BCPharmaCare Newsletter *January 26, 2010 Edition 10-001*

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QuickLinks

PROTON PUMP INHIBITORS — EXPANDED COVERAGE

Effective January 26, 2010, PharmaCare is expanding coverage for proton pump inhibitors (PPIs).

PharmaCare's first-covered PPIs now include **rabeprazole** and **pantoprazole magnesium (Tecta™)**. One Special Authority approval provides coverage for both these options.

Patients with an existing Special Authority for rabeprazole are automatically covered for pantoprazole magnesium. No additional Special Authority request is required.

For more information about the Special Authority criteria for these products and PharmaCare coverage for other PPIs, see the information sheet for health care professionals attached to this newsletter. A patient information sheet is also included for your reference.

Information sheets for health care professionals and patients are also available on our website at www.health.gov.bc.ca/pharmacare/prescribe.html.

The revised Special Authority request form for Proton Pump Inhibitors (HLTH 5350) is available on the PharmaCare website at www.health.gov.bc.ca/pharmacare/sa/criteria/formsindex.html. Please note that this Special Authority request form can be used to request any of the Proton Pump Inhibitors.

ABATACEPT/RITUXIMAB FOR RHEUMATOID ARTHRITIS — EXPANDED COVERAGE

Effective **January 26, 2010**, expanded criteria for coverage of **abatacept (Orencia®)** and **rituximab (Rituxan®)** for the treatment of rheumatoid arthritis are coming into effect. Criteria for coverage now include patients treated in combination with methotrexate who have failed to respond to an adequate trial of at least one anti-TNF agent (adalimumab, infliximab OR etanercept) OR have contraindications to these anti-TNF agents.

Please note:

- All requests for abatacept and rituximab must be submitted by a rheumatologist. Criteria and forms are available in the Special Authority section of our website at www.health.gov.bc.ca/pharmacare/.
- Special Authority coverage cannot be provided retroactively and actual coverage is subject to the patient's usual plan rules, including any deductible requirement.

Abatacept

Initial coverage – one year:

- Weight / Dosage: < 60 kg / 500 mg, 60-100 kg / 750 mg, > 100 kg / 1000 mg — at 0, 2 and 4 weeks, then every 4 weeks. A minimum ACR20 response is required at 6 months for continued treatment.

Renewal coverage – one year:

- Weight / Dosage: < 60 kg / 500 mg, 60-100 kg / 750 mg, and > 100 kg / 1000 mg— every 4 weeks.

Rituximab

Initial coverage – two courses:

- Each course is 1000 mg at 0 and 2 weeks, minimum 24 weeks between courses. A minimum ACR20 response is required after the initial course for retreatment

Renewal coverage – two courses:

- Each course is 1000 mg at 0 and 2 weeks, minimum 24 weeks between courses.

NSAIDs — REFERENCE DRUG PROGRAM PRICE CHANGE

Effective **March 1, 2010**, PharmaCare will adjust the reference price for non-steroidal anti-inflammatory drugs (NSAIDs). The reference price will now be based on ibuprofen 2400 mg/day rather than naproxen 1000 mg/day.

This change reflects the lower risk of gastrointestinal toxicity and optimal cost effectiveness of using ibuprofen.

The reference drugs in the NSAID category (those that do not require Special Authority for full coverage) are enteric-coated ASA, ibuprofen or regular-release naproxen.

These reference drugs, including regular-release naproxen, are regular PharmaCare benefits and are reimbursed at actual acquisition cost within the guidelines of the Low Cost Alternative Drug Program, and subject to the Maximum Pricing Policy.

Non-reference drugs in the NSAID category are reimbursed at the lesser of the:

- actual daily acquisition cost, or
- new reference price of $0.1924/day (which represents ibuprofen 2400 mg/day).

CHANGE TO LOW COST ALTERNATIVE CATEGORY FOR ALENDRONATE

Revisions to the alendronate Low Cost Alternative Program category announced in the November 18, 2009 PharmaCare Newsletter came into effect on **January 18, 2010**.

For more information about the Special Authority criteria and PharmaCare coverage for alendronate products for the treatment of osteoporosis, please see the information sheet for health care professionals attached to this newsletter. A patient information sheet is also included for your reference.

The information sheets for health care professionals and patients are available on our website at www.health.gov.bc.ca/pharmacare/prescribe.html.

Special Authority Criteria for coverage of these products are also available at: www.health.gov.bc.ca/pharmacare/sa/criteria/restricted/alendronate.html.

For requests for alendronate plus cholecalciferol (Fosavance® 70mg/5600 IU), the General Special Authority Request form (HLTH 5328) is available at www.health.gov.bc.ca/pharmacare/sa/criteria/formsindex.html.

