

Quarterly Report on Completed Drug Submission Reviews

Last updated January 2023

Overview

The *Quarterly Report on Completed Drug Submission Reviews* report is divided into three reports for each year¹:

1. The *Type, Timelines and Number of Completed Drug Submission Reviews, by Quarter* reports provide detailed information on the type of drug review, the target and actual timelines for each review, the total number of reviews, and the percentage of reviews that are completed and result in a PharmaCare coverage decision within the specific timeline for the given year.
2. The *Drug Review Decisions Summary* reports provide detailed information on the Ministry's coverage decision for each drug that PharmaCare has reviewed in the given year.
3. The *Patient and Caregiver Input Summary* provides information on the number of responses to the Ministry's call for patient, caregiver and patient group input for each drug that PharmaCare has reviewed in the given year. Responses are collected via the PharmaCare [Your Voice](#) website.

Completed Drug Submission Reviews 2012-2022

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2022 Reports

Type, Timelines, and Number of Completed Drug Submission Reviews, by Quarter

Reporting Period	Review Type ¹	Target Timeline (months)	Reviews Completed ²	Actual Review Times (months)			Reviews Meeting Target Timeline (%)
				Avg.	Min.	Max.	
Q1 (Mar/22)	Priority	6	0	N/A	N/A	N/A	N/A
	Standard	9	9	17	6	39	44%
	Priority Complex	9	0	N/A	N/A	N/A	N/A
	Complex	12	5	29	14	65	0%
	Other ³	N/A	2	26	21	32	N/A
Q2 (Jun/22)	Priority	6	0	N/A	N/A	N/A	N/A
	Standard	9	4	5	1	9	100%
	Priority Complex	9	0	N/A	N/A	N/A	N/A
	Complex	12	12	17	11	17	17%
	Other	N/A	0	N/A	N/A	N/A	N/A
Q3 (Sep/22)	Priority	6	0	N/A	N/A	N/A	N/A
	Standard	9	7	8	4	9	100%
	Priority Complex	9	0	N/A	N/A	N/A	N/A
	Complex	12	10	18	11	26	20%
	Other	N/A	0	N/A	N/A	N/A	N/A
Q4 (Dec/22)	Priority	6	0	N/A	N/A	N/A	N/A
	Standard	9	1	8	8	8	100%
	Priority Complex	9	0	N/A	N/A	N/A	N/A
	Complex	12	10	20	13	35	0%
	Other	N/A	N/A	N/A	N/A	N/A	N/A
2022 YTD Total	Priority	6	0	N/A	N/A	N/A	N/A
	Standard	9	21	11	1	39	76%
	Priority Complex	9	0	N/A	N/A	N/A	N/A
	Complex	12	37	21	11	65	11%
	Other	N/A	2	N/A	N/A	N/A	N/A
	Submissions with Timeliness ⁴	6-12	58	15	1	65	34%

¹ Review types are defined in “[The Drug Review Process in B.C. – Detailed](#)” on the PharmaCare website.

² A submission review is complete on the date of the formulary decision or the coverage effective date.

³ The ‘Other’ category covers submissions not subject to target timelines.

⁴ Does not include drugs counted in the ‘Other’ category.

Drug Review Decisions Summary

Generic Name	Trade Name	Indication	Submission Type	Decision Date	Decision
dapagliflozin	Forxiga	Heart Failure with reduced ejection fraction	New Submission	11-Jan-22	Limited Coverage
cladribine	Mavenclad	Relapsing Remitting Multiple Sclerosis	New Submission	25-Jan-22	Limited Coverage
ranolazine	Corzyna	Stable angine pectoris, adults	New Submission	01-Feb-22	Non-Benefit
siponimod	Mayzent	Multiple Sclerosis	New Submission	25-Jan-22	Limited Coverage
tildrakizumab	Ilumya	plaque Psoriasis	New Submission	22-Feb-22	Non-Benefit
canagliflozin-metformin hydrochloride	invokamet	treatment of Type 2 diabetes mellitus	New Submission	18-Feb-22	Non-Benefit
cysteamine	Cystadrops	corneal cystine crystal deposits	New Submission	28-Feb-22	Limited Coverage
risdiplam	Evrysdi	Spinal Muscular Atrophy	New Submission	11-Feb-22	Limited Coverage
enoxaparin sodium 20mg	Noromby	The prophylaxis of thromboembolic disorders (deep vein thrombosis)	New Submission	22-Mar-22	Limited Coverage
enoxaparin sodium	Redesca	The prophylaxis of thromboembolic disorders (deep vein thrombosis) in patients	New Submission	22-Mar-22	Limited Coverage
enoxaparin	Inclunox	treatment and prophylaxis of thromboembolic conditions	New Submission	22-Mar-22	Limited Coverage
Cancer Associated Thrombosis Therapeutic Review	Multiple Drugs	Cancer associated thrombosis	Therapeutic Review	22-Mar-22	Limited Coverage
filgrastim injection	Nivestym	Multiple	New Submission	22-Mar-22	Limited Coverage
fremanezumab	Ajovy	migraine	New Submission	Mar. 29, 2022	Limited Coverage
erenumab	Aimovig	Migraine	New Submission	Mar. 29, 2022	Non-Benefit

onabotulinumtoxinA	Botox	Chronic Migraine	Resubmission	Mar. 29, 2022	Non-Benefit
medroxyprogesterone acetate injection PFS	Depo-Provera	Conception control (prevention of pregnancy) and treatment of endometriosis	Line Extension	April 19, 2022	Regular Benefit
halobetasol propionate and tazarotene	Duobrii	Psoriasis, moderate to severe plaque	New Submission	April 19, 2022	Non-Benefit
liraglutide	Saxenda	Chronic weight management in adults	New Submission	26-Apr-22	Non-Benefit
pegfilgrastim	Ziextenzo	febrile neutropenia	Biosimilar	10-May-22	Non-Benefit
pegfilgrastim	Nyvepria	febrile neutropenia	Biosimilar	10-May-22	Non-Benefit
dupilumab	Dupixent	atopic dermatitis adults and ped	New Submission	May 11, 2021	Non-Benefit
Trientine Hydrochloride	MAR-Trientine	Wilson's Disease	New Submission	17-May-22	Limited Coverage
propylthiourical	Halycil	For the medical management of hyperthyroidism.	New Submission	31-May-22	Regular Benefit
insulin human biosynthetic	Entuzity Kwikpen	diabetes - line extension	New Submission	31-May-22	Regular Benefit
nintedanib	Ofev	chronic fibrosing interstitial lung diseases	New Submission	07-Jun-22	Limited Coverage
infliximab (subcutaneous)	Remsima SC	RA, Crohn's disease, UC	New Submission	14-Jun-22	Non-Benefit
indacaterol / glycopyrronium / mometasone furoate	Energair Breezhaler	Asthma maintenance, adults	New Submission	14-Jun-22	Limited Coverage
indacaterol /mometasone furoate	Aectura Breezhaler	Asthma maintenance (adults, children 12 or older)	New Submission	14-Jun-22	Limited Coverage
apomorphine hydrochloride	Kynmobi	Parkinson's disease	New Submission	28-Jun-22	Limited Coverage

escitalopram 15 mg tab line extension	KYE-escitalopram	major depressive disorder	Line Extension	28-Jun-22	Non-Benefit
ofatumumab	Kesimpa	Multiple Sclerosis, relapsing	New Submission	28-Jun-22	Non-Benefit
colchicine 0.5 mg	Myinfla	Atherothrombotic events in coronary artery disease	Line Extension	19-Jul-22	Non-Benefit
brolocizumab	Beovu	Macular degeneration, age related	New Submission	July 26, 2022	Non-Benefit
ozanimod	Zeposia	Multiple Sclerosis, relapsing - remitting	New Submission	26-Jul-22	Non-Benefit
risperidone	Perseris	Schizophrenia, adults	New Submission	16-Aug-22	Non-Benefit
adalimumab biosimilar 20mg PFS Line Extension	Hulio	All PC reimbursed adalimumab indications	New/Biosim	18-Aug-22	Limited Coverage
adalimumab biosimilar	Simlandi	Arthritis, Rheumatoid	New/Biosim	18-Aug-22	Limited Coverage
adalimumab biosimilar	Abrilada	RA, pJIA, PsA, AS, CD, UC, HS, PsO, uvetis	New/Biosim	18-Aug-22	Limited Coverage
adalimumab biosimilar	Yuflyma	RA, pJIA, PsA, AS, CD, UC, HS, PsO, uvetis	New/Biosim	18-Aug-22	Limited Coverage
budesonide	Jorveza	Eosinophilic esophagitis, adults	Line Extension	18-Aug-22	Non-Benefit
budesonide	Jorveza	Maintenance of Eosinophilic esophagitis in adults	Line Extension	18-Aug-22	Non-Benefit
pegfilgrastim	Ziextenzo	febrile neutropenia	Biosimilar	10-May-22	Non-Benefit
pegfilgrastim	Nyvepria	febrile neutropenia	Biosimilar	10-May-22	Non-Benefit
macitentan and tadalafil	Opsynvi	Pulmonary arterial hypertension (PAH)	New Submission	14-Sep-22	Non-Benefit
dupilumab	Dupixent	Asthma	New Submission	20-Sep-22	Non-Benefit
inclisiran	Leqvio	Primary hypercholesterolemia	New Submission	27-Sep-22	Non-Benefit
sapropterin	Kuvan	PKU	Line Extension	27-Sep-22	Limited Coverage

risankizumab 150 mg Line Extension	Skyrizi	Moderate to severe plaque psoriasis	Line Extension	27-Sep-22	Limited Coverage
teduglutide	Revestive	Short Bowel Syndrome (SBS), pediatrics	New Submission	4-Oct-22	Non-Benefit
sacubitril/valsartan	Entresto	Heart failure, NYHA Class II or III	Resubmission	5-Oct-22	Non-Benefit
halobetasol propionate 0.01% lotion Line Extension	Bryhali	plaque psoriasis	Line Extension	19-Oct-22	Non-Benefit
trientine hydrochloride	Waymade-Trientine	Wilson's Disease	New Submission	25-Oct-22	Limited Coverage
teduglutide	Revestive	Short Bowel Syndrome (SBS), pediatrics	New Submission	2019-11-19	Non-Benefit
budesonide/glycopyrronium/formoterol fumarate	Breztri Aerosphere	Chronic obstructive pulmonary disease (COPD)	New Submission	2-Nov-22	Limited Coverage
tazarotene	Arazlo	Topical treatment of acne vulgaris in patients 10 years of age and older	New Submission	8-Nov-22	Non-Benefit
pdp-levETIRAcetam (oral solution 100 mg/mL)	Levetiracetam	Epilepsy	New Indication	08-Feb-21	Limited Coverage
upadacitinib	Rinvoq	Arthritis, Rheumatoid	New Submission	29-Nov-22	Non-Benefit
upadacitinib	Rinvoq	Psoriatic Arthritis, Adults	New Submission	29-Nov-22	Non-Benefit
tralokinumab	Adtralza	atopic dermatitis	New Submission	13-Dec-22	Non-Benefit

Patient and Caregiver Input Summary

Drug Details			Patient Responses to calls for input		
Generic Name	Trade Name	Indication	Patient	Caregiver	Patient Group
avalglucosidase alfa	Nexviazyme	Late onset Pompe disease	3	0	0
prasterone	Intrarosa	postmenopausal vulvovaginal atrophy (VVA)	0	0	0
ruxolitinib	Jakavi chronic	chronic graft-versus-host disease	4	0	2
cariprazine	Vraylar	Schizophrenia in adults	0	7	2
ospemifene	Osphena	dyspareunia	2	0	0
ruxolitinib	Jakavi acute	acute graft versus host disease	0	0	0
cenegermin	Oxervate	neurotrophic keratitis	0	0	0
elexacaftor/tezacaftor/ivacaftor and ivacaftor	Trikafta	Cystic Fibrosis in patients 6 years and older	0	0	1
amifampradine phosphate	Firdapse	Lambert-Eaton Myasthenic Syndrome (LEMS)	0	0	0
sodium phenylbutyrate and ursodoxicoltaurine	Albrioza	amyotrophic lateral sclerosis (ALS)	24	4	1
pegvaliase	Palynziq	phenylketonuria (PKU)	24	23	1
ozanimod	Zeposia	Ulcerative colitis (UC)	0	0	0
pitolisant hydrochloride	Wakix	narcolepsy	0	0	0
cariprazine	Vraylar	Bipolar disorder	5	0	1

faricimab	Vabysmo	Age-related macular degeneration	8	1	2
dapagliflozin	Forxiga	Chronic kidney disease (CKD)	9	2	0
anifrolumab	Saphnelo	systemic lupus erythematosus (SLE)	0	0	2
berotralstat	Orladeyo	hereditary angioedema (HAE)	0	0	1
lemborexant	Dayvigo	Insomnia	1	0	0
edaravone oral	TBC	Amyotrophic lateral sclerosis (ALS)	26	11	1
semaglutide	Wegovy	Weight management	7	3	2
faricimab	Vabysmo	Diabetic macular edema	1	0	1
maribavir	Livtency	post-transplant cytomegalovirus infection	0	0	1
nusinersen	Spinraza	spinal muscular atrophy (SMA)	0	0	2
empagliflozin	Jardiance	Chronic heart failure	0	0	1
dalbavancin hcl	Xydalba	acute bacterial and skin structure infections	0	0	0
tezepelumab	Tezspire	Asthma in adults and adolescents aged 12 years and older	0	0	1
upadacitinib	Rinvoq	Ulcerative colitis (UC)	0	0	3
guselkumab injection	Tremfya	psoriatic arthritis	1	0	2
lumasiran	Oxlumo	primary hyperoxaluria type 1 (PH1)	0	0	0
mepolizumab	Nucala	severe chronic rhinosinusitis with nasal polyps (CRSwNP)	1	0	1
finerenone	Kerendia	Chronic kidney disease (CKD)	0	0	0
caplacizumab	Cablivi	acquired thrombotic thrombocytopenic purpura (aTTP)	1	1	1
eptinezumab	Vyepti	migraine prevention in adults	0	0	1

ravulizumab	Ultomiris	Atypical hemolytic uremic syndrome (AHUS)	2	1	1
dexamethasone intravitreal implant	Ozurdex	diabetic macular edema	0	0	1
dupilumab	Dupixent	asthma in patients 6 to 12 years	1	1	1
belimumab	Benlysta	lupus nephritis	3	1	2
deferiprone	Ferriprox	transfusional iron overload	0	0	0

2021 Reports

Type, Timelines, and Number of Completed Drug Submission Reviews, by Quarter

Reporting Period	Review Type ¹	Target Timeline (months)	Reviews Completed ²	Actual Review Times (months)			Reviews Meeting Target Timeline (%)
				Avg.	Min.	Max.	
Q1 (Mar/21)	Priority	6	0	N/A	N/A	N/A	N/A
	Standard	9	1	4.73	4.73	4.73	100%
	Priority Complex	9	0	N/A	N/A	N/A	N/A
	Complex	12	11	9.37	2.81	34.91	72.7%
	Other ³	N/A	7	20.74	6.47	37.14	N/A
Q2 (Jun/21)	Priority	6	0	N/A	N/A	N/A	N/A
	Standard	9	4	8.03	4.07	14.67	75%
	Priority Complex	9	0	N/A	N/A	N/A	N/A
	Complex	12	4	10.71	1.73	17	50%
	Other	N/A	1	41	41	41	N/A
Q3 (Sep/21)	Priority	6	0	N/A	N/A	N/A	N/A
	Standard	9	6	14.10	3.42	32.33	50%
	Priority Complex	9	0	N/A	N/A	N/A	N/A
	Complex	12	1	18.39	18.39	18.39	0%
	Other	N/A	0	N/A	N/A	N/A	N/A
Q4 (Dec/21)	Priority	6	0	N/A	N/A	N/A	N/A
	Standard	9	8	21.12	8.2	29.2	25%
	Priority Complex	9	0	N/A	N/A	N/A	N/A
	Complex	12	5	23.07	12.33	39.63	0%
	Other	N/A	4	11.03	5.63	15.39	N/A
2021 YTD Total	Priority	6	0	N/A	N/A	N/A	N/A
	Standard	9	19	15.28	3.42	32.34	47%
	Priority Complex	9	0	N/A	N/A	N/A	N/A
	Complex	12	21	13.37	2.81	34.91	43%
	Other	N/A	12	19.45	6.47	41.97	N/A
	Submissions with Timeliness ⁴	6-12	40	15.47	1.73	39.63	45%

¹ Review types are defined in “[The Drug Review Process in B.C. – Detailed](#)” on the PharmaCare website.

