



THE NATIONAL PRESCRIPTION DRUG PLAN



PATIENT GUIDE

SECOND EDITION

Reducing Costs, Increasing Access, Improving Health

Disclaimer: *The information provided in this publication is not intended as a medical diagnosis, treatment regimen or any other prescribed healthcare advice or instruction. This information does not replace the information or advice given by your healthcare provider. The National Prescription Drug Plan encourages you to consult with your healthcare provider for more information.*



Mission Statement

The mission of the National Prescription Drug Plan is to improve the health and quality of life of chronic disease patients.



Policy Statement

The policy of the National Prescription Drug Plan is to reduce costs, increase access and improve health through a financing plan that will enhance compliance with prescribed medication and promote healthy living.

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Introduction

A chronic disease is a disease that develops slowly, lasts a long time and requires continuous treatment. Chronic diseases are a major cause of poor health, disability and death in The Bahamas. It is estimated that one out of every three Bahamians is suffering from at least one chronic, non-communicable disease. In our elderly population, the incidence of chronic disease is even higher. It is estimated that almost every person over 65 years of age has at least one chronic disease. There are persons who are living with as many as 10 chronic diseases at the same time.

The cost of managing and treating chronic diseases is high for patients, their families and the Government. It is one of the objectives of the Government that lives should not be lost for lack of access to affordable medications.

For that reason, in 2009 the Bahamas Government enacted the Chronic Disease Prescription Drug Fund Act to introduce The National Prescription Drug Plan (NPDP). The NPDP is administered and managed by The National Insurance Board (NIB). The key goals of this Plan are:

- To improve access to prescription drugs and medical supplies in public and private pharmacies for chronic disease patients.
- To provide support for persons suffering from chronic diseases, improve public awareness on chronic diseases and promote prevention of chronic diseases.

The Plan consists of two major programs – the Prescription Drug Program and the Healthy People Program. The Prescription Drug Program supports treatment of existing chronic conditions by enhancing access to prescription drugs in public and private pharmacies, reducing patient burden of paying for prescription drugs, and improving patient compliance in condition management. Prevention of chronic diseases is equally as important as treatment and cure, and so, the Healthy People Program has been designed to complement the Drug Program. The Healthy People Program provides grants to local organizations for well-designed community projects to aid in fostering healthy lifestyles and wellness throughout The Bahamas.

The Prescription Drug Program commenced on September 20, 2010 providing prescription free-of-charge to affected persons. The Healthy People Program followed a few months launching on January 31, 2011 with its signature program, “The Get Well Bahamas Health and Fitness Challenge”.

In its initial phases the NPDP covered eleven (11) chronic conditions which included Arthritis, Asthma, Breast Cancer, Diabetes, Glaucoma, High Cholesterol, Hypertension, Ischaemic Heart Disease, Major Depression, Prostate Cancer and Psychosis. This list of conditions was expanded to fourteen (14) conditions on March 12, 2012 to include Arthritis, Asthma, Benign Prostate Hypertrophy (BPH), Breast Cancer, Diabetes, Epilepsy, Glaucoma, High Cholesterol, Hypertension, Ischaemic Disease, Prostate Cancer, Psychiatric Illness, Sickle Cell Anemia, and Thyroid Disease.

We encourage you to take responsibility for your health by filling your prescriptions in a timely manner, taking your medication as prescribed and playing an active role in improving your lifestyle to minimize the severity of your disease.

COVERAGE

The first phase of the National Prescription Drug Plan covered:

- NIB Pensioners
- NIB Invalids
- Bahamian citizens 65 years and over who are not eligible to receive an NIB pension
- Children under 18 years of age or under 25 years (if full time students) who have been diagnosed with one or more of the chronic conditions covered under the Plan.

The second phase of the Plan commenced on May 9, 2011 extending coverage to include the following groups:

- Indigent persons
- Staff of Her Majesty's Prison and the Industrial Schools
- Members of the Royal Bahamas Police Force
- Members of the Royal Bahamas Defense Force
- Officers employed in the Public Service
- Persons receiving ante-natal care, care connected with child birth, post natal care or any other medical care associated with pregnancy
- Persons in receipt of disablement benefit assessed at 100% under the National Insurance (Benefit and Assistance) Regulations
- Persons receiving NIB Retirement Grant
- Persons age 60 and over in receipt of NIB Survivors Benefit/Assistance

who have been diagnosed with one or more of the chronic conditions covered under the Plan.

In future phases, the Plan will cover employed and self-employed persons and voluntarily insured contributors.

REGISTRATION

In order to register for the National Prescription Drug Plan a person must:

- Have a valid National Insurance number.
- Belong to one of the covered groups.
- Complete a registration form (DP-1 Form) and any other relevant form required.
- Be diagnosed with one or more of the covered chronic diseases by a licensed physician.
- Bring NIB card and valid government-issued ID when registering and collecting ACE Rx Card.

NOTES:

General Note:

Where a person is unable to register or collect a card in person due to incapacity, a written authorization is required for an appointed person to act on behalf the incapacitated individual.

Children/Students:

- A parent or guardian must sign the registration form for children under the age of 18.
- Students age 18 – 24 years must verify full-time education status every six months to remain eligible for the Plan.

Pregnant Women:

In order to apply for the National Prescription Drug Plan in this group, one must:

- Be receiving ante-natal care, care connected with childbirth, post-natal care or any other medical care associated with pregnancy.
- Complete a Drug Plan Registration Form (DP-1) which must be accompanied by the Ante-natal/Post-natal Certificate (DP-6).
- Have your physician complete an Ante-natal/Post-natal Certificate (DP-6).

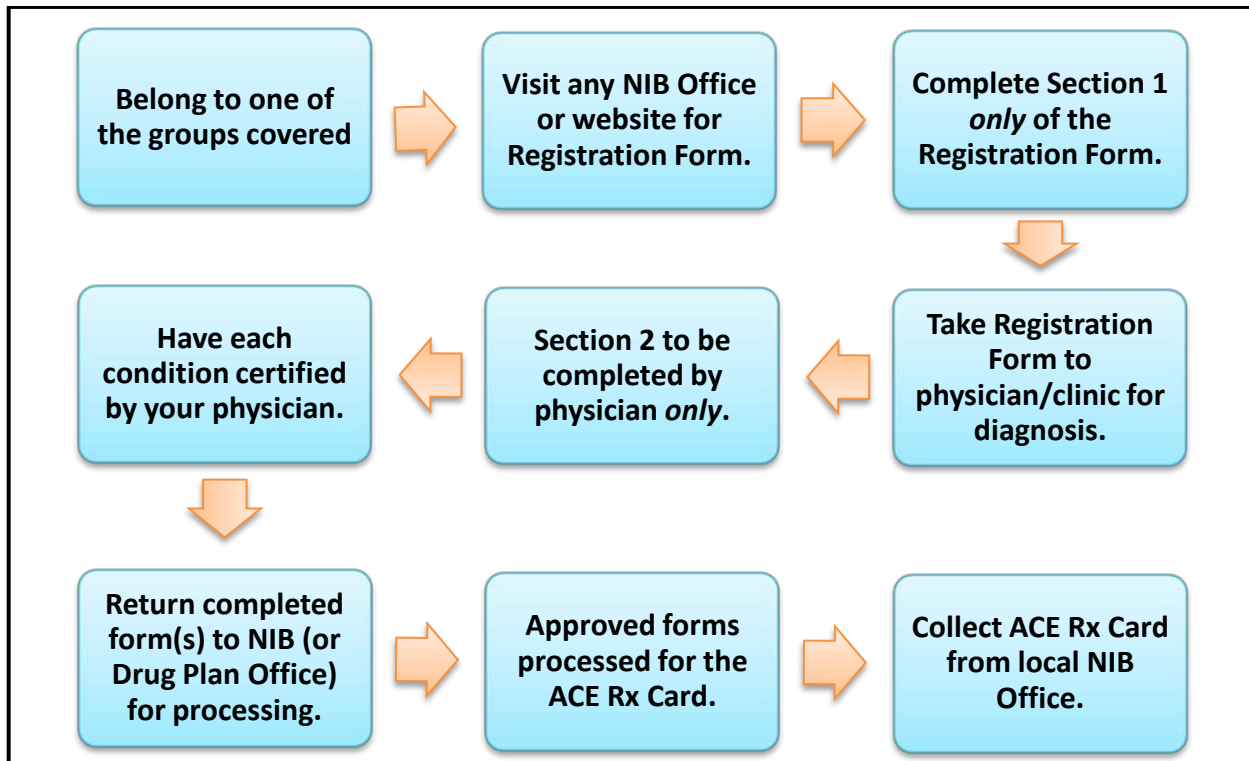
IMPORTANT NOTE: Coverage is extended for only six months beyond the delivery date, after which benefits will cease.

Indigents:

In order to apply for the National Prescription Drug Plan as an Indigent, one must:

- Have an income of \$210 or less per week (\$10,920 or less per annum).
- Complete a Drug Plan Registration Form (DP-1) which must be accompanied by the Indigent Certification Form (DP-7).
- Have the Social Services Department complete an Indigent Certification Form (Form DP-7) on their behalf.

Registration Process



Addition of New Conditions

In cases where new conditions develop after receiving the membership card, a registered NPDP member must complete an Information Change Form (DP-2) to add the new conditions. The same procedure for registration is completed and condition(s) are added to the member's ACE Rx Card for use at any participating pharmacy.

FREQUENTLY ASKED QUESTIONS

Am I eligible for the National Prescription Drug Plan?

The following groups of persons are eligible to apply:

- NIB Pensioners
- NIB Invalids
- Bahamian citizens 65 years and over
- Children under 18 years of age (or under age 25 years, if in school full time)
- Indigent persons
- Civil Servants

- Women receiving care associated with pregnancy
- Persons in receipt of NIB Disablement Benefit assessed at 100%
- Persons receiving NIB Retirement Grant
- Persons age 60 and over in receipt of NIB Survivors Benefit/Assistance

Future Phases will cover the following persons:

- Employed
- Self-employed
- Voluntary contributors

How can I Register?

In order to register you must:

- Have a valid NIB Number
- Belong to an eligible beneficiary group
- Complete Section 1 of the NPDP Registration Form (DP-1) and any other relevant form
- Be diagnosed with one or more covered chronic diseases by a physician licensed and registered in The Bahamas
- Have physician complete Section 2 of the DP-1 Form
- Return the completed form to NIB (or the Drug Plan Office) with a valid government-issued ID

How does the Plan work?

- The NPDP is managed by The National Insurance Board (NIB).
- Approved medications are available at participating private pharmacies (contact your pharmacy for further information) and all public clinic pharmacies (including those in the Family Islands).
- All beneficiaries of the Plan are issued an **ACE Rx Card**. This must be presented at the participating pharmacy (both private and public) when filling and collecting prescriptions.
- Your pharmacist will submit your claim to the Drug Plan and will inform you if there is any co-payment due. Persons eligible in Phase 1 & 2 will receive all their medications and supplies at no charge.

Who pays for the medications on the Plan?

- Phase 1 & 2 – The Plan is funded by the Medical Benefits Branch of The National Insurance Board. There is no cost to members.

- Future Phase(s) – There will be a mix of sources to provide the funds for the Plan. This includes a government grant, coordination of benefits with private insurers, a small co-payment and new NIB contributions recommended at an additional 1%.

Should I Cancel My Private Insurance?

- NPDP is not a health insurance policy and will not cover medical expenses relating to physician visits, hospital stays, accident & emergency services or other health-related expenses.
- NPDP will not cover every medication your doctor prescribes. Only medications listed in the NPDP Drug Formulary will be paid for by the Drug Plan.
- NPDP only covers medications for the chronic diseases stated in the Act. The cost of medications relating to any other medical conditions you may experience should be referred to your private insurance or covered by personal or other resources.

What Are My Plan Member Benefits?

As a member of the National Prescription Drug Plan (NPDP) you will enjoy a wide range of benefits, including:

- Greater availability of prescription drugs
- Greater access to prescription drugs
- Greater choice of pharmacy providers in both the public and private pharmacy systems
- Ability to obtain a full prescription supply (30 days) and not be limited by cost
- Better management of your disease conditions by you and your healthcare provider
- Special attention for members in remote Family Islands, including the option to get up to a 90 day supply of medications.
- Information about your condition
- Entitlement to benefit from new programs and health promotions
- Have your very own personalized ACE Rx card (free of charge)
- Play an important role in a positive change for better health

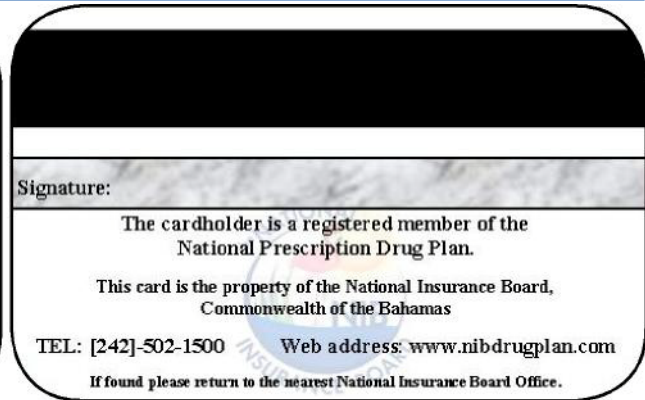
About the ACE Rx Card

Everyone registered with the Drug Plan is issued an A.C.E. Prescription Card (*ACE Rx Card*).

A.C.E. – Access, Choice, Equity



ACE Rx Card (Front View)



ACE Rx Card (Back view)

The ACE Rx card can be called “My ACE Card”. The card features:

- Your unique NIB number
- Your name (first and last)
- Your date of birth
- Island code (unique to the island on which you live)
- Your gender (male or female)
- Your signature (you will have to sign the back of your card)



Tips to Remember About the ACE Rx Card

- New cards are collected at the Clifford Darling Complex in New Providence and at NIB Local Offices in the Family Islands.
- For lost, stolen or damaged cards, replacement cards can be requested using a DP-5 Form.
- In New Providence, replacement cards must be collected from the Clifford Darling Complex and at NIB Local Offices in the Family Islands.
- The ACE Rx Card should be used at the pharmacy for all Drug Plan transactions.

Tips to Remember When at the Pharmacy

Medications covered under the Drug Plan

- Only specific drugs are covered
- Consult your physician to determine whether your drug is covered
- Ask your physician if alternative medication from the Formulary can be prescribed if your current medication is not covered

Have all conditions certified by a licensed Physician

- Prescriptions will be filled for certified conditions only.
- Change of Information Form (Form DP-2) required to add any new conditions.
- List of approved physicians authorized to prescribe medication for NPDP on www.nibdrugplan.com

Doctor's Name Must be Clearly Written on Rx or Refill

- The Drug Plan's computerized system requires a doctor's name to process a claim.
- Prescriptions from public hospitals or clinics must have the physician's name clearly written and stamped.
- All medications previously prescribed for refill from public hospitals/clinics must also be stamped with prescribing physician's name.

Physician authorized to Prescribe Your Medication

- Certain medications can only be prescribed by specialists
- For example, medications to treat breast cancer can only be prescribed by an oncologist.
- A prescription written by a general practitioner or a cardiologist for a drug to treat breast cancer will not be filled.

Carry Your ACE Rx Card With You When Filling Rx's

- Necessary to complete transactions at the pharmacy
- Card identifies you as a beneficiary of the Drug Plan

Authorized Individual to Collect Medication

- An individual can be designated to collect medication on your behalf.
- A letter of authorization is required, either written letter or an NIB B-6 Form can be used.
- Authorized person must present authorization letter, your ACE Rx Card and identification when filling Rx's on your behalf.

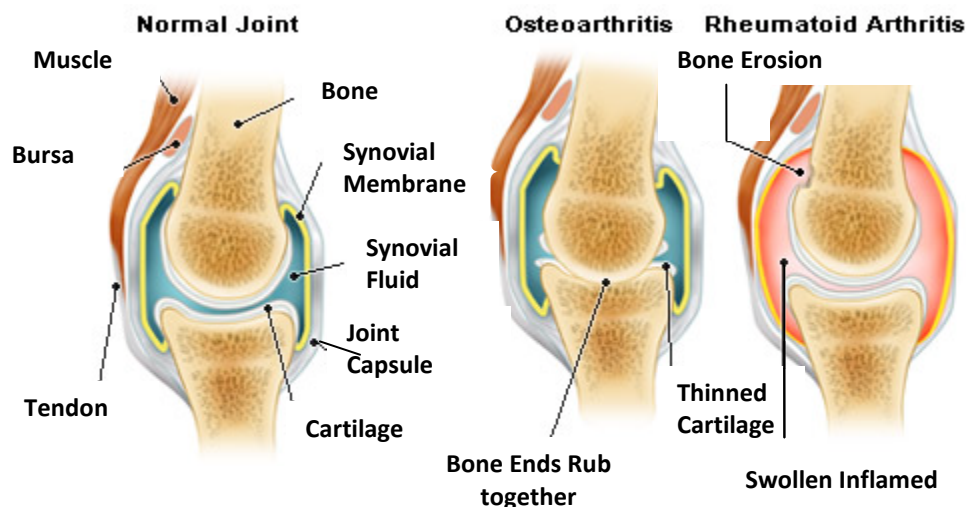
CHRONIC DISEASES COVERED BY THE NATIONAL PRESCRIPTION DRUG PLAN

Arthritis

Arthritis means inflammation of the joints. There are four (4) types of arthritis that are covered by **Juvenile Rheumatoid Arthritis (JRA)**.

OSTEOARTHRITIS

Osteoarthritis (OA) is the most common form of arthritis in The Bahamas. This form of arthritis mainly affects the joint cartilage and the bone tissue next to the cartilage. OA causes pain in the affected joint(s).

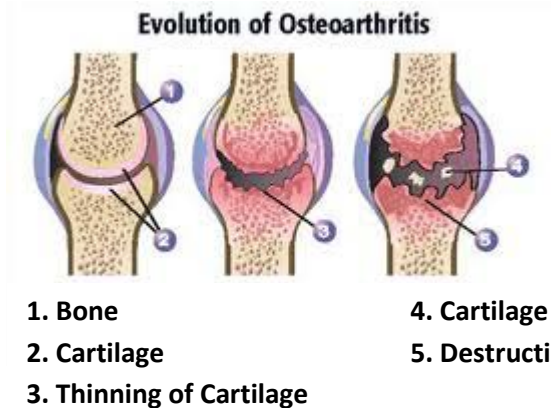


Normal and Arthritic Joints

What Causes Osteoarthritis?

Normal joints allow movement and flexibility for different parts of the body. The movement of our bones is made possible by muscles which pull on tendons that are attached to the bone. The ends of the bones forming our joints are covered by a hard, smooth material called cartilage. There is also fluid between each joint which provides lubrication needed for smooth movement.

Joints have to work constantly to keep your body moving and, over time, they begin to wear down. The body can repair itself from the normal wear and tear of the day, but when the damage becomes too severe the joints can no longer repair themselves, and osteoarthritis develops.

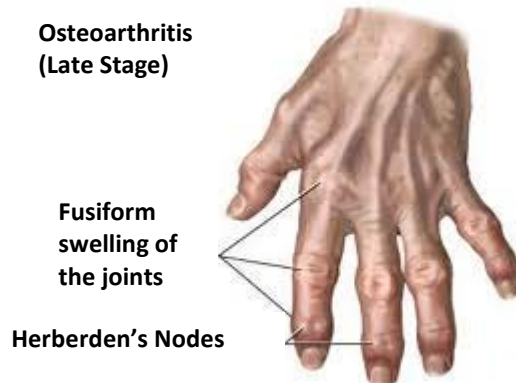


What Factors Can Cause Development of Osteoarthritis?