Newsletters and bulletins are published on the PharmaCare website at www.health.gov.bc.ca/pharme/publications.html

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And don't forget to make a quick call to the PharmaNet HelpDesk to let them know you won't need printed copies in the future.

SPECIAL SERVICES FEES

The number of Special Services fees that PharmaCare paid each month over the past year:

Dec 2009 3,103	Aug 2009 2,212	Apr 2009..... 2,347
Nov 2009..... 2,584	Jul 2009 2,619	Mar 2009..... 2,252
Oct 2009 2,758	Jun 2009..... 2,554	Feb 2009 2,100
Sep 2009 2,643	May 2009 2,357	Jan 2009 2,131

QUICK FACT

Number of publically-funded vaccinations administered by British Columbia's community pharmacists between **October 30, 2009** and **January 5, 2010**:

26,952

That's over 400 per day!

LOW COST ALTERNATIVE (LCA) / REFERENCE DRUG PROGRAM (RDP) BOOKLET — CHANGES

Citalopram Hydrobromide - CORRECTION

In the December 17, 2009 edition of the Pharmacare Newsletter, Pharmaceutical Services Division announced that, effective January 29, 2010, it would change the Low Cost Alternative (LCA) categories for citalopram hydrobromide 20 mg tablet and citalopram hydrobromide 40 mg tablet. **Those changes will not occur due to manufacturer price changes. The category will remain as shown in the table below until March 8, at which time NG-citalopram hydrobromide 20 mg and 40 mg tablets will become partial benefits, as noted on page 5.**

NEW CATEGORY (CHEMICAL NAME)	DIN	BRAND NAME	LCA STATUS	PRICE
CITALOPRAM HYDROBROMIDE 20 mg tablet	02246056	APO-CITALOPRAM	P	$0.8757
	02239607	CELEXA®	P	$0.8757
	02306239	CITALOPRAM-ODAN	P	$0.8757
	02248050	CO-CITALOPRAM	P	$0.8757
	02246594	GEN-CITALOPRAM	P	$0.8757
	02313405	JAMP CITALOPRAM	P	$0.8757
	02304686	MINT CITALOPRAM	P	$0.8757
	02322781	NG-CITALOPRAM	F	
	PharmaCare's maximum price for the above product is based on the price originally submitted by the manufacturer. This product may not be available at that price.			
	02251558	NOVO-CITALOPRAM	P	$0.8757
	02293218	NOVO-CITALOPRAM	P	$0.8757
	02248944	PHL-CITALOPRAM	P	$0.8757
	02248010	PMS-CITALOPRAM	P	$0.8757
	02285622	RAN-CITALO	P	$0.8757
	02268000	RAN-CITALOPRAM	F	
	02252112	RATIO-CITALOPRAM	P	$0.8757
	02248170	SANDOZ CITALOPRAM	P	$0.8757
CITALOPRAM HYDROBROMIDE 40 mg tablet	02246057	APO-CITALOPRAM	P	$0.8759
	02239608	CELEXA®	P	$0.8759
	02306247	CITALOPRAM-ODAN	P	$0.8759
	02248051	CO-CITALOPRAM	P	$0.8759
	02246595	GEN-CITALOPRAM	P	$0.8759
	02313413	JAMP CITALOPRAM	P	$0.8759
	02304694	MINT CITALOPRAM	P	$0.8759
	02322803	NG-CITALOPRAM	F	
	PharmaCare's maximum price for the above product is based on the price originally submitted by the manufacturer. This product may not be available at that price.			
	02293226	NOVO-CITALOPRAM	P	$0.8759
	02251566	NOVO-CITALOPRAM	P	$0.8759
	02248945	PHL-CITALOPRAM	P	$0.8759
	02248011	PMS-CITALOPRAM	P	$0.8759
	02285630	RAN-CITALO	P	$0.8759
	02268019	RAN-CITALOPRAM	F	
	02252120	RATIO-CITALOPRAM	P	$0.8759

F – Fully covered P – Partially covered

Citalopram Hydrobromide – Category Change

Effective **March 8, 2010**, the entries for NG-citalopram hydrobromide 20 mg and 40 mg tablets will be revised as follows:

NEW CATEGORY (CHEMICAL NAME)	DIN	BRAND NAME	LCA STATUS	PRICE
CITALOPRAM HYDROBROMIDE 20 mg tablet	02322781	NG-CITALOPRAM	P	$0.8757
CITALOPRAM HYDROBROMIDE 40 mg tablet	02322803	NG-CITALOPRAM	P	$0.8759

P – Partially covered

NEW DRUGS CATEGORIZED TO LCA AND/OR RDP

The following newly-approved benefits have been added to existing LCA/RDP categories as eligible benefits for Fair PharmaCare and Plans B, C, F, and, if applicable, Plan G. (For the Plan G formulary, please visit the Special Authority Information page on the PharmaCare website at www.health.gov.bc.ca/pharmacare.)

