BCPharmaCare Newsletter *January 15, 2009 Edition 09-001*

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UPCOMING FREQUENCY OF DISPENSING CHANGES

As announced in PharmaCare Newsletter 08-012, a new Frequency of Dispensing Policy comes into effect on **February 1, 2009**. We will publish a detailed article about the policy in the PharmaCare Newsletter in late January.

The form that pharmacies will need in order to document dispensing in a 2-27 day supply is under development. The form will be posted on the PharmaCare and BC Pharmacy Association websites as soon as possible and a copy will be included with the late-January PharmaCare Newsletter. Please note that pharmacies will have until **March 31, 2009**, to complete the forms for existing patients on frequent dispensing, although we recommend you complete them at your earliest convenience.

PHARMACARE COVERAGE OF THE FLUOROQUINOLONE MOXIFLOXACIN (AVELOX®)

Effective **January 15, 2009**, moxifloxacin 400 mg tablets will be covered as a regular PharmaCare benefit.

The ministry and manufacturer recognize that the long-term effectiveness of antibiotics can be adversely affected by inappropriate prescribing. In an innovative collaboration, the ministry and the manufacturer have agreed to an educational, marketing, and detailing approach that strives to ensure that this drug is used appropriately according to criteria established by the ministry (see page 2).

Utilization and resistance patterns will be monitored to ensure continued effectiveness and accessibility of the drug. This new approach will help to preserve the effectiveness of antibiotics while ensuring that the drug is available in a timely manner to those who truly need it.

To support optimal prescribing of anti-infectives, further educational initiatives with ministry partners and stakeholders will follow.

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Recommended Prescribing Criteria for Fluoroquinolone

The following criteria will be communicated to prescribers through the manufacturer and through other educational initiatives.

General Clinical Notes:

- Due to their broad spectrum and potential for resistance, antibiotics should be used only by select patients. For fluoroquinolone use, please refer to the table below.
- Viruses cause the majority of sinusitis cases and nearly half of all cases of acute exacerbation of chronic bronchitis. Antibiotics should not be used when viral etiology is suspected.

Acute Bacterial Sinusitis	Acute Exacerbation of Chronic Bronchitis	Community Acquired Pneumonia
Moxifloxacin 400 mg orally daily for 5-10 days	Moxifloxacin 400 mg orally daily for 5 days	Moxifloxacin 400 mg orally daily for 7-10 days
☐ Patient has not received a fluoroquinolone in the past three months, **AND**		
☐ Failure of at least two (2) complete courses of recommended therapy (amoxicillin, doxycycline, trimethoprim/sulfamethoxazole, amoxicillin clavulanate, cefuroxime, clarithromycin) **OR** ☐ Directed treatment prescribed by an Ear/Nose/Throat (ENT) specialist as supported by documented resistance to recommended therapies but sensitivities to fluoroquinolone from an appropriately collected sample	☐ For this exacerbation, failure of two (2) complete courses of the recommended therapy (amoxicillin, doxycycline, trimethoprim/ sulfamethoxazole, cefuroxime, amoxicillin clavulanate, clarithromycin) **AND** ☐ Patient has complicated exacerbation: chronic obstructive pulmonary disease (COPD) with risk factors, increased sputum and purulence. The risk factors include at least one of the following: • ≥ 4 exacerbations per year, or • FEV_1 < 50% predicted, or • ischemic heart disease (IHD), or • use of home oxygen, or • chronic oral steroid use	☐ Community Care: Clinical failure[1] of recommended options: • **No Comorbid factors**: doxycycline, clarithromycin, or erythromycin; • **Comorbid Risk Factors**[2]: beta lactam + macrolide; beta lactam + doxycycline; beta lactam = high dose amoxicillin or amoxicillin-clavulanate or cefuroxime **OR** ☐ Residential Care: Clinical failure[1] of recommended options: amoxicillin +/- macrolide or doxycycline **OR** cefuroxime +/- macrolide or doxycycline, **OR** amoxicillin-clavulanate +/- macrolide or doxycycline (if aspiration pneumonia suspected)
OR ☐ Documented allergy (hives, anaphylaxis) to recommended therapies which precludes their use		
OR ☐ Within the past three months the patient received antibiotics from a different class (regardless of indication) and there is no other option among those recommended above		
OR ☐ For completion of therapy that was initiated in the hospital setting when alternatives listed above are not appropriate for these respiratory indications		