- **Age** – OA affects persons as they get older.
- **Family history** – OA can be inherited.
- **Obesity** – OA in the knee and hip tend to develop and be more severe in people who are obese. Obesity increases the amount of weight and pressure placed on the joints as we go about our daily activities.
- **Gender** – OA is most common in women.
- **Previous joint injury, damage or deformity** – Persons with a previous injury (break or fracture) around a joint or who have had a dislocated joint can develop OA.
- **Overuse of a joint** – OA can develop in persons who work in an industry that requires the use of the same set of joints. (e.g. A tile layer may develop OA in the knees.) Athletes may also develop OA (e.g. A tennis player may develop OA in the elbows).

Which Joints Are Affected by OA?

Joints most commonly affected by Osteoarthritis are the hips, knees, finger joints, thumb joint and lower spine. However, any joint can be affected.



What Are the Symptoms of OA?

- Pain, stiffness and limited ability to move the joint. The stiffness tends to be worse first thing in the morning but will loosen up during the day.
- Swelling and inflammation of a joint can sometimes occur for various reasons; this does not mean that you have OA. If you have redness, swelling or warmth from your joint, speak to your doctor to determine the cause.
- The affected joint may look a larger than normal. This is likely due to overgrowth of the bone next to the damaged cartilage.
- If a knee or hip is badly affected persons may be less able to move and have problems walking. This may increase the risk of having a fall.
- With severe OA affecting the hips, persons may have difficulty in putting on shoes and socks and getting in and out of a car.
- OA symptoms can be influenced by the weather, so they come and go and may improve in warmer months.

What Are the Aims of Treatment of OA?

- Increase understanding of the condition and how to manage it
- Decrease joint damage
- Decrease disability
- Reduce pain and stiffness.

Treatment:

- **Paracetamol/Acetaminophen** (commonly known as Panadol or Tylenol) is the most common medicine used to treat OA. It works to ease pain. The usual dose is two 500mg tablets every 6 hours (not to exceed 8 tablets in 24 hours) or as directed by your doctor. There are very few side effects and paracetamol is gentle on the stomach.
- **Non-Steroidal Anti-inflammatory Drugs (NSAIDs)** are medications that work to decrease pain by blocking the chemicals (prostaglandins) in the body that cause pain and inflammation. These medications may cause stomach ulcers and bleeding.
- **Topical rubs** containing an anti-inflammatory painkiller or chili peppers (capsaicin) can relieve pain when rubbed on the skin over the affected joint. The anti-inflammatory rub Omnigel is covered by the Plan; capsaicin is not covered by the Plan.

- **Glucosamine** is a supplement that can help in maintaining cartilage and may improve damaged cartilage. This is an over-the-counter tablet that can be obtained without a doctor's prescription. You can talk to your doctor or pharmacist for more information. It is not covered by the Plan.

Helpful Advice for Managing Osteoarthritis:

- **Exercise regularly, if possible.** Exercise helps to strengthen the muscles around the affected joints. It allows the joints to maintain a good range of motion. Swimming is best for most joints, but any exercise, including walking, is good.
- **Weight control** – Losing extra weight relieves the strain on back, hips and knees. Even a little weight loss can make OA sufferers feel better.
- **Shoe insoles/joint devices** – Wearing a knee brace or using shoe insoles can help ease the symptoms from OA. These balance the weight and pressure on the knee joints.
- **Walking aids** – Using a walking cane/stick can help improve walking and decrease the risk of falling in persons with OA of the hip or knee.

RHEUMATOID ARTHRITIS

Rheumatoid Arthritis (RA) means inflammation of the joints which causes pain and swelling of joints and surrounding tissues. Constant inflammation over time can damage affected joints. The symptoms can vary from mild to severe.



Rheumatoid arthritis usually affects joints symmetrically (on both sides equally), may initially begin in a couple of joints only, and most frequently attacks the wrists, hands, elbows, shoulders, knees and ankles.

What Causes RA?

RA is an autoimmune disease. The body normally makes antibodies (small proteins) to attack bacteria, viruses and other germs. In people with autoimmune diseases, their immune system (the

body's defense against disease) makes antibodies against their own body. In other words, the body's tissues are attacked by its own immune system. In RA, the attack is usually against the tissue that surrounds the joint. Over time the inflammation can damage the joint, cartilage, and parts of the bone near the joint.

What are the Symptoms of RA?

The most common symptoms of rheumatoid arthritis are pain and stiffness of the affected joint(s). The stiffness is usually worse first thing in the morning or after rest. Inflammation causes swelling around the affected joint(s).

Other Symptoms of RA:

- Small lumps that are usually painless. These are rare but may be found on the skin of elbows and forearms of persons who have RA.
- Inflammation around tendons.
- Anemia and tiredness.
- Fever, feeling unwell, weight loss and muscle aches and pains.

What Are the Treatment Aims for RA?

- Decrease the disease activity as much as possible to prevent joint damage.
- Reduce pain and stiffness in affected joints.
- Lessen disability caused by pain, joint damage or deformity.
- Treat other symptoms of the disease if they develop.
- Reduce the risk of developing associated conditions such as cardiovascular disease or osteoporosis.

**Rheumatoid Arthritis
(Late Stage)**

**Boutonniere
deformity of
thumb**

**Ulnar deviation of
metacarpophalangeal
joints**

**Swan-neck
deformity of
fingers**



Main Classes of Medication Treatment for RA:

- **DMARDs** (Disease-Modifying Anti-Rheumatic Drugs) relieve the symptoms of RA and reduce the damaging effect of the disease on the joints by blocking inflammation in the joint. Two examples of DMARDs are: methotrexate and hydroxychloroquine. These drugs do not relieve pain immediately but work over time.
- **NSAIDs** (Non-Steroidal Anti-Inflammatory Drugs) relieve pain and stiffness by reducing inflammation. These types of drugs have side effects such as a stomach ulcer that can be serious. Patients should eat a meal before taking these drugs. Also, your doctor may prescribe another drug (omeprazole) to prevent development of an ulcer. If you have bad stomach pains; pass blood or black, tarry stools or vomit blood – call your doctor right away. An example of an NSAID is ibuprofen (Motrin).
- **Steroids** are medications that also reduce inflammation. Steroids decrease flare-up symptoms not relieved by NSAIDs. Steroids may be injected directly into the joint to relieve the pain. Side effects of steroids are thinning of the bones (osteoporosis), thinning of the skin, weight gain, muscle wasting and increased risk of serious infection.
- **Other painkillers** such as Paracetamol may help relieve some of the pain. However, Paracetamol will not help with inflammation, because it does NOT have anti-inflammatory action.

Helpful Advice for Managing RA:

- Stay active as much as possible. The muscles around joints will become weak if they are not used. Regular exercise can help reduce pain and improve joint function. Swimming is a good form of exercise that does not put much strain on the joints.
- If you develop a joint deformity, corrective surgery may be an option. In cases of severe damage, joint replacement is also an option.
- It is important to adapt or maintain a healthy lifestyle to reduce your risk of these conditions. Persons with rheumatoid arthritis have an increased risk of developing cardiovascular diseases such as angina, heart attack and stroke. Osteoporosis and infections are also common.
- Eat a healthy diet.
- Lose weight if you are overweight.
- Do not smoke (not only does smoking increase the risk of cancer, heart disease and stroke but it may also worsen your RA symptoms).
- Control other diseases such as high blood pressure, diabetes or high cholesterol with adequate treatment.

- To prevent infections, have a yearly flu shot; this is especially advisable for persons over age 65 years.
- Additionally, try to steer clear of drugs that weaken the immune system and avoid taking steroids for more than a month.

JUVENILE RHEUMATOID ARTHRITIS

Juvenile Rheumatoid Arthritis (JRA) is most common in children under age 16 years. JRA causes constant joint pain, swelling and stiffness. There are different types of JRA which depend on the number of joints affected, the signs and symptoms, and the results of blood tests.

What Causes JRA?

Like rheumatoid arthritis in adults, JRA is an autoimmune disorder. The body's immune system attacks itself.

Risk Factors for JRA include:

- Gender – JRA is more common in girls
- Race – JRA is more common in Caucasian children

Common Symptoms of JRA:

- Pain is common, but not always present, causing the child to limp, especially in the morning or after a nap.
- Swelling is most often seen in the knees but occurs in small joints.
- Stiffness can cause the child to be more clumsy than usual.

Complications of JRA:

- Eye problems – some forms of JRA can cause eye inflammation which, if left untreated, can lead to cataracts, glaucoma and blindness. Eye inflammation does not always have symptoms, so regular eye exams are important.
- Growth interference – growth can be stunted as a result of JRA. Some medications used to treat this condition can also affect growth.

What Are the Treatment Aims for JRA?

- Control pain
- Improve function
- Prevent joint damage

Medications Used to Treat JRA:

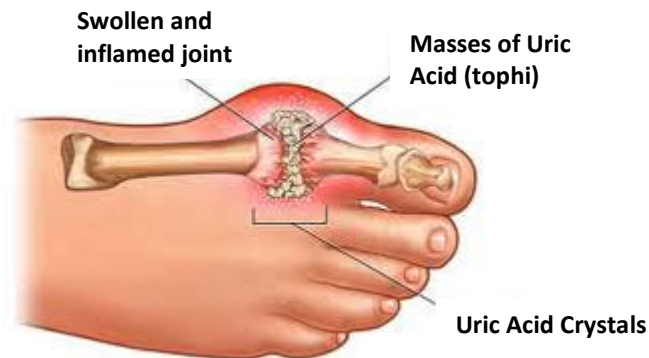
- NSAIDs such as ibuprofen (Motrin, Advil) and naproxen (Aleve) reduce pain and swelling. Side effects (bleeding, liver and stomach problems) from these medicines can affect children as well. It is important to follow advice given by a qualified health care practitioner.
- DMARDs work by preventing damage to the joints by the immune system. DMARDs may be taken in combination with other medications. DMARDs available under the Plan are hydroxychloroquine and methotrexate.
- Corticosteroids are used in severe JRA. Corticosteroids are given to control symptoms. Prednisone is a corticosteroid that can be given by mouth or by injection. Corticosteroids are only used for a short periods owing to the likelihood of harmful side effects.

Helpful Advice for Managing JRA:

- Exercise regularly. This keeps muscles strong and joints flexible. Swimming is best, because it puts less strain on your joints.
- Apply cold or heat to stiff joints-- A hot shower or hot bath can provide relief to morning stiffness.
- Eat well to decrease excess weight that puts added stress on joints. A balanced diet can help maintain an appropriate body weight and maintain strong bones.

GOUTY ARTHRITIS

Gouty Arthritis (Gout) is a type of arthritis that causes pain and swelling in one or more joint. A gout attack can be extremely painful.



What Causes Gout?

Gout is caused by a chemical in the blood called uric acid, which is usually harmless and is made in the body and is usually removed in the urine and stool. However, sometimes there is a buildup of uric acid in the body. When the level of uric acid becomes too high, tiny crystals of uric acid may form. These crystals collect in a joint which irritate the tissue and cause pain, swelling and inflammation. This is known as a gout attack.

Why Does Uric Acid Buildup in My Blood?

The buildup of uric acid can be due to:

- Drinking too much alcohol.
- Not having enough vitamin C in the diet.
- Drinking sugar-sweetened soft drinks
- Certain foods may interfere with the levels of uric acid; e.g. sardines or herring
- Medications that raise the level of uric acid in the blood. Medicines such as diuretics (water pills), aspirin and some cancer drugs and cancer therapies can increase the level of uric acid.
- Certain illnesses such as psoriasis and some blood disorders, which can produce more uric acid.
- Conditions such as obesity, having high blood pressure, kidney damage, diabetes, bone marrow disorders, high triglycerides (a type of cholesterol), and vascular disease that increase the risk of developing gout.

What Are the Symptoms of Gout?

- Quick painful attack, lasting only a few hours. Attacks can last for 7-10 days if untreated.
- Severe pain in one joint. The big toe is the joint most commonly affected by gout. Other joints can be affected also.
- Pain when walking.
- Swelling of the joint.
- Red and inflamed skin.

Complications of Gout if untreated are:

- Joint damage from recurring attacks
- Kidney stones from uric acid crystals that may cause kidney damage
- “Bumps” under the skin formed from uric acid crystals that are usually painless and harmless.


Treatment of Gout includes:








- Elevating the affected joint on a pillow to help lessen the swelling.
- Using an ice pack wrapped in a towel to help with the swelling.
- Taking anti-inflammatory painkillers can help ease the pain; e.g. diclofenac, ibuprofen, and naproxen. These are usually prescribed by your doctor.




CAUTION:

- Not everyone can tolerate anti-inflammatory painkillers. Side effects such as a stomach ulcer can occur, if you have had any type of ulcer or are over age 65 your risk may be higher. If you develop indigestion, upper abdominal pain, pass black stools or vomit blood, stop taking the medicine and see your doctor as soon as possible.
- Some persons with asthma, high blood pressure, certain kidney problems and heart failure may not be able to take anti-inflammatory painkillers.
- Taking more than one anti-inflammatory is not recommended.

ARTHRITIS MEDICATIONS COVERED BY THE DRUG PLAN

Generic Drug Name	Brand Name	Presentation	Maximum Month Supply	Description
Acetaminophen/ Paracetamol	Ceta	Tablets, 500mg	240	Description not available
Allopurinol	Apo- Allopurinol	Tablets, 100mg	180	 White, round, biconvex tablet; scored
Allopurinol	Apo- Allopurinol	Tablets, 300mg	60	 Orange, round, biconvex tablet; scored
Colchicine	Colchicine	Tablets,	30	Small yellow round tablet; scored; markings "0 0.6"
Diclofenac sodium	Diclofenac Sodium Gel	Gel, 1%; 30g	2	Clear gel topical rub
Diclofenac sodium	Diclofenac Sodium	SR Tablets, 75mg	60	Description not available
Diclofenac sodium	Diclofenac Sodium	SR tablets, 100mg	60	 White, round film-coated tablet
Diclofenac sodium	Diclofenac sodium	Tablets, 50mg	90	Orange round film-coated tablet
Etoricoxib	Arcoxia	Tablets, 60mg	30	 Green six sided tablet; markings (ARCOXIA 60, 200)

Generic Drug Name	Brand Name	Presentation	Maximum Month Supply	Description
Etoricoxib	Arcoxia	Tablets, 90mg	30	 <p>White six-sided tablet; markings (ARCOXIA 90, 202)</p>
Etoricoxib	Arcoxia	Tablets, 120mg	15	 <p>Light green six-sided tablet; markings (ARCOXIA 120, 204)</p>
Hydroxychloroquine (S.A.M.)	Apo-Hydroxyquine	Tablets, 200mg	60	 <p>White, capsule shaped, biconvex tablet; markings</p>
Ibuprofen	Ibuprofen	Tablets, 400mg	180	 <p>Pink round film-coated tablet</p>
Ibuprofen	Ibuprofen	Tablets, 600mg	120	 <p>Pink oblong film-coated tablet</p>
Ibuprofen (S.A.M.)	Ibufen	Liquid, 100mg /5ml	200mls	 <p>Pink, strawberry flavored oral suspension</p>
Meloxicam	Apo-Meloxicam	Tablets, 7.5mg	60	 <p>Yellow, round, biconvex tablet</p>
Methotrexate (SAM)	Methotrexate	Tablets, 2.5mg	32	<p>Yellow round tablet; markings "R"</p>

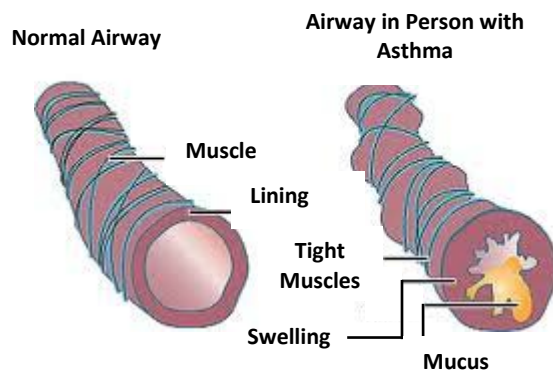
Generic Drug Name	Brand Name	Presentation	Maximum Month Supply	Description
Naproxen	Apo-Naproxen	Tablets, 500mg	90	 <p>Yellow oblong tablet; scored; markings "APO 500"</p>
Prednisolone (SAM)	Predcort DS	Liquid 2mg/ml	1800	 <p>Clear, colourless oral solution</p>
Prednisone	Apo-Prednisone	Tablets, 5mg	120	 <p>White, round, flat-faced tablet; scored</p>
Omeprazole (adjunct) (S.A.M.)	Alocid	Capsules, 20mg	30	 <p>Light pink- dark pink Capsule</p>

Asthma

Asthma is a common condition that affects the smaller airways of the lungs. The airways become narrow making it difficult to breathe.

What Causes Asthma?

Asthma is caused by inflammation in the airways which irritates the muscles around the airways and causes them to tighten.



This makes it difficult to get air in and out of the lungs and causes wheezing and breathlessness. The inflammation causes the airways to produce extra mucus, which causes coughing.

Symptoms of Asthma:

- Wheezing
- Coughing
- Chest tightness
- Shortness of breath

Symptoms can range from mild to severe and can last from days to weeks.

What Makes Asthma Symptoms Worse?

Certain things can bring on an asthma attack or flare-up. These are known as triggers. Triggers that can cause an attack are:

- **Infections** such as colds, coughs and chest infections.

- **Pollen and mould.**
- **Exercise** such as aerobics or playing sports. Your doctor may prescribe the use of your inhaler before playing or exercising.
- **Certain medications** – Some people are allergic to aspirin, which can trigger asthma. Other drugs like NSAIDs (ibuprofen, diclofenac and naproxen), beta-blockers (atenolol, timolol, propranolol) can also trigger asthma.
- **Smoking and cigarette fumes** can make it very difficult for asthmatics to breathe and makes their asthma worse. Persons with asthma should avoid smoke-filled environments.
- **Fumes and chemicals**, paint fumes, fumes from burnt trash, and fumes from vehicles, can cause a flare-up of asthma.
- **Emotions** such as stress, crying, laughing can trigger symptoms.
- **Allergies to animals** – The dander/hair/fur/feathers of certain animals such as cats, dogs, rabbits, and birds can worsen symptoms if you are allergic to them.
- **Dust and dust mites** –Household dust can worsen asthma. Dust can hide on mattresses, carpets, curtains, and other fabrics. Minimize the amount of dust by dusting regularly, using special mattress covers, removing carpets, and removing or regularly washing soft toys.



What Are the Treatment Aims for Asthma?

- Control symptoms
- Achieve best lung function by using the lowest effective doses of medicine with fewest possible side effects.

Treatment Methods of Asthma:

Asthma cannot be “cured” but treatment usually works well to ease and prevent symptoms. Treatment is usually with inhalers. A person with asthma may take a preventer inhaler everyday (to prevent symptoms developing), and use a reliever inhaler when required (if symptoms flare up).

Asthma can be life threatening. You need to follow proper technique when using your inhaler(s) and follow proper dosing instructions on your medication. By taking your medication regularly and following the advice given to you by your doctor, you will have less frequent trips to the hospital’s asthma bay.

There are three (3) main types of inhalers: Relievers, Preventers and Long-acting Bronchodilators. Inhalers can come as combination medicines of these types.

A **Reliever** inhaler is taken as needed to ease the symptoms of a flare-up. The reliever works by relaxing the muscles in the airways, opening the airways wide enough to allow easier breathing. An example of a “reliever” medicine is salbutamol. Salbutamol comes in several preparations, oral liquid, oral tablet, inhaler, and nebulizer solution.

A **Preventer** inhaler is taken every day to prevent symptoms (flare-ups) from starting. Steroids are used in preventer inhalers. These work by reducing the inflammation in the airways. The less inflammation in the airway, the fewer symptoms you will have. An example of a preventer inhaler is fluticasone. There are other types and preparations of preventer medicine.

A **Long-acting Bronchodilator** works in a similar way as the reliever inhalers but they work for up to 12 hours after taking each dose.