DIN/NPN	DRUG NAME	RDP	LCA STATUS	SPECIAL AUTHORITY ONLY
02331004	JAMP-FOSINOPRIL 10 mg tablet	Yes	P	
02331012	JAMP-FOSINOPRIL 20 mg tablet	Yes	P	
02330954	JAMP-PRAVASTATIN 10 mg tablet		P	
02330962	JAMP-PRAVASTATIN 20 mg tablet		P	
02330970	JAMP-PRAVASTATIN 40 mg tablet		P	
02331101	JAMP-RAMIPRIL 1.25 mg capsule		P	
02331128	JAMP-RAMIPRIL 2.5 mg capsule		P	
02331136	JAMP-RAMIPRIL 5 mg capsule		P	
02331144	JAMP-RAMIPRIL 10 mg capsule		P	
02280515	NOVO-LANSOPRAZOLE 15 mg capsule		P*	Yes
02280523	NOVO-LANSOPRAZOLE 30 mg capsule		P*	Yes
80008214	ODAN K-8 SR 600 mg tablet		F	
80004415	ODAN K-20 SR 1500 mg tablet		P	
02247182	PHL-ATENOLOL 25 mg tablet		F	
02238316	PHL-ATENOLOL 50 mg tablet		P	
02238318	PHL-ATENOLOL 100 mg tablet		P	

F – Fully covered
P – Partially covered
P* – Drug is a partial benefit if Special Authority is in place when the prescription is filled.

continued…

New Drugs Categorized to LCA and/or RDP (Continued)

DIN/NPN	DRUG NAME	RDP	LCA STATUS	SPECIAL AUTHORITY ONLY
02278588	PHL-AZITHROMYCIN 250 mg tablet		P	
02236963	PHL-BACLOFEN 10 mg tablet		P	
02236964	PHL-BACLOFEN 20 mg tablet		P	
02273543	PHL-CITALOPRAM 10 mg tablet		P	
02145235	PHL-CLONAZEPAM 1 mg tablet		P	
02145243	PHL-CLONAZEPAM 2 mg tablet		P	
02236948	PHL-CLONAZEPAM-R 0.5 mg tablet		P	
02249359	PHL-CYCLOBENZAPRINE 10 mg tablet		P	
02223481	PHL-FLUOXETINE 10 mg capsule		P	
02223503	PHL-FLUOXETINE 20 mg capsule		P	
02281732	PHL-MIRTAZAPINE 15 mg tablet		P	
02252279	PHL-MIRTAZAPINE 30 mg tablet		P	
02278618	PHL-ONDANSETRON 4 mg tablet		P*	Yes
02278626	PHL-ONDANSETRON 8 mg tablet		P*	Yes
02248451	PHL-PAROXETINE 20 mg tablet		P	
02248452	PHL-PAROXETINE 30 mg tablet		P	
02249766	PHL-PRAVASTATIN 10 mg tablet		P	
02249774	PHL-PRAVASTATIN 20 mg tablet		P	
02249782	PHL-PRAVASTATIN 40 mg tablet		P	
02245824	PHL-SERTRALINE 25 mg capsule		P	
02245825	PHL-SERTRALINE 50 mg capsule		P	
02245826	PHL-SERTRALINE 100 mg capsule		P	
02281546	PHL-SIMVASTATIN 5 mg tablet		P	
02281554	PHL-SIMVASTATIN 10 mg tablet		P	
02281562	PHL-SIMVASTATIN 20 mg tablet		P	
02281570	PHL-SIMVASTATIN 40 mg tablet		P	
02281589	PHL-SIMVASTATIN 80 mg tablet		P	

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continued…

New Drugs Categorized to LCA and/or RDP (Continued)

DIN/NPN	DRUG NAME	RDP	LCA STATUS	SPECIAL AUTHORITY ONLY
02271184	PHL-TOPIRAMATE 25 mg tablet		P	
02271192	PHL-TOPIRAMATE 100 mg tablet		P	
02271206	PHL-TOPIRAMATE 200 mg tablet		P	
02294052	PHL-ZOPICLONE 5 mg tablet		P*	Yes
02294060	PHL-ZOPICLONE 7.5 mg tablet		P*	Yes
02328305	RBX-RISPERIDONE 0.25 mg tablet		P	
02328313	RBX-RISPERIDONE 0.5 mg tablet		P	
02328321	RBX-RISPERIDONE 1 mg tablet		P	
02328348	RBX-RISPERIDONE 2 mg tablet		P	
02328364	RBX-RISPERIDONE 3 mg tablet		P	
02328372	RBX-RISPERIDONE 4 mg tablet		P	

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BENEFITS

Limited Coverage Drug Program

The following products are eligible benefits under the Limited Coverage Program—by Special Authority only—for Fair PharmaCare and Plans B, C and F, 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/pharmacare.