² A submission review is complete on the date of the formulary decision or the coverage effective date.

³ The ‘Other’ category covers submissions not subject to target timelines.

⁴ Does not include drugs counted in the ‘Other’ category.

Drug Review Decisions Summary

Generic Name	Trade Name	Indication	Submission Type ⁵	Decision Date	Decision ⁶
dupilumab	Dupixent	Atopic dermatitis	NS	11-May-21	Non-Benefit
letermovir	Prevymis	Prophylaxis for cytomegalovirus infection	NS	18-May-21	Non-Benefit; Limited Coverage-Special Authority required
Flash glucose monitor	FreeStyle® Libre	Glucose monitoring in patients with diabetes mellitus	TR	11-Jun-21	Non-Benefit
flash glucose monitor	FreeStyle® Libre 2	Glucose monitoring in patients with diabetes mellitus	TR	11-Jun-21	Non-Benefit
continuous glucose monitor	Guardian™ Sensor	Glucose monitoring in patients with diabetes mellitus	TR	11-Jun-21	Non-Benefit
continuous glucose monitor	Guardian™ Link Transmitter	Glucose monitoring in patients with diabetes mellitus	TR	11-Jun-21	Non-Benefit
continuous glucose monitor	Guardian™ Connect	Glucose monitoring in patients with diabetes mellitus	TR	11-Jun-21	Non-Benefit
continuous glucose monitor	Dexcom® G5	Glucose monitoring in patients with diabetes mellitus	TR	11-Jun-21	Non-Benefit

⁵ Submission type key: Blood Glucose Test Strips (BGTS), Clinician Submissions (CS), Line Extensions (LE), Modification of Coverage/criteria (MC), Ministry Initiated (MI), New Indications (NI), New Submissions (NS), Resubmissions (R), New Combination (NC), and Therapeutic Review of Drug Class (TR).

⁶ Before PharmaCare will cover a Limited Coverage drug, the patient's prescriber has to obtain approval from the PharmaCare Special Authority Unit.

For limited coverage criteria, visit www.gov.bc.ca/pharmacarespecialauthority.

For more details on each submission, visit <https://fmdb.hlth.gov.bc.ca/>.

continuous glucose monitor	Dexcom® G6	Glucose monitoring in patients with diabetes mellitus	TR	11-Jun-21	Limited Coverage-Special Authority required
dalteparin	Fragmin®	Thromboprophylaxis in conjunction with surgery; Treatment of acute deep venous thrombosis; and unstable coronary artery disease (UCAD)	LE	15-Jun-21	Limited Coverage-Special Authority required
vortioxetine hydrobromide	Trintellix™	Major depressive disorder	NS	06-Jul-21	Limited Coverage-Special Authority required
belimumab	Benlysta	Systemic lupus erythematosus	NS	06-Jul-21	Non-Benefit
esketamine hydrochloride	Spravato®	Major depressive disorder	NS	03-Aug-21	Non-Benefit
fluticasone propionate	Aermony RespiClick™	Asthma in patients 12 and older	R	12-Aug-21	Regular Benefit
rituximab	Riximyo™	Granulomatosis with polyangiitis and microscopic polyangiitis	NS	19-Aug-21	Limited Coverage-Special Authority required
lipase amylase protease	Creon®	Pancreatic exocrine insufficiency attributed to cystic fibrosis, chronic pancreatitis, or any other medically defined pancreatic disease that might require pancreatic enzyme therapy.	LE	19-Aug-21	Regular Benefit
brivaracetam	Brivlera®	Partial-onset seizures	MI	03-Sep-21	Limited Coverage-Special Authority required
adalimumab injection	Idacio®	Rheumatoid arthritis, polyarticular juvenile idiopathic arthritis, psoriatic arthritis, ankylosing spondylitis, Crohn's disease, ulcerative colitis, hidradenitis suppurativa and plaque psoriasis for all new adalimumab naïve patients and added to the biosimilar initiative to transition patients	LE	30-Sep-21	Limited Coverage-Special Authority required

		currently taking Humira® to Idacio®.			
adalimumab	Hyrimoz®	Pediatric Crohn's disease	NS	30-Sep-21	Limited Coverage-Special Authority required
ferric derisomaltose	Monoferric®	Iron deficiency anemia	NS	06-Oct-21	Limited Coverage-Special Authority required
insulin needle	Gentle Touch Pen Needle	Diabetes mellitus	NS	08-Oct-21	Regular Benefit
omeprazole magnesium	Losec Mups™	Conditions where a reduction of gastric acid secretion is required	LE	12-Oct-21	Non-Benefit
certolizumab pegol	Cimzia®	Plaque psoriasis	NI	26-Oct-21	Non-Benefit
triamcinolone hexacetonide	Triamcinolone hexacetonide injectable suspension	Subacute and chronic inflammatory joint disease	LE	16-Nov-21	Non-Benefit
insulin aspart	Trurapi®	Diabetes mellitus	NS	30-Nov-21	Regular Benefit
etonogestrel	Nexplanon®	Pregnancy prevention	NS	07-Dec-21	Regular Benefit
dapagliflozin	Forxiga®	Heart failure with reduced ejection fraction	NS	11-Jan-22	Limited Coverage-Special Authority required
cladribine	Mavenclad®	Relapsing multiple sclerosis	NS	25-Jan-22	Limited Coverage-Special Authority required
siponimod	Mayzent®	Multiple sclerosis	NS	25-Jan-22	Limited Coverage-Special Authority required
ranolazine	Corzyna™	Stable angina pectoris in adults	NS	1-Feb-22	Non-Benefit
risdiplam	Everydi®	Spinal muscular atrophy	NS	11-Feb-22	EDRD
canagliflozin-metformin hydrochloride	Invokamet®	Diabetes mellitus	NS	18-Feb-22	Non-Benefit

tildrakizumab	Ilumya™	Moderate to severe plaque psoriasis	NS	22-Feb-2022	Non-Benefit
cysteamine	Cystadrops®	Corneal cystine crystal deposits	NS	28-Feb-22	Limited Coverage-Special Authority required
ixekizumab	Taltz®	Ankylosing spondylitis	NI	15-Mar-22	Non-Benefit
enoxaparin sodium	Noromby®	Prophylaxis of thromboembolic disorders (deep vein thrombosis)	NS	22-Mar-22	Limited Coverage-Special Authority required
enoxaparin sodium	Redesca®	Prophylaxis of thromboembolic disorders (deep vein thrombosis)	NS	22-Mar-22	Limited Coverage-Special Authority required
enoxaparin	Inclunox®	Prophylaxis of thromboembolic disorders (deep vein thrombosis)	NS	22-Mar-22	Limited Coverage-Special Authority required
filgrastim	Nivestym®	Multiple indications	NS	22-Mar-22	Limited Coverage-Special Authority required
erenumab	Aimovig®	Prevention of chronic migraine in adults	NS	29-Mar-22	Non-Benefit
fremanezumab	Ajovy®	Migraine	NS	29-Mar-22	Limited Coverage-Special Authority required
onabotulinumtoxinA	Botox®	Chronic Migraine	R	29-Mar-22	Non-Benefit
glucagon	Baqsimi®	Severe hypoglycemic reactions	NS	5-Apr-22	Regular Benefit

Patient and Caregiver Input Summary

Drug Details			Patient Responses to calls for input		
Generic Name	Trade Name	Indication	Patient	Caregiver	Patient Group
etanercept	Erelzi™	Plaque psoriasis	1	0	0
dupilumab	Dupixent™	Atopic dermatitis	86	6	2
letermovir	Prevymis™	Prophylaxis	0	0	0
ferric derisomaltose	Monoferic®	Iron deficiency anemia	2	4	0
certolizumab pegol	Cimzia®	Plaque psoriasis	0	0	1
dapagliflozin	Forxiga®	Heart failure with reduced ejection fraction	6	17	1
cladribine	Mavenclad®	Relapsing multiple sclerosis	2	0	1
siponimod	Mayzent®	Multiple sclerosis	10	0	1
ranolazine	Corzyna™	Stable angina pectoris in adults	17	1	0
risdiplam	Everysdi®	Spinal muscular atrophy	6	7	1
tildrakizumab	Ilumya™	Moderate to severe plaque psoriasis	2	0	2
canagliflozin-metformin hydrochloride	Invokamet®	Diabetes mellitus	0	0	2
ixekizumab	Taltz®	Ankylosing spondylitis	5	1	2
erenumab	Aimovig®	Prevention of chronic migraine in adults	58	2	2
onabotulinumtoxinA	Botox®	Chronic Migraine	61	6	1
glucagon	Baqsimi®	Severe hypoglycemic reactions	15	35	2

2020 Reports

Type, Timelines, and Number of Completed Drug Submission Reviews, by Quarter

Reporting Period	Review Type ⁷	Target Timeline (months)	Reviews Completed ⁸	Actual Review Times (months)			Reviews Meeting Target Timeline (%)
				Avg.	Min.	Max.	
Q1 (Mar/20)	Priority	6	0	N/A	N/A	N/A	N/A
	Standard	9	1	11.39	11.39	11.39	0%
	Priority Complex	9	0	N/A	N/A	N/A	N/A
	Complex	12	2	18.39	10.37	26.41	50%
	Other ⁹	N/A	3	28.41	0.66	37.22	N/A
Q2 (Jun/20)	Priority	6	0	N/A	N/A	N/A	N/A
	Standard	9	3	18.14	4.71	32.95	33%
	Priority Complex	9	0	N/A	N/A	N/A	N/A
	Complex	12	7	19.07	2.71	52.22	43%
	Other	N/A	1	25.74	25.74	25.74	N/A
Q3 (Sep/20)	Priority	6	0	N/A	N/A	N/A	N/A
	Standard	9	6	12.20	2.07	15.50	33%
	Priority Complex	9	0	N/A	N/A	N/A	N/A
	Complex	12	3	24.32	20.90	31.16	0%
	Other	N/A	2	24.11	20.60	27.61	N/A
Q4 (Dec/20)	Priority	6	0	N/A	N/A	N/A	N/A
	Standard	9	3	4.13	3.80	7.87	66%
	Priority Complex	9	0	N/A	N/A	N/A	N/A
	Complex	12	4	14.90	10.77	21.33	50%
	Other	N/A	N/A	N/A	N/A	N/A	N/A
2020 YTD Total	Priority	6	0	N/A	N/A	N/A	N/A
	Standard	9	13	11.65	0.72	32.95	46%
	Priority Complex	9	0	N/A	N/A	N/A	N/A
	Complex	12	16	18.93	2.71	52.22	38%
	Other	N/A	6	21.37	0.66	37.22	N/A
	Submissions with Timeliness ¹⁰	6-12	29	15.66	0.72	52.22	41%

⁷ Review types are defined in "[The Drug Review Process in B.C. – Detailed](#)" on the PharmaCare website.

⁸ A submission review is complete on the date of the formulary decision or the coverage effective date.

⁹ The 'Other' category covers submissions not subject to target timelines.

¹⁰ Does not include drugs counted in the 'Other' category.

Drug Review Decisions Summary

Generic Name	Trade Name	Indication	Submission Type ¹¹	Decision Date	Decision ¹²
rivaroxaban	Xarelto®	Prevention of stroke and cardiovascular events in coronary artery and peripheral artery disease	NI	01-Apr-20	Limited Coverage-Special Authority required
benralizumab	Fasenra®	Severe eosinophilic asthma	NS	01-Apr-20	Limited Coverage-Special Authority required
reslizumab	Cinqair®	Eosinophilic Asthma	NS	28-Apr-20	Non-Benefit
omalizumab	Xolair®	Asthma	RS	28-Apr-20	Non-Benefit
buprenorphine	Sublocade™	Opioid Use Disorder	NS	30-Apr-20	Limited Coverage-Special Authority required
guselkumab	Tremfya®	Plaque Psoriasis	NS	05-May-20	Non-Benefit
risankizumab	Skyrizi™	Plaque Psoriasis	NS	05-May-20	Limited Coverage-Special Authority required

¹¹ Submission type key: Blood Glucose Test Strips (BGTS), Clinician Submissions (CS), Line Extensions (LE), Modification of Coverage/criteria (MC), Ministry Initiated (MI), New Indications (NI), New Submissions (NS), Resubmissions (R), New Combination (NC), and Therapeutic Review of Drug Class (TR).

¹² Before PharmaCare will cover a Limited Coverage drug, the patient's prescriber has to obtain approval from the PharmaCare Special Authority Unit.

For limited coverage criteria, visit www.gov.bc.ca/pharmacarespecialauthority.