Other medications that can help with asthma can come as a tablet, liquid, or inhalation solution.

Good Asthma Control Is:

- Minimal symptoms during the day and night
- Minimal need for reliever medication
- No flare-ups
- No limitation of physical activity
- Normal lung function

When Should I seek Emergency Care for Asthma?

Not every asthma attack (flare-up) requires you to go to the Emergency Department.

Severe asthma attacks do require medical attention. If you or your child experiences any of the following, seek medical attention right away:

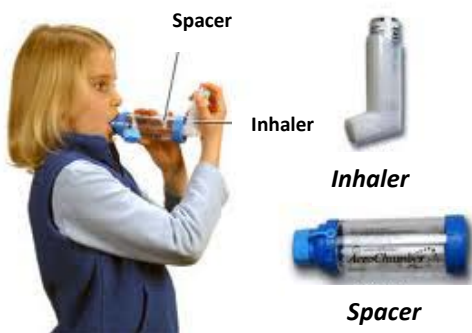
- Bluish skin colour or gasping breath
- No relief from rescue inhaler
- Tiredness so severe that speaking is difficult or impossible.
- Confusion and restlessness

Steps for correct use of metered-dose inhalers:

1. Shake the inhaler well and remove the cap.
2. Exhale slowly through puckered lips.
3. Hold the inhaler upright and place the mouthpiece between your lips and close your lips around it. Do not block the opening with your tongue or teeth. If you use your inhaler with your mouth open, open your mouth wide and hold the inhaler upright 1-2 inches from your mouth, making sure the inhaler is properly aimed.
4. Press down on the inhaler once as you start a slow, deep inhalation.
5. Continue to inhale slowly and deeply through your mouth. Try to inhale over at least five (5) seconds.
6. Hold your breath for 10 seconds (use your fingers to count to 10 slowly). If 10 seconds makes you feel uncomfortable, try to hold your breath for as long as possible, at least 4 seconds.
7. Exhale slowly.
8. Wait at least 30-60 seconds before inhaling the next puff of medicine.



What Is a Spacer Device and How Do I Use It?



A spacer device is mostly used by children who cannot master the inhaler technique just yet, but some adults also use them. The Drug Plan has made provisions that anyone who needs assistance will have access to a spacer, from infants to adults. A spacer is a small plastic chamber with a mask that attaches to your inhaler. It keeps the medicine within the chamber so when you breathe in, all the medicine is inhaled and not wasted in the air.

What Is a Peak Flow Meter and How Do I Use It?

The peak flow meter is a device available on the Plan for persons who suffer from persistent asthma. This is a small, hand held device that a person blows into. Your doctor, nurse or pharmacist will show you how to use it (*see Appendix IV*). A peak flow meter measures the speed of air that you can blow out of your lungs. If your airways are narrowed your peak flow reading will be lower than expected. When asthma is not controlled, you will have low peak flow readings. However, when your narrowed airways open with better control of the disease your peak flow readings will improve. Peak flow readings in the morning are typically lower than the readings in the evening.



A peak flow meter
measures the amount
of air blown out the

Peak Flow
Meter





Using a Peak Flow Meter

You should keep a diary or log book of your peak flow readings for at least two weeks to show your doctor on your next scheduled visit (*see Appendix IV*). By keeping a record of your peak flow readings, you and your doctor can monitor if your asthma is improving or worsening.



ASTHMA MEDICATIONS COVERED BY THE DRUG PLAN

Generic Drug Name	Brand Name	Presentation	Maximum Month Supply	Description
Budesonide/ Eformoterol	Vannair	MDI 160/4.5 mcg; 120 doses	1	
Budesonide/ Eformoterol	Vannair	MDI 80/4.5 mcg; 120 doses	1	 Red and gray body, with white mouthpiece
Fluticasone	Flohale	MDI 125 mcg; 120 doses	1	 Peach body with blue and white medication canister projecting on top.
Fluticasone	Flixotide	MDI 50 mcg; 120 doses	1	 Peach body with white medication canister
Montelukast	Singulair	Tablets, 10mg	30	 Four-sided, beige tablet; markings (SINGULAIR; MSD 117)
Montelukast	Singulair	Tablets, 5mg	30	 Round, pink tablet; markings (SINGULAIR; MSD 275)

Generic Drug Name	Brand Name	Presentation	Maximum Month Supply	Description
Montelukast	Singulair	Tablets, 4mg	30	 <p>Oval shaped, pink tablet; markings (SINGULAIR MSD 711)</p>
Prednisolone (S.A.M.)	Predcort DS	Oral Liquid 2mg/ml; 125 ml	1800 ml	 <p>Clear, colourless oral solution</p>
Prednisone	Apo-Prednisone	Tablets, 5 mg; 100's	120	 <p>White, round, flat-faced tablet; scored</p>
Salbutamol	Ventolin	MDI, 100mcg; 200 doses	1	 <p>Blue coloured canister with navy blue mouthpiece cover; medication chamber inverted inside canister</p>
Salbutamol	Ventolin	Syrup, 0.4mg/ MI	200 ml	 <p>Clear, colourless oral solution</p>
Salbutamol (S.A.M.)	Ventolin	Resp. solution 0.5%	20mls	 <p>Clear, colourless solution for inhalation, in amber colour glass bottle</p>

Generic Drug Name	Brand Name	Presentation	Maximum Month Supply	Description
Salbutamol	Apo-Salvent	Tablets, 4mg	120	 <p>Light purple, round, flat-faced, tablet; scored</p>
Salmeterol/Fluticasone	Seretide Disk 25/50	MDI 25mcg/50mcg, 120 doses	1	
Salmeterol/Fluticasone	Seretide Disk 50/100	MDI 50mcg/100mcg, 60 doses	1	
Salmeterol/Fluticasone	Seretide Disk 50/250	MDI 50mcg/250mcg, 60 doses	1	

Asthma Supplies

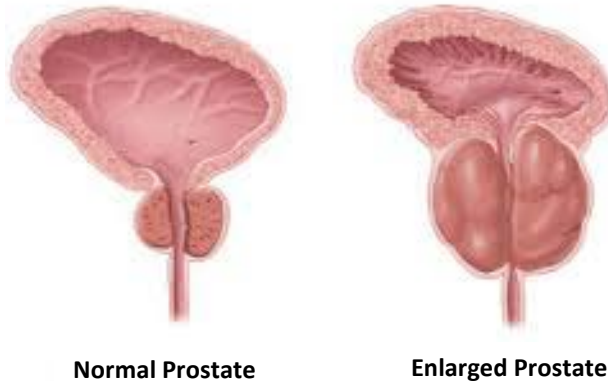
Supply Type	Brand Name	Presentation	Maximum Supply	Description
Nebulizer kit (S.A.M.)	Nebulizer Drive #18060	Nebulizer kit	1 per year	
Nebulizer mask (S.A.M.)	Nebulizer mask; Drive #600	Adult mask	1 per year	
Nebulizer mask (S.A.M.)	Nebulizer mask; Drive #700	Child mask	1 per year	
Sodium chloride (S.A.M.)	Nephron Sodium Chloride	Inhalation solution, 0.9%, 3mLs; 100's	1 box per month	
Spacer	Hudson spacer; infant #1291/1001	Spacer, orange with mask	1 per year	Orange and Clear Spacing device
Spacer	Hudson spacer; child #1292/1001	Spacer, yellow with mask	1 per year	Yellow and Clear Spacing device
Spacer	Hudson spacer; adult #1293/1001	Spacer, blue with mask (medium size)	1 per year	 Blue and Clear Spacing device
Spacer	Hudson spacer; adult #1294/1001	Spacer, green with mask (large size)	1 per year	Green and Clear Spacing device

Benign Prostatic Hypertrophy

(Enlarged Prostate)

What is Benign Prostatic Hypertrophy?

Benign Prostatic Hypertrophy (BPH) is the most common medical problem affecting the prostate gland. This condition is caused by change in hormone levels that increase the size of the prostate gland. The prostate may grow by cells multiplying around the urethra and squeezing it or by cells growing into the urethra and lower bladder. The male sex hormone testosterone is responsible for stimulating prostate growth. BPH is not typically associated with a cancerous prostate gland.



What are the Risk Factors and Common Causes of BPH?

Risk Factors

BPH is a condition of old age. Nearly all men over the age of 50 years may have an enlarged prostate.

Some common risk factors for BPH include the following:

- Abdominal obesity
- Cigarette smoking
- Lack of exercise
- Poor diet
- Excessive alcohol intake

Causes of BPH

The cause of BPH is one of the greatest mysteries of modern medicine. Doctors know that high amounts of the male sex hormone, testosterone, play an important role in the development of BPH. However, they do not know why some men get BPH as they age while others do not.

What are the Most Common Signs and Symptoms of BPH?

Common symptoms of BPH include the following:

- Blood in the urine
- Dribbling after urinating
- Feeling that the bladder has not emptied completely after urinating
- Frequent urination particularly at night
- Hesitant, interrupted, or weak urine flow caused by decreased force of the bladder
- Leakage of urine
- Pushing or straining
- Recurrent, sudden, urgent need to urinate
- Acute inability to urinate in severe cases

How is BPH Diagnosed?

BPH is typically diagnosed by conducting a series of tests and procedures; which may include the following:

Digital Rectal Examination (DRE)

This involves a specialist doctor assessing the patient's prostate gland through the walls of the rectum to determine its size, shape and consistency.



American Urological Association (AUA) Index:

This questionnaire is given to patients to assess their urinary problems and help the diagnosis of BPH.

Sample Questionnaire: *(Circle one answer for each question)*

1. During the last month or so, how often have you had a sensation of not emptying your bladder completely after you finished urinating?	0	1	2	3	4	5
2. During the last month or so, how often have you had to urinate again less than two hours after you finished urinating?	0	1	2	3	4	5
3. During the last month or so, how often have you found that you stopped and started again several times when you urinated?	0	1	2	3	4	5
4. During the last month or so, how often have you found it difficult to postpone urination?	0	1	2	3	4	5
5. During the last month or so, how often have you had a weak urinary flow?	0	1	2	3	4	5
6. During the last month or so, how often have you had to push or strain to begin urinating?	0	1	2	3	4	5
7. During the last month or so, how many times did you typically get up to urinate from the time you went to bed at night until the time you got up in the morning?	0	1	2	3	4	5

Source: American Urological Association (AUA)

THE A.U.A SCORING SYSTEMS
• 0 - 7 points: MILD SYMPTOMS
• 8 - 19 points: MODERATE SYMPTOMS
• 20 - 35 points: SEVERE SYMPTOMS

Talk to your doctor about your score to see if you need to be treated for BPH.

Prostate Specific Antigen (PSA)

This is a special protein produced by the prostate cells which can be detected in the blood. A simple blood test can indicate if further evaluation for prostate cancer is necessary. A value of (0 - 4) is considered normal. The PSA is specific for the prostate gland and not specific for prostate cancer.

Urodynamic Testing

These are office procedures used to evaluate urine flow and measure the volume and pressure of the urine.

Uroflowmetry

Patients undergo this test with a full bladder and urinate into a device measuring the amount of urine, time it takes for the urination and the rate of urine flow.

Pressure Flow Study

This is the most accurate test used to determine urine blockage. A catheter is inserted through the urethra in the penis into the bladder to measure the pressure in the bladder during urination and detect a flow blockage.

Post-Void-Residual

This test measures the amount of urine left in the bladder following urination by ultrasound or cauterization.

What are the Treatment Options?

There are several treatment options available for men with BPH depending on the severity of symptoms. If symptoms do not threaten the man's health, he may choose not to be treated. If symptoms are severe enough to cause discomfort, interfere with daily activities or threaten health, treatment is usually recommended.

Watchful Waiting

Men with low AUA Scores or mild symptoms can benefit from this option. These patients are mostly required to return for annual examination. The doctor will perform examinations that include a DRE, PSA tests and a urinary flow rate test. The patient will be asked to describe his symptoms in order to determine if the condition is worsening.

Some important tips for this group include the following:

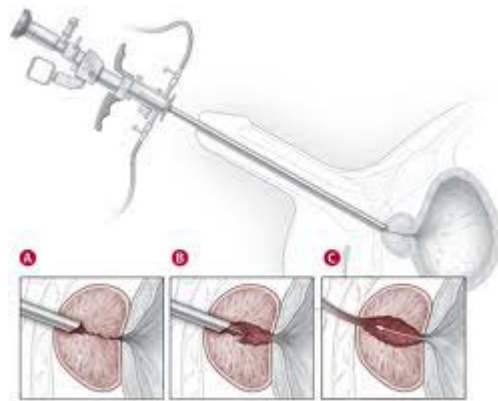
- Reduce your intake of fluids after dinner.
- Limit your intake of alcohol and caffeine.
- Avoid drugs that stimulate muscles in the bladder and prostate such as PSEUDOEPHEDRINE contained in most over-the-counter cold and cough medications such as THERAFLU, DIMETAPP, CONTAC and ADVIL COLD AND SINUS.
- Avoid medications that weaken bladder contractions such as BENADRYL/HISTAL and PAXIL/PROZAC.
- Ask your doctor to lower your dosage or change to another drug for water pills which normally increase the need to urinate.
- Never pass up a chance to use the bathroom if even your bladder doesn't feel full.
- Take your time and empty your bladder as much as possible.
- When you are in a new place, learn the locations of the bathrooms before you really need it.

Transurethral Microwave Therapy (TUMP)

This can be done in the office to alleviate symptoms. It is done under local anesthesia and takes roughly 30 - 60 minutes to complete.

Transurethral Resection of the Prostate (TURP)

This procedure removes obstructing tissues from the prostate through a special scope in the urethra. It takes less than 90 minutes to complete.



Transurethral Incision of the Prostate (TUIP)

Patients who do not have greatly enlarged prostates may undergo this procedure to make cuts in the bladder neck. These cuts reduce pressure on the prostate and make urinating easier.

Prostatectomy (Surgical Removal of the Prostate)

Surgical removal of the prostate may be necessary if it greatly enlarged or if the bladder has been damaged.

Medications or Drugs

Prescription drugs can reduce the symptoms of BPH.

Enlarged Prostate Medications Covered by The Plan

Tamsulosin: 0.4mg capsules

Terazosin (Apo-Terazosin): 1mg, 2mg and 5mg tablets

Both tamsulosin and terazosin work by relaxing the smooth muscles of the cells in the prostate and the bladder neck; which subsequently increases the flow of urine.

Dutasteride (Avodart): 0.5mg capsules

Dutasteride works by actually shrinking the prostate gland and is only helpful for men with very large prostates. A combination of each class of drugs may be used to reduce the risk of complications for men with moderate or severe symptoms.






Some Facts About the Medicines Used to Treat Enlarged Prostate

- These drugs work very slowly and it may take weeks to 6 months before you start seeing some improvements in your symptoms.
- Most of these drugs are usually taken once daily.
- Women who may be pregnant must avoid handling AVODART capsules because exposure to the drug may cause harm to the unborn baby.
- Patients should wait for at least 6 months after taking AVODART before donating blood to prevent pregnant women from being exposed to the drug through blood transfusion.
- Common side effects of AVODART include reduced sex drive, impotence, breast tenderness and reduced sperm count.
- Patients taking HYTRIN may experience some side effects such as headache, dizziness, low blood pressure, tiredness, and weakness and breathing problems.

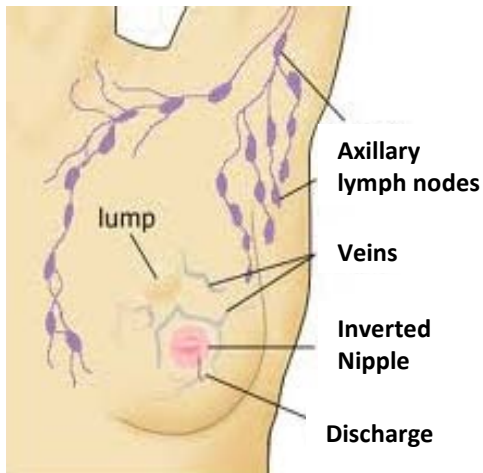
Some Facts About Enlargement of the Prostate

- An enlarged prostate is not associated with prostate cancer.
- Having an enlarged prostate does not increase your chance of having prostate cancer.
- Some men can have both enlarged prostate and prostate cancer at the same time.
- Only men have enlarged prostate because women do not have a prostate gland.
- Reduce your intake of alcohol and coffee.
- Green tea contains chemicals called flavonoids that are very good for the prostate.
- Increase your intake of fluids
- Foods high in zinc such as oysters, beef shanks, crab, chicken and oatmeal are very useful as it protects the body from developing cancer.

BENIGN PROSTATE HYPERTROPHY MEDICATIONS COVERED BY THE DRUG PLAN

Generic Drug Name	Brand Name	Presentation	Maximum Month Supply	Description
Dutasteride	Avodart	Tablets, 0.5mg	30	 Dull yellow, oblong, imprinted with "GXCE2"
Tamsulosin	Tamsulosin Health 2000	Capsules, 0.4mg	60	 Brown and white capsule
Terazosin	Apo-Terazosin	Tablets, 1mg	90	 Beige, oblong, imprinted with "APO" and "115"
Terazosin	Apo-Terazosin	Tablets, 2mg	60	 Yellow, oblong, imprinted with "APO" and "116"
Terazosin	Apo-Terazosin	Tablets, 5mg	60	 Red, oblong, imprinted with "APO" and "117"

Breast Cancer



Breast cancer is a malignant tumour that starts from the cells of the breast. A malignant tumour is a lump or growth of tissue made up of abnormal cells which continue to multiply in an uncontrolled way. Breast cancer is the most common cancer in women. Over the years there has been an increase in the number of cases of breast cancer in The Bahamas. Although worldwide breast cancer is most common in women over 50 years, nearly 50% of women diagnosed in the Bahamas with breast cancer are younger than age 50.

A woman's breast is made up of glands that make breast milk (called lobules), ducts (small tubes that carry milk from the lobules to the nipple), fatty and connective tissue, blood vessels and lymph (*pronounced limf*) vessels. Most breast cancers begin in the cells that line the ducts (ductal cancer), some begin in the lobules (lobular cancer) and a small number start in other tissues.

What Are the Risk Factors for Breast Cancer?

- Age — The risk for developing breast cancer doubles after every 10 years of life. Most cases develop after age 50 but women younger than 50 have been diagnosed in the Bahamas with breast cancer.
- Family history — Women with close relatives who were diagnosed with breast or ovarian cancer before age 50.
- Past history — Having had breast cancer before or a past history of benign (non-cancerous) breast disease.
- Being childless or having your first child after age 30.
- Early age of starting periods.
- Late menopause after age 55.
- Hormone replacement therapy increases risk slightly.
- Dense breasts.
- Lifestyle factors — little exercise, overweight or obese after menopause and excessive alcohol use.

What Are the Signs and Symptoms of Breast Cancer?

- A lump in your breast that is usually painless. Not all breast lumps are cancerous.
- Changes in size or shape of breast.
- Dimples forming in the skin or thickening of part of the skin or breast.
- Nipple turning inward.
- Discharge from nipples.
- Rash or scales on breast skin or nipple.
- Breast pain.

How Is Breast Cancer Diagnosed?

Screening is very important, especially for women over 50 years and for women with a family history of breast cancer. You should not wait to feel a lump in your breast before you begin screening for breast cancer. A doctor usually examines your breasts and armpits on each routine check-up. The following tests may also be done:

- A mammogram, a special x-ray of the breast tissue, can detect changes in the thickness of breast tissue that may suggest a tumour.
- Ultrasound scan of the breast.
- MRI scans of the breast. These are more commonly performed on younger women (especially those with a strong family history).
- A biopsy is when a small sample of tissue is removed from the lump and examined under a microscope to look for abnormal cells. This confirms whether the lump is cancerous or not.

What Are the Treatment Options for Breast Cancer?



