



BC PharmaCare Newsletter

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NEW PIN AVAILABLE FOR NON-BENEFIT MEDICATION REVIEWS

A PIN to allow pharmacists to add a medication review service to a patient profile when the review is not eligible for PharmaCare payment is now available. When using this PIN (**99000504** “**Medication Review - Non-Benefit**”) pharmacists should follow the usual procedures for submitting a medication review claim.

The claim will not be paid, but the patient’s PharmaNet record will include the phone number of the pharmacy at which the service was provided and indicate to other health care professionals that a “Best Possible Medication History” is available.



The use of PharmaNet is not intended as a substitute for professional judgment. Information on PharmaNet is not exhaustive and cannot be relied upon as complete.

The absence of a warning about a drug or drug combination is not an indication that the drug or drug combination is safe, appropriate or effective in any given patient. Health care professionals should confirm information obtained from PharmaNet, and ensure no additional relevant information exists, before making patient care decisions.



Ministry of Health

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BENEFITS

Limited Coverage Drug Program Announcements

Coverage for the drugs below is subject to the rules of a patient's BC PharmaCare plan, including any deductible requirement. Retroactive coverage cannot be provided for prescriptions filled before SA approval is in place.

Alitretinoin (Toctino®)

Effective **July 17, 2012**, alitretinoin became available as a Limited Coverage benefit through PharmaCare's Special Authority (SA) program for the treatment of eczema. Detailed criteria are available on the PharmaCare website at www.health.gov.bc.ca/pharmacare/sa/criteria/restricted/alitretinoin.html.

Expanded Coverage for Dalteparin (Fragmin®) and Enoxaparin (Lovenox®)

Effective **July 17, 2012**, coverage changed for two Low Molecular Weight Heparin drugs, dalteparin and enoxaparin, which are available as Limited Coverage benefits through PharmaCare's Special Authority (SA) program.

The Limited Coverage criteria for dalteparin and enoxaparin were expanded to include venous thromboembolism prophylaxis for cancer patients following abdominal or pelvic surgeries. Detailed criteria are available on the PharmaCare website at www.health.gov.bc.ca/pharmacare/sa/criteria/restricted/dalteparin.html and www.health.gov.bc.ca/pharmacare/sa/criteria/restricted/enoxaparin.html.

Mometasone-formoterol (Zenhale™)

Effective **June 28, 2012**, mometasone-formoterol became available as a Limited Coverage benefit through PharmaCare's Special Authority (SA) program for the maintenance treatment of asthma. Detailed criteria are available on the PharmaCare website at www.health.gov.bc.ca/pharmacare/sa/criteria/restricted/mometasone-formoterol.html.

Please note that **mometasone furoate (Asmanex™ Twisthaler™)** is being made available as a regular benefit and is listed in the Regular Benefits table on page 4.

Rivaroxaban (Xarelto®)

Effective **August 2, 2012**, rivaroxaban 15 mg and 20 mg will be available as a Limited Coverage benefit through PharmaCare's Special Authority (SA) program for the prevention of stroke and systemic embolism in atrial fibrillation. Detailed criteria are available on the PharmaCare website at <http://www.health.gov.bc.ca/pharmacare/sa/criteria/restricted/rivaroxaban15-20mg.html>.

Telaprevir (Incivek™)

Effective **July 5, 2012**, telaprevir in combination with pegylated interferon/ribavirin became available as a Limited Coverage benefit through PharmaCare's Special Authority (SA) program to treat patients with chronic hepatitis C genotype 1 infection. Detailed criteria are available on the PharmaCare website at www.health.gov.bc.ca/pharmacare/sa/criteria/restricted/telaprevir.html.

Pharmacare's coverage of telaprevir follows from an earlier announcement to cover boceprevir (Victrelis™ and Victrelis Triple™) in combination with pegylated interferon/ribavirin, which was listed in the [March 30, 2012, newsletter](#). Detailed criteria for the boceprevir listing are available on the PharmaCare website at www.health.gov.bc.ca/pharmacare/sa/criteria/restricted/boceprevir.html.

Limited Coverage Drug Program Announcements cont'd...

Zoledronic Acid (Aclasta™)

Effective **July 17, 2012**, zoledronic acid became available as a Limited Coverage benefit through PharmaCare's Special Authority (SA) program for the treatment of osteoporosis in postmenopausal women. Detailed criteria are available on the PharmaCare website at www.health.gov.bc.ca/pharmacare/sa/criteria/restricted/zoledronicacid.html.

The following products are eligible benefits under the Limited Coverage Program—by Special Authority only—for Fair PharmaCare and Plans B, C, and F. For the Special Authority criteria, please visit the [Special Authority](http://www.health.gov.bc.ca/pharmacare/sa/criteria/genericbrandtable.html) page on the PharmaCare website at www.health.gov.bc.ca/pharmacare/sa/criteria/genericbrandtable.html.

| DIN | DRUG NAME | PLAN G | PLAN P |
|---------|--|--------|--------|
| 2337630 | alitretinoin (Toctino [®]) 10 mg capsule | N | N |
| 2337649 | alitretinoin (Toctino [®]) 30 mg capsule | N | N |
| 2361744 | mometasone/formoterol inhalation aerosol (Zenhale™) 50 mcg/5 mcg | N | N |
| 2361752 | mometasone/formoterol inhalation aerosol (Zenhale™) 100 mcg/5 mcg | N | N |
| 2361760 | mometasone/formoterol inhalation aerosol (Zenhale™) 200 mcg/5 mcg | N | N |
| 2378604 | rivaroxaban (Xarelto [®]) 15 mg tablet | N | N |
| 2378612 | rivaroxaban (Xarelto [®]) 20 mg tablet | N | N |
| 2371553 | telaprevir (Incivek™) 375 mg tablet | N | N |
| 2269198 | zoledronic acid (Aclasta [®]) 5 mg/100 ml solution for intravenous injection | N | Y |