For more details on each submission, visit <https://fmdb.hlth.gov.bc.ca/>.

mepolizumab	Nucala®	Asthma	LE	26-May-20	Limited Coverage-Special Authority required
glecaprevir-pibrentasvir	Maviret™	Hepatitis	NS	11-Jun-20	Limited Coverage-Special Authority required
COPD therapeutic review	Multiple drugs	Chronic obstructive pulmonary disease (COPD)	NC	07-Jul-20	Limited Coverage-Special Authority required
fluticasone furoate-umeclidinium-vilanterol	Trelegy® Ellipta®	Chronic obstructive pulmonary disease (COPD)	NC	07-Jul-20	Limited Coverage-Special Authority required
lisdexamfetamine dimesylate	Vyvanse®	Attention deficit hyperactivity disorder (ADHD)	LE	14-Jul-20	Non-Benefit
sodium zirconium cyclosilicate	Lokelma™	Hyperkalemia	NS	18-Aug-20	Non-Benefit
edaravone	Radicava™	Amyotrophic lateral sclerosis	NS	19-Aug-20	Limited Coverage-Special Authority required
ocrelizumab	Ocrevus®	Primary progressive multiple sclerosis (PPMS)	NI	20-Aug-20	Limited Coverage-Special Authority required
ocrelizumab	Ocrevus®	Relapsing remitting multiple Sclerosis RRMS	NI	20-Aug-20	Non-Benefit
rituximab	Truxima™	Severely active rheumatoid arthritis, the induction of remission in severely active granulomatosis polyangitis, microscopic polyangitis, relapsing remitting multiple sclerosis	Biosimilar	20-Aug-20	Limited Coverage-Special Authority required

rituximab	Ruxience™	Severely active rheumatoid arthritis, the induction of remission in severely active granulomatosis polyangitis, microscopic polyangitis, relapsing remitting multiple sclerosis	Biosimilar	20-Aug-20	Limited Coverage-Special Authority required
rituximab	Riximyo™	Severely active rheumatoid arthritis, relapsing remitting multiple sclerosis	Biosimilar	20-Aug-20	Limited Coverage-Special Authority required
perampanel	Fycompa™	As an adjunctive therapy for the management of primary generalized tonic-clonic seizures in adult patients	NI	24-Sept-20	Limited Coverage-Special Authority required
latanoprostene bunod	Vyzulta®	Open-angle glaucoma or ocular hypertension	NS	30-Oct-20	Regular Benefit
baricitinib	Olumiant™	Rheumatoid arthritis	NS	17-Nov-20	Non Benefit
tofacitinib	Xeljanz™	Ulcerative colitis	NI	17-Nov-20	Limited Coverage-Special Authority required
tofacitinib	Xeljanz™	Rheumatoid arthritis	LE	17-Nov-20	Limited Coverage-Special Authority required
tocilizumab	Actemra®	Rheumatoid arthritis	LE	3-Dec-20	Limited Coverage-Special Authority required
tocilizumab	Actemra®	Systemic juvenile idiopathic arthritis and polyarticular juvenile idiopathic arthritis	LE	3-Dec-20	Limited Coverage-Special Authority required

levodopa-cardopa	Duodopa®	Parkinson's disease	R	10-Dec-20	Limited Coverage-Special Authority required
semaglutide	Ozempic®	Type II diabetes mellitus	NS	15-Dec-20	Regular Benefit
sterile epinephrine	Allerject®	Anaphylactic reactions	LE	16-Dec-20	Regular Benefit
epinephrine injection	Emerade™	Anaphylactic reactions	LE	30-Dec-20	Regular Benefit
clozapine	Clozaril®	Treatment-resistant schizophrenia	LE	19-Jan-21	Regular Benefit
ciprofloxacin-dexamethasone	Ciprodex®	Acute otitis media	MI	05-Feb-21	Regular Benefit
infliximab	Avsola®	Ulcerative colitis, Crohn's disease, rheumatoid arthritis, ankylosing spondylitis, psoriatic arthritis, and psoriasis in adult patients and for the treatment of Crohn's disease and ulcerative colitis in pediatric patients.	NS	18-Feb-21	Limited Coverage-Special Authority required
etanercept	Brenzys®	Plaque psoriasis, psoriatic arthritis, juvenile idiopathic arthritis	MC	18-Feb-21	Limited Coverage-Special Authority required
isavuconazole	Cresemba®	Invasive aspergillosis and mucormycosis	NS	23-Feb-21	Limited Coverage-Special Authority required
buprenorphine and naloxone	Suboxone®	Problematic opioid drug dependence in adults	LE	23-Mar-21	Non Benefit
cyclosporine	Verkazia™	Pediatric vernal keratoconjunctivitis	NS	23-Mar-21	Non Benefit

Patient and Caregiver Input Summary

Drug Details			Patient Responses to calls for input		
Generic Name	Trade Name	Indication	Patient	Caregiver	Patient Group
rivaroxaban	Xarelto®	For the prevention of stroke and cardiovascular events in coronary and peripheral artery disease	2	0	0
reslizumab	Cinqair®	For add-on maintenance treatment for adults with severe eosinophilic asthma	0	0	0
guselkumab	Tremfya®	For the treatment of moderate to severe plaque psoriasis in adults	3	0	3
risankizumab	Skyrizi™	For the treatment of moderate to severe plaque psoriasis in adults	6	0	1
COPD therapeutic review	Multiple drugs	Chronic obstructive pulmonary disease (COPD)	19	14	3
fluticasone furoate-umeclidinium-vilanterol	Trelegy® Ellipta® ¹³	Chronic obstructive pulmonary disease (COPD)	19	14	3
sodium zirconium cyclosilicate	Lokelma™	Hyperkalemia	1	0	0
edaravone	Radicava™	Amyotrophic lateral sclerosis	13	6	1
ocrelizumab	Ocrevus®	Relapsing remitting multiple sclerosis	10	1	1
perampanel	Fycompa™	As an adjunctive therapy for the management of primary generalized tonic-clonic seizures in adult patients	0	0	0
latanoprostene bunod	Vyzulta®	Open-angle glaucoma or ocular hypertension	0	0	1
baricitinib	Olumiant™	Rheumatoid arthritis	4	0	1
tofacitinib	Xeljanz™	Ulcerative colitis	2	0	0
semaglutide	Ozempic®	Type II diabetes mellitus	3	0	2

¹³ Included in the COPD therapeutic review call for input

epinephrine injection	Emerade™	Anaphylactic reactions	1	0	0
etanercept	Brenzys®	Plaque psoriasis, psoriatic arthritis, juvenile idiopathic arthritis	0	0	0
isavuconazole	Cresemba®	Invasive aspergillosis and mucomycosis	0	0	0
cyclosporine	Verkazia™	Pediatric vernal keratoconjunctivitis	0	0	0

2019 Reports

Type, Timelines, and Number of Completed Drug Submission Reviews, by Quarter

Reporting Period	Review Type ¹⁴	Target Timeline (months)	Reviews Completed ¹⁵	Actual Review Times (months)			Reviews Meeting Target Timeline (%)
				Avg.	Min.	Max.	
Q1 (Mar/19)	Priority	6	0	N/A	N/A	N/A	N/A
	Standard	9	7	8.15	4.11	16.15	57%
	Priority Complex	9	0	N/A	N/A	N/A	N/A
	Complex	12	3	12.19	5.29	19.08	33%
	Other ¹⁶	N/A	4	30.22	22.03	51.52	N/A
Q2 (Jun/19)	Priority	6	0	N/A	N/A	N/A	N/A
	Standard	9	7	5.60	3.27	9.59	83%
	Priority Complex	9	0	N/A	N/A	N/A	N/A
	Complex	12	7	32.96	11.84	43.39	14%
	Other	N/A	4	11.80	11.68	11.84	N/A
Q3 (Sep/19)	Priority	6	0	N/A	N/A	N/A	N/A
	Standard	9	2	18.15	14.19	22.12	0%
	Priority Complex	9	0	N/A	N/A	N/A	N/A
	Complex	12	0	N/A	N/A	N/A	N/A
	Other	N/A	2	N/A	N/A	N/A	N/A
Q4 (Dec/19)	Priority	6	0	N/A	N/A	N/A	N/A
	Standard	9	8	11.29	4.43	18.15	25%
	Priority Complex	9	0	N/A	N/A	N/A	N/A
	Complex	12	1	17.2	17.2	17.2	0%
	Other	N/A	7	N/A	N/A	N/A	N/A
2019 YTD Total	Priority	6	0	N/A	N/A	N/A	N/A
	Standard	9	24	11.13	4.11	18.15	50%
	Priority Complex	9	0	N/A	N/A	N/A	N/A
	Complex	12	11	25.86	5.29	43.36	18%
	Other	N/A	1	N/A	N/A	N/A	N/A
	Submissions with Timeliness ¹⁷	6-12	35	23.33	3.27	43.39	40%

¹⁴ Review types are defined in “[The Drug Review Process in B.C. – Detailed](#)” on the PharmaCare website.

¹⁵ A submission review is complete on the date of the formulary decision or the coverage effective date.

¹⁶ The ‘Other’ category covers submissions not subject to target timelines.

¹⁷ Does not include drugs counted in the ‘Other’ category.

Drug Review Decisions Summary

Generic Name	Trade Name	Indication	Submission Type ¹⁸	Decision Date	Decision ¹⁹
dupilumab	Dupixent®	Atopic Dermatitis	NS	22-Jan-19	Non-Benefit
glecaprevir-pibrentasvir	Maviret™	Hepatitis C	NS	29-Jan-19	Limited Coverage-Special Authority required
propranolol oral solution	Hemangiol	Infantile hemangioma	NS	29-Jan-19	Limited Coverage-Special Authority required
abobotulinumtoxinA	Dysport Therapeutic™	Cervical dystonia	NS	26-Feb-19	Limited Coverage-Special Authority required
abobotulinumtoxinA	Dysport Therapeutic™	Upper limb spasticity (ULS)	NI	26-Feb-19	Limited Coverage-Special Authority required
abobotulinumtoxinA	Dysport Therapeutic™	Treatment of lower limb spasticity in pediatric patients 2 years of age and older	NI	26-Feb-19	Limited Coverage-Special Authority required
mesalazine	Mezera	Lower gastrointestinal tract anti-inflammatory	LE	26-Feb-19	Non-Benefit
onabotulinumtoxin	Botox®	Overactive bladder	NI	26-Feb-19	Limited Coverage-Special Authority required

¹⁸ Submission type key: Blood Glucose Test Strips (BGTS), Clinician Submissions (CS), Line Extensions (LE), Modification of Coverage/criteria (MC), Ministry Initiated (MI), New Indications (NI), New Submissions (NS), Resubmissions (R), New Combination (NC), and Therapeutic Review of Drug Class (TR).

¹⁹ Before PharmaCare will cover a Limited Coverage drug, the patient's prescriber has to obtain approval from the PharmaCare Special Authority Unit.

dexamethasone	Ozurdex®	Diabetic macular edema	NI	26-Feb-19	Non-Benefit
tocilizumab	Actemra®	Giant cell arteritis (GCA)	NI	12-Mar-19	Limited Coverage-Special Authority required
edoxaban	Lixiana NVAF®	Nonvalvular atrial fibrillation, prevention of stroke and systemic embolism	NS	26-Mar-19	Non-Benefit
edoxaban	Lixiana VTE®	Venous thromboembolism, treatment and recurrence prevention	NI	26-Mar-19	Non-Benefit
natalizumab	Tysabri®	Multiple sclerosis	MC	26-Mar-19	Limited Coverage-Special Authority required
methadone	Metadol-D®	Treatment of opioid use disorder	MI	26-Mar-19	Limited Coverage-Special Authority required
etanercept SEB	Erelzi™	Psoriatic arthritis	NI	9-April-19	Limited Coverage-Special Authority required
ozenoxacin	Ozanex™	Impetigo	NS	9-April-19	Non-Benefit
methotrexate	Methotrexate Injection, BP	Rheumatoid arthritis	MI	22-May-19	Limited Coverage-Special Authority required
tapentadol hydrochloride	Nucynta®	Management of pain severe enough to require daily long-term opioid treatment	NI	22-May-19	Non-Benefit
dapagliflozin	Forxiga®	Type 2 diabetes mellitus	NS	27-May-19	Non-Benefit

dapagliflozin	Forxiga®	Type 2 diabetes mellitus	NI	27-May-19	Non-Benefit
Dapagliflozin-metformin hydrochloride	XigDuo®	Type 2 diabetes mellitus	NS	27-May-19	Non-Benefit
ertugliflozin and metformin hydrochloride	Segluromet™	Type 2 Diabetes mellitus	NC	27-May-19	Non-Benefit
ertugliflozin	Steglatro™	Type 2 diabetes mellitus	NS	27-May-19	Non-Benefit
empagliflozin	Jardiance®	Type 2 diabetes mellitus	NS	27-May-19	Limited Coverage-Special Authority required
empagliflozin	Jardiance®	Type 2 diabetes mellitus with high cardiovascular risk	NI	27-May-19	Limited Coverage-Special Authority required
empagliflozin – metformin	Synjardy®	Type 2 diabetes mellitus	NS	27-May-19	Limited Coverage-Special Authority required
Etanercept (Brenzys and Erelzi)	Biosimilar Initiative	Ankylosing Spondylitis Rheumatoid Arthritis Psoriatic Arthritis	MI	27-May-19	Limited Coverage-Special Authority required
Insulin glargine (Basaglar)	Biosimilar Initiative	Diabetes (Type 1 and 2)	MI	27-May-19	Limited Coverage-Special Authority required
Infliximab (Inflectra and Renflexis)	Biosimilar Initiative	Ankylosing Spondylitis Plaque Psoriasis Psoriatic Arthritis Rheumatoid Arthritis	MI	27-May-19	Limited Coverage-Special Authority required

ixekizumab	Taltz®	Psoriatic arthritis	NI	27-May-19	Limited Coverage-Special Authority required
methadone	Metadol-D	detoxification treatment of opioid addiction	MI	27-May-19	Regular Benefit
eluxadoline	Viberzi®	Irritable bowel syndrome with diarrhea	NS	11-June-19	Non-Benefit
pegfilgrastim	Lapelga™	Febrile Neutropenia	NS	9-July-19	Non-Benefit
zopiclone	pms-zopiclone	short-term treatment and symptomatic relief of insomnia	LE	1-Aug-19	Non-Benefit
ustekinumab	Stelara®	Crohn's disease	NI	27-Aug-19	Non-Benefit
Infliximab (Inflectra and Renflexis)	Biosimilar Initiative	Crohn's disease Ulcerative colitis	MI	5-Sep-19	Limited Coverage
lamotrigine	Lamotrigine	regular Plan G benefit (bipolar disorder)	MI	12-Nov-19	Limited Coverage
apomorphine	Movapo®	Parkinson's disease	NS	26-Nov-19	Limited Coverage
mycophenolate	multiple	SAQA	MI	26-Nov-19	Limited Coverage
netupitant-palonosetron	Akynzeo®	Nausea and vomiting (chemotherapy induced) prevention	NC	26-Nov-19	Limited Coverage
apomorphine	Movapo®	Parkinson's disease	NS	26-Nov-19	Limited Coverage
liraglutide	Victoza®	Type 2 Diabetes Mellitus	MI	13-Dec-19	Information Only
ulipristal acetate	Fibristal®	Uterine fibroids (signs and symptoms)	MC	13-Dec-19	Information Only
brexpiprazole	Rexulti®	Schizophrenia	NS	17-Dec-19	Limited Coverage
methadone hydrochloride	Methadone	opioid dependence	MI	17-Dec-19	Regular Benefit
crisaborole	Eucrisa®	atopic dermatitis	NI	14-Jan-20	Non-Benefit
daclatasvir, elbasvir-grazoprevir, glecaprevir-pibrentasvir, ledipasvir-sofosbuvir, velpatasvir-sofosbuvir, sofosbuvir	Chronic Hepatitis C Medication	Prescriber Modification	MI	04-Feb-20	Limited Coverage

fluticasone propionate	Aermony RespiClick®	Asthma	NS	11-Feb-20	Non-Benefit
fluticasone propionate - salmeterol xinafoate	Arbesda RespiClick®	Asthma	NC	11-Feb-20	Non-Benefit
buprenorphine hydrochloride	Probuphine®	Treatment Opioid drug dependence	NS	25-Feb-20	Non-Benefit
efinaconazole	Jublia®	Onychomycosis	NS	03-Mar-20	Non-Benefit
dulaglutide	Trulicity®	Type 2 Diabetes	NS	13-Mar-20	Non-Benefit
insulin degludec + liraglutide	Xultophy®	Type 2 Diabetes Mellitus	NC	13-Mar-20	Non-Benefit
lixisenatide + insulin glargine	Soliqua®	Type 2 Diabetes mellitus	NC	13-Mar-20	Non-Benefit