- Surgery
- Chemotherapy
- Radiotherapy (radiation)
- Hormone treatment or combination of two or more treatments which depends on the size and stage of cancer or whether it will respond to hormones.
- Treatment also depends on your age, if you are in menopause, your overall health and sometimes personal preferences.
- Treatment options should be discussed with your oncologist (cancer specialist) to weigh the risks and benefits of the treatments, side effects and success rate of each treatment option.

What Are the Aims of Treatment for Breast Cancer?



- Early detection can lead to better chance for cure. (Mammograms are important.)
- Control cancer with treatment to slow down its growth or prevent it from spreading.
- Ease the symptoms (pain). In advanced cancer, when a cure is no longer possible and growth continues, pain management will help the patient feel more comfortable.




BREAST CANCER MEDICATIONS COVERED BY THE DRUG PLAN

Generic Drug Name	Brand Name	Presentation	Maximum Month Supply	Description
Anastrozole (S.A.M.)	Arimidex	Tablets, 1mg	28	 Round, white tablet; markings (ADX 1/A)
Tamoxifen (S.A.M.)	Apo-Tamox	Tablets, 20mg	60	 White, octagonal, biconvex tablet; scored

**Medications for pain as listed under Arthritis are also available.*

Diabetes

In Type 1 Diabetes, the beta cells in the pancreas stop making insulin. The illness and symptoms develop quickly (over days or weeks) because the level of insulin in the bloodstream becomes very low. Type 1 Diabetes usually develops in children or in young adults and is treated with insulin injections.

Type 1 Diabetes	Type 2 Diabetes
<ul style="list-style-type: none">• Body makes little or no insulin• Usually occurs in children or young adults	<ul style="list-style-type: none">• Body makes too little insulin• Or body prevents insulin from working• More common in overweight older adults.
 <p>No Insulin</p>	 <p>Too little Insulin</p> <p>Or</p>  <p>• Body prevents insulin from working</p>

Symptoms of Type 1 Diabetes include always being thirsty, passing a lot of urine, always feeling tired, weight loss and generally feeling unwell.

Symptoms usually go away once you began insulin treatment. If left untreated the blood sugar can become very high and can cause a coma and in some instances lead to death.

With Type 2 Diabetes, the disease develops slowly over weeks or months. Type 2 diabetics can make insulin but not enough to meet the body's needs. Another problem with Type 2 Diabetes is that the cells do not use the insulin properly. The cells become resistant to normal insulin levels.

Who Gets Type 2 Diabetes?

Type 2 diabetes occurs mainly in people who:

- are over 40 years but can affect persons of any age.
- have a close relative (parent, sister or brother or child) with Type 2 Diabetes.
- are overweight or obese.
- have a waist measurement more than 31.5 inches (80 cm) for a woman and more than 37 inches (94 cm) if you are a man.
- have impaired glucose tolerance (your blood glucose levels being higher than normal but not high enough to have diabetes).
- have history of gestational diabetes (high sugar levels during pregnancy).

Symptoms of Type 2 diabetes:

- Increased thirst
- Passing large amounts of urine
- Constant tiredness
- Weight loss
- Blurred vision
- Frequent infections



Note: The reason you become thirsty and urinate a lot is that sugar leaks into your urine which pulls out the extra water through your kidneys.

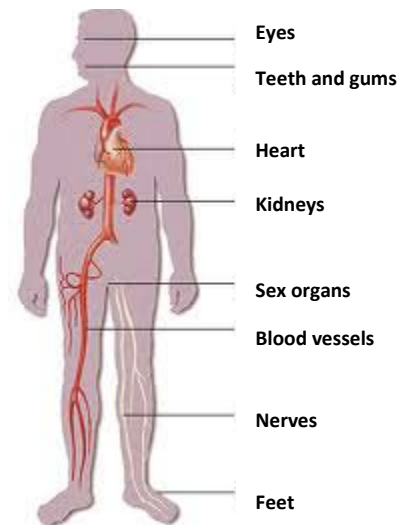
Complications of Diabetes:

(Short term) High blood glucose levels—when blood glucose builds up in your blood you can become dehydrated, drowsy and very sick.

(Long term) If your blood sugar levels continue to be higher than normal, it can lead to serious damage to your blood vessels that can cause long term damage to your body. These include:

- Hardening of the arteries which can cause severe chest pain (angina), heart attacks, stroke and poor circulation.
- Eye problems, which can eventually lead to blindness.
- Kidney damage which can lead to kidney failure.
- Nerve damage.
- Foot problems (due to poor circulation which can cause your toes or feet to bruise easily and heal slowly). As a result, these parts can rot and will need to be removed to prevent infection from spreading to other parts of the body.
- Impotence (due to poor circulation and nerve damage).

Complications may affect your:



You can avoid these complications if you keep your blood sugar as close to normal as possible.

Your Goals of Treating your Disease should be to:

- Keep blood sugar as near normal as possible
- Lower blood pressure if high
- Keep blood cholesterol low
- Detect any complications as early as possible. Early treatment can delay complications.

Treatment Aims:

The 'first-line' treatment for Type 2 diabetes is diet, weight control and physical activity. If the blood glucose level remains high despite these measures, then tablets to reduce the blood glucose level are usually prescribed. If oral medications do not work well enough, insulin injections are needed.

There is no cure for diabetes; in many cases, however, the disease can be controlled with diet and weight loss.

Treatment Aim #1: Keep your blood sugar level near normal by monitoring your sugar.

HbA1c is a blood test that can be measured to give you a good idea of your blood sugar control over the last 1-3 months. Your aim is to have an HbA1c level of 7% or less. Insulin is used to treat persons with Type 1 diabetes and some Type 2 Diabetics. Your doctor or nurse will show you how to use your insulin. Insulin is injected under the skin where it is absorbed into the bloodstream. There are several types of insulin. Your doctor will prescribe the one that best suits your needs. You should never share your insulin with other persons with diabetes.

It is recommended that you eat a healthy diet. You do not need expensive "special diabetic foods". Instead aim to eat a diet low in fat, salt and sugar; high in fiber; and plenty of fruit and vegetables. You must be able to balance your meals in the right portions. A dietician can give you detailed advice and guidance on how to choose your meals and control your portions.

You should monitor your blood sugar:

- After a meal
- During and after vigorous sports or exercise
- If you think you are having a hypoglycemic episode
- If you are unwell with another illness (cold or infection)

Treatment Aim #2: Slow and prevent long-term complications by reducing risk factors.

The chance of developing complications of diabetes is lower if you reduce your risk factors. When you have diabetes you have to be extra careful in taking care of your health. It is easier to develop heart disease and kidney disease once you have diabetes. Below are some blood measurements that you should check for and keep at recommended levels.






Blood Sugar	Blood Pressure	Lipids
HbA1C < 7% Before meals 70 – 130 mg/dl After meals < 180 mg/dl	< 130/80 mmHg	LDL < 100 mg/dl Triglycerides < 150 mg/dl • HDL - Men > 40 mg/dl - Women > 50 mg/dl

Treatment Aim #3: Detect and treat any complications.

- Get advice on DIET and lifestyle
- Check your EYES for glaucoma
- Test your URINE for protein (indicates kidney failure)
- Check Blood SUGAR, HbA1c, Cholesterol & Blood Pressure
- Do blood tests to check your KIDNEYS
- Check your FEET for ulcers/sores
- IMMUNIZATION is important, especially in the elderly who are more predisposed to the flu. It is important to get a flu shot every year to fight against infections which can be dangerous in those with diabetes.



DIABETIC MEDICATIONS COVERED BY THE DRUG PLAN





Generic Drug Name	Brand Name	Presentation	Maximum Month Supply	Description
Gliclazide	Diamicon MR	Tablets, 30mg	60	 <p>White, oblong shaped; markings (DIA 30, Logo)</p>
Gliclazide	Diamicon MR	Tablets, 60mg	60	 <p>White oblong tablet; scored; markings (DIA 60)</p>
Glibenclamide	Glibenclamide	Tablets, 5mg	120	 <p>White, oval shaped, uncoated tablet; scored</p>
Glimepiride	Diaberyl	Tablets, 2mg	30	Green oblong tablet; scored
Glimepiride	Diaberyl	Tablets, 4mg	30	Blue oblong tablet; scored
Insulin, Glargine (S.A.M.)	Lantus Insulin	Injection, 100 units/ml; 10ml vial	2	 <p>Clear, colourless solution for injection</p>
Insulin, Isophane	Novolin N	Injection, 100 units/ml; 10 ml vial	3	 <p>Clear, colourless injectable solution</p>




Generic Drug Name	Brand Name	Presentation	Maximum Month Supply	Description
Insulin, Isophane (S.A.M.)	Humulin NPH	Injection, 100 units/ml; 10 ml vial	3	 <p>Clear, colourless solution for injection</p>
Insulin, Lispro (S.A.M.)	Humalog	Injection, 100 units/ml; 10 ml vial	2	 <p>Clear, colourless solution for injection</p>
Insulin, Lispro (S.A.M)	Humalog Kwik Pen	Injection, 100units/ml, 3X5ml pens	2	
Insulin, Regular	Novolin R	Injection, 100 units/ml; 10 ml vial	2	 <p>Clear, colourless, injectable solution</p>
Insulin, Regular (S.A.M.)	Humulin R	Injection, 100 units/ml; 10ml vial	2	 <p>Clear, colourless, injectable solution</p>
Insulin Regular / Isophane (S.A.M.)	Humulin 70/30	Injection, 100 units/ml; 10 ml vial	3	 <p>Clear, colourless, injectable solution</p>
Metformin	Apo-Metformin	Tablets, 500mg; 500	150	 <p>White, round, biconvex tablet; scored</p>

Generic Drug Name	Brand Name	Presentation	Maximum Month Supply	Description
Pioglitazone	Lapizone	Tablets, 15mg, 30's	30	White round tablet; scored
Pioglitazone	Lapizone	Tablets, 30mg; 30's	30	Pink round tablet; scored



Diabetes Adjuncts

(Medications used to treat or prevent complications of Diabetes)

Generic Drug Name	Brand Name	Presentation	Maximum Month Supply	Description
Amitriptyline	Apo-Amitriptyline	Tablets, 25mg;	90	 <p>Yellow, film-coated, round, biconvex tablet</p>
Amitriptyline	Apo-Amitriptyline	Tablets, 50mg; 100's	120	Brown, film-coated, round biconvex tablet
Enalapril	Apo-Enalapril	Tablets, 10mg;	60	Pink triangle tablet; scored; markings (APO EN 10)
Enalapril	Apo-Enalapril	Tablets, 20mg; 100's	30	Peach triangle tablet; scored; markings (APO EN 20)
Gabapentin	Apo-Gabapentin	Capsules, 300mg, 100's	180	 <p>Yellow, capsule; markings (APO 300)</p>
Gabapentin	Apo-Gabapentin	Capsules, 400mg; 100's	120	 <p>Orange, capsule; markings (APO 400)</p>
Lisinopril	Apo-Lisinopril	Tablets, 10mg; 100's	30	 <p>Pink, oval, biconvex tablet; markings (APO, L10)</p>

Generic Drug Name	Brand Name	Presentation	Maximum Month Supply	Description
Telmisartan	Micardis	Tablets, 80mg	30	 <p>White, oval shaped tablet, markings (52H, 52H, Logo)</p>
Valsartan	Diovan	Tablets, 160mg	30	 <p>Brown, oblong shaped markings (NVR, DX)</p>
Valsartan	Diovan	Tablets, 80mg	30	 <p>Round shaped, pink film-coated tablet markings (NVR, DV)</p>

Diabetic Supplies

Item	Brand Name	Maximum Supply
Glucometer Kit	True Balance	 <p>1 per year</p>
Glucometer Test Strips	True Balance	 <p>2 boxes (50) per month</p>
Lancets		1 box (100) per month
Alcohol Prep Pads	Dynarex	1 box (200) every two months

Epilepsy

What is a Seizure?

A seizure is a short episode of symptoms caused by a burst of abnormal electrical activity in the brain. Typically, a seizure lasts from a few seconds to a few minutes. The symptoms that occur during a seizure depend on where the abnormal burst of electrical activity occurs.

Symptoms that occur during a seizure can affect your muscles, sensations, behavior, consciousness or combination of these. (*A very old name for seizures is convulsions or fits*).

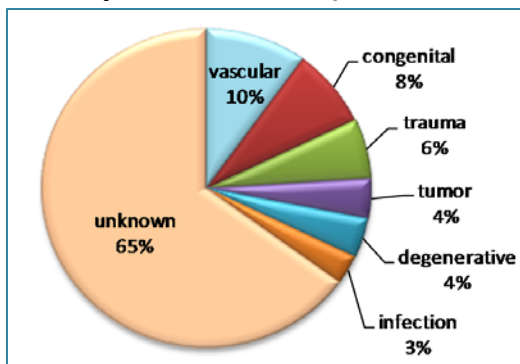


What is Epilepsy?

If you have epilepsy, it means that you have repeated episodes of seizures. If you have a single seizure, it doesn't necessarily mean that you have epilepsy. The definition of epilepsy is having more than one seizure episode.

What are the Common Causes of Epilepsy?

Idiopathic Seizure (Unknown Cause):



Common Causes of Epilepsy

In many cases, no causes for the seizure can be found. The abnormal burst of electrical activity in the brain occurs “out of the blue”. It is unclear why they start or continue to occur. Genetic factors may play a part in some cases. People with unknown causes of epilepsy usually have no other brain conditions.

Symptomatic Epilepsy:

In some cases, an underlying brain condition or brain damage causes epilepsy. Some brain conditions are present at birth and some develop later in life.

What Triggers Epilepsy?

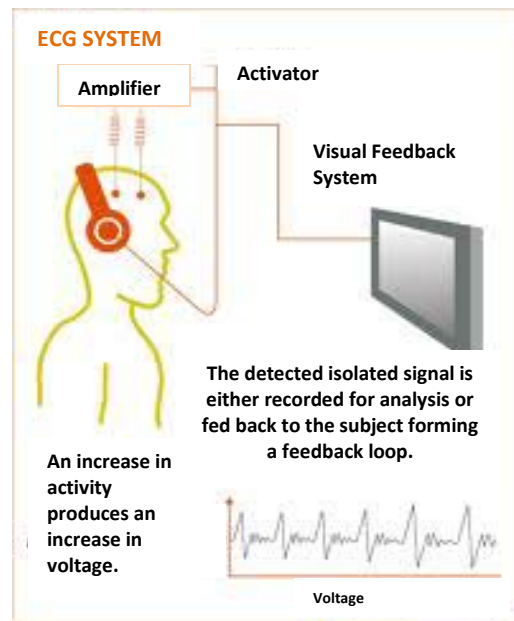
There is often no apparent reason why a seizure occurs at one time and not at another. However, some people with epilepsy find that certain “triggers” make a seizure more likely to occur. Some possible triggers may include:

- Stress or anxiety
- Some medications such as antidepressants (PAXIL) and Antipsychotic medications (HALDOL) may lower the seizure threshold in the brain.
- Lack of sleep or tiredness
- Irregular meals (or skipping meals) which may cause a low blood sugar level.
- Heavy alcohol intake or using street drugs
- Flickering lights such as from the strobe lighting or video games
- Menstruation (Periods)
- Illnesses which cause fever such as “Flu” or other infections.

How is Epilepsy Diagnosed?

You should see a doctor if you have had a “possible seizure” or similar event. Sometimes it is difficult for a doctor to confirm that you have had a seizure. The most important part of confirming the diagnosis is the description of what happened. Other conditions can look like seizures; for example, fainting, panic attacks, collapses due to heart problems and breath-holding attacks in children. Therefore, it is very important that a doctor should have a clear description of what happened during the “event”. It may be that a person who witnessed your seizure may be able to give a more accurate description of what happened during your seizure.

There is no one test to confirm a diagnosis of epilepsy. However, tests such as an ElectroEncephaloGram (EEG), brain scans and blood tests may help to make a diagnosis.



What are the Treatment Options for Epilepsy?

Medications

Epilepsy cannot be “cured” with medications. However, with the right type and strength of medication, the majority of patients with epilepsy do not have seizures. The medications work by establishing the electrical activity in the brain. Medications should be taken every day to prevent seizures.

Deciding on which medication to prescribe depends on such things as:

- Your type of epilepsy
- Your age
- Other medications you may be taking for other conditions
- Possible side effects
- Whether you are pregnant or if you are planning to become pregnant





One medication can prevent seizures in most cases. A low dose of the medication is usually started. The dose may be increased if this fails to prevent seizures. In some cases, two medications are needed to prevent seizures. Medication is commonly started after second seizure that occurs within twelve (12) months of the first episode. However, there are no definite rules and the decision to start medication should be made after a full discussion with your doctor.





Important Tips About Epilepsy Medications

- Ask your doctor how long treatment is likely to be advised.
- Although the list of possible side effects for each medicine seems long, most people have no side effects or experience just minor ones. Ask your doctor or pharmacist which side effects are important to look out for.
- If you develop a troublesome side effect, it may be dose-related or may diminish in time; otherwise switching to another medicine may be advised.
- Medicines which are used for other conditions may interfere with medications for epilepsy, if you are prescribed or buy another medicine over-the-counter, remind your pharmacist or doctor that you take medications for epilepsy.
- Even things like indigestion medicines may interact with your epilepsy medicine which may increase your chance of having a seizure.
- Medications for epilepsy may interfere with the birth control pill. A higher dose pill or an alternative method of protecting yourself against pregnancy may be needed.

- Tell your doctor if you intend to become pregnant because counseling is important for women on anti-epilepsy medicines who are planning pregnancy.

EPILEPSY MEDICATIONS COVERED BY THE DRUG PLAN

Generic Drug Name	Brand Name	Presentation	Maximum Month Supply	Description
Carbamazepine	Lazepine	100mg tablets	60	White round tablet; scored
Carbamazepine	Tegretol	200mg tablets	120	 <p>Pink oblong tablet; scored; markings "TEGRETOL / 27 27"</p>
Carbamazepine	Tegretol CR	200mg controlled release tablets	120	 <p>Orange oblong tablet; scored; markings "C B / H C"</p>
Carbamazepine	Tegretol CR	400mg controlled release tablets	90	Description not available
Carbamazepine	Tegretol Syrup	20mg/ml liquid	300ml	Description not available
Divalproex Sodium	Depakote	125mg sprinkles	60	 <p>Blue and white capsule; markings "THIS END UP DEPAKOTE SPRINKLE 120MG"</p>
Divalproex Sodium	Depakote	250mg capsules	60	Description not available
Divalproex Sodium	Depakote ER	500mg tablets	60	 <p>Oblong film coated tablets; markings "@ HC"</p>

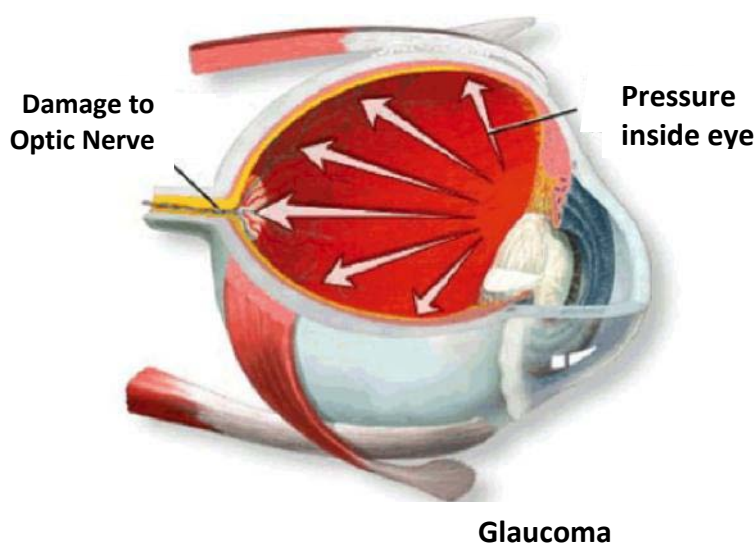
Generic Drug Name	Brand Name	Presentation	Maximum Month Supply	Description
Oxcarbazepine	Trileptal	300mg tablets	240	 <p>Orange oblong tablet; scored; markings "CG GC/ TE ET"</p>
Oxcarbazepine	Trileptal	60mg/ml oral liquid	300ml	Description not available
Topiramate	Topamax	25mg tablets	120	 <p>Off-White round tablet; markings "OMN/25"</p>
Topiramate	Topamax	100mg tablets	120	 <p>Yellow round tablet; markings "OMN/100"</p>
Valproic Acid	Depakene	250mg capsules	120	 <p>Orange oblong capsule; markings "DEPAKENE"</p>
Valproic Acid	Depakene Oral Solution	50mg/ml oral liquid	480ml	Cherry flavored red liquid

Glaucoma

There are several types of glaucoma. The two most common types are primary open angle glaucoma (chronic open angle glaucoma) and angle closure glaucoma (acute angle closure glaucoma).

