cannabidiol, fluoxetine, paroxetine or quinidine, or by inhibitors of CYP3A4 such as erythromycin, itraconazole, ketoconazole or grapefruit juice. Contraindicated with MAOIs.	Regular benefit	\$10-15	Duloxetine is preferred due to more evidence of efficacy for neuropathic pain.
Gabapentinoids and Anticonvulsants						
carbamazepine <i>Tegretol, G</i> Chew tabs: 100, 200 mg IR tabs: 200 mg CR tabs: 200, 400 mg Suspension: 100 mg/5 ml	<i>Trigeminal Neuralgia:</i> IR Tabs/Susp: Initial: IR tabs/Susp: 100 mg BID-QID CR tabs: 100 mg BID Usual: 400-800 mg per day in 2-4 divided doses Maximum: 1200 mg per day	Rash 5–10%, which rarely can be very serious; increased liver enzymes; transient neutropenia (common); aplastic anemia (extremely rare); hyponatremia.	Substrate of CYP3A4 and potent inducer of several cytochrome P450 enzymes; therefore, many potential drug interactions. May decrease efficacy of hormonal contraceptives; adjunctive nonhormonal birth control is recommended.	Regular benefit	\$5-15 Susp: \$50-100	
gabapentin <i>Neurontin, G</i> Caps: 100, 300, 400 mg Tabs: 600, 800 mg	<i>Neuropathic Pain/Diabetic neuropathy and other chronic pain conditions (Off-label):</i> Initial: 100-300 mg 1-3 times per day Usual: 900- 2400 mg/d in divided doses Maximum: 3600 mg per day <i>Postherpetic neuralgia (Off-label):</i> Day 1: 300 mg once daily Day 2: 300 mg BID Day 3: 300 mg TID Usual: 1800 – 3600 mg per day Maximum: 3600 mg per day <i>Fibromyalgia (Off-label):</i> Initial: 100 mg at bedtime Usual: 1200-2400 mg in 2-3 divided doses Maximum: 2700 mg per day	Sedation, ataxia, tremor; less commonly, GI upset, peripheral edema, vision changes, weight gain, respiratory depression.	Potentiates risk of respiratory depression and death when combined with opioids. Administration with aluminum/magnesium-containing antacids may decrease bioavailability.	Regular benefit	\$10-30	In neuropathic pain, doses over 1800 mg/day do not produce better analgesia but do tend to increase harms.

Generic Name Trade Name Dosage Forms and Strengths	Recommended Adult Dose ^A	Adverse Effects ^B	Drug Interactions ^B	PharmaCare Coverage ^C	Approx. Cost per Month ^D	Comments
pregabalin <i>Lyrica, G</i> Caps: 25, 50, 75, 150, 225, 300 mg	<i>Neuropathic Pain:</i> Initial: 50-150 mg once daily or in 2 divided doses Usual dose: 150-300 mg BID Maximum: 600 mg per day <i>Fibromyalgia:</i> Initial: 25-50 mg at bedtime Usual: 75-150 mg BID Maximum: 450 mg per day <i>Diabetic neuropathy:</i> Initial: 25-75 mg once daily or in 2 divided doses Usual: 150 mg BID-TID Maximum: 600 mg per day <i>Postherpetic neuralgia:</i> Initial: 75 mg once daily or 50 mg TID Usual: 150 mg BID Maximum: 600 mg per day	Sedation, ataxia, edema, diplopia, weight gain, dry mouth.	No known significant drug interactions; caution when used with opioids as it may potentiate risks of respiratory depression and death.	Regular benefit	\$15-30	In neuropathic pain, doses over 300 mg/day do not produce better analgesia but do tend to increase harms.
Muscle Relaxants						
Usual duration of 1-2 weeks for muscle spasm associated with acute musculoskeletal conditions						
baclofen <i>Lioresal, G</i> Tabs: 10, 20 mg	5 mg BID-TID or 10 mg BID for 1-2 weeks Maximum: 80 mg/day	Sedation, muscle weakness, nausea, dizziness. Hepatotoxicity (very rare). Gradual withdrawal is important to minimize the potential for seizures. Not recommended in >65 y.	Potential additive CNS depression with benzodiazepines, opioids, TCAs and some antihypertensive agents.	Regular benefit	\$3/ week	
cyclobenzaprine <i>Flexeril, G</i> Tabs: 10 mg	<i>Musculoskeletal spasm:</i> 5-10 mg TID for 1-2 weeks Maximum: 30 mg per day <i>Fibromyalgia (Off-label):</i> Initial: 10 mg at bedtime Maximum: 40 mg per day	Drowsiness, dry mouth, dizziness, fatigue, nausea, constipation. Not recommended in >65 y.	May increase risk of CNS effects when used with opioids or other CNS depressants. Increased risk of seizures with tramadol. SSRIs and CYP1A2 inhibitors (quinolones, ketoconazole) may decrease clearance. Do not use with MAOIs.	Regular benefit	\$3/ week	5 mg may be as effective as 10 mg with less adverse effects.
methocarbamol <i>Robaxin, G</i> Tabs: 500, 750 mg	1000 mg QID for 1-2 weeks	Drowsiness, dry mouth, dizziness, fatigue, nausea, constipation. Not recommended in >65 y.	Combination with opioids or other CNS depressants may increase risk of CNS depression.	Non-benefit	\$45/ week	Available without a prescription as a single agent and in combinations. See attached combination table.
Topical analgesics						
diclofenac diethylamine <i>Voltaren Emulgel</i> Gel: 1.16%, 2.32%	<i>Sprains, strains, muscle/tendon soreness:</i> Apply TID – QID for up to 7 days <i>Osteoarthritis:</i> Apply TID-QID	Skin dryness or irritation, hypersensitivity. Serious GI toxicity has not been seen to date in clinical trials.	With significantly lower amounts of medication in circulation following topical application (approximately 6% absorbed) vs. oral administration, drug interactions are unlikely with use of topical diclofenac. See diclofenac, oral for potential interactions.	Non-benefit	\$20 per 100g tube	May also be compounded in higher strengths with a prescription.
diclofenac sodium <i>Pennsaid, G</i> Solution: 1.5%	<i>Osteoarthritis of the knee:</i> Apply 50 drops TID or Apply 40 drops QID for up to 3 months			Non-benefit	\$250	