Patient and Caregiver Input Summary

Drug Details			Patient Responses to calls for input		
Generic Name	Trade Name	Indication	Patient	Caregiver	Patient Group
apixaban	Eliquis®	For patients who have undergone percutaneous coronary intervention (PCI), or who have atrial fibrillation and have undergone PCI	3	0	0
belimumab	Benlysta	For the treatment of active, autoantibody positive, systemic lupus erythematosus	1	0	0
burosumab	Crysvita®	For X-Linked Hypophosphatemia	15	35	2
cerliponase alfa	Brineura™	Neuronal ceroid lipofuscinosis type 2 (CLN2) disease	0	0	0
certolizumab pegol	Cimzia®	For Plaque Psoriasis	0	0	1
clopidogrel	Plavix	For patients who have undergone percutaneous coronary intervention (PCI), or who have atrial fibrillation and have undergone PCI	3	0	0
COPD	Multiple Drugs	COPD	19	14	3
cyclosporine	Verkazia	For severe vernal keratoconjunctivitis, pediatric	0	0	0
dabigatran	Pradaxa®	For patients who have undergone percutaneous coronary intervention (PCI), or who have atrial fibrillation and have undergone PCI	3	0	0
efinaconazole	Jublia®	Onychomycosis	2	0	1
erenumab	Aimovig®	For Migraines	58	2	2
fluocinolone intravitreal	Iluvien®	For Diabetic macular edema (DME)	1	0	0
glucagon	Baqsimi™	for the treatment of severe hypoglycemic reactions	15	35	2
glycopyrrolate	Cuvposa	for the treatment of chronic severe drooling in children with neurologic conditions	0	1	0
isavuconazole	Cresemba®	Treatment of invasive aspergillosis and mucormycosis	0	0	0

iron isomaltoside	Monoferric™	for the treatment of iron deficiency anemia in adults with an intolerance or unresponsiveness to oral iron	2	4	0
lanadelumab	Takhzyro®	For Hereditary Angioedema	0	0	0
latanoprostene bunod	Vyzulta®	Open-angle glaucoma or ocular hypertension	0	0	1
mycophenolate mofetil	Cellcept®	Autoimmune hepatitis or bullous pemphigoid	0	0	0
onabotulinumtoxinA	Botox®	Chronic migraine	61	6	1
Prasugrel and ticagrelor	Effient® and Brilinta®	For patients who have undergone percutaneous coronary intervention (PCI), or who have atrial fibrillation and have undergone PCI	3	0	0
rivaroxaban	Xarelto®	For patients who have undergone percutaneous coronary intervention (PCI), or who have atrial fibrillation and have undergone PCI	3	0	0
safinamide	Onstryv®	For Parkinson's disease	1	0	1
semaglutide	Ozempic®	Type 2 diabetes mellitus	3	0	2
sodium zirconium cyclosilicate	Lokelma®	For hyperkalemia	1	0	0
tafamidis	(TBC)	For the treatment of cardiomyopathy in adults with wild-type or hereditary transthyretin-mediated amyloidosis	0	1	0
teduglutide	Revestive®	For Short Bowel Syndrome (SBS), pediatrics	0	0	0
vortioxetine	Trintellix	For Major Depressive Disorder (MDD)	5	1	0
upadacitinib	Rinvoq	Moderate to severely active rheumatoid arthritis	7	0	0
Icosapent ethyl	Vascepa	Ischemic events in statin treated patients	0	0	0
Naltrexone and bupropion hydrochloride	Contrave	Chronic weight management in adults	22	0	2
ustekinumab	Stelara/Stelara I.V.	Moderate to severely active ulcerative colitis	2	0	1
tildrakizumab	Ilumya	Moderate to severe plaque psoriasis	2	0	2
ixekizumab	Taltz	Ankylosing spondylitis	5	1	2

caplacizumab	Cablivi	Acquired thrombotic thrombocytopenic purpura (aTTP)	2	1	1
etonogestrel	Nexplanon	Prevention of pregnancy	1	0	0
siponimod	Mayzent	Secondary progressive multiple sclerosis	10	0	1
dupilumab	Dupixent	Moderate to severe atopic dermatitis in patients 12 years of age and older	86	6	2

2018 Reports

Type, Timelines, and Number of Completed Drug Submission Reviews, by Quarter

Reporting Period	Review Type ²⁰	Target Timeline (months)	Reviews Completed ²¹	Actual Review Times (months)			Reviews Meeting Target Timeline (%)
				Avg.	Min.	Max.	
Q1 (Mar/18)	Priority	6	0	N/A	N/A	N/A	N/A
	Standard	9	1	1.68	1.68	1.68	100%
	Priority Complex	9	4	32.65	27.73	37.60	0%
	Complex	12	6	12.14	1.68	33.71	83%
	Other ²²	N/A	4	N/A	N/A	N/A	N/A
Q2 (Jun/18)	Priority	6	0	N/A	N/A	N/A	N/A
	Standard	9	3	6.83	6.63	7.13	100%
	Priority Complex	9	0	N/A	N/A	N/A	N/A
	Complex	12	2	6.41	5.76	7.07	100%
	Other	N/A	3	N/A	N/A	N/A	N/A
Q3 (Sep/18)	Priority	6	0	N/A	N/A	N/A	N/A
	Standard	9	1	11.65	11.65	11.65	0%
	Priority Complex	9	0	N/A	N/A	N/A	N/A
	Complex	12	0	N/A	N/A	N/A	N/A
	Other	N/A	2	18.31	8.41	28.21	N/A
Q4 (Dec/18)	Priority	6	0	N/A	N/A	N/A	N/A
	Standard	9	4	10.1	5.23	16.09	50%
	Priority Complex	9	0	N/A	N/A	N/A	N/A
	Complex	12	4	4.18	3.12	5.87	100%
	Other	N/A	11	N/A	N/A	N/A	N/A
2018 YTD Total	Priority	6	0	N/A	N/A	N/A	N/A
	Standard	9	9	7.76	1.68	16.09	78%
	Priority Complex	9	4	32.65	27.73	37.60	0%
	Complex	12	12	8.53	1.68	33.71	92%
	Other	N/A	20	N/A	N/A	N/A	N/A
	Submissions with Timelines ²³	6-12	25	12.12	1.68	37.60	76%

²⁰ Review types are defined in "[The Drug Review Process in B.C. – Detailed](#)" on the PharmaCare website.

²¹ A submission review is complete on the date of the formulary decision or the coverage effective date.

²² The 'Other' category covers submissions not subject to target timelines.

²³ Does not include drugs counted in the 'Other' category.

Drug Review Decisions Summary

Generic Name	Trade Name	Indication	Submission Type ²⁴	Decision Date	Decision ²⁵
sodium phenylbutyrate	Pheburane	Urea cycle disorders	NS	23-Jan-18	Limited Coverage-Special Authority required
glycerol phenylbutyrate	Ravicti	Urea cycle disorders	NS	23-Jan-18	Limited Coverage-Special Authority required
icatibant	Firazyr	Hereditary angioedema	NS	06-Feb-18	Limited Coverage-Special Authority required
alemtuzumab	Lemtrada	Relapsing remitting multiple sclerosis	R	06-Feb-18	Limited Coverage-Special Authority required
pirfenidone	Esbriet	Idiopathic pulmonary Fibrosis	LE	06-Feb-18	Limited Coverage-Special Authority required
pirfenidone	Esbriet	Idiopathic pulmonary fibrosis	R	06-Feb-18	Limited Coverage-Special Authority required
nintedanib	Ofev	Idiopathic pulmonary fibrosis	NS	06-Feb-18	Limited Coverage-Special Authority required
rifaximin	Zaxine	Hepatic encephalopathy	NS	06-Feb-18	Limited Coverage-Special Authority required
Blood Glucose Test Strips	D360	Diabetes	BGTS	06-Feb-18	Regular Benefit

²⁴ Submission type key: Blood Glucose Test Strips (BGTS), Clinician Submissions (CS), Line Extensions (LE), Modification of Coverage/criteria (MC), Ministry Initiated (MI), New Indications (NI), New Submissions (NS), Resubmissions (R), New Combination (NC), and Therapeutic Review of Drug Class (TR).

²⁵ Before PharmaCare will cover a Limited Coverage drug, the patient's prescriber has to obtain approval from the PharmaCare Special Authority Unit.

For limited coverage criteria, visit www.gov.bc.ca/pharmacarespecialauthority.

For more details on each submission, visit <https://fmdb.hlth.gov.bc.ca/>.

adalimumab	Humira	Hidradenitis suppurativa	MI	06-Mar-18	Limited Coverage-Special Authority required
sacubitril-valsartan	Entresto	Heart failure, NYHA class II-IV	NS	06-Mar-18	Limited Coverage-Special Authority required
sofosbuvir velpatasvir voxilaprevir	Vosevi	Hepatitis C	NC	13-Mar-18	Limited Coverage-Special Authority required
ixekizumab	Taltz	Plaque psoriasis	NS	06-Mar-18	Limited Coverage-Special Authority required
propiverine hydrochloride	Mictoryl	Over active bladder	NS	20-Mar-18	Non-Benefit
fluorouracil - salicylic acid	Actikerall	Hyperkeratotic actinic keratosis	NS	20-Mar-18	Non-Benefit
somatropin [rDNA origin] for injection	Omnitrope	Growth hormone deficiency in children and adults	LE	10-Apr-18	Limited Coverage-Special Authority required
secukinumab	Cosentyx	Ankylosing spondylitis	NI	24-Apr-18	Limited Coverage-Special Authority required
secukinumab	Cosentyx	Psoriatic Arthritis	NI	24-Apr-18	Limited Coverage-Special Authority required
paliperidone palmitate	Invega Trinza	Schizophrenia and related psychotic disorders	LE	15-May-18	Limited Coverage-Special Authority required
travoprost ophthalmic solution	Izba	Open-angle glaucoma	NS	29-May-18	Non-Benefit
insulin degludec	Tresiba	Type 2 diabetes mellitus	NS	12-Jun-18	Non-Benefit
lixisenatide injection	Adlyxine	Type 2 Diabetes mellitus	NS	12-Jun-18	Non-Benefit
buprenorphine-naloxone	Suboxone	Treatment of opioid dependence	LE	19-Jun-18	Non-Benefit

etidronate - calcium	Didrocal	Osteoporosis in postmenopausal women	MI	21-Aug-18	Non-Benefit
infliximab biosimilar	Renflexis	Rheumatoid arthritis, ankylosing spondylitis, adult Crohn's disease, pediatric Crohn's disease, fistulising Crohn's disease, adult ulcerative colitis, pediatric ulcerative colitis, psoriatic arthritis, plaque psoriasis	NS	21-Aug-18	Limited Coverage-Special Authority required
insulin glargine biosimilar	Basaglar	Type 1 & 2 diabetes mellitus	NS	21-Aug-18	Limited Coverage-Special Authority required
ulipristal acetate	Fibristal	Uterine fibroids (signs and symptoms) multiple treatment courses	MI	2-Oct-18	Non-Benefit
ulipristal acetate	Fibristal	Uterine fibroids (signs and symptoms) one treatment course	NS	2-Oct-18	Limited Coverage-Special Authority required
Pen needles & insulin syringes	BD Nano PRO	32 g x 4mm ultra-fine pen needles	DS	12-Oct-18	Regular Benefit
levofloxacin	Quinsair	Cystic fibrosis with chronic pulmonary pseudomonas aeruginosa infections	NS	17-Oct-18	Non-Benefit
filgrastim	Grastofil	primary prevention of neutropenia in various indications	MI	17-Oct-18	Limited Coverage-Special Authority required
selexipag	Uptravi	Pulmonary arterial hypertension (WHO class II and III)	NS	30-Oct-18	Limited Coverage-Special Authority required

ivabradine	Lancora	Heart failure, NYHA class II to IV	NS	30-Oct-18	Limited Coverage-Special Authority required
obeticholic acid	Ocaliva	Primary biliary cholangitis	NS	30-Oct-18	Limited Coverage-Special Authority required
rotigotine	Neupro	Parkinson's disease	R	13-Nov-18	Limited Coverage-Special Authority required
mepolizumab	Nucala	Severe eosinophilic asthma	NS	13-Nov-18	Limited Coverage-Special Authority required
brodalumab	Siliq	Plaque psoriasis	NS	27-Nov-18	Non-Benefit
glatiramer acetate	Glatect	Relapsing multiple sclerosis	NS	27-Nov-18	Limited Coverage-Special Authority required
rituximab	Rituxan	Multiple sclerosis	MI	27-Nov-18	Limited Coverage-Special Authority required
duloxetine	Cymbalta generics	Neuropathic pain	MI	27-Nov-18	Limited Coverage-Special Authority required
tenofovir disoproxil fumarate, entecavir, adefovir	Chronic Hepatitis B	Chronic hepatitis B	TR	27-Nov-18	Limited Coverage modification (tenofovir and entecavir) - Special Authority required; Non-Benefit (adefovir)
ezetimibe	Ezetrol generics	Heterozygous familial hypercholesterolemia (HEFH) and hypercholesterolemia	MI	18-Dec-18	Limited Coverage-Special Authority required

evolocumab	Repatha	Primary hyperlipidemia and mixed dyslipidemia	NS	18-Dec-18	Limited Coverage-Special Authority required
vancomycin	Vancomycin Oral	Clostridium difficile infection	MI	18-Dec-18	Limited Coverage modification - Special Authority required
tenofovir alafenamide	Vemlidy	Chronic hepatitis B	NS	18-Dec-18	Non-Benefit

Patient and Caregiver Input Summary

Drug Details			Patient Responses to calls for input		
Generic Name	Trade Name	Indication	Patient	Caregiver	Patient Group
alemtuzumab	Lemtrada	Relapsing remitting multiple sclerosis	54	7	1
brodalumab	Siliq™	Plaque psoriasis	0	0	1
buprenorphine	Probuphine®	Opioid drug dependence treatment	2	0	0
cladribine	Mavenclad™	Relapsing multiple sclerosis	2	0	1
daclizumab beta	Zinbryta	Relapsing remitting multiple sclerosis	2	0	0
dexameth-asone	Ozurdex®	Diabetic macular edema	0	0	3
dupilumab	Dupixent®	Atopic dermatitis	1	0	1
evolocumab	Repatha®	Primary hyperlipidemia and mixed dyslipidemia	2	0	0
fluorouracil - salicylic acid	Actikerall	Hyperkeratotic actinic keratosis	0	0	0
glatiramer acetate	Glatect™	Relapsing multiple sclerosis	7	0	1
glycerol phenylbutyrate	Ravicti	Urea cycle disorders	0	0	0
guselkumab	Tremfya™	Plaque psoriasis	3	0	3
infliximab biosimilar	Renflexis™	Rheumatoid arthritis, ankylosing spondylitis, adult Crohn's disease, pediatric Crohn's disease, fistulising Crohn's disease, adult ulcerative colitis, pediatric ulcerative colitis, psoriatic arthritis, plaque psoriasis	3	0	1
Insulin glargine SEB	Basaglar	Type 1 & 2 diabetes mellitus	3	0	1
ivabradine	Lancora™	Heart failure, NYHA class II to IV	2	0	0

latanoprost	Monoprost®	Glaucoma and ocular hypertension	4	0	0
letermovir	Prevymis™	Cytomegalovirus infection prophylaxis	0	0	0
levofloxacin	Quinsair™	Cystic fibrosis with chronic pulmonary Pseudomonas aeruginosa infections	0	0	1
liraglutide	Victoza®	Type 2 diabetes mellitus	5	0	0
mepolizumab	Nucala®	Severe eosinophilic asthma	0	0	0
netupitant-palonosetron	Akynzeo™	Chemotherapy-induced nausea and vomiting prevention	0	0	0
nintedanib	Ofev	Idiopathic pulmonary fibrosis	1	0	1
nitisinone	Orfadin®	Type 1 hypertyrosinemia	0	0	0
obeticholic acid	Ocaliva®	Primary biliary cholangitis	0	0	1
ocrelizumab	Ocrevus®	Relapsing multiple sclerosis	10	1	1
ozenoxacin	Ozanex™	Impetigo	1	0	1
pegfilgrastim-Biosimilar	Lapelga™	Febrile neutropenia	1	0	0
propiverine hydrochloride	Mictoryl	Overactive bladder	0	0	1
rituximab	Rituxan®	Multiple sclerosis	2	0	0
rotigotine	Neupro®	Parkinson's disease	1	0	1
sacubitril-valsartan	Entresto	Heart failure, NYHA class II-IV	0	0	1
sebelipase alfa	Kanuma™	Lysosomal acid lipase deficiency	0	0	1
selexipag	Uptravi®	Pulmonary arterial hypertension (WHO class II and III)	0	0	1
sodium phenylbutyrate	Pheburane	Urea cycle disorders	0	0	1
sofosbuvir velpatasvir voxilaprevir	Vosevi	Hepatitis C	0	0	3
tocilizumab	Actemra®	Rheumatoid arthritis	1	0	1
tenofovir alafenamide	Vemlidy™	Chronic hepatitis B	1	0	1