Primary open angle glaucoma develops slowly resulting in gradual damage to the optic nerve and gradual loss of vision.

Acute angle closure glaucoma results in sudden blockage, preventing the fluid in the eye from draining out. The eye suddenly becomes red and painful.



What Causes Glaucoma?

In the eye, there is fluid called the aqueous humour that fluid normally drains from the eye. When the outlet is blocked/ clogged the fluid builds up and causes pressure inside the eye to rise. This pressure pushes against the optic nerve located in the back of the eye. With the increased pressure, the optic nerve becomes damaged and causes vision to be blurred or patchy. It can also lead to blindness.

Who Gets Glaucoma?

Glaucoma tends to affect person who:

- have a family history of glaucoma
- have high intraocular pressure

- are short sighted
- have diabetes
- are African American or of Afro-Caribbean origin
- are over age 40 years
- have a history of migraines
- Long term users of steroid medication.

What are the Symptoms of Glaucoma?

- Blurred vision (primary open-angle glaucoma)
- Loss of peripheral (outer) vision (primary open-angle glaucoma)
- Severe eye pain (acute angle glaucoma)
- Nausea and vomiting (acute angle glaucoma)
- Sudden onset of vision changes in low light (acute angle glaucoma)
- Halos around lights (acute angle glaucoma)
- Reddening of the eye (acute angle glaucoma)

How Would I Know if I have Glaucoma?

Once you reach age 40, you should visit your eye doctor (optometrist) every 5 years for an examination. After age 50 you should have your eyes examined every 2 to 3 years. If you have diabetes or other risk factors for glaucoma, you should have your eyes examined at least once a year.

The eye exam is not painful. The doctor looks in your eye through a special light and magnifier called a slit lamp. This allows the optometrist to see your optic nerve at the back of your eye for any changes. He may also numb your eye and places a special tool on your eye to test the pressure. Your doctor may also use a machine that sends a “puff” of air onto your eye. All these tests look at the pressure in your eye.

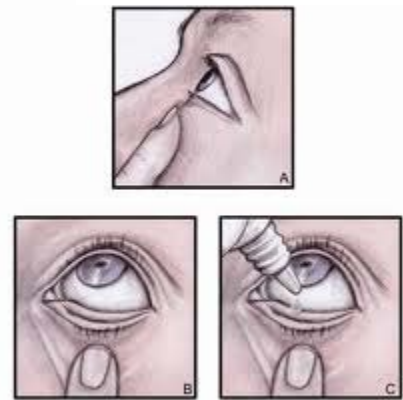
How is Glaucoma Treated?

The aim of treatment is to lower your eye pressure.

What Are the Treatment Options for Glaucoma?



- Eye drops work by either reducing the amount of aqueous humour or increasing drainage of the aqueous humour.
- Tablets work by reducing the amount of aqueous humour.
- Laser treatment- When medications don't provide enough relief, laser treatment can be used to burn through the sieve-like area called the trabecular to allow better drainage of the fluid.
- Surgery creates a channel for the fluid to pass through.

How to Instill Eyedrops



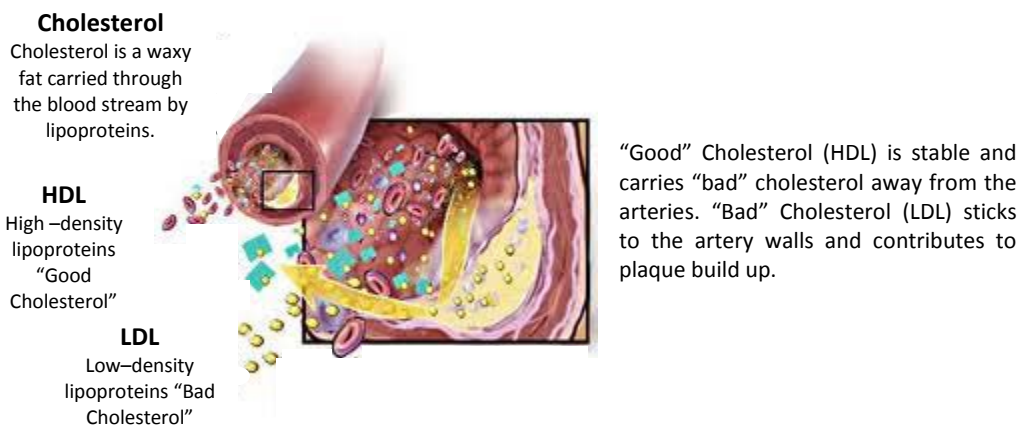
GLAUCOMA MEDICATIONS COVERED BY THE DRUG PLAN

Generic Drug Name	Brand Name	Presentation	Maximum Month Supply	Description
Acetazolamide	Apo-Acetazolamide	Tablets, 250mg	120	 <p>White, round, biconvex tablet; scored; markings (APO 250)</p>
Betaxolol	Optipress	Betopic S 0.25%	2	
Brimonidine tartrate	Apo-Brimonidine	Eye drops, 0.2%	2	Clear, eye drops solution
Brinzolamide/ Timolol	Azarga	Eye drops, 1%/0.5%	2	
Dorzolamide	Cosopt	Eye drops, 2%	2	
Latanoprost	Xalatan (SAM)	Eye drops, 0.005%	2	
Pilocarpine nitrate	Pilocarpine	Eye drops, 2%	1	Clear, eye drops solution
Pilocarpine nitrate	Pilocarpine	Eye drops, 4%	1	Clear, eye drops solution
Timolol	Timolol	Eye drops, 0.5%	2	Clear, eye drops solution

Generic Drug Name	Brand Name	Presentation	Maximum Month Supply	Description
Travoprost	Travatan BAK Free	Eye drops, 0.004%	2	
Travoprost/Timolol	DuoTrav	Eye drops, 0.004%/ 0.5%	2	

High Cholesterol

Cholesterol is a fatty substance that is made in the liver or can come from fatty foods that are eaten. Cholesterol is carried in the blood and is necessary for the body to make hormones and vitamin D. There are different types of cholesterol: LDL, low density lipoprotein, often called “bad cholesterol” because it is a major cause of plaque build-up which causes cardiovascular disease. HDL, high density lipoprotein, is often called “good cholesterol” because it prevents build-up of fatty plaque.



What Are the Preventable Risk Factors for High Cholesterol?

- Smoking
- Lack of physical activity
- Obesity
- Unhealthy diet (eating too many fatty foods and too much salt)
- Excessive alcohol consumption



What Are the Treatable Risk Factors for High Cholesterol?

- High cholesterol blood levels
- High triglyceride (fat) blood level
- Diabetes
- Kidney diseases that affect kidney function

What Are the Uncontrollable Risk Factors for High Cholesterol?

- Strong family history (father or brother who developed heart disease or a stroke before age 55 or in the case of a mother or sister, before age 65)
- Gender – Male
- Early menopause in women
- Age (the older you get the greater your chance of developing plaque)

What Do Cholesterol Levels Mean?

Note: The higher your LDL cholesterol level, the greater the risk of heart disease. Keep your LDL low and your HDL high!

	Normal (mg/dl)	Borderline (mg/dl)	Too high (mg/dl)	Very High (mg/dl)
Total cholesterol	Less than 200	200-239	240	Above 280
LDL	100-129	130-159	160-189	Above 190
Triglycerides	Less than 150	150-199	200-499	Above 500
	Very Low (mg/dl)	Too Low (mg/dl)	Borderline (mg/dl)	Normal (mg/dl)
HDL	Less than 35	36-39	40-59	Above 60

Prevention and Treatment of High Cholesterol:

If you have a high risk for developing cardiovascular disease, drug treatment along with lifestyle changes is advised. Your doctor will recommend the best treatment for you.





- Drug treatment — Used to lower high cholesterol levels. There are several drug classes that treat cholesterol. One type of them is called “statin” drugs. These work by blocking an enzyme which is needed to make cholesterol in the liver. An example is Simvastatin.




- Lifestyle changes — if you have cholesterol numbers that are borderline; your doctor may choose to encourage you to make the necessary modifications to your daily routine to help lower your risk.



“What fits your busy schedule better, exercising one hour a day or being dead 24 hours a day?”

HIGH CHOLESTEROL MEDICATIONS COVERED BY THE DRUG PLAN

Generic Drug Name	Brand Name	Presentation	Maximum Month Supply	Description
Atorvastatin	Apo-Atorvastatin	Tablets, 10mg	30	White oval tablet; markings "APO/A10"
Atorvastatin	Apo-Atorvastatin	Tablets, 20mg	30	White oval tablet; markings "APO/ATV 20"
Atorvastatin	Apo-Atorvastatin	Tablets, 40mg	60	White oval tablet; markings "APO/ATV 40"
Ezetimibe	Ezetrol	Tablets, 10mg	30	 Small, white, oval shaped tablet; marking "414"
Ezetimibe/Simvastatin	Vytorin 10/20	Tablets, 10mg/20mg	30	 White oval tablet; markings "312"
Ezetimibe/Simvastatin	Vytorin 10/40	Tablets, 10mg/40mg	30	 White oval tablet; markings "313"
Rosuvastatin	Crestor 10mg	Tablets, 10mg	30	 Pink round tablet; markings "ZD4522 10"

Generic Drug Name	Brand Name	Presentation	Maximum Month Supply	Description
Rosuvastatin	Crestor	Tablet, 20mg	30	 <p>Round, pink tablet; markings "ZD4522 20"</p>
Rosuvastatin	Crestor	Tablet, 40mg	30	 <p>Oblong pink tablet; markings "ZD4522 40"</p>
Simvastatin	Simvastatin – H2K	Tablets, 20mg	30	 <p>Round tan, tablet; scored</p>
Simvastatin	Simvastatin – H2K	Tablets, 40mg	30	Description not available

Hypertension

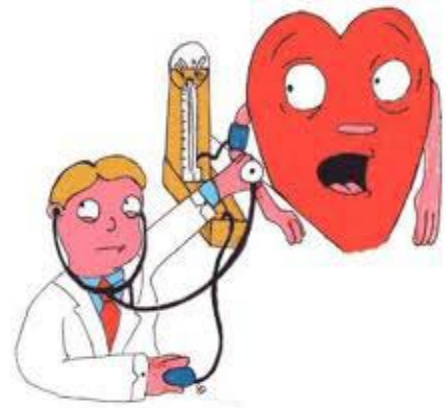
(High Blood Pressure)

Blood pressure is the pressure in your blood vessels. When your blood pressure is measured, it is recorded as two figures. A normal reading is 120 over 80 millimeters of mercury (120/80 mmHg).

The top number is the systolic pressure. This is the pressure in your blood vessels when your heart beats.

The bottom number is the diastolic pressure. This is the pressure in the blood vessels when the heart rests between each beat.

High Blood Pressure is blood pressure greater than 140/90 mmHg. With high blood pressure just the top number can be high, e.g. 170/80 mmHg, just the bottom number can be high, e.g. 120/105 mmHg or both numbers can be high, 190/115 mmHg.



What Causes High Blood Pressure?

Pressure in your blood vessels depends on how hard your heart has to pump blood throughout your body. If there is any narrowing of the blood vessels, there can be increased pressure.

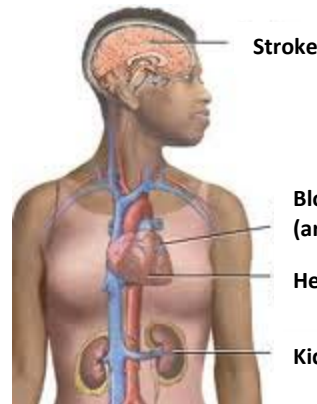
Who is at Risk for High Blood Pressure?

Those who have a high risk for high blood pressure are persons who:

- have diabetes
- are of African-Caribbean origin
- are of Indian background
- are overweight or obese
- have high salt intake
- do not eat enough fruits & vegetables
- do not exercise often
- drink a lot of coffee (or caffeine-rich drinks)
- drink a lot of alcohol.

Complications of High Blood Pressure:

- High risk for developing cardiovascular disease
- Complications of diabetes
- Damage to the heart and kidneys
- Heart attack
- Stroke



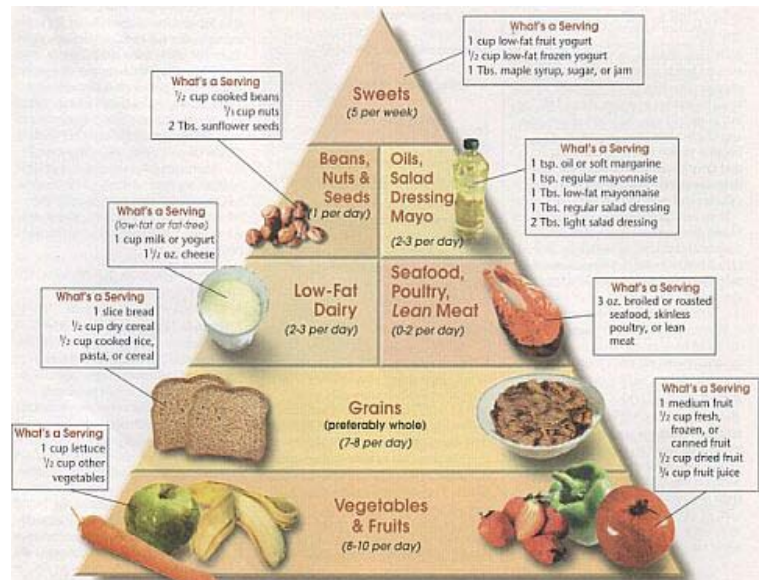
Chronic high blood pressure (hypertension) left untreated can lead to:

- Stroke
- Blood vessel damage (arteriosclerosis)
- Heart attack or heart failure
- Kidney Failure

How Is High Blood Pressure Managed?

High blood pressure can be managed firstly by lifestyle changes such as:

- Losing weight if you are overweight. Your blood pressure can drop by at least 2.5/1.5 mmHg for every 2 pounds of extra weight lost.
- Exercising regularly by doing some physical activity at least 5 times a week for at least 30 minutes. You can go walking, swimming, running, dancing, cycling, etc.
- Eating healthy:
 - Include at least 5 portions of fruits and vegetables everyday
 - Eat more whole grains, fiber, cereals
 - Eat fewer fatty meats, less cheese, less full milk/cream, less fried food
 - Use low fat, mono- or poly-unsaturated margarine spreads instead of butter
 - Eat at least 2-3 servings of fish per week, at least one should be an oily fish like mackerel, sardines, salmon or fresh tuna. The fish should be baked, grilled or steamed, not fried
 - Eat poultry such as chicken and turkey instead of beef
 - If you must fry your foods, use oils like sunflower or olive oil.
 - Use less salt and other seasonings such as pepper, thyme and limes/lemons that can help to increase flavor.
 - Limit caffeine intake.






- Limiting alcohol intake (by doing this you can drop blood pressure by as much as 10 points!).




Who Is Treated with Medication?

- Persons who cannot manage their blood pressure by modifying their diet and physical activities. If you have a consistent blood pressure reading of 160/100 mmHg or higher you will have to begin medication therapy.
- If you have a reading of more than 140/90 mmHg and have diabetes or an existing cardiovascular disease or have at least two risk factors for cardiovascular disease then you may be started on medication.
- Persons who have a blood pressure of more than 130/80 mmHg and have diabetes, kidney disease or had a stroke or heart attack may also be put on medication.
- There are different classes of medication to treat high blood pressure. Your doctor may start you on one drug, and add on another drug if your pressure is not controlled. Some persons can be on several different drugs at once; depending on whether they have other cardiovascular diseases.






HYPERTENSION MEDICATIONS COVERED BY THE DRUG PLAN

Generic Drug Name	Brand Name	Presentation	Maximum Month Supply	Description
Amlodipine	Amlodipine	Tablets, 10 mg	30	Description not available
Amlodipine	Amlodipine	Tablets, 5 mg	30	 White round tablet; scored
Atenolol	Atenolol	Tablets, 100mg	30	 Large, round, peach colored tablet; scored
Atenolol	Atenolol	Tablets, 50mg	30	 Small, round, peach colored tablet; scored
Captopril	Captopril	Tablets, 50mg	270	 Round white tablet; scored
Enalapril	Enalapril	Tablets, 10mg	60	Pink triangle tablet; scored; markings "APO EN10"
Enalapril	Enalapril	Tablets, 20mg	60	Peach triangle tablet; scored; markings "APO EN20"
Felodipine	Felotensil	Tablets, 10mg	30	Description not available

Generic Drug Name	Brand Name	Presentation	Maximum Month Supply	Description
Felopidine	Felotensil	Tablets, 5mg	30	Description not available
Furosemide	Apo-Furosemide	Tablets, 40mg	60	 Yellow, round, flat-faced tablet; scored
Furosemide	Furosemide	Suspension, 10mg/ml	240	Description not available
Hydrochlorothiazide (HCTZ)	Apo-Hydro	Tablets, 25mg	30	 Pale pink, round, flat-faced tablet; scored
Indapamide	Natrilix SR	Tablets, SR 1.5mg	90	 White, round, coated tablet
Lisinopril	Apo-Lisinopril	Tablets, 10mg	30	 Pink, oval, biconvex tablet
Lisinopril	Lisorem	Tablets, 20mg	30	 Pink round tablet; scored

Generic Drug Name	Brand Name	Presentation	Maximum Month Supply	Description
Lisinopril/HCTZ	Apo-Lisinopril/HCTZ	Tablets, 20mg/12.5mg	60	 <p>White oblong tablet; markings "APO 20 12.5"</p>
Metoprolol	Apo-Metoprolol	Tablets, 50mg	60	Description not available
Metoprolol	Apo-Metoprolol	Tablets, 100mg	120	 <p>White round tablet; scored; markings "APO 100"</p>
Nifedipine LA	Adalat OROS	Tablets, 30mg	30	 <p>Rose pink, round film-coated tablet; markings "Adalat 30"</p>
Nifedipine LA	Adalat OROS	Tablets, 60mg	60	 <p>Rose pink, round, film-coated tablet; markings "Adalat, 60"</p>

Generic Drug Name	Brand Name	Presentation	Maximum Month Supply	Description
Perindopril	Coversyl	Tablets, 10mg	30	 <p>Green round, biconvex film-coated tablet with markings (heart and double triangles).</p>
Perindopril	Coversyl	Tablets, 5 mg	30	 <p>Light green, rod shaped, film coated tablet, engraved with double triangles on one face and scored on both edges.</p>
Perindopril/ Amlodipine	Coveram 10/10	Tablets, 10mg/10mg	30	 <p>Round, white tablet; markings "10/10, double triangles- logo"</p>
Perindopril/ Amlodipine	Coveram 10/5	Tablets, 10mg/5mg	30	 <p>White triangle tablet; markings "10/5; double triangles-logo"</p>

Generic Drug Name	Brand Name	Presentation	Maximum Month Supply	Description
Perindopril/ Amlodipine	Coveram	Tablets, 5mg/10mg	30	 <p>White square tablet; markings "5/10; double triangles-logo"</p>
Perindopril/ Amlodipine	Coveram	Tablets, 5mg/5mg	30	 <p>White oblong tablet; markings "5/5; double triangles-logo"</p>
Perindopril/ Indapamide	Preterax 2.5	Tablets, 2.5mg/1.25mg	30	 <p>White oblong coated tablet; scored</p>
Perindopril/ Indapamide	Preterax 5	Tablets, 5mg/1.25mg	30	 <p>White small oblong shaped coated tablet</p>
Perindopril/ Indapamide	Preterax 10	Tablets, 10mg/2.5mg	30	 <p>White round film coated tablet</p>

Generic Drug Name	Brand Name	Presentation	Maximum Month Supply	Description
Potassium Chloride	Apo-K	Tablets, 600mg	60	 <p>Orange, round, film coated tablet; markings "APO-K 600"</p>
Telmisartan	Micardis	Tablets, 80mg	28	 <p>White oval tablet; markings "LOGO,52H"</p>
Telmisartan/HCTZ	Micardis Plus	Tablets, 80mg/12.5mg	28	 <p>One side white, one side pink; tablet oval shape; markings "H8; LOGO"</p>
Valsartan	Diovan	Tablets, 80mg	30	 <p>Pink, round, film-coated tablet; scored; markings "NVR, DV"</p>
Valsartan	Diovan	Tablets, 160mg	30	 <p>Tan oblong-shaped, markings "NVR, DX"</p>

Generic Drug Name	Brand Name	Presentation	Maximum Month Supply	Description
Valsartan	Diovan	Tablets, 320mg	30	 <p>Purple egg shaped tablet; markings "NVR, DXL"</p>
Valsartan/HCTZ	Co-Diovan	Tablets, 160mg/25mg	30	 <p>Tan/brown oval film-coated tablet; markings "HXH, NVR"</p>
Valsartan/HCTZ	Co-Diovan	Tablet 160mg/12.5mg	30	 <p>Red -brown, oblong film-coated tablet; markings "HHH; CG"</p>
Valsartan/HCTZ	Co-Diovan	Tablet, 80/12.5mg	30	 <p>Pink, oblong film coated tablet; markings "HGH, CG"</p>
Valsartan/HCTZ	Co-Diovan	Tablet, 320/25mg	30	 <p>Yellow oblong film coated tablet; markings "CTI; NVR"</p>

Ischaemic Disease

What is Ischaemic Disease?