The Special Authority criteria for the following products have been modified. For the revised Special Authority criteria, please visit www.health.gov.bc.ca/pharmacare/sa/criteria/genericbrandtable.html.

| DIN | DRUG NAME | PLAN G | PLAN P |
|---------|---|--------|--------|
| 2132664 | dalteparin (Fragmin [®]) 10 000 IU (anti-factor Xa)/1 mL ampoule | N | N |
| 2352656 | dalteparin (Fragmin [®]) 10 000 IU (anti-factor Xa)/0.4 mL prefilled syringe | N | N |
| 2352664 | dalteparin (Fragmin [®]) 12 500 IU (anti-factor Xa)/0.5 mL prefilled syringe | N | N |
| 2352672 | dalteparin (Fragmin [®]) 15 000 IU (anti-factor Xa)/0.6 mL prefilled syringe | N | N |
| 2352680 | dalteparin (Fragmin [®]) 18 000 IU (anti-factor Xa)/0.72 mL prefilled syringe | N | N |
| 2231171 | dalteparin (Fragmin [®]) 25 000 IU (anti-factor Xa)/mL 3.8 mL multi-dose vial | N | N |
| 2132621 | dalteparin (Fragmin [®]) 2 500 IU (anti-factor Xa)/0.2 mL prefilled syringe | N | N |
| 2132648 | dalteparin (Fragmin [®]) 5 000 IU (anti-factor Xa)/0.2 mL prefilled syringe | N | N |
| 2012472 | enoxaparin (Lovenox [®]) 30 mg/0.3 mL single dose pre-filled syringe | N | N |

| | | | |
|---------|---|---|---|
| 2236883 | enoxaparin (Lovenox [®]) 40 mg/0.4 mL single dose pre-filled syringe | N | N |
| 2242692 | enoxaparin (Lovenox [®] HP) 120 mg/0.8 mL single dose pre-filled syringe | N | N |
| 2236564 | enoxaparin (Lovenox [®]) 300 mg/3 mL multidose vial with preservative | N | N |

Regular Benefits

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

| DIN | DRUG NAME | PLAN G | PLAN P |
|---------|--|--------|--------|
| 2243595 | mometasone furoate (Asmanex™ Twisthaler™) 200 mcg dry powder inhaler | N | Y |
| 2243596 | mometasone furoate (Asmanex™ Twisthaler™) 400 mcg dry powder inhaler | N | Y |

The following needles for insulin use only are now eligible PharmaCare benefits for patients on Fair PharmaCare, Plan C and Plan F who have a valid Certificate of Training in blood glucose monitoring.

| DIN | DRUG NAME |
|--------|---|
| 999725 | Insupen Insulin Pen Needles 6mm 32G and 8mm 32G Tip Needles |

Non-Benefits

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

| DIN | DRUG NAME |
|---------|---|
| 2368153 | denosumab (Xgeva™) 120 mg/1.7 mL solution for subcutaneous injection in single-use vial |
| 2361825 | eltrombopag olamine (Revolade™) 25 mg tablet |
| 2361833 | eltrombopag olamine (Revolade™) 50 mg tablet |
| 2350661 | fentanyl citrate (Onsolis [®]) 200 mcg buccal soluble film |
| 2350688 | fentanyl citrate (Onsolis [®]) 400 mcg buccal soluble film |
| 2350696 | fentanyl citrate (Onsolis [®]) 600 mcg buccal soluble film |
| 2350718 | fentanyl citrate (Onsolis [®]) 800 mcg buccal soluble film |
| 2350726 | fentanyl citrate (Onsolis [®]) 1200 mcg buccal soluble film |
| 2364174 | fentanyl citrate (Abstral [®]) 100 mcg sublingual tablet |
| 2364182 | fentanyl citrate (Abstral [®]) 200 mcg sublingual tablet |
| 2364190 | fentanyl citrate (Abstral [®]) 300 mcg sublingual tablet |
| 2364204 | fentanyl citrate (Abstral [®]) 400 mcg sublingual tablet |
| 2364212 | fentanyl citrate (Abstral [®]) 600 mcg sublingual tablet |

| DIN | DRUG NAME |
|---------|---|
| 2364220 | fentanyl citrate (Abstral®) 800 mcg sublingual tablet |
| 2258056 | fondaparinux (Arixtra®) 12.5 mg/mL single-dose prefilled syringe |
| 2245531 | fondaparinux (Arixtra®) 2.5 mg/0.5 mL single-dose prefilled syringe |
| 2370417 | risedronate (Actonel® DR) 35 mg delayed-release tablet |
| 2350580 | sapropterin (Kuvan™) 100 mg tablet |

Discontinuations of Coverage

Effective **September 6, 2012**, PharmaCare coverage will be discontinued for the following products. PharmaCare will maintain coverage for patients currently taking these drugs.

| DIN | DRUG NAME |
|----------|------------------------------------|
| 1916823 | auranofin (Ridaura®) |
| 80017987 | lactobacillus acidophilus (Bacid®) |