2017 Reports

Type, Timelines, and Number of Completed Drug Submission Reviews, by Quarter

Reporting Period	Review Type ²⁶	Target Timeline (months)	Reviews Completed ²⁷	Actual Review Times (months)			Reviews Meeting Target Timeline (%)
				Avg.	Min.	Max.	
Q1 (Mar/17)	Priority	6	0	N/A	N/A	N/A	N/A
	Standard	9	3	6.5	4.8	8.0	100
	Priority Complex	9	0	N/A	N/A	N/A	N/A
	Complex	12	8	12.4	2.0	37.0	75
	Other ²⁸	N/A	7	N/A	N/A	N/A	N/A
Q2 (Jun/17)	Priority	6	1	16.5	16.5	16.5	0
	Standard	9	4	3.5	2.4	6.2	100
	Priority Complex	9	0	N/A	N/A	N/A	N/A
	Complex	12	4	12.4	4.9	18.2	50
	Other	N/A	1	N/A	N/A	N/A	N/A
Q3 (Sep/17)	Priority	6	0	N/A	N/A	N/A	N/A
	Standard	9	3	6.8	2.8	9.0	100
	Priority Complex	9	0	N/A	N/A	N/A	N/A
	Complex	12	3	11.8	10.3	12.6	33
	Other	N/A	1	N/A	N/A	N/A	N/A
Q4 (Dec/17)	Priority	6	0	N/A	N/A	N/A	N/A
	Standard	9	3	6.18	3.63	8.97	100
	Priority Complex	9	0	N/A	N/A	N/A	N/A
	Complex	12	4	6.83	2.8	11.48	100
	Other	N/A	2	N/A	N/A	N/A	N/A
2017 YTD Total	Priority	6	1	16.5	16.5	16.5	0
	Standard	9	13	5.74	2.4	9.0	100
	Priority Complex	9	0	N/A	N/A	N/A	N/A
	Complex	12	19	10.85	2.0	37.0	67
	Other	N/A	11	N/A	N/A	N/A	N/A
	Submissions with Timelines ²⁹	6-12	33	9.21	2.0	37.0	80

²⁶ Review types are defined in “[The Drug Review Process in B.C. – Detailed](#)” on the PharmaCare website.

²⁷ A submission review is complete on the date of the formulary decision or the coverage effective date.

²⁸ The ‘Other’ category covers submissions not subject to target timelines.

²⁹ Does not include drugs counted in the ‘Other’ category.

Drug Review Decisions Summary

Generic Name	Trade Name	Indication	Submission Type ³⁰	Decision Date	Decision ³¹
canakinumab	Ilaris	Active systemic juvenile idiopathic arthritis in patients 2 years and older	NI	10-Jan-17	Non-Benefit
denosumab	Xgeva	Prevention of skeletal-related events due to bone metastases from solid tumours	MI	17-Jan-17	Status Quo - Palliative Care Benefit
denosumab	Xgeva	Prevention of skeletal-related events due to bone metastases from breast cancer	MI	17-Jan-17	Status Quo - Palliative Care Benefit
filgrastim	Grastofil	Sterile solution for injection	LE	31-Jan-17	Limited Coverage
filgrastim	Grastofil Biosimilar	Prevention or treatment of neutropenia in various indications	NS	31-Jan-17	Limited Coverage
filgrastim	Neupogen	Cancer patients receiving myelosuppressive chemotherapy	LE	31-Jan-17	Non-Benefit
filgrastim	Neupogen	Neutropenia	MC	31-Jan-17	Status Quo - Limited Coverage
tofacitinib	Xeljanz	Rheumatoid arthritis	NS	31-Jan-17	Limited Coverage
denosumab	Prolia	Postmenopausal osteoporosis	MI	14-Feb-17	Limited Coverage
denosumab	Prolia	Osteoporosis (men)	NI	14-Feb-17	Limited Coverage
lipase amylase protease	CREON	Pancreatic enzymes	LE	14-Feb-17	Regular Benefit

³⁰ Submission type key: Blood Glucose Test Strips (BGTS), Clinician Submissions (CS), Line Extensions (LE), Modification of Coverage/criteria (MC), Ministry Initiated (MI), New Indications (NI), New Submissions (NS), Resubmissions (R), and Therapeutic Review of Drug Class (TR).

³¹ Before PharmaCare will cover a Limited Coverage drug, the patient's prescriber has to obtain approval from the PharmaCare Special Authority Unit.

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tinzaparin sodium	Innohep	Venous thromboembolism treatment in patients associated with cancer	MC	14-Feb-17	Limited Coverage
asunaprevir	Sunvepra	Chronic hepatitis C	NS	21-Mar-17	Limited Coverage
daclatasvir	Daklinza	Hepatitis C	MI	21-Mar-17	Limited Coverage
elbasvir-grazoprevir	Zepatier	Chronic hepatitis C	NS	21-Mar-17	Limited Coverage
lumacaftor-ivacaftor	Orkambi	Cystic fibrosis, F508del CFTR mutation	NS	21-Mar-17	Non-Benefit
ombitasvir-paritaprevir-ritonavir	Technivie	Chronic hepatitis C (genotype 4)	NS	21-Mar-17	Non-Benefit
sofosbuvir-velpatasvir	Epclusa	Chronic hepatitis C	NS	21-Mar-17	Limited Coverage
adalimumab	Humira	Hidradenitis suppurativa	NI	18-Apr-17	Non-Benefit
amphetamine salts mixture dextroamphetamine lisdexamfetamine methylphenidate atomoxetine guanfacine		Attention deficit hyperactivity disorder	TR	18-Apr-17	Limited Coverage
methotrexate sodium	METOJECT Single pre-use pre-filled syringes	Disease modifying antirheumatic	LE	2-May-17	Non-Benefit
vedolizumab	Entyvio	Ulcerative colitis	NS	2-May-17	Limited Coverage
riociguat	Adempas	Pulmonary arterial hypertension (WHO group 1)	NI	2-May-17	Non-Benefit
vedolizumab	Entyvio	Crohn's disease	NI	2-May-17	Limited Coverage
fentanyl	Fentora	Breakthrough cancer pain	NS	16-May-17	Non-Benefit
budesonide	Cortiment	Ulcerative colitis	NI	13-Jun-17	Non-Benefit
adalimumab	Humira	Ulcerative colitis	NI	20-Jun-17	Limited Coverage
levonorgestrel	Kyleena	Conception control	LE	27-Jun-17	Regular Benefit
mifepristone and misoprostol	Mifegymiso	Medical termination of pregnancy (abortion)	NS	11-Jul-17	Regular Benefit

etanercept	Brenzys Biosimilar	Rheumatoid arthritis, ankylosing spondylitis	NS	18-Jul-17	Limited Coverage
perindopril arginine- amlodipine	Viacoram	Hypertension	NS	25-Jul-17	Non-Benefit
calcipotriol betamethasone dipropionate	Enstilar	Psoriasis	LE	08-Aug- 17	Non-Benefit
deferasirox	Jadenu	Iron overload	MI	15-Aug- 17	Limited Coverage
teduglutide	Revestive	Short bowel syndrome	NS	15-Aug- 17	Non-Benefit
ticagrelor	Brilinta	Prevention of atherothrombotic events with history of myocardial infarction	NI	05-Sep- 17	Non-Benefit
morphine sulfate	M-Ediat	Ssymptomatic relief of severe pain	LE	5-Oct-17	Regular Benefit
apremilast	Otezla	Psoriatic arthritis	NI	10-Oct-17	Non-Benefit
apremilast	Otezla	Plaque psoriasis	RS	10-Oct-17	Non-Benefit
sarilumab	Kevzara	Rheumatoid arthritis	NS	17-Oct-17	Limited Coverage
brivaracetam	Brivlera	Partial-onset seizures	NS	24-Oct-17	Non-Benefit
etanercept SEB	Erelzi	Ankylosing spondylitis, polyarticular juvenile idiopathic arthritis, rheumatoid arthritis	NS	14-Nov- 17	Limited Coverage
certolizumab pegol	Cimzia	Tumour necrosis factor alpha (TNF) inhibitors for rheumatic conditions such as rheumatoid arthritis , psoriatic arthritis , and ankylosing spondylitis	LE	21-Nov17	Limited Coverage
amitriptyline hydrochloride	pms- Amitriptyline	Treatment of depression, especially when sedation is required	LE	05-Dec- 17	Regular Benefit

Blood glucose test strip	Accu-Chek Guide	Self-monitoring blood glucose system	LE	19-Dec-17	Regular Benefit
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Patient and Caregiver Input Summary

Drug Details			Patient Responses to calls for input		
Generic Name	Trade Name	Indication	Patient	Caregiver	Patient Group
adalimumab	Humira	Hidradenitis suppurativa	0	0	1
adalimumab	Humira	Ulcerative colitis	1	1	1
apremilast	Otezla	Plaque psoriasis	1	0	1
asunaprevir	Sunvepra	Chronic hepatitis C	1	0	3
brivaracetam	Brivlera	Partial-onset seizures	0	0	0
budesonide	Cortiment	Ulcerative colitis	0	0	1
canakinumab	Ilaris	Active systemic juvenile idiopathic arthritis in patients 2 years and older	1	5	1
certolizumab	Cimzia	Psoriatic arthritis	1	0	2
certolizumab	Cimzia	Ankylosing spondylitis	1	0	2
dapagliflozin	Forxiga	Type 2 diabetes mellitus	2	0	1
denosumab	Prolia	Osteoporosis (men)	0	0	1
denosumab	Xgeva	Prevention of skeletal-related events due to bone metastases from solid tumours	0	0	1
denosumab	Xgeva	Prevention of skeletal-related events due to bone metastases from breast cancer	0	0	1
elbasvir-grazoprevir	Zepatier	Chronic hepatitis C	1	0	1
empagliflozin	Jardiance	Type 2 diabetes mellitus	0	0	1
etanercept Biosimilar	Erelzi	Ankylosing spondylitis, polyarticular juvenile idiopathic arthritis, rheumatoid arthritis	5	2	3
fentanyl	Fentora	Breakthrough cancer pain	0	0	0
filgrastim	Grastofil SEB	Prevention or treatment of neutropenia in various indications	0	0	1
ivacaftor	Kalydeco	Cystic fibrosis With R117H mutation	2	1	1

ivacaftor	Kalydeco	Cystic fibrosis with G551D, G1244E, G1349D, G178R, G551S, S1251N, S1255P, S549N, S549R, or G970R mutation	0	1	1
Liraglutide ³²	Victoza	Type 2 diabetes mellitus	5	0	0
lumacaftor-ivacaftor	Orkambi	Cystic fibrosis, F508del CFTR mutation	1	3	1
mifepristone and misoprostol	Mifegymiso	Medical termination of pregnancy (abortion)	1	0	0
nintedanib	Ofev	Idiopathic pulmonary fibrosis	1	0	1
ombitasvir paritaprevir ritonavir	Technivie	Chronic hepatitis C (genotype 4)	0	0	1
perindopril arginine-amlodipine	Viacoram	Hypertension	1	0	0
riociguat	Adempas	Pulmonary arterial hypertension (WHO group 1)	3	2	1
rotigotine	Neupro	Parkinsons disease	1	0	1
sarilumab	Kevzara	Rheumatoid arthritis	4	0	2
sofosbuvir velpatasvir	Epclusa	Chronic hepatitis C	1	0	3
teduglutide	Revestive	Short bowel syndrome	0	0	1
ticagrelor	Brilinta	Prevention of atherothrombotic events with history of myocardial infarction	0	0	0
tofacitinib	Xeljanz	Rheumatoid arthritis	1	0	2
vedolizumab	Entyvio	Crohn's disease	1	0	1
vedolizumab	Entyvio	Ulcerative colitis	0	0	1

³² Patient input was gathered for Liraglutide (Victoza) for type 2 diabetes mellitus, however, no coverage decision was made because the drug was withdrawn from the review process at the request of the manufacturer.

2016 Reports

Type, Timelines, and Number of Completed Drug Submission Reviews, by Quarter

Reporting Period	Review Type ³³	Target Timeline (months)	Reviews Completed ³⁴	Actual Review Times (months)			Reviews Meeting Target Timeline (%)
				Avg.	Min.	Max.	
Q1 (Mar/16)	Priority	6	0	N/A	N/A	N/A	N/A
	Standard	9	1	5.9	5.9	5.9	100
	Priority Complex	9	0	N/A	N/A	N/A	N/A
	Complex	12	6	10	6.6	12	100
	Other ³⁵	N/A	1	N/A	N/A	N/A	N/A
Q2 (Jun/16)	Priority	6	0	N/A	N/A	N/A	N/A
	Standard	9	4	6.4	3.6	8.7	100
	Priority Complex	9	0	N/A	N/A	N/A	N/A
	Complex	12	5	8.3	1.3	11.4	100
	Other	N/A	11	N/A	N/A	N/A	N/A
Q3 (Sep/16)	Priority	6	0	N/A	N/A	N/A	N/A
	Standard	9	4	8.1	6.8	9.0	100
	Priority Complex	9	0	N/A	N/A	N/A	N/A
	Complex	12	3	8.7	5.2	10.7	100
	Other	N/A	3	N/A	N/A	N/A	N/A
Q4 (Dec/16)	Priority	6	0	N/A	N/A	N/A	N/A
	Standard	9	3	3.7	0.2	3.6	100
	Priority Complex	9	0	N/A	N/A	N/A	N/A
	Complex	12	1	10.4	10.4	10.4	100
	Other	N/A	4	N/A	N/A	N/A	N/A
2016 Total	Priority	6	0	N/A	N/A	N/A	N/A
	Standard	9	12	6.3	0.2	9.0	100
	Priority Complex	9	0	N/A	N/A	N/A	N/A
	Complex	12	15	9.2	1.3	12.0	100
	Other	N/A	19	N/A	N/A	N/A	N/A
	Submissions with Timelines ³⁶	6-12	27	7.9	0.2	12.0	100

³³ Review types are defined in “[The Drug Review Process in B.C. – Detailed](#)” on the PharmaCare website.