DIN	DRUG NAME	PLAN G	PLAN P
02332922	ATACAND® PLUS (CANDESARTAN-HYDROCHLOROTHIAZIDE) 32 mg – 12.5 mg tablet	N	N
02332957	ATACAND® PLUS (CANDESARTAN-HYDROCHLOROTHIAZIDE) 32 mg – 25 mg tablet	N	N
02318709	MICARDIS® PLUS (TELMISARTAN-HYDROCHLOROTHIAZIDE) 80 mg – 25 mg tablet	N	N
02248752	PHL-CARVEDILOL 3.125 mg tablet	N	✦
02248753	PHL-CARVEDILOL 6.25 mg tablet	N	✦
02248754	PHL-CARVEDILOL 12.5 mg tablet	N	✦
02248755	PHL-CARVEDILOL 25 mg tablet	N	✦
02309866	PHL-PANTOPRAZOLE 40 mg tablet	N	Y

✦ See Palliative Care Drug Plan table below.

Permanent Residents of Residential Care Facilities (Plan B) Only

The following new product is now an eligible PharmaCare benefit for Plan B only.

DIN	DRUG NAME	LCA STATUS
02284529	PMS-ASA EC 325 mg tablet	P

P – Partially covered

Palliative Care Drug Plan (Plan P)

The following products are now eligible PharmaCare benefits for Plan P.

DIN	DRUG NAME	LCA STATUS
02248752	PHL-CARVEDILOL 3.125 mg tablet	P
02248753	PHL-CARVEDILOL 6.25 mg tablet	P
02248754	PHL-CARVEDILOL 12.5 mg tablet	P
02248755	PHL-CARVEDILOL 25 mg tablet	P
02309866	PHL-PANTOPRAZOLE 40 mg tablet	P

P* – Partially covered.

Olanzapine ODT (Oral Disintegrating Tablet)

The following generic **olanzapine ODT** products are:

- subject to the Multiple-Source Generics Pricing Policy as of **January 15, 2010**, and
- included in the existing LCA Categories effective **January 15, 2010**.

NEW CATEGORY (CHEMICAL NAME)	DIN	DRUG NAME	LCA STATUS	LCA PRICE	RDP	COST REDUCTION FACTOR
OLANZAPINE 5 mg ODT	02327562	CO OLANZAPINE ODT	P*	1.8550	No	1.14%
	02303191	PMS-OLANZAPINE ODT	F*		No	1.16%
OLANZAPINE 10 mg ODT	02327570	CO OLANZAPINE ODT	P*	3.7070	No	1.12%
	02303205	PMS-OLANZAPINE ODT	F*		No	1.13%
OLANZAPINE 15mg ODT	02327589	CO OLANZAPINE ODT	P*	5.5587	No	1.11%
	02303213	PMS-OLANZAPINE ODT	F*		No	1.11%

F* - Drug is a full benefit if Special Authority is in place when the prescription is filled.

P* – Drug is a partial benefit if Special Authority is in place when the prescription is filled.

Amlodipine Besylate

The following generic **amlodipine besylate** products are:

- subject to the Multiple-Source Generics Pricing Policy as of **January 15, 2010**, and
- included in the existing LCA Categories and the Reference Drug Program effective **January 15, 2010**.

NEW CATEGORY (CHEMICAL NAME)	DIN	DRUG NAME	LCA STATUS	LCA PRICE	RDP	COST REDUCTION FACTOR
AMLODIPINE BESYLATE 5 mg tablet	02331934	AMLODIPINE TABLETS	P		YES	4.00%
AMLODIPINE BESYLATE 10 mg tablet	02331942	AMLODIPINE TABLETS	P		YES	4.00%

P – Partially covered

Ropinirole Hydrochloride

The following generic **ropinirole hydrochloride** products are:

- subject to the Multiple-Source Generics Pricing Policy as of **January 15, 2010**, and
- included in the existing LCA Categories effective **January 15, 2010**.