[1] Community acquired pneumonia – Clinical failure defined as:
- Hemodynamic compromise
- No improvement in symptoms after completion of recommended therapy
- Clinical deterioration after 72 hours of antibiotic therapy

[2] Community acquired pneumonia – Comorbid risk factors defined as: Chronic lung disease (asthma, smoking, COPD), diabetes, alcoholism, chronic renal or liver disease, congestive heart failure (CHF), malnutrition or acute weight loss (>5%), hospitalization in past 3 months, lung cancer or other malignancies; immunosuppressing conditions like HIV/AIDS and asplenia or use of immunosuppressing drugs (Reference: Mandell LA et al. Infectious Diseases Society of America/American Thoracic Society Consensus Guidelines on the Management of Community Acquired Pneumonia in Adults. Clinical Infectious Diseases 2007;44:S27-72; Blondel-Hill E and Fryters S., Bugs and Drugs 2006, Capital Health 2006.)

SPECIAL SERVICES FEES

The number of Special Services fees that PharmaCare paid, monthly, over the past year:

Dec 2008	3,526	May 2008	2,696
Nov 2008	3,079	Apr 2008	2,656
Oct 2008	3,309	Mar 2008	2,242
Sep 2008	2,972	Feb 2008	2,241
Aug 2008	2,373	Jan 2008	2,393
Jul 2008	2,905	Dec 2007	3,623
Jun 2008	2,689	Nov 2007	3,782

BENEFITS

The following new products are now eligible PharmaCare benefits for Plans B, C, F, I and, if indicated below, Plan G and/or Plan P.

DIN	DRUG NAME	PLAN G	PLAN P
2283131	ALTACE® HCT (RAMIPRIL AND HYDROCHLOROTHIAZIDE) 2.5 mg/12.5 mg tablet	N	Y
2283158	ALTACE® HCT (RAMIPRIL AND HYDROCHLOROTHIAZIDE) 5 mg/12.5 mg tablet	N	Y
2283174	ALTACE® HCT (RAMIPRIL AND HYDROCHLOROTHIAZIDE) 5 mg/25 mg tablet	N	Y
2283166	ALTACE® HCT (RAMIPRIL AND HYDROCHLOROTHIAZIDE) 10 mg/12.5 mg tablet	N	Y
2283182	ALTACE® HCT (RAMIPRIL AND HYDROCHLOROTHIAZIDE) 10 mg/25 mg tablet	N	Y
2242965	AVELOX® (MOXIFLOXACIN) 400 mg tablet	N	Y

LIMITED COVERAGE PROGRAM

The following new product is now an eligible benefit under the Limited Coverage Program—by Special Authority only—for Plans B, C, F, I and, if indicated below, Plan G and/or Plan P. (For the Special Authority criteria, please visit the Special Authority Information page on the PharmaCare website at www.health.gov.bc.ca/pharme.)

DIN	DRUG NAME	PLAN G	PLAN P
2311658	ATACAND® (CANDESARTAN) 32 mg tablet	N	N

NON-BENEFITS

The following products have been reviewed and will not be added as benefits under PharmaCare.

DIN	DRUG NAME
2169649	BETASERON® (INTERFERON BETA-1B) 0.3 mg/vial—for single demyelinating event accompanied by at least two clinically silent lesions typical of multiple sclerosis on magnetic resonance imaging
2246804	LEVAQUIN® (LEVOFLOXACIN) 750 mg tablet
2266121	SATIVEX® (DELTA-9-TETRAHYDROCANNABINOL/CANNABIDIOL) 2.5 mg/2.7 mg spray pump—for adjunctive treatment of cancer-related pain
2266121	SATIVEX® (DELTA-9-TETRAHYDROCANNABINOL/CANNABIDIOL) 2.5 mg/2.7 mg spray pump—for adjunctive treatment of neuropathic pain in multiple sclerosis
2293404	POSANOL® (POSACONAZOLE) 200 mg/5 ml oral suspension
2280248	TESTIM® 1% (TESTOSTERONE) 1% gel
2295636	THELIN® (SITAXSENTAN) 100 mg tablet
2264846	TRAMACET™ (TRAMADOL AND ACETAMINOPHEN) 37.5 mg/325 mg tablet