³⁴ A submission review is complete on the date of the formulary decision or the coverage effective date.

³⁵ The ‘Other’ category covers submissions not subject to target timelines.

³⁶ Does not include drugs counted in the ‘Other’ category.

Drug Review Decisions Summary

Generic Name	Trade Name	Indication	Submission Type ³⁷	Decision Date	Decision ³⁸
macitentan	Opsumit	Pulmonary arterial hypertension	NS	26-Jan-16	Non-Benefit
insulin glargine	Toujeo	Diabetes type 1 or 2 for adult patients (≥18 years)	LE	9-Feb-16	Non-Benefit
certolizumab pegol	Cimzia	Psoriatic arthritis	NI	19-Feb-16	Limited Coverage
certolizumab pegol	Cimzia	Ankylosing spondylitis	NI	19-Feb-16	Limited Coverage
infliximab Biosimilar	Inflectra	Ankylosing spondylitis, plaque psoriasis, psoriatic arthritis, rheumatoid arthritis	NS	19-Feb-16	Limited Coverage
tocilizumab	Actemra SC	Rheumatoid arthritis	NS	19-Feb-16	Limited Coverage
colesevelam hydrochloride	Lodalis 3.75 g Powder for Oral Suspension	Hypercholesterolemia	LE	1-Mar-16	Regular Benefit
umeclidinium	Incruse Ellipta	Chronic obstructive pulmonary disease	NS	15-Mar-16	Limited Coverage
donepezil galantamine rivastigmine	Aricept Reminyl Exelon	Alzheimers Drug Therapy Initiative (ADTI)	TR	1-Apr-16	Limited Coverage
acclidinium bromide-formoterol fumarate dihydrate	Duaklir Genuair	Chronic obstructive pulmonary disease	NS	5-Apr-16	Limited Coverage
apixaban	Eliquis	Treatment and prevention of recurrence of venous thromboembolic events	NI	5-Apr-16	Limited Coverage
mometasone furoate drug powder inhaler	Asmanex Twisthaler	Pediatric asthma	LE	5-Apr-16	Non-Benefit

³⁷ Submission type key: Blood Glucose Test Strips (BGTS), Clinician Submissions (CS), Line Extensions (LE), Modification of Coverage/criteria (MC), Ministry Initiated (MI), New Indications (NI), New Submissions (NS), Resubmissions (R), and Therapeutic Review of Drug Class (TR).

³⁸ Before PharmaCare will cover a Limited Coverage drug, the patient's prescriber has to obtain approval from the PharmaCare Special Authority Unit.

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For more details on each submission, visit <https://fmdb.hlth.gov.bc.ca/>.

100 mcg/metered inhalation					
ribavirin	Ibavyr (200 mg tablets)	Chronic hepatitis C	LE	5-Apr-16	Limited Coverage
tiotropium bromide	Spiriva Respimat	Chronic obstructive pulmonary disease	NS	5-Apr-16	Limited Coverage
tiotropium-olodaterol	Inspiolto Respimat	Chronic obstructive pulmonary disease	NS	5-Apr-16	Limited Coverage
lidocaine infusion for subcutaneous infusion	Lidocaine	Chronic pain management	MI	13-Apr-16	Non-Benefit
daclatasvir	Daklinza	Chronic hepatitis C	NS	19-Apr-16	Non-Benefit
insulin lispro	Humalog 200 u/mL KwikPen	Diabetes	LE	17-May-16	Non-Benefit
Blood Glucose Test Strips	Dario	Diabetes	BGTS	24-May-16	Regular Benefit
Blood Glucose Test Strips	Spirit Blood Glucose Test Strips	Diabetes	BGTS	24-May-16	Regular Benefit
CareSens N Blood Glucose Test Strip	CareSens N Blood Glucose Test Strip	Diabetes	BGTS	24-May-16	Regular Benefit
eculizumab	Soliris	Atypical hemolytic uremic syndrome	MI	31-May-16	Non-Benefit
golimumab	Simponi I.V.	Rheumatoid arthritis	NS	31-May-16	Non-Benefit
golimumab	Simponi	Ulcerative colitis	NI	31-May-16	Non-Benefit
Nutramigen A+	Nutramigen A+	Cystic fibrosis	NS	31-May-16	Non-Benefit
Pregestimil A+ 500 kcal/100 g powder (454 g Can)	Pregestimil A+ 500 kcal/100 g powder (454 g Can)	Cystic fibrosis	NS	31-May-16	Non-Benefit
vitamin D analogues	Vitamin D analogues	Kidney (renal) dialysis	NS	31-May-16	Non-Benefit
adalimumab	Humira	Systemic juvenile idiopathic arthritis	MC	07-Jun-16	Limited Coverage
secukinumab	Cosentyx	Plaque psoriasis	NS	28-July-16	Limited Coverage
somatropin	Norditropin Nordiflex	Growth hormone deficiency in children	L	2-Aug-16	Limited Coverage
fesoterodine fumarate	Toviaz	Overactive bladder	NS	4-Aug-16	Non-Benefit
mirabegron	Myrbetriq	Overactive bladder	R	4-Aug-16	Non-Benefit

Overactive Bladder Various Drugs	Overactive Bladder Various Drugs	Overactive bladder	TR	4-Aug-16	Limited Coverage (solifenacin generics)
peginterferon beta-1a	Plegridy	Relapsing remitting multiple sclerosis	NS	4-Aug-16	Non- Benefit
deferasirox	Jadenu	Iron overload	L	16-Aug-16	Non- Benefit
fluticasone furoate- vilanterol (as trifenate)	Breo Ellipta	Asthma	NI	13-Sep-16	Limited Coverage
fluticasone furoate	Arnuity Ellipta	Asthma	NS	13-Sep-16	Regular Benefit
ivermectin	Rosiver	Rosacea	NS	27-Sep-16	Non- Benefit
deferiprone	Ferriprox	Transfusional iron overload	NS	25-Oct-16	Limited Coverage- Special Authority required
infliximab	Inflectra Biosimilar	Crohn's disease and ulcerative colitis	NI	01-Nov-16	Limited Coverage- Special Authority required
levonorgestrel 1.5mg Tablet	Plan B	Emergency contraception	LE	03-Nov-16	Regular Benefit
omalizumab	Xolair	Chronic idiopathic urticarial	NI	29-Nov-16	Non- Benefit
On Call Vivid Self Monitoring Blood Glucose Test Strips	On Call Vivid Self Monitoring Blood Glucose Test Strips	Diabetes	BGTS	29-Nov-16	Regular Benefit
Allevia Plus Blood Glucose Test Strips	Allevia Plus Blood Glucose Test Strips	Diabetes	BGTS	06-Dec-16	Regular Benefit
Strefa Insulin Pen Needle & Lancet	Strefa Insulin Pen Needle & Lancet	Diabetes	BGTS	13-Dec-16	Regular Benefit
tesamorelin	Egrifta	Lipodystrophy, HIV- infected patients	NS	13-Dec-16	Non- Benefit

Patient and Caregiver Input Summary

Drug Details			Patient Responses to calls for input		
Generic Name	Trade Name	Indication	Patient	Caregiver	Patient Group
acclidinium bromide-formoterol fumarate dihydrate	Duaklir Genuair	Chronic Obstructive Pulmonary Disease	0	0	1
apixaban	Eliquis	Treatment and prevention of recurrence of venous thromboembolic events	1	0	0
certolizumab	Cimzia	Psoriatic arthritis	1	0	2
certolizumab	Cimzia	Ankylosing spondylitis	1	0	2
daclatasvir	Daklinza	Chronic hepatitis C	2	0	1
deferiprone	Ferriprox	Transfusional iron overload	0	0	1
donepezil galantamine rivastigmine	Aricept Reminyl Exelon	Alzheimers Drug Therapy Initiative (ADTI) therapeutic review	38	357	2
fesoterodine fumarate	Toviaz	Overactive bladder	2	0	0
fluticasone furoate	Arnuity Ellipta	Asthma	1	0	1
fluticasone furoate + vilanterol (as trifenate)	Breo Ellipta	Asthma	0	0	1
golimumab	Simponi	Ulcerative colitis	1	1	3
infliximab	Inflectra Biosimilar	Crohn's disease and ulcerative colitis	1	0	0
infliximab SEB	Inflectra	Ankylosing spondylitis, plaque psoriasis, psoriatic arthritis, rheumatoid arthritis	3	0	3
ivermectin	Rosiver	Rosacea	0	0	1
macitentan	Opsumit	Pulmonary arterial hypertension	0	0	3
mirabegron	Myrbetriq	Overactive bladder	2	0	1
omalizumab	Xolair	Chronic idiopathic urticarial	3	0	0
Overactive Bladder various drugs	Overactive Bladder various drugs	Overactive bladder therapeutic review	12	0	0
peginterferon beta-1a	Plegridy	Relapsing-remitting multiple sclerosis	7	0	1

Drug Details			Patient Responses to calls for input		
Generic Name	Trade Name	Indication	Patient	Caregiver	Patient Group
acclidinium bromide-formoterol fumarate dihydrate	Duaklir Genuair	Chronic Obstructive Pulmonary Disease	0	0	1
apixaban	Eliquis	Treatment and prevention of recurrence of venous thromboembolic events	1	0	0
certolizumab	Cimzia	Psoriatic arthritis	1	0	2
certolizumab	Cimzia	Ankylosing spondylitis	1	0	2
daclatasvir	Daklinza	Chronic hepatitis C	2	0	1
deferiprone	Ferriprox	Transfusional iron overload	0	0	1
donepezil galantamine rivastigmine	Aricept Reminyl Exelon	Alzheimers Drug Therapy Initiative (ADTI) therapeutic review	38	357	2
fesoterodine fumarate	Toviaz	Overactive bladder	2	0	0
fluticasone furoate	Arnuity Ellipta	Asthma	1	0	1
fluticasone furoate + vilanterol (as trifenate)	Breo Ellipta	Asthma	0	0	1
golimumab	Simponi	Ulcerative colitis	1	1	3
infliximab	Inflectra Biosimilar	Crohn's disease and ulcerative colitis	1	0	0
infliximab SEB	Inflectra	Ankylosing spondylitis, plaque psoriasis, psoriatic arthritis, rheumatoid arthritis	3	0	3
ivermectin	Rosiver	Rosacea	0	0	1
secukinumab	Cosentyx	Plaque psoriasis	0	0	0
tesamorelin	Egrifta	Lipodystrophy, HIV-infected patients	1	0	0
tiotropium-olodaterol	Inspiolto Respimat	COPD	0	0	1
tocilizumab	Actemra SC	Rheumatoid arthritis	2	0	0
umeclidinium	Incruse Ellipta	COPD	1	0	1

2015 Reports

Type, Timelines, and Number of Completed Drug Submission Reviews, by Quarter

Reporting Period	Review Type ³⁹	Target Timeline (months)	Reviews Completed ⁴⁰	Actual Review Times (months)			Reviews Meeting Target Timeline (%)
				Avg.	Min.	Max.	
Q1 (Mar/15)	Priority	6	1	0.2	0.2	0.2	100
	Standard	9	4	5.7	3.8	7.8	100
	Priority Complex	9	0	N/A	N/A	N/A	N/A
	Complex	12	6	5.9	4.2	10.5	100
	Other ⁴¹	N/A	2	N/A	N/A	N/A	N/A
Q2 (Jun/15)	Priority	6	1	5.5	5.5	5.5	100
	Standard	9	6	5.2	2.2	8.9	100
	Priority Complex	9	0	N/A	N/A	N/A	N/A
	Complex	12	4	6.3	2.5	11.5	100
	Other	N/A	1	N/A	N/A	N/A	N/A
Q3 (Sep/15)	Priority	6	1	1.3	1.3	1.3	100
	Standard	9	7	5.7	3.4	8.7	100
	Priority Complex	9	0	N/A	N/A	N/A	N/A
	Complex	12	1	2.0	2.0	2.0	100
	Other	N/A	2	N/A	N/A	N/A	N/A
Q4 (Dec/15)	Priority	6	0	N/A	N/A	N/A	N/A
	Standard	9	3	4.9	2.9	6.8	100
	Priority Complex	9	0	N/A	N/A	N/A	N/A
	Complex	12	4	6.1	1.0	11.8	100
	Other	N/A	1	N/A	N/A	N/A	N/A
2015 Total	Priority	6	3	2.3	0.2	5.5	100
	Standard	9	20	5.5	2.2	8.9	100
	Priority Complex	9	0	N/A	N/A	N/A	N/A
	Complex	12	15	5.9	1.0	11.8	100
	Other	N/A	6	N/A	N/A	N/A	N/A
	Submissions with Timelines ⁴²	6-12	38	5.5	0.2	11.8	100

³⁹ Review types are defined in "[The Drug Review Process in B.C. – Detailed](#)" on the PharmaCare website.

⁴⁰ A submission review is complete on the date of the formulary decision or the coverage effective date.

⁴¹ The 'Other' category covers submissions not subject to target timelines.

⁴² Does not include drugs counted in the 'Other' category.

Drug Review Decisions Summary

Generic Name	Trade Name	Indication	Submission Type ⁴³	Decision Date	Decision ⁴⁴
guanfacine hydrochloride	Intuniv XR	Attention deficit hyperactivity disorder	NS	20-Jan-15	Non-Benefit
phleum pratense	Grastek	Grass allergy	NS	20-Jan-15	Non-Benefit
ocriplasmin	Jetrea	Vitreomacular adhesion	NS	27-Jan-15	Limited Coverage
ipratropium bromide and salbutamol sulfate inhalation solution	Combivent Respimat	Bronchospasm associated with chronic obstructive pulmonary disease	LE	17-Feb-15	Regular Benefit
tinzaparin sodium	Innohep	Deep vein thrombosis and/or pulmonary embolism	LE	6-Mar-15	Limited Coverage
betamethasone valerate	Luxiq	Psoriasis	LE	10-Mar-15	Non-Benefit
riociguat	Adempas	Chronic thromboembolic pulmonary hypertension	NS	10-Mar-15	Non-Benefit
ivacaftor	Kalydeco	Cystic fibrosis (G551D mutation)	NS	11-Mar-15	Non-Benefit ⁴⁵ ; exceptional coverage
fosfomycin tromethamine	Monurol	Uncomplicated urinary tract infections	NS	24-Mar-15	Regular Benefit
ledipasvir + sofosbuvir	Harvoni	Chronic hepatitis C	NS	24-Mar-15	Limited Coverage
norethindrone acetate and ethinyl estradiol	LOLO	Lower dose oral contraceptive pill	LE	24-Mar-15	Non-Benefit
ribavirin	Ibavyr	Chronic hepatitis C	NS	24-Mar-15	Limited Coverage
sofosbuvir	Sovaldi	Chronic hepatitis C	NS	24-Mar-15	Limited Coverage
aripiprazole	Abilify	Major depressive disorder	NI	14-Apr-15	Non-Benefit

⁴³ Submission type key: Blood Glucose Test Strips (BGTS), Clinician Submissions (CS), Line Extensions (LE), Modification of Coverage/criteria (MC), Ministry Initiated (MI), New Indications (NI), New Submissions (NS), Resubmissions (R), and Therapeutic Review of Drug Class (TR).