Generic Name Trade Name Dosage Forms and Strengths	Recommended Adult Dose ^A	Adverse Effects ^B	Drug Interactions ^B	PharmaCare Coverage ^C	Approx. Cost per Month ^D	Comments
Cannabis/ Cannabinoids						
nabilone <i>Cesamet, G</i> Caps: 0.25, 0.5, 1 mg	<i>Neuropathic pain (off-label):</i> Initial: 0.25-0.5 mg at bedtime Usual: 1 mg BID Maximum: 6 mg per day	Sedation, dizziness, ataxia, psychotropic effects ("high"), tachycardia, orthostatic hypotension, dry mouth.	Additive sedation occurs with other sedating medications such as opioid analgesics, hypnotics, alcohol; avoid or minimize concurrent use if possible. Cannabidiols are metabolized by many CYP enzymes including 2C19 and 3A4 and may interact with other CYP substrates.	Regular benefit	\$100	

ACE angiotensin converting enzyme; **BID** twice daily; **CAP** capsule/caplet; **CBD** cannabidiol; **COX-2** cyclooxygenase-2; **CNS** central nervous system; **CR** controlled release; **CrCl** creatinine clearance; **CV** cardiovascular; **CYP** cytochrome P450; **/d** per day; **ER** extended release; **G** generic; **GI** gastrointestinal; **INR** international normalized ratio; **IR** immediate release; **MAOI** monoamine oxidase inhibitor; **ME** morphine equivalent; **mg** milligrams; **MI** myocardial infarction; **MS** multiple sclerosis; **NSAID** Nonsteroidal anti-inflammatory drugs **ODT** orally disintegrating tablet; **OTC** over the counter; **QID** four times a day; **SL** sublingual; **SR** sustained released; **SSRI** selective serotonin reuptake inhibitor; **STAT** immediately; **SUPP** suppository; **SUSP** suspension; **TAB** tablet; **TCA** tricyclic antidepressant; **TID** three times a day; **THC** delta-9-tetrahydrocannabinol; **XL** controlled release; **XR** extended release

^A **For normal renal and hepatic function. Consult product monograph for detailed dosing instructions and dose adjustments for special patient populations (<https://health-products.canada.ca/dpd-bdpp/index-eng.jsp>) and/or an interaction checker (e.g., Lexicomp(c)) before prescribing.**

^B Not an exhaustive list. Consult product monograph (<https://health-products.canada.ca/dpd-bdpp/index-eng.jsp>) or an interaction checker (e.g., Lexicomp(c))

^C PharmaCare coverage as of December 2019 (subject to revision). **Regular Benefit:** Eligible for full reimbursement*. **Limited Coverage:** Requires Special Authority to be eligible for reimbursement*. **RDP:** Reference Drug Program. Drugs included in the RDP are comparable agents of the same therapeutic class. **RDP Reference Drug:** Eligible for full reimbursement* within the therapeutic class, subject to benefit status of the therapeutic class. **Partial Benefit RDP:** Eligible for limited reimbursement* under the RDP program up to the price of the Reference Drug. **Non-benefit:** Not eligible for reimbursement.