Ischaemia is a condition in which blood flow and oxygen are restricted in the body. It can refer to lack of blood flow in the heart (ischaemic heart disease or coronary artery disease), the brain (ischaemic stroke) or the limbs (peripheral artery disease). The National Prescription Drug Plan covers each of these conditions under the diagnosis of ischaemic disease.

What Causes Ischaemic Disease?

Ischaemic disease is caused by a hardening and narrowing of the arteries, also known as atherosclerosis.

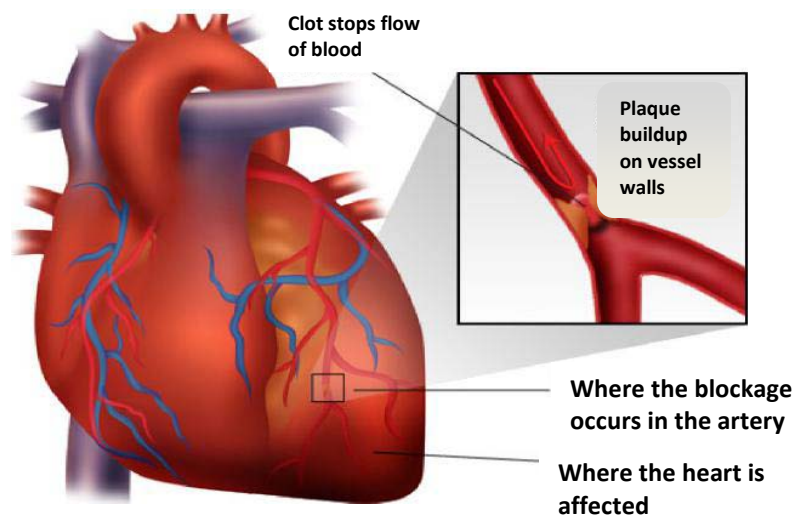


Illustration of a Clogged Artery in the Heart

Plaque will build up in the arteries and slow or stop the flow of blood. This can lead to an ischaemic attack of the area affected, causing a heart attack or stroke.

What are the Symptoms of Ischaemic Disease?

Ischaemic Heart Disease

- Severe chest pain that can radiate to the arms, jaw or back

- Chest discomfort
- Nausea
- Anxiety
- Lightheadedness
- Shortness of breath

Ischaemic Stroke

- Sudden paralysis
- Sudden difficulty in speech
- Sudden vision problems
- Severe headache
- Sudden numbness or weakness

Peripheral Artery Disease

- Painful cramping in arms or legs after activity (intermittent claudication)
- Leg numbness or weakness
- One leg or foot feeling colder than the other
- Shiny skin or change in the color of your leg
- Slow growing leg hair or toenails
- No or weak pulse in the leg or foot

What are the Risk Factors for Ischaemic Disease?

- Age
- Family History
- Smoking
- Diabetes
- Abdominal obesity
- Alcoholism
- High fat diet
- Sedentary lifestyle
- High blood pressure
- High cholesterol

Complications of Ischaemic Disease

- Heart Attack
- Stroke

- Aneurysm
- Peripheral Artery Disease
- Sudden Death

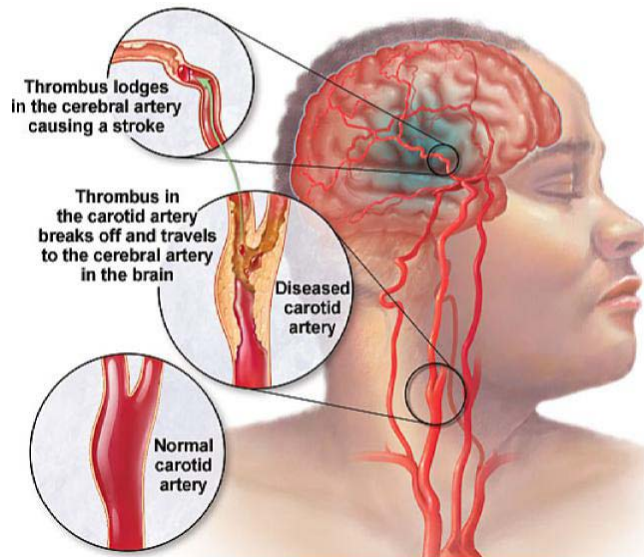


Illustration Showing a Stroke with Complications of Ischaemic Heart Disease. *[Source: MayoClinic]*

What are the Treatment Options for Ischaemic Disease?

Make positive lifestyle changes such as:

- Stop smoking and drinking alcohol
- Eat a healthy low fat and low sodium diet
- Exercise for at least 30 minutes most days per week
- Maintain normal blood pressure and blood sugar by taking medications as prescribed.




If lifestyle changes are not enough, you may be prescribed medications to minimize your risk of developing complications. If medication is not sufficient to control your disease, you may need surgery to remove plaque build-up from your arteries.

ISCHAEMIC DISEASE MEDICATIONS COVERED BY THE DRUG PLAN

Generic Drug Name	Brand Name	Presentation	Maximum Monthly Supply	Description
Amlodipine	Amlodipine – H2K	Tablets, 10mg	30	Description not available
Amlodipine	Amlodipine – H2K	Tablets, 5mg	30	 White round tablet; scored
Aspirin EC	Entrophen	Tablets, 325mg	30	Rust colored round tablet
Aspirin EC	Aspirin 81mg – H2K	Tablets, 81mg	30	White, round tablet
Atenolol	Atenolol – H2K	Tablets, 100mg	30	 Large, round, peach colored tablet; scored
Atenolol	Atenolol – H2K	Tablets, 50mg	30	 Small, round, peach colored tablet; scored
Atorvastatin	Apo-Atorvastatin	Tablets, 10mg	30	White oval tablet; markings “APO, A10”
Atorvastatin	Apo-Atorvastatin	Tablets, 20mg	30	White oval tablet; markings “APO, ATV20”
Atorvastatin	Apo-Atorvastatin	Tablets, 40mg	60	White oval tablet; markings “APO, ATV40”
Carvedilol	Carvedilol-pms	Tablets, 6.25mg	60	White oval tablet; markings “CV, 6.25”
Carvedilol	Carvedilol-pms	Tablets, 12.5mg	60	White oval tablet; markings “CV, 12.5”
Carvedilol	Carvedilol-pms	Tablets, 25mg	60	White oval tablet; markings “CV, 25”

Generic Drug Name	Brand Name	Presentation	Maximum Monthly Supply	Description
Clopidogrel (SAM)	Apo-Clopidogrel	Tablets, 75mg	30	 <p>Round pink tablet; markings "APO, CV75"</p>
Digoxin (SAM)	Digoxin	Elixir, 50mcg/ml	500ml	Lime flavored, colorless solution
Digoxin	Civlor	Tablets, 0.125mg	30	Description not available
Digoxin	Civlor	Tablets, 0.25mg	60	Description not available
Diosmin/Hesperidin	Daflon 500mg	Tablets, 500mg	60	 <p>Oblong peach colored tablet</p>
Felodipine	Felotensil	Tablets, 10mg	30	Description not available
Felodipine	Felotensil	Tablets, 5mg	30	Description not available
Isosorbide Dinitrate	Apo-ISDN	Tablets, 10mg	120	 <p>White round tablet; scored; markings "APO 10"</p>
Ivabradine (SAM)	Procoralan	Tablets, 5mg	60	 <p>Salmon colored oblong tablet; scored; markings "5, double triangle logo"</p>

Generic Drug Name	Brand Name	Presentation	Maximum Monthly Supply	Description
Nitroglycerin	Nitrostat	Tablets, Sublingual, 0.6mg	100 (1 full bottle)	 <p>Small, white, round tablet; markings “6, N”</p>
Pentoxifylline	Pentoxifylline – H2K	Tablets, 400mg	90	Pink oblong tablet; markings “KTL”
Rosuvastatin	Crestor	Tablets, 10mg	30	 <p>Pink round tablet; markings “ZD4522 10”</p>
Rosuvastatin	Crestor	Tablets, 20mg	30	 <p>Pink round tablet; markings “ZD4522 20”</p>
Rosuvastatin	Crestor	Tablets, 40mg	30	 <p>Pink oblong tablet; markings “CRESTOR, 40”</p>
Simvastatin	Simvastatin – H2K	Tablets, 20mg	30	Light tan tablet; scored
Simvastatin	Simvastatin – H2K	Tablets, 40mg	30	Description not available
Trimetazidine HCl	Vastarel MR	Tablets, 35mg	60	 <p>Round, pink tablet</p>

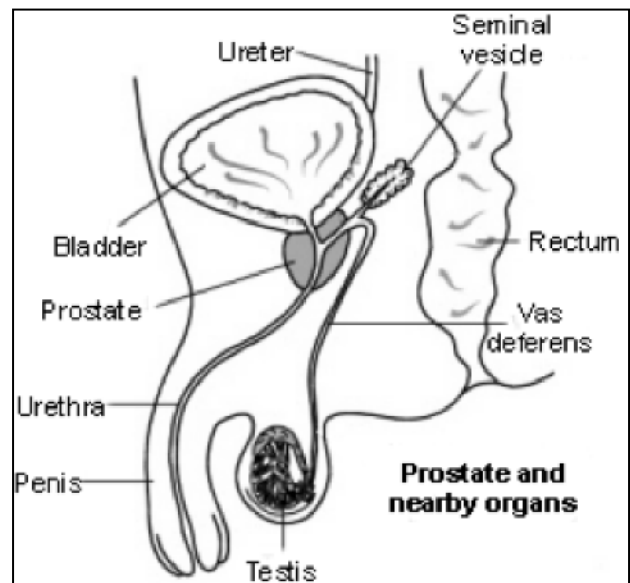
Generic Drug Name	Brand Name	Presentation	Maximum Monthly Supply	Description
Warfarin	Coumadin	Tablets, 1mg	60	 Round, pink tablet; scored; markings "Coumadin 1"
Warfarin	Coumadin	Tablets, 2mg	90	 Round, purple tablet; scored; markings "Coumadin 2"
Warfarin	Coumadin	Tablets, 5mg	60	 Round, peach tablet; scored; markings "Coumadin 5"

Prostate Cancer

The prostate gland is only found in men. It lies beneath the bladder and normally is the size of a chestnut with the urethra tube running through the middle. The prostate's main function is to produce fluid which protects and nourishes sperm.

As a man gets older (over 50 years) the prostate tends to get larger. Commonly it causes urinary symptoms. This is not cancerous.

Prostate cancer is a malignant growth of cells from the prostate gland. It is the most common form of cancer in men.



What Causes Prostate Cancer?

A cancerous tumour starts from an abnormal cell. The abnormal cell multiplies out of control. Certain risk factors increase the chance of some men developing prostate cancer:

- Age (prostate cancer affects older men)
- Family history and genes (if your father or brother had prostate cancer before age 60)
- Ethnic group (most common in African-Caribbean men)
- Diet (high in fats and low in fruit and vegetables may increase the risk).

What Are the Symptoms of Prostate Cancer?

Prostate cancer often grows slowly. There may not be any symptoms at first for several years. As the tumour grows, it presses on and irritates the urethra or causes a partial stoppage in your urine flow. Symptoms may develop and may include:

- Poor stream — The flow of urine is weaker, and it takes longer to empty your bladder
- Hesitancy — You may have to wait at the toilet for a while before urine starts to flow.
- Dribbling — A bit more urine may drizzle out and stain your underpants soon after you finish

urinating.

- Increased frequency — You may pass urine more often than normal.
- Urgency — You may have to get to the toilet quickly.
- Poor emptying — You may feel as if you have not finished emptying your bladder.

It is important to know that these symptoms are common in older men and may arise from an enlarged prostate and not prostate cancer. It is important to visit your doctor annually for your routine checkup.

How Is Prostate Cancer Diagnosed?

If it is suspected that you have cancer, you should:

- Have a physician examine your prostate gland. Your doctor will insert a gloved finger through your anus to feel the back of the prostate gland.
- Do a blood test to measure the level of prostate specific antigen (PSA). PSA is a chemical which is made by normal and cancerous prostate cells. The higher the level of PSA, the more likely you may have prostate cancer.
- Undergo a biopsy to confirm the diagnosis. A biopsy is when a small sample of tissue is removed from the affected part of the body. It is then sent to the lab for testing.

What Are the Aims of Treatment of Prostate Cancer?





- Cure the cancer (put patient in remission)
- Control the cancer (limit the growth or spread of the cancer)
- Ease the painful symptoms associated with cancer.

What Are the Treatment Options for Prostate Cancer?

Treatment depends on the severity, size and stage of your cancer, the grade of cells, the PSA level and your age, general health and personal preference for treatment. Treatment may include:

- Surgery
- Radiotherapy
- Hormone treatment
- Chemotherapy
- Combination of two or more treatments

PROSTATE CANCER MEDICATIONS COVERED BY THE DRUG PLAN

Generic Drug Name	Brand Name	Presentation	Maximum Month Supply	Description
Bicalutamide (S.A.M)	Apo-Bicalutamide	Tablets, 50mg	30	 White, round, biconvex tablet
Goserelin (S.A.M)	Zoladex	Injection, 10.8mg	1	 Colorless, clear subcutaneous injection
Hydrocortisone (S.A.M)	Cortef	Tablets, 10mg	60	 White, Round tablet; markings (CORTEF 10), scored
Ketoconazole (S.A.M)	Apo-Ketoconazole	Tablets, 200mg	90	 White, round, flat-faced tablet; scored

Psychiatric Illness

What are Psychiatric Illnesses?

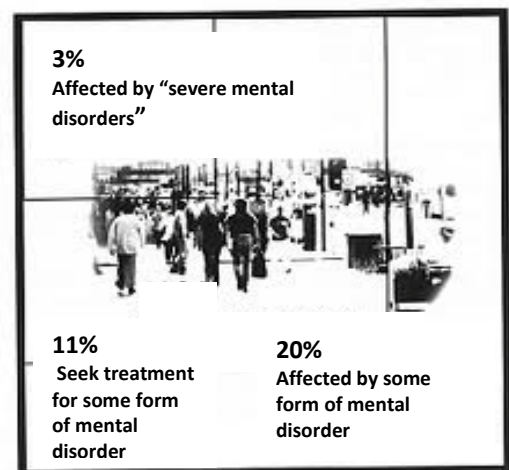
Psychiatric illnesses are categorized as a variety of clinically significant conditions that impair a person's normal cognitive, emotional, or behavioral functioning. The National Prescription Drug Plan covers a broad range of conditions that afflict a person's mental status and functioning.



What Causes Psychiatric Illness?

There are a broad range of causes for psychiatric illness, including:

- Social situations
- Psychological (abuse, trauma)
- Biochemical (neurotransmitter imbalances)
- Genetics (family history)
- Head trauma or injury
- Illness or disease
- Alcohol or drug abuse



What are the Signs and Symptoms of Psychiatric Illness?

The signs and symptoms will vary depending on the specific illness the patient has, however you may notice some of the following:

- Delusions
- Hallucinations
- Combative behavior

- Disorganized thought and speech
- Extreme fear or suspicion
- Loss of interest in personal hygiene
- Withdrawn, cold and without emotion
- Loss of interest in enjoyable activities
- Memory loss

Who is at Risk for Developing a Psychiatric Illness?



- Elderly
- Having a family member with a psychiatric illness
- Alcoholics and Illicit Drug Abusers
- History of Atherosclerosis
- Cigarette smokers





How are Psychiatric Illnesses Treated?






Most psychiatric illnesses are treated using a combination of medication and mental counseling. Exercise and physical activity may also help with some types of psychiatric illnesses. Mental activities and games can assist patients with memory loss and cognitive function.