NEW CATEGORY (CHEMICAL NAME)	DIN	DRUG NAME	LCA STATUS	LCA PRICE	COST REDUCTION FACTOR
ROPINIROLE HYDROCHLORIDE 0.25 mg tablet	02337746	APO-ROPINIROLE	P*	0.1473	1.41%
	02332361	ROPINIROLE TABLETS	P*	0.1473	1.41%
ROPINIROLE HYDROCHLORIDE 1 mg tablet	02337762	APO-ROPINIROLE	P*	0.5891	1.39%
	02332426	ROPINIROLE TABLETS	P*	0.5891	1.39%
ROPINIROLE HYDROCHLORIDE 2 mg tablet	02337770	APO-ROPINIROLE	P*	0.6481	1.41%
	02332434	ROPINIROLE TABLETS	P*	0.6481	1.41%
ROPINIROLE HYDROCHLORIDE 5 mg tablet	02337800	APO-ROPINIROLE	P*	1.7844	0.00%
	02332442	ROPINIROLE TABLETS	P*	1.7844	0.00%

P* – Drug is a partial benefit if Special Authority is in place when the prescription is filled.

NON-BENEFITS

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

DIN	DRUG NAME
02273217	ENABLEX® (DARIFENACIN) 7.5 mg tablet
02273225	ENABLEX® (DARIFENACIN) 15 mg tablet
02277263	VESICARE® (SOLIFENACIN) 5 mg tablet
02277271	VESICARE® (SOLIFENACIN) 10 mg tablet

Expanded PharmaCare Coverage for Proton Pump Inhibitors
Effective January 26, 2010

Dear Health Care Professional,

Effective January 26, 2010, PharmaCare is pleased to **expand coverage** for the proton pump inhibitors (PPIs). With the recent availability of the sixth PPI, pantoprazole magnesium (Mg) (Tecta™), an additional option has been added as a first-covered PPI. This applies to patients eligible for Special Authority approval (i.e., those who have documented failure or intolerance to adequate doses of ranitidine, cimetidine or other histamine-2 [H2] blocker).

PharmaCare's first-covered PPIs now include rabeprazole (Pariet® and generics) and pantoprazole Mg (Tecta™). One Special Authority approval provides coverage for **both these options.** The criteria for rabeprazole and pantoprazole Mg are as follows:

1. For gastroesophageal reflux disease (GERD), reflux esophagitis, duodenal ulcer, or gastric ulcer **after** documented failure **or** intolerance to adequate doses of ranitidine or cimetidine or other H2 blocker.
2. For Barrett's esophagus, Zollinger-Ellison syndrome, connective tissue disease, e.g., lupus, scleroderma, CREST*.
3. For eradication of *Helicobacter pylori,* as part of triple therapy (maximum 14-day approval).

**CREST is an acronym for the five main features of the limited form of scleroderma: Calcinosis, Raynaud's disease, Esophageal dysmotility, Sclerodactyly, and Telangiectasia.*

Patients with an existing Special Authority for rabeprazole are automatically covered for pantoprazole Mg. No additional Special Authority request is required. Additional requests for Special Authority approval (completion of the specialized PPI Special Authority form) are still required for the other PPIs: lansoprazole (Prevacid® and generics), omeprazole (Losec® and generics), pantoprazole sodium (Pantoloc® and generics), and esomeprazole (Nexium®). Documented failure or intolerance to rabeprazole AND pantoprazole Mg is required (i.e., 8-week trial of the first option at adequate doses, followed by a 4-week trial of the second option at adequate doses), prior to Special Authority approval for the other PPIs. Exceptions are considered for certain patient populations (pediatrics, pregnant or lactating women, or those with uncommon gastrointestinal conditions). The specialized PPI Special Authority form is available at www.health.gov.bc.ca/pharmacare/sa/criteria/formsindex.html.

Similar to before, PPIs prescribed by gastroenterologists are exempt from the Special Authority process, with the exception of esomeprazole.

Pantoprazole Mg contains the same active ingredient as pantoprazole sodium (Pantoloc® or generics), but in a different salt form. Due to the availability of two different salt formulations of pantoprazole, prescribers must clearly indicate the desired pantoprazole product on their prescriptions. Please note that PPIs are eligible for therapeutic class adaptations by pharmacists, if this is deemed to optimize drug therapy and lead to improved patient health outcomes.

The 2007 report by the Canadian Optimal Medication Prescribing and Utilization Service (COMPUS) concluded that all PPIs are equally efficacious in the initial treatment of gastroesophageal reflux disease (GERD), dyspepsia, and other common gastrointestinal conditions. There is no clinical evidence to indicate that one PPI is superior to any other.[1]

