

JANUARY BULLETIN

UPDATE ON ANTIVIRALS FOR INFLUENZA OUTBREAKS IN LONG TERM CARE FACILITIES

The September 2005 Pharmacist's Bulletin (Vol. #05-09) provided details of the exception criteria for the coverage of oseltamivir (Tamiflu®) in long term care (LTC) facilities for the 2005-2006 influenza season. As part of the treatment notes for antivirals, it was noted that amantadine was an option for the treatment and prophylaxis of influenza A, unless resistance is noted or its use is contraindicated. However, **the Public Health Agency of Canada is now recommending that health care providers in Canada not prescribe amantadine to treat and prevent influenza during the current flu season.** The interim recommendation follows testing showing viruses currently in circulation are resistant to the drug. For more information, go to:
www.phac-aspc.gc.ca/media/advisories_avis/2006/statment060115.html

CHANGE TO EXCEPTION CRITERIA FOR RILUZOLE

The criteria for Riluzole (Rilutek®) has been changed so that FVC > 60% is a requirement for initiation of therapy but not a requirement for continued therapy. Coverage cannot be renewed once the patient has a tracheostomy or mechanical ventilation. The criteria is:

- for the treatment of amyotrophic lateral sclerosis (ALS) or Lou Gehrig's Disease, when initiated by a neurologist with expertise in the management of ALS and authorized to prescribe riluzole (is a member of the Canadian ALS Consortium), and when the patient has:
 - Probable or definite diagnosis of ALS
 - ALS symptoms for less than five years
 - FVC > 60% predicted **upon initiation of therapy**
 - No tracheostomy for invasive ventilation
- coverage to be reviewed every six months
- coverage cannot be renewed once the patient has a tracheostomy for the purpose of invasive ventilation **or mechanical ventilation**

NEW PRODUCTS

The following products are "New Listings to the Nova Scotia Formulary" *effective immediately*. The benefit status of each product within the Nova Scotia Pharmacare Programs is indicated.

<u>DIN</u>	<u>PRODUCT</u>	<u>MFR</u>	<u>BENEFIT STATUS</u>
02182955	Methotrexate 25mg/mL Inj (PF)	DBU	SFC
Diabetic Products:			
97799811	MPD Thin Lancet (200 per box)	MPD	SFD
97799810	MPD Thin Lancet (100 per box)	MPD	SFD
97799808	MPD Ultra Thin Lancet (200 per box)	MPD	SFD
97799807	MPD Ultra Thin Lancet (100 per box)	MPD	SFD

INCLUDED WITH THIS BULLETIN:

- ▶ Physician CPSNS Numbers List
- ▶ Nurse Practitioners List
- ▶ Prescribing Optometrist List