MEDICATIONS FOR PSYCHIATRIC ILLNESSES COVERED BY THE DRUG PLAN

Generic Drug Name	Brand Name	Presentation	Maximum Monthly Supply	Description
Amitriptyline	Apo-Amitriptyline	Tablets, 25mg	90	 Round, yellow tablet; markings "25"
Amitriptyline	Apo-Amitriptyline	Tablets, 50mg	180	Round, brown tablet; markings "50"
Benztropine	Benzotropine – PMS	Tablets, 2mg	120	White round tablet; scored in ¼; markings "PMS 2"
Chlorpromazine	Chlorpromazine	Tablets, 25mg	90	Description not available
Chlorpromazine	Chlorpromazine	Tablets, 50mg	90	Description not available
Chlorpromazine	Chlorpromazine	Tablets, 100mg	90	Description not available
Divalproex Sodium	Depakote Sprinkle Capsules	Capsule, 125mg	60	 Light blue/White capsule; markings "DEPAKOTE SPRINKLES 125MG"
Divalproex Sodium	Depakote Tablets	Tablet, 250mg	60	 Orange oblong tablet; markings "Logo NR"

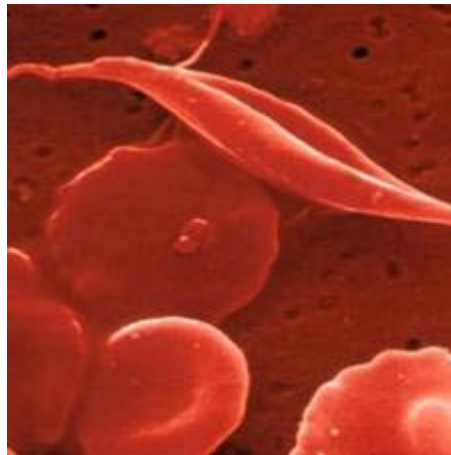
Generic Drug Name	Brand Name	Presentation	Maximum Monthly Supply	Description
Divalproex Sodium	Depakote ER	Tablets, 500mg	60	 Grey oblong tablet; markings "Logo HC"
Fluoxetine	Fluoxetine – H2K	Capsule, 20mg	60	Green/Ivory capsule
Haloperidol	Haloxen	Tablets, 10mg	60	Description not available
Haloperidol	Haloxen	Tablets, 5mg	90	Pink round tablet; scored; markings "R"
Paroxetine	Paroxetine- PMS	Tablets, 10mg	30	Yellow oblong tablet; scored; markings "P, 10"
Paroxetine	Paroxetine – PMS	Tablets, 20mg	30	Pink oblong tablet; scored; markings "P, 20"
Risperidone	Apo-Risperidone	Tablets, 1mg	60	 White oblong tablet; scored; markings "APO, RI 1"
Risperidone	Apo-Risperidone	Tablets, 2mg	60	 Peach oblong tablet; scored; markings "APO, RI 2"
Risperidone	Apo-Risperidone	Tablets, 3mg	60	 Yellow oblong tablet; scored; markings "APO, RI 3"
Thioridazine	Thioridazine	Tablets, 100mg	240	Description not available
Thioridazine	Thioridazine	Tablets, 25mg	180	Description not available

Generic Drug Name	Brand Name	Presentation	Maximum Monthly Supply	Description
Trifluoperazine	Apo-Trifluoperazine	Tablets, 10mg	150	 Deep blue, round tablet; markings "10"
Trifluoperazine	Apo-Trifluoperazine	Tablets, 5mg	90	 Deep blue, round tablet; markings "5"
Trifluoperazine	Apo-Trifluoperazine	Tablets, 2mg	120	Deep blue, round tablet; markings "2"
Trihexyphenidyl	Apo-Trihex	Tablets, 2mg	120	 White round tablet; scored; markings (APO TRM)
Trihexyphenidyl	Apo-Trihex	Tablets, 5mg	60	 White round tablet; scored; markings (APO 3)
Valproic Acid	Depakene Syrup	Syrup, 250mg/5ml	480ml	Red oral solution
Valproic Acid	Depakene Capsules	Capsule, 250mg	120	 Orange gelatin capsule; markings (DEPAKENE)

Sickle Cell Disease

What is Sickle Cell Disease?

Sickle cell disease is a blood disease affecting the red blood cells that children usually get from their parents. Normal red blood cells have hemoglobin “A”. People with sickle cell disease have red blood cells that contain an abnormal type of hemoglobin called hemoglobin “S”. These red blood cells containing hemoglobin “S” have difficulty passing through small blood vessels. These sickled red blood cells stick together blocking the flow of blood and oxygen causing pain and other serious complications.



How Common is Sickle Cell Disease and Who Gets It?

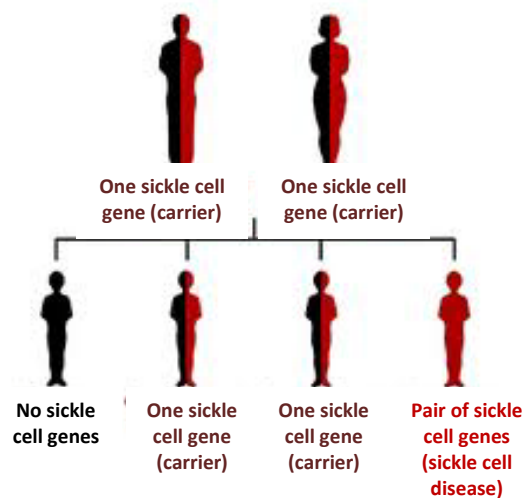
Sickle cell disease is one of the most common diseases in the world. One out of every 2,000 babies born alive is diagnosed with sickle cell disease.

Sickle cell disease can affect persons of any racial background. However, it is more common among people of African descent.

What are the Causes of Sickle Cell Disease and How Do People Get It?

- Sickle cell disease is not spread like a common cold and cannot be caught from another person.
- Parents who have a sickle cell trait will likely have children born with sickle cell disease.

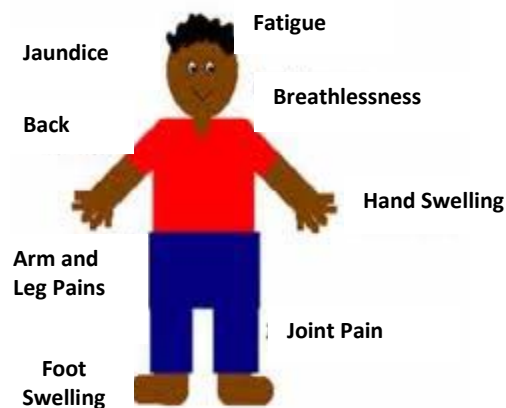
- Persons with the sickle cell trait inherit one gene for normal hemoglobin “A” and one gene for a bad hemoglobin “S”.
- Persons with sickle cell disease inherit a hemoglobin “S” from one parent and another abnormal hemoglobin from the other parent. (This bad hemoglobin can be either Hemoglobin “S” or hemoglobin “C”.)
- If both parents have the hemoglobin “S” trait, there is a one-in-four chance that with each pregnancy, the child will have hemoglobin “SS” disease.
- If only one parent has hemoglobin “S” trait and another parent has hemoglobin “C” trait, there is a one-in-four chance that, with each pregnancy the child will have hemoglobin “SC” disease.



What are the Common Symptoms of Sickle Cell Disease?

Sickle cell disease causes a number of health complications for people who are affected. It can cause serious damage to the organs throughout the body, as follows:

- Symptoms in the lungs include pneumonia and chest pain.
- Symptoms in the kidneys include blood in the urine, unable to control urine flow and urinating too often.
- Symptoms in the bones include infection and bone breakdown.
- Symptoms in the brain include headache and stroke.
- Symptoms in the penis include painful and unwanted erections.
- Symptoms in the eyes include changes in the blood vessels of the eyes.
- Symptoms in the liver include yellowing of eyes and skin and enlargement of the liver.
- Symptoms on the skin include slow healing of leg ulcers.
- The most common and memorable symptom of sickle cell disease is a severe acute pain, called sickle cell pain crisis. This pain occurs when the sickled red blood cells block the flow of oxygen and blood through small blood vessels. These episodes of acute pain can be as short as a few hours in length or they may last for days and can affect any part of the body.
- Sickle cell disease can also cause chronic pain in the hips, back or other joints.



- Not all these symptoms occur in everybody with sickle cell disease. You need to know however, that they can happen.

What are Some of the Common Triggers of Pain in Sickle Cell Disease?

- Fever
- Infection
- Exposure to extreme cold conditions
- Physical tiredness
- Unusual stress or anxiety

How Can Pain from Sickle Cell Disease be Minimized?

With the necessary support, people with sickle cell disease should be able to enjoy normal lives.

MAKE SURE YOU GET ENOUGH OXYGEN:

To prevent oxygen loss, avoid the following things:

- Demanding physical activity
- Emotional stress or learn how to better cope with them.
- Environments with low oxygen levels such as high altitudes and airplane flights.
- Smoking
- Known sources of infection.

DRINK PLENTY OF FLUIDS:

To make sure you are getting enough fluids, avoid the following things:

- Too much exposure to sunlight.
- Have fluids on hand, both at home and away from home; especially children who attend school.
- Recognize signs of dehydration such as dry skin and dry eyes.
- Avoid getting over-heated or getting very cold.

AVOID GETTING INFECTIONS AND QUICKLY TREAT INFECTIONS WHEN YOU GET THEM:

To avoid getting infections, do the following things:

- You and your child should be vaccinated as recommended by the doctor (Vaccinations may include those for influenza, pneumococcal, meningococcal and hepatitis B.)
- Share the vaccination information with teachers and other caretakers when necessary.
- Seek emergency medical attention for any temperature of 101.5 °F or higher.
- Practice good hand hygiene, especially washing hands frequently when coughing or sneezing or caring for those who have colds.
- Some persons may need to take antibiotics to prevent infections.

How is Sickle Cell Disease Diagnosed?

Diagnosis of sickle cell disease can only be made by a special blood test.

Some Facts About Sickle Cell Disease That You Need To Know:

- Comprehensive care includes early diagnosis, preventative measures, treatment of complications and ongoing patient education.
- Many people with sickle cell disease live long and productive lives.
- Persons with sickle cell disease can engage themselves in many vocations and professions without any limitations or restrictions.
- Many young adults with sickle cell disease experience a delay in their growing process.
- Children with sickle cell disease need 20% more calories than other children to fuel their production of red blood cells.
- Not getting enough calories may lead to delays in growth.
- Children with sickle cell disease need extra folic acid in order produce red blood cells more quickly. Plenty folic acid can be found in foods such as **GRAINS, FRUITS** and **LEAFY GREEN VEGETABLES**.
- Yellowing of the eyes and skin is common and should not be confused with hepatitis.
- The use of alcohol, street drugs and tobacco can greatly increase the risk of developing serious complications.
- If you have sickle cell disease, you will need to make regular visits to your doctor to check your red blood cell counts and monitor your health.

Treatment Options for Sickle Cell Disease:

Treatment of sickle cell disease may include medications to relieve pain and prevent complications, blood transfusions and an extra supply of oxygen; as well as a bone marrow transplant.

THE USE OF PAIN KILLERS:

- To relieve pain during a sickle cell crisis, your doctor may recommend over-the-counter pain killers and application of heat on the painful areas.
- You may also need stronger prescription pain killers to relieve very bad pains.

STEM CELL TRANSPLANT:

- This is also called bone marrow transplant; where the bone marrow of affected sickle cells is replaced with a healthy bone marrow from a donor.
- This treatment is only recommended for people who have bad symptoms and serious problems from sickle cell disease.

BLOOD TRANSFUSIONS:

- In a red blood cell transfusion, red blood cells are removed from a supply of donated blood.
- These donated red blood cells are then given to the patient through the vein to prevent sickle cell anemia.
- Blood transfusions increase the numbers of normal red blood cells in the whole blood.
- Children with sickle cell anemia are at high risk for stroke but regular blood transfusions can decrease this risk.

MEDICATIONS:

Hydroxyurea (Apo-Hydroxyurea)

- This medicine when taken daily will reduce the number of painful crisis and may also reduce the need for frequent blood transfusions.
- Hydroxyurea seems to work by stimulating the production of a type of hemoglobin that is found in newborns that helps prevent the formation of sickle cells.
- This drug may be a good option for adult patients with a severe form of the disease.

IMPORTANT TIPS AND FACTS ABOUT HYDROXYUREA



- Hydroxyurea may lower the blood cells that help your body fight infections. This can make it easier for you to bleed from an injury or get sick from being around sick people.
- Your liver and kidneys may need to be tested. So it is important that you do not miss any scheduled visits to your doctor.
- Do not use hydroxyurea if you are pregnant (it could cause harm to the unborn baby) or use an effective birth control.
- Let your doctor know if you become pregnant during treatment.
- Talk to your doctor if you have problems swallowing the capsule. Your doctor may instruct you to open the capsule, pour the medicine powder into a glass of water and drink the mixture.
- If you open the capsule, do not inhale the powder or let it come into contact with your skin.
- Wash your hands before and after handling the pills.

CALL YOUR DOCTOR RIGHT AWAY IF YOU HAVE ANY OF THESE SERIOUS SIDE EFFECTS:

- Pinpoint red spots on your skin
- Red patches, skin ulcers or darkened skin
- Fevers, chills, body aches or flu-like symptoms
- Nausea and vomiting
- Loss of appetite
- Diarrhea
- White patches or sores inside the mouth or on the lips
- Easy bruising or bleeding
- Unusual weakness

SICKLE CELL DISEASE MEDICATIONS COVERED BY THE DRUG PLAN

Generic Drug Name	Brand Name	Presentation	Maximum Month Supply	Description
Hydroxyurea	Apo-Hydroxyurea	500mg capsules	120	Description not available
Diclofenac sodium	Diclofenac Sodium	SR Tablets, 75mg	60	Description not available
Diclofenac sodium	Diclofenac Sodium	SR tablets, 100mg	60	 <p>White, round film-coated tablet</p>
Diclofenac sodium	Diclofenac sodium	Tablets, 50mg	90	Orange round film-coated tablet
Etoricoxib	Arcoxia	Tablets, 60mg	30	 <p>Green six sided tablet; markings (ARCOXIA 60, 200)</p>
Etoricoxib	Arcoxia	Tablets, 90mg	30	 <p>White six-sided tablet; markings (ARCOXIA 90, 202)</p>
Etoricoxib	Arcoxia	Tablets, 120mg	15	 <p>Light green six-sided tablet; markings (ARCOXIA 120, 204)</p>
Ibuprofen	Ibuprofen	Tablets, 400mg	180	 <p>Pink round film-coated tablet</p>

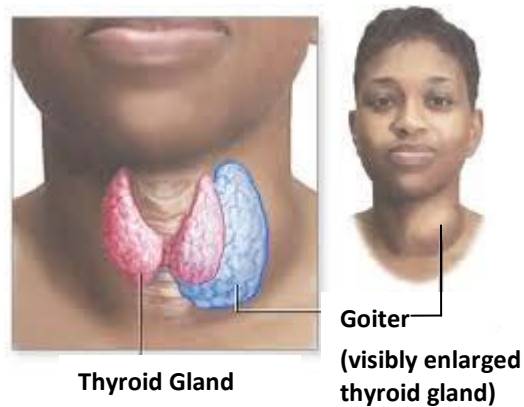
Generic Drug Name	Brand Name	Presentation	Maximum Month Supply	Description
Ibuprofen	Ibuprofen	Tablets, 600mg	120	 <p>Pink oblong film-coated tablet</p>
Ibuprofen (S.A.M.)	Ibufen	Liquid, 100mg /5ml	200mls	 <p>Pink, strawberry flavored oral suspension</p>
Meloxicam	Apo-Meloxicam	Tablets, 7.5mg	60	 <p>Yellow, round, biconvex tablet</p>
Naproxen	Apo-Naproxen	500mg tablets	60	 <p>Yellow oblong tablet; scored; markings "APO 500"</p>

Thyroid Disease

HYPERTHYROIDISM - OVERACTIVE THYROID GLAND

What is Hyperthyroidism?

Hyperthyroidism is a condition that occurs when the thyroid gland produces too much of thyroid hormones. Abnormally high levels of thyroid hormones cause the body to burn energy faster and many vital functions of almost all parts of your body speed up. This can result in physical, behavioural and emotional changes.



What are Some Risk Factors for Hyperthyroidism?

Risk factors may increase your likelihood of developing hyperthyroidism. The chance of having hyperthyroidism increases with the number of risk factors you have. The following are some common risk factors you need to look out for and discuss them with your doctor if you have them:

- Women are more likely to develop hyperthyroidism than men
- A family history of thyroid problems; particularly Graves Disease (an immune system disorder that causes the thyroid gland to release too much thyroid hormone).
- If you have an autoimmune disease such as type 1 diabetes or Addison's disease.
- Smoking cigarettes is associated with an increased likelihood of developing Grave's disease
- Stress may also increase the risk of developing hyperthyroidism.

What are the Most Common Causes of Hyperthyroidism?

- Grave's disease is the most common cause of hyperthyroidism.
- Thyroiditis (inflammation of the thyroid gland). This can cause both hyperthyroidism and hypothyroidism (underactive thyroid gland).

- A benign (non-cancerous) thyroid tumor that secretes increased amounts of the thyroid hormone in an uncontrolled manner.
- Very rarely, hyperthyroidism can also be caused by the pituitary gland making too much of Thyroid Stimulating Hormone (TSH), which causes the thyroid gland to produce too much thyroid hormones.
- A very rare cause of hyperthyroidism is consuming foods (e.g. lobster, sardines, tomatoes, potatoes, peas, strawberries, bananas) and medications (e.g. amiodarone) that contain high levels of IODINE.

What are Some Common Symptoms of Hyperthyroidism?

Hyperthyroidism causes the following symptoms:

- Nervousness
- Insomnia (difficulty falling asleep)
- Dramatic emotional swings
- Sweating
- Tremors (shakiness)
- Frequent bowel movements
- Unexpected weight loss, despite an increased appetite
- Feeling warm or hot at all times
- Shortness of breath and heart palpitations
- In women, menstrual periods may either become less frequent or stop completely.
- When hyperthyroidism is caused by Grave's disease, you also may have swelling of the tissues behind the eyes that causes a characteristic protruding and staring appearances called **EXOPHTHALMOS**.
- Your hair may become fine and easy to fall off.
- Your fingernails may also become soft and easy to break.
- Enlarged and painless thyroid gland that is mostly very noticeable (known as GOITER).
- Both men and women may experience a decrease in sex drive.
- Hyperthyroidism can cause infertility in both men and women.
- Breast enlargement is considered a classic sign of hyperthyroidism in men.



How is Hyperthyroidism Treated?

- If your doctor suspects that you have hyperthyroidism, he/she will order a blood test to check the levels of your thyroid hormones.
- The doctor may also order an ultrasound of the thyroid gland and a thyroid scan.

- Your doctor will also examine you and feel your thyroid gland for signs of enlargement and for abnormal lumps.

Some Facts About Hyperthyroidism

- Hyperthyroidism cannot be prevented.
- Undiagnosed and/or untreated hyperthyroidism in early pregnancy can cause miscarriage.
- People who receive treatment with radioactive iodine and/or surgical removal of the thyroid gland will eventually become hypothyroid (low levels of thyroid hormones) and will need to take thyroid hormone pills for the rest of their lives.
- The most common complication of hyperthyroidism is a life-threatening condition known as **THYROID STORM** or **THYROID CRISIS**.
- You should call the emergency medical services in your area if you experience shock or confusion.

How is Hyperthyroidism Treated?

The treatment you will receive depends on the cause of your condition and the severity of the symptoms. The following are some treatment options for hyperthyroidism:

- Radioactive iodine used to destroy the thyroid gland and stop the production of thyroid hormones.
- Thyroidectomy (surgical removal of part or all of the thyroid gland).
- The use of anti-thyroid medications such as **METHIMAZOLE**.

ANTI-THYROID MEDICATIONS COVERED BY THE DRUG PLAN

Generic Drug Name	Brand Name	Presentation	Maximum Month Supply	Description
Methimazole	Methimazole	Tablets, 5mg	60	Description not available
Methimazole	Methimazole	Tablets, 10mg	60	Description not available

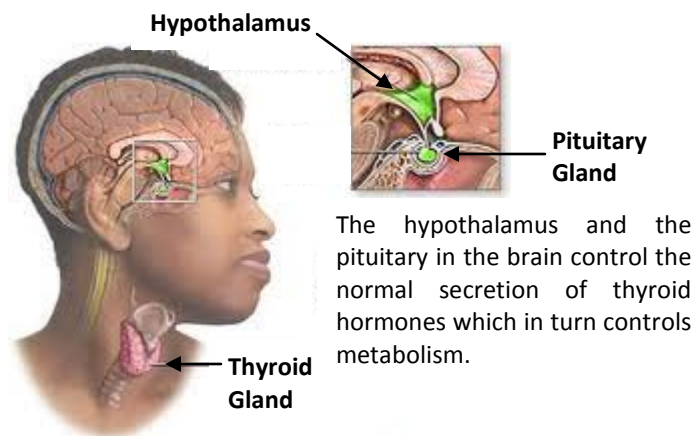
Some Facts About Methimazole

- Take exactly as prescribed by your doctor.
- Do not take in larger or smaller amounts or for longer periods than recommended.
- Follow the directions on the prescription label carefully.
- Take with a full glass of water.
- It can be taken with or without food, but you should take it the same way each time.
- If you miss a dose, take the missed dose as soon as you remember.
- Skip the missed dose if it is almost time for your next scheduled dose.
- Do not take extra medicine to make up for missed dose.
- It is very important that you take this medication regularly in order to get the most benefits from it.
- Keep using this medication even if you feel fine or have no symptoms of hyperthyroidism.
- Get your prescription refilled before you run out of medicine completely.
- Do not take methimazole if you are pregnant or breast-feeding.
- Methimazole can lower blood cells that help you body fight infections. This can make it easier for you to get sick if you are around people who are very sick.
- Methimazole can increase your risk of bleeding.
- If you need to have any type of surgery, tell the surgeon ahead of time that you are using this medication.
- Do not receive “LIVE” vaccines while using methimazole and avoid coming into contact with anyone who has recently received a live vaccine.
- Stop taking methimazole and call your doctor right away if you start experiencing symptoms such as fever, chills, sore throat, body aches, flu-like symptoms, easy bruising or bleeding, unusual weakness, blood in urine or stools, severe blistering, peeling, nausea, stomach pain, low fever, loss of appetite, dark urine, clay-colored stools and yellowing of the eyes and skin.