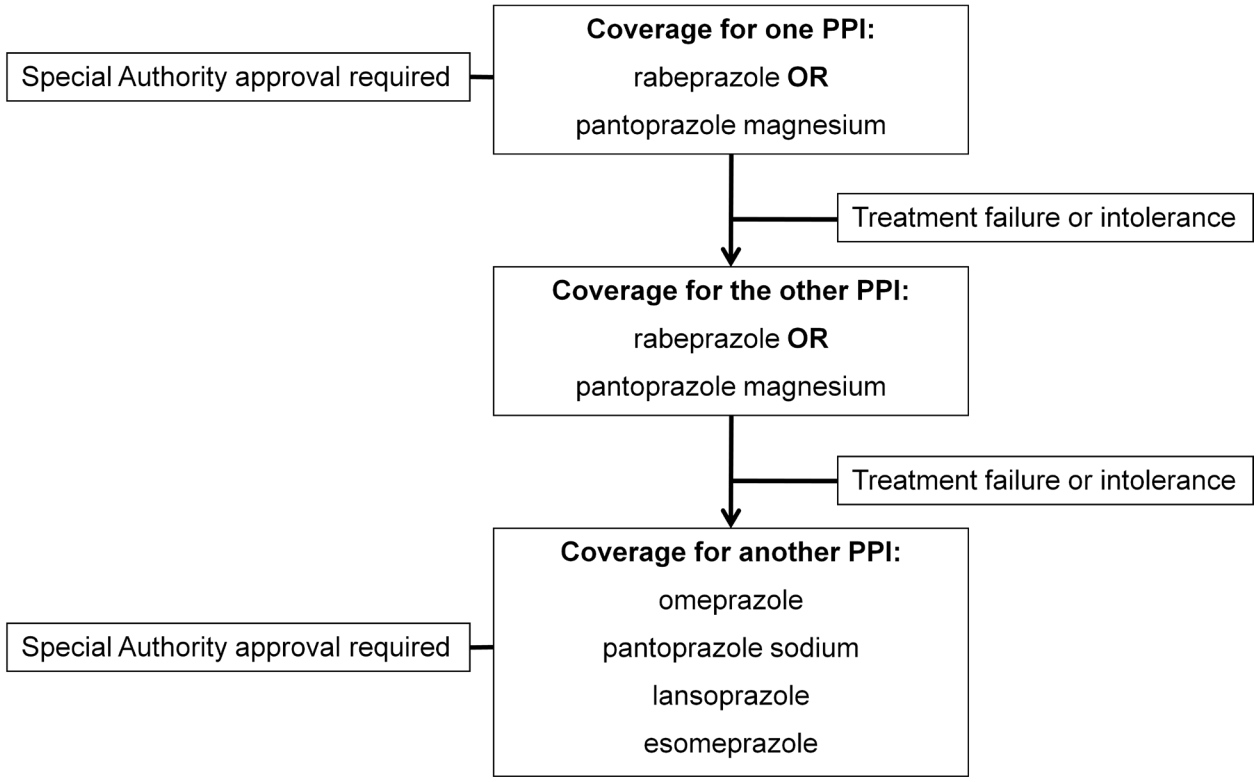
The Pharmaceutical Services Division continues to seek ways to provide coverage for medications that are cost-effective, while providing fair and equitable access to important new drug therapies. Cost is a consideration so that PharmaCare can use savings to cover more drugs for more people that need them. Our vision is pharmaceutical excellence for better health and our mission is to improve the health of British Columbians by advancing optimal drug therapy.

[1] Canadian Optimal Medication Prescribing and Utilization Service. Proton pump inhibitor therapy. Available at: www.cadth.ca/index.php/en/compus/current-topics/ppis. Accessed on November 26, 2009.

Summary of PharmaCare Coverage for Proton Pump Inhibitors

- New proton pump inhibitor (PPI): **pantoprazole magnesium** (Mg) = Tecta™
- Pantoprazole Mg is **different** from pantoprazole **sodium** (Na) = Pantoloc®, but has the same active ingredient.
- Prescriptions for pantoprazole must be written to include their salt form: pantoprazole **Mg** or pantoprazole **Na** (pharmacists may adapt, if needed).
- **Patients now have TWO options before they require another Special Authority: rabeprazole AND pantoprazole Mg.**
- **Rationale:** All PPIs are equally efficacious; pantoprazole Mg is similar in cost to rabeprazole and less expensive than other PPIs.
- **New Special Authority process for PPIs:**
  - **first 2 options:** rabeprazole and pantoprazole Mg
  - **next covered:** all other PPIs (new Special Authority required)
- Patients who already have Special Authority coverage for a PPI other than rabeprazole do **NOT** have to try pantoprazole Mg to renew their coverage.
- Gastroenterologists are **exempt** from the Special Authority process for most PPIs (except esomeprazole).

PharmaCare Coverage for Proton Pump Inhibitors Flow Diagram: Effective January 26, 2010



Expanded PharmaCare Coverage for Proton Pump Inhibitors

Effective January 26, 2010

A new proton pump inhibitor (PPI) called **pantoprazole magnesium (Mg)** (Tecta™) is now available. Studies show that all PPIs work equally well for the treatment of common stomach conditions. PharmaCare's first-covered PPI for patients eligible for Special Authority approval was previously **rabeprazole (Pariet® and generics)**.