⁴⁴ Before PharmaCare will cover a Limited Coverage drug, the patient's prescriber has to obtain approval from the PharmaCare Special Authority Unit.

For limited coverage criteria, visit www.gov.bc.ca/pharmacarespecialauthority.

For more details on each submission, visit <https://fmdb.hlth.gov.bc.ca/>.

⁴⁵ Ivacaftor (Kalydeco) is a Non-Benefit, but is also covered on an exceptional case by case basis.

ticagrelor	Brilinta	Prevention of thrombotic events in acute coronary syndromes	MI	14-Apr-15	Limited Coverage
vitamin D3	ViDextra	Vitamin D insufficiency	LE	14-Apr-15	Non-Benefit
methadone hydrochloride	Metadol-D	Detoxification treatment of opioid addiction (heroin or other morphine-like drugs)	NI	21-Apr-15	Non-Benefit
alogliptin plus metformin	Kazano	Type 2 diabetes mellitus	NS	5-May-15	Non-Benefit
alogliptin	Nesina	Type 2 diabetes mellitus	NS	5-May-15	Non-Benefit
dalteparin	Fragmin	Thromboprophylaxis in conjunction with surgery; treatment of acute deep venous thrombosis; unstable coronary artery disease	LE	5-May-15	Non-Benefit
fluticasone furoate-vilanterol	Breo Ellipta	Chronic obstructive pulmonary disease	NS	15-May-15	Limited Coverage
levonorgestrel	Jaydess	Conception control	LE	19-May-15	Non-Benefit
ustekinumab	Stelara	Psoriatic arthritis	NI	26-May-15	Non-Benefit
indacaterol-glycopyrronium	Ultibro Breezhaler	Chronic obstructive pulmonary disease	NI	2-Jun-15	Limited Coverage
lomitapide	Juxtapid	Homozygous familial hypercholesterolemia	NS	23-Jun-15	Non-Benefit
stiripentol	Diacomit	Dravet syndrome	NS	7-Jul-15	Limited Coverage
eltrombopag	Revolade	Thrombocytopenia associated with chronic hepatitis C infection	NI	14-Jul-15	Non-Benefit
Blood glucose test strips	FORA Test N' Go	Blood glucose test strips	BGTS	28-Jul-15	Regular Benefit
everolimus	Afinitor	Subependymal giant cell astrocytoma associated with tuberous sclerosis complex	NI	28-Jul-15	Non-Benefit
lurasidone	Latuda	Schizophrenia	LE	28-Jul-15	Non-Benefit
ombitasvir/paritaprevir/ritonavir/dasabuvir	Holkira Pak	Chronic hepatitis C	NS	28-Jul-15	Limited Coverage
aripiprazole	Abilify Maintena	Schizophrenia	NS	11-Aug-15	Limited Coverage

umeclidinium/vilanterol	Anoro Ellipta	Chronic obstructive pulmonary disease	NS	11-Aug-15	Limited Coverage
pasireotide	Signifor	Cushing's disease	NS	1-Sep-15	Non-Benefit
elosulfase alfa	Vimizim	Mucopolysaccharidosis IVA (Morquio A syndrome)	NS	22-Sep-15	Non-Benefit
azelastine and fluticasone	Dymista	Seasonal allergic rhinitis and rhino-conjunctivitis	NS	29-Sep-15	Non-Benefit
buprenorphine-naloxone	Suboxone	Opioid dependence	MI	13-Oct-15	Regular Benefit
methadone hydrochloride 1 mg/ml oral solution	Metadol-D	Detoxification treatment of opioid addiction	LE	27-Oct-15	Non-Benefit
brinzolamide-brimonidine	Simbrinza	Glaucoma and ocular hypertension	NS	27-Oct-15	Regular Benefit
eslicarbazepine acetate	Aptiom	Partial-onset seizure	NS	10-Nov-15	Limited Coverage
vitamin B12-cyanocobalamin 1500 mcg Tablet, Multilayer, Extended Release	Beduzil 1500	Cobalamin deficiency	LE	22-Dec-15	Non-Benefit
apremilast	Otezla	Plaque psoriasis	NS	22-Dec-15	Non-Benefit
linaclotide	Constella	Irritable bowel syndrome with constipation	NS	22-Dec-15	Non-Benefit

Patient and Caregiver Input Summary

Drug Details			Patient Responses to calls for input		
Generic Name	Trade Name	Indication	Patient	Caregiver	Patient Group
adalimumab ⁴⁶	Humira	Ulcerative colitis	1	0	1
alogliptin	Nesina	Type 2 diabetes mellitus	2	0	0
alogliptin-metformin	Kazano	Type 2 diabetes mellitus	1	0	0
apremilast	Otezla	Plaque psoriasis	1	0	1
aripiprazole	Abilify	Major depressive disorder	3	0	0
aripiprazole	Abilify Maintena	Schizophrenia	0	0	0
azelastine HCl and fluticasone propionate	Dymista	Seasonal allergic rhinitis and rhino-conjunctivitis	1	0	0
brinzolamide-brimonidine	Simbrinza	Glaucoma and ocular hypertension	0	1	0
elosulfase alfa	Vimizim	Mucopolysaccharidosis IVA (Morquio A syndrome)	0	0	1
eltrombopag	Revolade	Thrombocytopenia associated with chronic hepatitis C infection	0	0	1
eslicarbazepine	Aptiom	Partial-onset seizure	1	3	1
everolimus	Afinitor	Subependymal giant cell astrocytoma associated with tuberous sclerosis complex	0	1	1
fluticasone furoate - vilanterol	Breo Ellipta	Chronic Obstructive Pulmonary Disease	2	0	0
fosfomycin tromethamine	Monurol	Uncomplicated urinary tract infections	1	0	0
guanfacine hydrochloride	Intuniv XR	Attention deficit hyperactivity disorder	0	0	0
indacaterol - glycopyrronium	Ultibro Breezhaler	Chronic obstructive pulmonary disease	0	0	0
ivacaftor	Kalydeco	Cystic fibrosis (G551D mutation)	8	7	1
linaclotide	Constella	Irritable bowel syndrome with constipation	1	0	1
lomitapide	Juxtapid	Homozygous familial hypercholesterolemia	0	0	0

⁴⁶ This drug submission was withdrawn by the manufacturer and is not counted as a completed review in this report.

Drug Details			Patient Responses to calls for input		
Generic Name	Trade Name	Indication	Patient	Caregiver	Patient Group
ombitasvir/parit aprevir/ritonavir /dasabuvir	Holkira Pak	Chronic hepatitis C	3	0	2
pasireotide	Signifor	Cushing's disease	1	1	1
phleum pratense	Grastek	Grass allergy	1	0	0
riociguat	Adempas	Pulmonary hypertension, chronic thromboembolic	0	0	1
sofosbuvir	Sovaldi	Chronic hepatitis C	36	9	5
stiripentol	Diacomit	Dravet syndrome	0	0	1
Umeclidinium/ vilanterol	Anoro Ellipta	Chronic obstructive pulmonary disease	0	0	0
ustekinumab	Stelara	Psoriatic arthritis	0	0	0

2014 Reports

Type, Timelines, and Number of Completed Drug Submission Reviews, by Quarter

Reporting Period	Review Type ⁴⁷	Target Timeline (months)	Reviews Completed ⁴⁸	Actual Review Times (months)			Reviews Meeting Target Timeline (%)
				Avg.	Min.	Max.	
Q1 (Mar/14)	Priority	6	0	N/A	N/A	N/A	N/A
	Standard	9	8	8.0	5.9	11.9	87.5
	Priority Complex	9	1	14.3	14.3	14.3	0
	Complex	12	2	11.8	11.5	12.2	50.0
	Other ⁴⁹	N/A	0	N/A	N/A	N/A	N/A
Q2 (Jun/14)	Priority	6	0	N/A	N/A	N/A	N/A
	Standard	9	3	7.5	4.5	9.0	100.0
	Priority Complex	9	0	N/A	N/A	N/A	N/A
	Complex	12	1	2.5	2.5	2.5	100.0
	Other	N/A	2	N/A	N/A	N/A	N/A
Q3 (Sep/14)	Priority	6	0	N/A	N/A	N/A	N/A
	Standard	9	13	7.6	1.5	9.9	84.6
	Priority Complex	9	0	N/A	N/A	N/A	N/A
	Complex	12	5	13.0	5.4	21.8	40.0
	Other	N/A	0	N/A	N/A	N/A	N/A
Q4 (Dec/14)	Priority	6	0	N/A	N/A	N/A	N/A
	Standard	9	6	6.1	4.3	8.7	100.0
	Priority Complex	9	0	N/A	N/A	N/A	N/A
	Complex	12	3	11.4	7.1	14.9	33.3
	Other	N/A	3	N/A	N/A	N/A	N/A
2014 Total	Priority	6	0	N/A	N/A	N/A	N/A
	Standard	9	30	7.5	1.5	11.9	90.0
	Priority Complex	9	1	14.3	14.3	14.3	0
	Complex	12	11	11.4	2.5	21.8	45.5
	Other	N/A	5	N/A	N/A	N/A	N/A
	Submissions with Timelines ⁵⁰	6-12	42	8.6	1.5	21.8	76.2

⁴⁷ Review types are defined in "[The Drug Review Process in B.C. – Detailed](#)" on the PharmaCare website.

⁴⁸ A submission review is complete on the date of the formulary decision or the coverage effective date.

⁴⁹ The 'Other' category covers submissions not subject to target timelines.

⁵⁰ Does not include drugs counted in the 'Other' category.

Drug Review Decisions Summary

Generic Name	Trade Name	Indication	Submission Type ⁵¹	Decision Date	Decision ⁵²
pirfenidone	Esbriet	Idiopathic pulmonary fibrosis	NS	14-Jan-14	Non-Benefit
pegvisomant for injection	Somavert	Last line of treatment for acromegaly	R	14-Jan-14	Non-Benefit
eculizumab	Soliris	Atypical hemolytic uremic syndrome	NI	14-Jan-14	Non-Benefit
doxycycline monohydrate	Aprilon	Rosacea	NS	28-Jan-14	Non-Benefit
methadone	MethaDose	Substitution therapy for opioid dependence	NS	1-Feb-14	Regular Benefit
abatacept subcutaneous (sc)	Orencia	Rheumatoid arthritis	R	25-Feb-14	Limited Coverage
fidaxomicin	Dificid	Clostridium difficile infection	NS	25-Feb-14	Limited Coverage
adalimumab	Humira	Pediatric juvenile idiopathic arthritis	NI	25-Feb-14	Limited Coverage
collagenase clostridium histolyticum	Xiaflex	Dupuytren's contracture with a palpable cord	NS	25-Mar-14	Non-Benefit
interferon beta-1a	Rebif	Clinically Isolated Syndrome	NI	25-Mar-14	Non-Benefit
nebivolol	Bystolic	Hypertension	NS	25-Mar-14	Non-Benefit
ingenol mebutate	Picato	Actinic keratosis	NS	5-Jun-14	Non-Benefit
Contour Next (50 strips box)	Contour Next	Blood glucose test strips	BGTS	17-Jun-14	Non-Benefit
dimethyl fumarate	Tecfidera	Relapsing-remitting multiple sclerosis	NS	24-Jun-14	Limited Coverage
dimethyl fumarate 240 mg delayed-release capsule	Tecfidera	Relapsing-remitting multiple sclerosis	LE	24-Jun-14	Limited Coverage
zolpidem tartrate	Sublinox	Insomnia	NS	24-Jun-14	Non-Benefit

⁵¹ Submission type key: Blood Glucose Test Strips (BGTS), Clinician Submissions (CS), Line Extensions (LE), Modification of Coverage/criteria (MC), Ministry Initiated (MI), New Indications (NI), New Submissions (NS), Resubmissions (R), and Therapeutic Review of Drug Class (TR).

⁵² Before PharmaCare will cover a Limited Coverage drug, the patient's prescriber has to obtain approval from the PharmaCare Special Authority Unit.

For limited coverage criteria, visit www.gov.bc.ca/pharmacarespecialauthority.

For more details on each drug submission, visit <https://fmdb.hlth.gov.bc.ca/>.

colesevelam	Lodalis	Hypercholesterolemia	MI	24-Jun-14	Regular Benefit
azilsartan medoxomil-chlorthalidone	Edarbyclor	Hypertension	NS	29-Jul-14	Non-Benefit
azilsartan medoxomil	Edarbi	Hypertension	NS	29-Jul-14	Non-Benefit
linagliptin-metformin	Jentadueto	Type 2 diabetes mellitus	NS	5-Aug-14	Limited Coverage
Saxagliptin-metformin	Komboglyze	Type 2 diabetes mellitus	NS	5-Aug-14	Limited Coverage
saxagliptin hydrochloride 2.5 mg tablet	Onglyza	Type 2 diabetes with renal impairment	LE	5-Aug-14	Limited Coverage
saxagliptin	Onglyza	Type 2 diabetes mellitus	R	5-Aug-14	Limited Coverage
sitagliptin phosphate monohydrate 25 and 50 mg tablets	Januvia	Type 2 diabetes mellitus with renal insufficiency	LE	5-Aug-14	Non-Benefit
sitagliptin-metformin hydrochloride	Janumet XR	Type 2 diabetes mellitus	LE	5-Aug-14	Non-Benefit
somatropin	Genotropin	Growth hormone deficiency in adults	NS	5-Aug-14	Non-Benefit
somatropin	Genotropin	Growth hormone deficiency in children	NS	5-Aug-14	Limited Coverage
somatropin	Genotropin	Turner syndrome	NI	5-Aug-14	Non-Benefit
everolimus	Afinitor	Renal angiomyolipoma associated with tuberous sclerosis complex	NS	12-Aug-14	Non-Benefit
perampanel	Fycompa	Partial-onset seizure	NS	15-Aug-14	Limited Coverage
insulin detemir	Levemir FlexTouch	Diabetes type 1 or 2	LE	28-Aug-14	Limited Coverage
lurasidone	Latuda	Management of the manifestations of schizophrenia	R	16-Sep-14	Non-Benefit
somatropin 5 and 20 mg	Nutropin AQ Nuspin	Growth Hormone Deficiency; growth failure associated with chronic renal insufficiency and Turner syndrome	LE	23-Sep-14	Limited Coverage
acridinium bromide	Tudorza Genuair	Chronic obstructive pulmonary disease	NS	30-Sep-14	Limited Coverage

rivaroxaban	Xarelto	Venous thromboembolic events , pulmonary embolism	NI	30-Sep-14	Limited Coverage
epoprostenol sodium	Caripul	Primary pulmonary hypertension and secondary pulmonary hypertension	NS	21-Oct-14	Limited Coverage
peginterferon alfa-2a	Pegasys RBV ProClick Autoinjector	Chronic hepatitis B and C	LE	28-Oct-14	Limited Coverage
simeprevir	Galexos	Chronic hepatitis C (genotype 1)	NS	28-Oct-14	Limited Coverage
rotigotine	Neupro	Parkinsons disease	NS	18-Nov-14	Non-Benefit
OnabotulinumtoxinA	Botox	Chronic migraine	NI	18-Nov-14	Non-Benefit
eplerenone	Inspra	Heart failure, NYHA class II	NI	18-Nov-14	Non-Benefit
Blood Glucose Test Strips	GE200 Glucose Test Strips	Blood glucose test strips	BGTS	18-Nov-14	Regular Benefit
SURETEST Blood Glucose Test Strips	SURETEST Blood Glucose Test Strips	Blood glucose test strips	BGTS	18-Nov-14	Regular Benefit
Bravo Blood Glucose Test Strips	Bravo Blood Glucose Test Strips	Blood glucose test strips	BGTS	18-Nov-14	Regular Benefit
ketorolac tromethamine	Acuvail	Treatment of pain and inflammation following cataract surgery	LE	9-Dec-14	Regular Benefit
teriflunomide	Aubagio	Relapsing-remitting multiple sclerosis	NS	9-Dec-14	Limited Coverage
tocilizumab	Actemra	Pediatric juvenile idiopathic arthritis	NI	9-Dec-14	Limited Coverage