HYPOTHYROIDISM - UNDERACTIVE THYROID GLAND

What is Hypothyroidism?

Hypothyroidism is an endocrine disorder characterized by having an underactive thyroid gland, which results in a deficiency in the thyroid hormone. The thyroid gland is a butterfly-shaped gland located in the front of the neck just below the voice box and it releases the hormone that regulates the body's energy and controls metabolism. When levels of the thyroid hormone are low, the body burns energy slower than normal and the heart rate and body temperature regulation decreases as well.



What are the Common Risk Factors for Hypothyroidism?

- Although hypothyroidism can affect anyone at any age, it is more common among females and individuals over age 60.
- Too much or very little iodine in your diet.
- A previous thyroid problem such as goiter or thyroid surgery.
- Pernicious anemia (abnormal red blood cells due to inability to absorb vitamin B₁₂).
- Type 1 diabetes
- A family history of thyroid disease.
- Rheumatoid Arthritis
- Lupus
- Turner's syndrome (a genetic disorder that affects girls and women who are older than 60 years old).
- Been pregnant or delivered a baby within the past six (6) months.
- Received radiation to the thyroid, neck or chest.

What are Some Common Causes of Hypothyroidism?

Several factors may contribute to the development of hypothyroidism, including the following:

- Thyroiditis (inflammation of the thyroid gland).
- Congenital hypothyroidism (hypothyroidism that is present at birth).
- Surgical removal of part or all of the thyroid gland.
- Radiation treatment of the thyroid gland.
- The use of certain medications such as amiodarone, interferon alpha, lithium and interleukin.

What are Some Common Symptoms of Hypothyroidism?

The symptoms associated with hypothyroidism can vary from patient to patient. The most common symptoms include the following:

- Fatigue (lack of energy)
- Unintentional weight gain
- Puffy face
- Cold intolerance
- Joint stiffness and muscle pain
- Constipation
- Dry skin
- Dry, brittle and thinning hair or fingernails
- Hair loss
- Decrease sweating
- Heavy or irregular menstrual periods
- Depression
- Infertility issues
- Decrease heart rate
- Elevated cholesterol



How is Hypothyroidism Diagnosed?

- If your doctor suspects that you have hypothyroidism, he/she will obtain a blood sample and test your thyroid hormone levels.

- There are two types of thyroid hormones: **T3** and **T4**.
- In hypothyroidism, the T4 levels may be low or normal.
- T3 levels are not helpful to diagnose hypothyroidism and therefore are not usually measured.
- In most circumstances, the Thyroid Stimulating Hormone (TSH) is the most sensitive marker of your body's thyroid status.
- In hypothyroidism, the TSH rises as the pituitary gland tries to signal the thyroid gland to release more thyroid hormone.
- The normal range of the TSH is (0.4 – 5Miu/ML).
- Antibodies against the thyroid gland may be detected in blood if the hypothyroidism is caused by the body's own immune system.




Some Facts About Hypothyroidism

- Problems with the thyroid gland can affect either the function of the thyroid, the structure or both.
- The American Thyroid Association recommends that adults, particularly women, have a blood test to check for thyroid problems every five (5) years starting at age 35 years old.
- Hypothyroidism rarely causes symptoms in the early stages but if left untreated over time it can cause a number of medical problems such as infertility, obesity and heart problems.
- The good news is that hypothyroidism can almost always be completely controlled with the use of synthetic thyroid hormone, as long as the recommended dose is taken daily as instructed.

How is Hypothyroidism Treated?

- If you have been diagnosed with hypothyroidism, your doctor will prescribe a synthetic thyroid hormone in the form of **LEVOTHYROXINE** which is the standard of treatment and is available under various brand names such as **LEVOTHROID** and **SYNTHROID**.
- The exact dose will depend on age, weight, severity of the disease and the presence of other health problems and whether you are taking drugs that may interfere with the how well the body uses the thyroid hormone.

MEDICATIONS FOR HYPOTHYROIDISM COVERED BY THE DRUG PLAN

Generic Drug Name	Brand Name	Presentation	Maximum Month Supply	Description
Levothyroxine sodium	Synthroid	0.05mg tablets	30	 <p>White round tablet; scored; markings "SYNTHROID, 50"</p>
Levothyroxine sodium	Synthroid	0.075mg tablets	30	 <p>Purple round tablet; scored; markings "SYNTHROID, 75"</p>
Levothyroxine sodium	Synthroid	0.1mg tablets	30	 <p>Yellow round tablet; scored; markings "SYNTHROID, 100"</p>

Some Facts About Thyroid Hormone Tablets

- Typically, thyroid hormone is given as a pill containing **(LEVOTHYROXINE; T4)**.
- All brands of thyroid hormone work equally well.
- Because different brands may work differently in each patient, even when the dose is the same, it is always best to keep using the same brand whenever possible.
- Generic versions of thyroid hormone are labeled as **LEVOTHYROXINE**.
- There were some concerns about the potency of generic levothyroxine in the past but the problems appear to have been corrected.

- If you take generic thyroid hormone, ask your pharmacist to make sure you get pills from the same manufacturer each time you get refills.
- Take your medications exactly as prescribed by your doctor daily and at the same time every day.
- Since absorption of this medication is increased on an empty stomach, take it on an empty stomach 30 minutes to one hour before breakfast.
- Do not take your thyroid medication at the same time as **fiber supplements, calcium, soy milk, iron, multivitamins, Maalox or Dica**. Take your thyroid medication and these medications at least 4 hours apart.
- If you miss a scheduled dose, it is okay to take it later the same day.
- If the day has already passed, it is best not to try to “make-up” for the missed dose.
- Missing a dose occasionally will not cause any problems.
- If for some reason, you miss more than two doses per month, it is important that you let your doctor know as this can alter your blood test results.
- About 1-2 weeks after you start treatment with thyroid hormone, you may likely notice that your levels of fatigue have improved.
- Do not stop taking this medication even if you feel better.
- Your doctor will monitor your thyroid stimulating hormone (TSH) levels about 6 - 8 weeks after you begin therapy and make any necessary dosage adjustments when warranted.

Appendices

Appendix I – Special Circumstances

Increased Supply of Medications

NPDP is here to assist you in the most effective way possible. We realize that where you live can have a negative impact on your health and access to medication.

We have made special provisions for persons living on remote Family Islands to obtain a maximum three-month supply of medication.

Persons, who may be traveling outside the Bahamas for more than one month, can visit the Drug Plan's Customer Service Department to provide proof of travel to obtain authorization for a larger supply of medication.

Increased Supply Due to Hurricane Watch or Warnings

In the event a hurricane watch or warning is issued, the Drug Plan allows early refills to ensure that beneficiaries have greater than a two-week supply of medication.

Specially Authorized Medication (S.A.M.)

A specially authorized medication is one that requires a prescription from a specialist in the medical field or requires that you meet certain criteria for the medication.

You can only fill a prescription for prostate cancer and breast cancer from a medical oncologist (cancer specialist that gives chemotherapy). There are certain medications available for Arthritis, Asthma, Diabetes, High Blood Pressure, Ischaemic Disease and Psychiatric Illness that may require a special prescription from your doctor.

Adjunct Medication

An adjunct medication is another type of drug that is separate from the treatment of your condition. It is added to either protect you from developing other conditions or added to lessen the side effects of your medication. It can also be given to treat a secondary condition that has resulted from your having a disease.

For example, omeprazole may be prescribed for persons with Chronic Arthritis and who have to take NSAIDs (anti-inflammatory drugs) to manage their condition. NSAIDs are very harsh on the stomach and can lead to stomach ulcers or bleeding. The omeprazole will protect the stomach from these harmful side effects.

Also if you have diabetes, besides your diabetic medication, you may be prescribed other medications. These medications are used to prevent or treat complications of diabetes.

Appendix II – Participating Pharmacies

(as of July 2012)

The NPDP is committed to making your medication available by giving you options as to where you would want to collect them.

A participating pharmacy is a registered pharmacy contracted by the National Insurance Board to provide specific prescription drugs and medical supplies to registered participants of the Plan. If your pharmacy is not a NPDP participating pharmacy then you will not be able to access medication from the Drug Plan. The pharmacies at all the Government clinics in Nassau including the Princess Margaret Hospital are participating in NPDP. In the Family Islands, all Government clinics, including the Rand Memorial Hospital in Grand Bahama and most private pharmacies are participating in NPDP. Contact your pharmacy or the pharmacy nearest you for further information.

Private Pharmacies	Location	Telephone #	Fax #
New Providence			
Centerville Pharmacy	6th Terrace Collins Ave	242-325-4644	242-322-2589
Doc's Pharmacy	Robinson Road	242-322-3627	242-322-3627
Doctors Hospital	Collins Ave & Shirley Street	242- 302-4785	242-326-2349
Family Pharmacy	Bernard Road	242-393-4660	242-393-4661
Friendly Pharmacy	West Bay Street	242-327-6350	242-327-6751
Friendly Pharmacy at Elizabeth on Bay	Bay Street & Elizabeth Avenue	242-323-0051	242-323-0052
Heaven Sent Pharmacy	Nassau Street	242-326-4629	242-328-4981
Infinity Health Care Pharmacy	Carmichael Road	242-361-3070	242-361-3067
Lowe's Pharmacy	Soldier Road	242- 394-6312	242-394-6316

Private Pharmacies	Location	Telephone #	Fax #
New Providence			
Lowe's Pharmacy	Carmichael Road (South West Plaza)	242-396-7024	242-341-2851
McCartney's Pharmacy	Mt. Royal Avenue	242-325-6068	242-328-3546
Oliver's Prescription Centre	Blue Hill Road South	242-341-0956	242-341-1556
Paradise Pharmacy	East Bay Street	242-393-8368	242-393-5078
Pharma Choice	West Bay Street	242-325-5430	242-325-5430
Polhemus Drugs & Home Centre	Boyd Road	242-326-0960	242-326-0960
Prescription Parlour Pharmacy	East Street South	242-356-3973	242-356-6435
QVS Pharmacy #1	Prince Charles Drive	242-364-5978	242-364-5979
QVS Pharmacy #2	Village Road	242-393-2393	242-394-7479
Sabre Prescription Centre	Shirley Street	242-393-1059	242-393-1059
Smitty's Pharmacy (<i>Palmdale</i>)	Madeira Street	242-322-3612	242-326-7842
Solomon's Pharmacy	Old Trail Road	242-393-5664	242-393-5665
Super Mart Pharmacy	Market & Fleming Streets	242-323-1305	242-323-1305
The Community Pharmacy	Carmichael Road	242-361-3627	242-341-2086
The People's Pharmacy	Carmichael Road	242- 341-1931	242-341-1930
The People's Pharmacy	East Street South	242-356-0095	242-356-0496
The People's Pharmacy	Prince Charles Drive	242-393-9432	242-394-0723

Private Pharmacies	Location	Telephone #	Fax #
New Providence			
The Prescription Centre Pharmacy	Rosetta Street	242-356-6434	242-356-6435
Total Therapy Pharmacy	Wulff Road	242-322-6071	Nil
Walk-In Clinic	Carmichael Road	242-461-1137	242-461-1138
Walk-In Clinic	Collins Avenue	242-328-0783	242-356-9825
Walk-In Clinic	Sandy Port	242-327-5483	242-327-5492
Wilmac's Pharmacy	Poinciana Drive	242- 323-1037	242-328-1437
Family Islands			
Abaco Island Pharmacy	Marsh Harbour, Abaco	242-367-2544	242-367-6544
Health Springs Pharmacy	Freeport, Grand Bahama	242-373-0034	242-373-0034
L.M.R. Drugs (<i>Health Enhancing Pharmacy</i>)	Freeport, Grand Bahama	242- 352-9075	242-352-9072
Long Island Prescription Services	Hamilton's, Long Island	242-337-6079	242-393-1059
Oliver's Prescription Centre	North Andros	242-329-4242	242-341-1556
Prescription Parlour Pharmacy	Eight Mile Rock, Grand Bahama	242-348-1155	242-348-1231
Sav-Mor	Freeport, Grand Bahama	242-351-4700	242-351-4818
Smitty's Pharmacy	George Town, Exuma	242- 336-2144	242-336-2146
Spanish Wells Food Fair	Spanish Wells, Eleuthera	242-333-4676	242-333-4980
The Chemist Shoppe	Marsh Harbour, Abaco	242-367-3106	242-367-3108

NPDP Contact Information:

For more information about the National Prescription Drug Plan contact:

Drug Plan Office..... 242-356-2032
Drug Plan Toll-free Line 242-300-0001
Fax.....242-356-2026/242-325-1025
The National Insurance Board.....242-502-1500
Website: www.nibdrugplan.com

Appendix III – Notes for Diabetics

How to Use a Glucometer?

The National Prescription Drug Plan covers devices used by Diabetics to monitor blood sugar levels. All supplies necessary to monitor your diabetes are available, including glucometers, test strips, alcohol swabs, and lancets.

In order to check your sugar levels properly, the Drug Plan wants you to follow these instructions:

The Drug Plan uses the True Balance Glucometer and can be obtained from any participating pharmacy. Your True Balance Glucometer is ready to use upon removal from the packaging. No coding is required to ensure the test strips are correct.

You do not need to turn on your Glucometer prior to use. Once the strip is inserted the machine will turn on automatically.



**True Balance
Glucometer**

- Step One:** Remove test strip from vial and recap vial immediately.
- Step Two:** With meter off insert test strip into test port.
- Step Three:** Lance finger and let a blood drop form.
- Step Four:** Place sample tip of test strip against blood drop and hold. Blood is then drawn into the test strip until the meter beeps.
- Step Five:** After countdown, glucose result is displayed.
- Step Six:** Record your glucose test reading, along with the time of reading in a log book. If your glucose levels are higher or lower than usual, you should note any changes in your diet or activity levels that may have impacted your reading.

NOTES:

- i. *If you feel the readings are in error you may test your machine with the 'Glucose Control Solution' provided in your test kit.*
- ii. *You should carry your log book with you to all doctor visits, so that your doctor may review your glucose control and adjust your medications as necessary.*

Diabetic Log Sheets for Blood Glucose Monitoring

If you have Type 2 diabetes, you know the importance of monitoring and keeping track of your blood glucose levels. Below are diabetic log sheets that you can use to monitor your blood glucose readings. To use:

- Enter your blood glucose reading into each corresponding box.
- The additional columns marked “*Other*” can be used for snacks, exercise sessions, etc.
- The *Notes* column is for anything that might have affected your blood sugar, ie. missing an exercise session, skipping a meal, etc.

If you do not take medication or insulin:

Start Date: _____				End Date: _____			
Day	Breakfast	Lunch	Dinner	Bedtime	Other	Other	Notes
Sunday							
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							

If you take medication or insulin:

Start Date: _____ End Date: _____

Day	Breakfast		Lunch		Dinner		Bedtime		Other _____		Notes
	Dose	Reading	Dose	Reading	Dose	Reading	Dose	Reading	Dose	Reading	
Sunday											
Monday											
Tuesday											
Wednesday											
Thursday											
Friday											
Saturday											

- These diabetic log sheets can be modified to suit your situation. For example, if you take more than one type of medication, you can add another line to record the dosages for each.
- Make good notes about exercise and food choices too, just in case one of the readings is too high or too low - it will be easier for you to learn how your body works and keep your blood sugar levels well-managed.

Appendix IV – Notes for Asthmatics

How to Use a Peak Flow Meter?

The National Prescription Drug Plan covers supplies needed by asthmatics. One of these supplies is a Peak Flow Meter. Peak Flow Meters allow you to measure the speed that you can blow air out of your lungs. To use your Peak Flow Meter correctly the Drug Plan wants you to take the following steps:

Step One: Your doctor will instruct you on where to place the “Red, Yellow and Green” indicators. Set these indicators and do not adjust until directed by your doctor.

Step Two: Connect the end of the reusable mouthpiece to the Peak Flow Meter.

Step Three: Make sure the blue indicator is moved back to the lowest position in the slot.



Peak Flow Meter

Step Four: Hold the meter with the thumb and the forefinger of one hand.

Step Five: Stand up and breathe in as deep as possible

Step Six: Close your lips around the outside of the mouthpiece to make a tight seal.

Step Seven: Blow out as hard and fast as possible.

Step Eight: Read and record the number next to the indicator.

Step Nine: Repeat for a total of three readings. Record the highest reading in your log book.

NOTES:

- i. *If your reading is “Green” you are good to GO – proceed with normal activities. For “Yellow”, use CAUTION. Follow the Plan prescribed by your doctor for rescue medication use and physical activity restrictions. If your breathing falls into the “Red” zone, you should STOP and seek immediate medical attention.*
- ii. *If at any time you have chest tightness, shortness of breath, coughing or wheezing you should follow your physician’s advice regardless of your peak flow reading.*

Asthma Symptoms & Peak Flow Diary

My predicted peak flow _____ My personal best peak flow _____

My Green (Good Control) Zone
(80-100% of personal best)

My Yellow (Caution) Zone
50-79% of personal Best

My Red (Danger) Zone
below 50% of personal best

Date:														
	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.
Peak Flow Reading														
No Asthma Symptoms														
Mild Asthma Symptoms														
Moderate Asthma Symptoms														
Serious Asthma Symptoms														
Medicine Used to Stop Symptoms														
Urgent Visit to the Doctor														

DIRECTIONS:

1. Take your peak flow reading every morning (a.m.) when you wake up. If the morning reading is less than 80% of your personal best, you should measure your peak flow more than once a day to check your progress. Try to take your peak flow readings at the same time each day. If you take an inhaled beta2-agonist medicine, take your peak flow reading **before** taking that medicine. Write down the highest reading of three tries in the box that says "peak flow reading."
2. Look at the box at the top of this sheet to see whether your number is in the Green, Yellow, or Red Zone.
3. In the space below the date and time, put an "X" in the box that matches the symptoms you have when you record your peak flow reading; see description of symptom categories on the right.
4. Look at your Asthma Action Plan for what to do when your number is in one of the zones or when you have asthma symptoms.

5. Put an "X" in the box beside "medicine used to stop symptoms" if you took extra asthma medicine to stop your symptoms.
6. If you made any visit to your doctor's office, emergency department, or hospital for treatment of an asthma episode, put an "X" in the box marked "urgent visit to the doctor." Tell your doctor if you went to the emergency department or hospital.

No symptoms = No symptoms (wheeze, cough, chest tightness, or shortness of breath) even with normal physical activity.

Mild symptoms = Symptoms during physical activity, but none at rest. It does not keep you from sleeping or being active.

Moderate symptoms = Symptoms while at rest; symptoms may keep you from sleeping or being active.

Severe symptoms = Severe symptoms at rest (wheeze may be absent); symptoms cause problems walking or talking; muscles in neck or between ribs are pulled in when breathing.



Drug Plan Office: (242) 356-2032
Drug Plan Toll Free Line: (242)300-0001
NIB Head Office: (242) 502-1500
Fax Line: (242) 356-2026 or (242) 325-1025

www.nibdrugplan.com www.nib-bahamas.com