On January 26, 2010, PharmaCare coverage was expanded for the PPIs, and pantoprazole Mg was added as another first-covered PPI for patients eligible for Special Authority approval. These patients now have **two PPI options** - rabeprazole and pantoprazole Mg – with **one Special Authority approval**.

What makes a patient eligible for Special Authority approval?
Patients become eligible after first trying ranitidine (Zantac® and generics), cimetidine (Tagamet® and generics), or a similar drug.

What are proton pump inhibitors (PPIs)?
PPIs are prescription drugs used to treat stomach conditions, including severe heartburn (gastroesophageal reflux disease or GERD), ulcers or other related conditions. PPIs work by reducing the amount of acid in the stomach.

What are examples of PPIs?
PharmaCare's first-covered PPIs are rabeprazole and pantoprazole Mg. Other PPIs are lansoprazole (Prevacid® and generics), omeprazole (Losec® and generics), pantoprazole sodium (Pantoloc® and generics), and esomeprazole (Nexium®).

How is pantoprazole Mg different from pantoprazole sodium?
Pantoprazole Mg and pantoprazole sodium have the same active ingredient: pantoprazole. Pantoprazole Mg is a different salt form—it contains magnesium instead of sodium. They both work the same way in the body.

How do PPIs compare? Why does PharmaCare cover these two PPIs first?
All PPIs have the same effect and they all work equally well for common stomach conditions. Cost is considered, so that PharmaCare is able to cover more drugs for more people that need them.

What if pantoprazole Mg isn't effective for me?
If you have given pantoprazole Mg a fair try and it is not effective, or you have serious side effects, your doctor can switch you to rabeprazole. If you have tried both pantoprazole Mg and rabeprazole, and neither is effective for you, or you have serious side effects from both, your doctor can ask PharmaCare for Special Authority coverage for another PPI.

What if I already have a Special Authority for rabeprazole, or another PPI?
If you already have a Special Authority for rabeprazole, your coverage will include pantoprazole Mg without any more approvals. If you already have a Special Authority for another PPI, you will **NOT** need to try pantoprazole Mg. Your coverage for the other PPIs will not change.

How can I find more information about Special Authority and PharmaCare?
For PharmaCare information, please visit our website at www.health.gov.bc.ca/pharmacare or call PharmaCare at 604-683-7151 in the Lower Mainland or 1-800-663-7100 elsewhere in BC.

Expanded PharmaCare Coverage for Alendronate

Effective November 18, 2010

Dear Health Care Professional,

Alendronate belongs to the bisphosphonate class of drugs and is indicated for the prevention and treatment of osteoporosis in women (who are postmenopausal) and men. Alendronate (Fosamax®) has been on the Canadian market since 1995 and generic versions are now available. In addition, a new combination product (Fosavance®) has been introduced. Fosavance® 70/5,600 is a combination of alendronate (70 mg) plus cholecalciferol (5,600 IU), or vitamin D_3, and is taken once a week.

As of November 18, 2009, alendronate and alendronate 70 mg plus cholecalciferol 5,600 IU became eligible for PharmaCare coverage through the Special Authority Program for patients with a clinically- or radiographically-documented fracture due to osteoporosis. A trial of etidronate is no longer required. Formerly, coverage for alendronate required a radiographically-documented fracture due to osteoporosis and failure of a trial of etidronate.

This new coverage policy is only for alendronate and alendronate 70 mg plus cholecalciferol 5,600 IU. The existing coverage policy for risedronate and raloxifene remains unchanged.

As of January 18, 2010, alendronate and alendronate plus cholecalciferol became part of the Low Cost Alternative (LCA) Program.

When multiple drug products are available that contain the same active ingredient, the LCA Program covers the drug with the lowest average cost claimed by pharmacies. Alendronate 70 mg plus cholecalciferol 5,600 IU (Fosavance® 70/5600) became the full benefit medication, as it has the lowest average cost claimed by pharmacies. All other 10 mg and 70 mg alendronate products covered by PharmaCare are partial benefits. The price for alendronate 10 mg tablets is set at the price of the combination tablet (alendronate 70 mg plus cholecalciferol 5,600 IU) divided by seven.

Only alendronate 70 mg plus cholecalciferol 5,600 IU is a full benefit. Alendronate as a single agent is a partial benefit. **Patients who have current Special Authority approval for single-agent alendronate now have automatic coverage for the combination product of alendronate 70 mg plus cholecalciferol 5,600 IU instead.** The Special Authority for single-agent alendronate is still valid; however, the maximum PharmaCare covers is the LCA price (see table on page 2 for more information).