*Reimbursement is subject to the rules of a patient's PharmaCare plan, including any deductibles. See: www.health.gov.bc.ca/pharmacare/plans/index.html and www.health.gov.bc.ca/pharmacare/policy.html for further information.

^D Drugs costs are average retail cost of the generic, when available. Current as of December 2019 and does not include retail markups or pharmacy fees. Note: Information on which products PharmaCare covers can be obtained using the B.C. PharmaCare Formulary Search (www.health.gov.bc.ca/pharmacare/benefitslookup/).

Table 2: Morphine Equivalent Dosing Table²

	50 mg Morphine Equivalent	90 mg Morphine Equivalent
Codeine	334 mg/d	600 mg/d
Hydromorphone	10 mg/d	18 mg/d
Morphine	50 mg/d	90 mg/d
Oxycodone	33 mg/d	60 mg/d
Tramadol	300 mg/d	540 mg/d

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Table 3: Combination products

Opioid	Dose	Example Brands	Comments
Codeine/ acetaminophen/ caffeine	Codeine 8 mg Acetaminophen 300 mg Caffeine 15 mg	Tylenol #1 Generics	Available without a prescription
	Codeine 15 mg Acetaminophen 300 mg Caffeine 15-30 mg	Tylenol #2 Atasol 15 Generics	Prescription
	Codeine 30 mg Acetaminophen 300 mg Caffeine 15- 30 mg	Tylenol #3 Atasol 30 Generics	Prescription
Codeine/acetaminophen	Codeine 8 mg/5 ml Acetaminophen 160 mg/5 ml	Generics Elixir	
	Codeine 30 mg Acetaminophen 300 mg	Emtec-30 Generics	Prescription
	Codeine 60 mg Acetaminophen 300 mg	Tylenol #4 Generics	Prescription
Codeine/acetaminophen/ methocarbamol	Codeine 8 mg Acetaminophen 325 mg Methocarbamol 400 mg	Robaxacet 8 Generics	Available without a prescription
Codeine/acetaminophen/ doxylamine	Codeine 8 mg Acetaminophen 325 mg Doxylamine 5 mg	Mersyndol with codeine Generics	Available without a prescription
Codeine/ASA/ caffeine	Codeine 8 mg ASA 375 mg Caffeine 15 mg	222 Generics	Available without a prescription
Codeine/Butalbital/ASA combination	ASA 330 mg Butalbital 50 mg Caffeine 40 mg Codeine 30 mg	Fiorinal C1/2	Prescription
	ASA 330 mg Butalbital 50 mg Caffeine 40 mg Codeine 15 mg	Fiorinal C1/4	Prescription
Codeine/ASA/methocarbamol combinations	ASA 325 mg Codeine 32.5 mg Methocarbamol 400 mg	Robaxisal C1/2 Generics	Regular benefit
	ASA 325 mg Codeine 16.2 mg Methocarbamol 400 mg	Robaxisal C1/4 Generics	Regular benefit
Methocarbamol/ analgesic	Acetaminophen 325 mg Methocarbamol 400 mg	Robaxacet Generics	Available OTC
	Acetaminophen 500 mg Methocarbamol 400 mg	Robaxacet Extra Strength Generics	Available OTC
	ASA 500 mg Methocarbamol 400 mg	Robaxisal Extra Strength Generics	Available OTC
	Ibuprofen 200 mg Methocarbamol 400 mg	Robax Platinum Generics	Available OTC
	Ibuprofen 400 mg Methocarbamol 400 mg	Robax Platinum Extra Strength Generics	Available OTC

Note:

Available OTC: These products are Schedule 3 products which can be sold by a pharmacist to any person from the self-selection Professional Products Area of a Licensed pharmacy.

Available without a prescription: These products are Schedule 2 products which may be sold by a pharmacist on a non-prescription basis, and which must be retained within the Professional Service Area of the pharmacy where there is no public access and no opportunity for patient self-selection.