

Rationale for Triplicate Prescription Program (TPP) Medication List Changes

Please be advised that effective February 1, 2003, CPSA Council has approved changes to the list of medications covered by the TPP based on the recommendations of the Triplicate Prescription Program Steering Committee [[link to Terms of Reference](#)].

Deletions:

Anabolic Steroids

The rationale for removing anabolic steroids are that (a) anabolic steroid abuse arises mostly from black market sources and imports and (b) numerous specialists have stated that anabolic steroids do not require monitoring under the TPP.

The experience of the TPP with anabolic steroids is that prescription volumes are low and account for only 3% of prescription volumes in the program. Section heads of endocrinology and metabolism, obstetrics and gynecology and urology have all indicated support for discontinuation.

Anileridine, Levorphanol Tartrate, and Normethadone

All three of these medications have been discontinued by their manufacturers and are no longer available on the market.

Oxymorphone Hydrochloride

This medication is rarely prescribed in Alberta. In 2001 and 2002 (year to date), the program received one prescription for this medication. It is suspected that the formulations are not convenient to use (suppository and injection) and are therefore rarely prescribed.

Additions:

Buprenorphine (when approved)

Buprenorphine will be added to the TPP medication list once it is approved for use in Canada by the Federal Government. The medication is used for the treatment of opioid dependence. The medication has two advantages over methadone in that it can be administered as a sublingual tablet and it has a better safety profile with a reduced risk of overdose.

However, due to the complex nature of treating opioid addiction, only practitioners with experience in addiction medicine should prescribe buprenorphine. The medication will be monitored in the same fashion as methadone on the TPP.