

BCPRA FORMULARY FOR ADULT PATIENTS WITH eGFR UNDER 15mL/min (NOT ON DIALYSIS)

The following medications are funded for non-dialysis patients. All formulary medications are oral products and generic formulations unless otherwise indicated.

ACIDOSIS

Sodium bicarbonate

ANEMIA

Erythropoiesis-stimulating agents

Darbepoetin alfa (Aranesp[®]) [restricted]*Δ

Epoetin alfa (Eprex[®]) [restricted]*Δ

Iron Bivalent

Ferrous fumarate, gluconate & sulfate

Iron dextran (DexIron[®]) Δ

Iron gluconate (Ferrelecit[®]) Δ

Iron sucrose (Venofer[®]) [restricted] Δ

GASTROINTESTINAL DISORDERS

Laxatives

Docusate

Sennosides

Lactulose

PEG 3350 without electrolytes

PEG 3350 with electrolytes ❖

Upper Gastrointestinal Tract Agents

Domperidone

Metoclopramide

Nausea and Vomiting Related to CKD

Haloperidol

Methotrimeprazine

HYPERKALEMIA

Exchange Resins

Sodium polystyrene sulfonate

Calcium polystyrene sulfonate

MINERAL METABOLISM

Aluminum hydroxide

Calcium acetate

Calcium carbonate (not Calsan[®] brand)

Calcium liquid

Lanthanum [restricted]***

Sevelamer [restricted]***

Vitamin D

Alfacalcidol

Calcitriol (oral only)

NEUROMUSCULAR DISORDERS

Leg Cramps

Vitamin E

Neuropathic Pain

Desipramine

Nortriptyline

Gabapentin

Restless Leg Syndrome

Levodopa/carbidopa

Ropinirole

NUTRITIONAL DISORDERS

Replavite / Renavite

PRURITUS

Antihistamines

Diphenhydramine

Hydroxyzine

Topicals

Glaxal base

Menthol 0.25%, Camphor 0.25% in Glaxal

Base (PRA Cream)

Urea 10% and 20% topical cream

For PEDIATRIC patients (< 18 years old): all formulary medications are available to BCPRA-registered pediatric patients (pre-dialysis and dialysis patients). Any compounded formulations, or commercially available liquid forms of formulary medication will also be funded for pediatric patients.

Δ Injectable medication.

* Needs approval through PROMIS.

*** Application forms for lanthanum or sevelamer is required.

■ Cinacalcet (Sensipar[®]) is restricted. A committee will adjudicate applications and approval will be granted on a case-by-case basis.

ϕ Restricted for adult patients experiencing hemodialysis-needling pain per guideline. It is not restricted in pediatric patients.

❖ Restricted coverage for peritoneal dialysis bowel preparation.

□ Approved as prophylaxis against fungal peritonitis in peritoneal dialysis patients on antibiotics, only at a dose of 200 mg orally every two days to a maximum duration of concomitant antibiotic treatment plus one week. Practitioners should be alert for drug interactions with fluconazole.