As the single-agent alendronate products are partial benefits, patients who remain on this product form will have to pay the difference between the product's cost and that of the full benefit product, alendronate plus cholecalciferol.

Physicians and pharmacists are encouraged to discuss with their patient these changes and the potential of switching to the full benefit medication, if deemed therapeutically beneficial and appropriate. When switching from single-agent alendronate to the combination alendronate 70 mg plus cholecalciferol 5,600 IU, a new prescription is required and patients will need information about the change in packaging, tablet appearance, dosing schedule and vitamin D requirements. Because the recommended weekly intake of this vitamin is included as part of the combined alendronate plus cholecalciferol tablet, patients currently supplementing with vitamin D will no longer need to do this, thus prescriptions for cholecalciferol (vitamin D_3) and over-the-counter vitamin D products should be discontinued.

Patients still have the option to use single agent alendronate, but it will be only partially covered up to the cost of the full benefit LCA drug so they will have to pay the difference. Full coverage for single agent alendronate will be considered if a new Special Authority application is made.

The Pharmaceutical Services Division continues to seek ways to provide coverage for medications that are cost-effective while providing fair and equitable access to important drug therapies. Our vision is pharmaceutical excellence for better health and our mission is to improve the health of British Columbians by advancing optimal drug therapy.

Summary of PharmaCare Coverage for Alendronate

- **Alendronate**, a bisphosphonate medication used for the prevention and treatment of osteoporosis, is available in **two formulations**:
  - **Single agent drugs** (Fosamax® or generics) are taken once a day (10 mg) or once a week (70 mg).
  - **Combination** product with alendronate plus cholecalciferol/vitamin D_3 (Fosavance® 70/5,600) is taken once a week
- **Effective November 18, 2009**, daily alendronate 10 mg and weekly alendronate 70 mg plus cholecalciferol 5600 IU (Fosavance® 70/5600) became eligible for coverage through the Special Authority Program for patients who have a clinically or radiographically-documented fracture due to osteoporosis. A trial of etidronate is no longer required.
- **Effective January 18, 2010**, alendronate and alendronate plus cholecalciferol became part of the Low Cost Alternative (LCA) Program. Patients still require Special Authority approval for coverage.
- **Effective January 18, 2010**, **alendronate 70 mg plus cholecalciferol 5,600 IU** (Fosavance® 70/5600) became the **full benefit drug** for the LCA Program. **All other alendronate products listed by PharmaCare are partial benefits.**
- **Patients should be informed** of the change in packaging, tablet appearance, dosing schedule and vitamin D requirements when **switching** from daily single-agent alendronate to the weekly combination product. The recommended weekly intake of vitamin D_3 is included in the combination tablet so **vitamin D supplements should be discontinued**.

Summary of Low Cost Alternative Program for Alendronate

Strength	DIN	Brand Name	LCA Status[1]	LCA Price[2] ($)
70 mg	2314940	Fosavance® 70/5600	Full benefit	Full benefit
	2248730	Apo®-Alendronate	Partial benefit	4.5937
	2258110	*CO* Alendronate	Partial benefit	4.5937
	2245329	Fosamax®	Partial benefit	4.5937
	2286335	Mylan-Alendronate	Partial benefit	4.5937
	2261715	Novo-Alendronate	Partial benefit	4.5937
	2273179	PMS-Alendronate	Partial benefit	4.5937
	2284006	PMS-Alendronate FC	Partial benefit	4.5937
	2275279	ratio-Alendronate	Partial benefit	4.5937
	2288109	Sandoz® Alendronate	Partial benefit	4.5937
10 mg	2248728	Apo®-Alendronate	Partial benefit	0.6561
	2201011	Fosamax®	Partial benefit	0.6561
	2270129	Mylan-Alendronate	Partial benefit	0.6561
	2247373	Novo-Alendronate	Partial benefit	0.6561
	2288087	Sandoz® Alendronate	Partial benefit	0.6561

[1] The drug is either a full benefit or partial benefit if Special Authority approval is in place when the prescription is filled. In all cases, coverage is subject to drug price limits set by PharmaCare and to the patient's PharmaCare plan rules and deductibles.

[2] Price is based on average cost per tablet. The LCA (low cost alternative) price for alendronate 10 mg tablets is based on the price of the 70 mg combination tablet (alendronate 70 mg plus cholecalciferol 5,600 IU) divided by seven.

What if I am taking vitamin D supplements?

[illegible]

How can I find out more information about Special Authority and PharmaCare?

For PharmaCare information, please visit our website at www.health.gov.bc.ca/pharmacare or call PharmaCare at 604-683-7151 in the Lower Mainland or 1-800-663-7100 elsewhere in BC.

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