Patient and Caregiver Input Summary

Drug Details			Patient Responses to calls for input		
Generic Name	Trade Name	Indication	Patient	Caregiver	Patient Group
abatacept subcutaneous (sc)	Orencia	Rheumatoid arthritis	18	1	2
acridinium bromide	Tudorza Genuair	Chronic obstructive pulmonary disease	0	0	1
adalimumab	Humira	Juvenile idiopathic arthritis	11	2	2
alemtuzumab ⁴¹	Lemtrada	Relapsing-remitting multiple sclerosis	14	5	1
azilsartan medoxomil	Edarbi	Hypertension	0	0	0
azilsartan medoxomil + chlorthalidone	Edarbyclor	Hypertension	0	0	0
collagenase clostridium histolyticum	Xiaflex	Dupuytren's contracture with a palpable cord	2	0	0
dimethyl fumarate	Tecfidera	Relapsing-remitting multiple sclerosis	6	0	1
doxycycline monohydrate	Aprilon	Rosacea	2	1	0
eculizumab	Soliris	Atypical hemolytic uremic syndrome	1	1	1
eplerenone	Inspra	Heart failure, NYHA class II	1	0	0
everolimus	Afinitor	Renal angiomyolipoma associated with tuberous sclerosis complex	0	0	0
fidaxomicin	Dificid	Clostridium difficile infection	2	1	2
ingenol mebutate	Picato	Actinic keratosis	1	0	1
interferon beta-1a	Rebif	Clinically isolated syndrome	2	0	0
linagliptin-metformin	Jentadueto	Type 2 diabetes mellitus	2	0	0
lurasidone	Latuda	Management of the manifestations of Schizophrenia	1	5	1

⁴¹ This drug submission was withdrawn by the manufacturer and is not counted in the completed drug review table in this report.

Drug Details			Patient Responses to calls for input		
Generic Name	Trade Name	Indication	Patient	Caregiver	Patient Group
nebivolol	Bystolic	Hypertension	1	1	1
OnabotulinumtoxinA	Botox	Chronic migraine	80	2	0
pegvisomant for injection	Somavert	Last line of treatment for acromegaly	2	1	0
perampanel	Fycompa	Partial onset seizures	1	5	1
pirfenidone	Esbriet	Idiopathic Pulmonary fibrosis (	14	5	2
rivaroxaban	Xarelto	Venous thromboembolic events , pulmonary embolism	1	1	0
rotigotine	Neupro	Parkinsons disease	4	1	1
saxagliptin	Onglyza	Type 2 diabetes mellitus	1	0	1
saxagliptin-metformin	Komboglyze	Type 2 diabetes mellitus	0	0	0
simeprevir	Galexos	Chronic hepatitis C (genotype 1)	8	0	1
somatropin	Genotropin	Growth hormone deficiency in adults	0	5	0
somatropin	Genotropin	Growth hormone deficiency in children	1	3	0
somatropin	Genotropin	Turner syndrome	0	0	0
teriflunomide	Aubagio	Relapsing-remitting multiple sclerosis	12	1	1
tocilizumab	Actemra	Pediatric juvenile idiopathic arthritis	0	0	2
zolpidem tartrate	Sublinox	Insomnia	3	0	1

2013 Reports

Type, Timelines, and Number of Completed Drug Submission Reviews, by Quarter

Reporting Period	Review Type ⁵³	Target Timeline (months)	Reviews Completed ⁵⁴	Actual Review Times (months)			Reviews Meeting Target Timeline (%)
				Avg.	Min.	Max.	
Q1 (Mar/13)	Priority	6	0	N/A	N/A	N/A	N/A
	Standard	9	6	8.6	7.8	9.0	100.0
	Priority Complex	9	0	N/A	N/A	N/A	N/A
	Complex	12	2	2.9	2.1	3.6	100.0
	Other ⁵⁵	N/A	0	N/A	N/A	N/A	NA
Q2 (Jun/13)	Priority	6	0	N/A	N/A	N/A	N/A
	Standard	9	6	8.1	5.8	9.5	83.3
	Priority Complex	9	0	N/A	N/A	N/A	N/A
	Complex	12	6	7.9	3.7	18	66.6
	Other	N/A	1	N/A	N/A	N/A	N/A
Q3 (Sep/13)	Priority	6	1	6.0	6.0	6.0	100.0
	Standard	9	3	6.0	4.1	7.9	100.0
	Priority Complex	9	0	N/A	N/A	N/A	N/A
	Complex	12	2	8.9	6.2	11.7	100.0
	Other	N/A	0	N/A	N/A	N/A	N/A
Q4 (Dec/13)	Priority	6	0	N/A	N/A	N/A	N/A
	Standard	9	5	5.4	3.9	7.4	100.0
	Priority Complex	9	0	N/A	N/A	N/A	N/A
	Complex	12	3	7.8	4.2	14.3	66.6
	Other	N/A	1	N/A	N/A	N/A	N/A
2013 Total	Priority	6	1	6.0	6.0	6.0	100.0
	Standard	9	20	7.3	3.9	9.5	95.0
	Priority Complex	9	0	N/A	N/A	N/A	N/A
	Complex	12	13	7.2	2.1	18.0	76.9
	Other	N/A	2	N/A	N/A	N/A	N/A

⁵³ Review types are defined in “[The Drug Review Process in B.C. – Detailed](#)” on the PharmaCare website.

⁵⁴ A submission review is complete on the date of the formulary decision or the coverage effective date.

⁵⁵ The ‘Other’ category covers submissions not subject to target timelines.

Reporting Period	Review Type	Target Timeline (months)	Reviews Completed	Actual Review Times (months)			Reviews Meeting Target Timeline (%)
				Avg.	Min.	Max.	
	Submissions with Timelines ⁵⁶	6-12	34	7.2	2.1	18.0	88.2

Drug Review Decisions Summary

Generic Name	Trade Name	Indication	Submission Type ⁵⁷	Decision Date	Decision ⁵⁸
oseltamivir phosphate	Tamiflu	Influenza	LE	8-Jan-13	Regular Benefit for Plan B Patients
dexamethasone intravitreal implant	Ozurdex	Macular edema following CRVO	NS	7-Jan-13	Non-Benefit
belimumab	Benlysta	Systemic lupus erythematosus	NS	25-Jan-13	Non-Benefit
epinephrine	Allerject	Emergency treatment of anaphylactic reactions in patients who are identified to be at increased risk for anaphylaxis, including individuals with a history of anaphylactic reactions	LE	19-Feb-13	Regular Benefit
asenapine	Saphris	Bipolar 1	NS	14-Mar-13	Limited Coverage
asenapine	Saphris	Schizophrenia	NS	14-Mar-13	Non-Benefit
prucalopride	Resotran	Constipation	NS	14-Mar-13	Non-Benefit
onabotulinumtoxinA	Botox	Neurogenic detrusor overactivity	NI	28-Mar-13	Limited Coverage
escitalopram	Cipralex Meltz	Antidepressant	LE	11-Apr-13	Non-Benefit

⁵⁶ Does not include drugs counted in the 'Other' category.

⁵⁷ Submission type key: Blood Glucose Test Strips (BGTS), Clinician Submissions (CS), Line Extensions (LE), Modification of Coverage/criteria (MC), Ministry Initiated (MI), New Indications (NI), New Submissions (NS), Resubmissions (R), and Therapeutic Review of Drug Class (TR).

⁵⁸ Before PharmaCare will cover a Limited Coverage drug, the patient's prescriber has to obtain approval from the PharmaCare Special Authority Unit.

For limited coverage criteria, visit www.gov.bc.ca/pharmacarespecialauthority.

For more details on each drug submission, visit <https://fmdb.hlth.gov.bc.ca/>.

Generic Name	Trade Name	Indication	Submission Type	Decision Date	Decision
tocilizumab	Actemra	Juvenile idiopathic arthritis	NI	11-Apr-13	Limited Coverage
alfacalcidol	One-Alpha	Hypocalcemia, secondary hyperparathyroidism, and osteodystrophy in patients with chronic renal failure	LE	16-May-13	Regular Benefit
Blood Glucose Test Strips	MyGlucoHealth Test Strips	Diabetes	BGTS	16-May-13	Regular Benefit
fingolimod	Gilenya	Multiple Sclerosis	NS	16-May-13	Limited Coverage
rituximab	Rituxan	Granulomatosis with Polyangiitis /Microscopic Polyangiitis	NI	16-May-13	Limited Coverage
rivaroxaban	Xarelto	Deep vein thrombosis	NI	16-May-13	Limited Coverage
indacaterol	Onbrez	Chronic obstructive pulmonary disease	NS	30-May-13	Limited Coverage
5-aminosalicylic acid	Pentasa	Ulcerative colitis and Crohn's disease	LE	13-Jun-13	Regular Benefit
colesevelam hydrochloride	Lodalis	Hypercholesterolemia	NS	13-Jun-13	Non-Benefit
fampridine	Fampyra	Multiple sclerosis, improve walking disability	NS	20-Jun-13	Non-Benefit
exenatide	Byetta	Type 2 diabetes mellitus	NS	20-Jun-13	Non-Benefit
ustekinumab	Stelara	Psoriasis	LE	20-Jun-13	Limited Coverage
natalizumab	Tysabri	Multiple sclerosis	MC	25-Jul-13	No Change to Coverage
tolvaptan	Samsca	Non-hypovolemic hyponatremia	NS	15-Aug-13	Non-Benefit
transdermal estradiol gel	Divigel 0.1%	Moderate to severe vasomotor symptoms associated with menopause	NS	22-Aug-13	Limited Coverage

Generic Name	Trade Name	Indication	Submission Type	Decision Date	Decision
apixaban	Eliquis	Prevention of stroke and systemic embolism in patients with atrial fibrillation	NI	19-Sep-13	Limited Coverage
glycopyrronium bromide	Seebri	Chronic obstructive pulmonary disease, maintenance bronchodilator treatment	NS	19-Sep-13	Limited Coverage
lurasidone	Latuda	Schizophrenia	NS	19-Sep-13	Non-Benefit
boceprevir	Victrelis	HIV/Hepatitis C	MC	10-Oct-13	Limited Coverage
isotretinoin	Epuris	Treatment of severe acne	LE	10-Oct-13	Non-Benefit
telaprevir	Incivek	HIV/Hepatitis C	MC	10-Oct-13	Limited Coverage
clostridium botulinum toxin, type A	Xeomin	Symptomatic management of blepharospasm cervical dystonia, and post-stroke spasticity of the upper limb	LE	31-Oct-13	Limited Coverage
grass pollen allergen extract	Oralair	Allergic rhinitis (grass pollen)	NS	31-Oct-13	Non-Benefit
palonosetron	Aloxi (capsule)	Prevention of chemotherapy-induced nausea and vomiting	NS	31-Oct-13	Non-Benefit
palonosetron	Aloxi (injection)	Prevention of chemotherapy-induced nausea and vomiting	NS	31-Oct-13	Non-Benefit
oxycodone hydrochloride (Controlled Release)	OxyNEO	Chronic pain	R	29-Nov-13	No Change to Coverage
apixaban	Eliquis	Prevention of venous thromboembolic events	NS	10-Dec-13	Limited Coverage

Patient and Caregiver Input Summary

Drug Details			Patient Responses to calls for input		
Generic Name	Trade Name	Indication	Patient	Caregiver	Patient Group
apixaban	Eliquis	Prevention of venous thromboembolic events	0	0	0
asenapine	Saphris	Bipolar 1	1	0	0
asenapine	Saphris	Schizophrenia	0	0	0
belimumab	Benlysta	Systemic lupus erythematosus	26	2	2
colesevelam hydrochloride	Lodalis	Hypercholesterolemia	1	0	1
dexamethasone intravitreal implant	Ozurdex	Macular edema following CRVO	0	0	0
exenatide	Byetta	Type 2 diabetes mellitus	0	0	0
fampridine	Fampyra	Multiple Sclerosis , improve walking disability	16	2	1
fingolimod	Gilenya	MS	97	11	2
glycopyrronium bromide	Seebri	Chronic obstructive pulmonary disease , maintenance bronchodilator treatment	1	0	1
grass pollen allergen extract	Oralair	Allergic rhinitis (grass pollen)	0	0	0
indacaterol	Onbrez	Chronic obstructive pulmonary disease	6	0	2
lurasidone	Latuda	Schizophrenia	0	0	1
mirabegron ⁵⁹	Myrbetriq	Overactive bladder	5	0	0
onabotulinumtoxinA	Botox	Neurogenic detrusor overactivity	3	0	1
palonosetron	Aloxi (capsule)	Prevention of chemotherapy-induced nausea and vomiting	0	1	1
palonosetron	Aloxi (injection)	Prevention of chemotherapy-induced nausea and vomiting	0	1	0
prucalopride	Resotran	Constipation	2	0	1
rituximab	Rituxan	Granulomatosis with Polyangiitis /Microscopic Polyangiitis	0	0	2
rivaroxaban	Xarelto	Deep vein thrombosis	1	2	0
tocilizumab	Actemra	Juvenile idiopathic arthritis	2	2	2

⁵⁹ This drug submission was withdrawn by the manufacturer and is not counted as a completed review in this report.

Drug Details			Patient Responses to calls for input		
Generic Name	Trade Name	Indication	Patient	Caregiver	Patient Group
ustekinumab	Stelara	Psoriasis	0	0	0

2012 Reports

Type, Timelines, and Number of Completed Drug Submission Reviews, by Quarter

Reporting Period	Review Type ⁶⁰	Target Timeline (months)	Reviews Completed ⁶¹	Actual Review Times (months)			Reviews Meeting Target Timeline (%)
				Avg.	Min.	Max.	
Q1 (Mar/12)	Priority	6	1	4.7	4.7	4.7	100.0
	Standard	9	6	8.0	6.0	9.0	100.0
	Priority Complex	9	0	N/A	N/A	N/A	N/A
	Complex	12	3	5.6	0.3	11.5	100.0
	Other ⁶²	N/A	9	N/A	N/A	N/A	N/A
Q2 (Jun/12)	Priority	6	0	N/A	N/A	N/A	N/A
	Standard	9	5	6.5	1.4	9.0	100.0
	Priority Complex	9	0	N/A	N/A	N/A	N/A
	Complex	12	2	10.1	9.2	11.0	100.0
	Other	N/A	1	N/A	N/A	N/A	N/A
Q3 (Sep/12)	Priority	6	2	4.0	3.4	4.6	100.0
	Standard	9	7	7.1	5.0	8.8	100.0
	Priority Complex	9	1	8.9	8.9	8.9	100.0
	Complex	12	1	2.7	2.7	2.7	N/A
	Other	N/A	7	N/A	N/A	N/A	N/A
Q4 (Dec/12)	Priority	6	0	N/A	N/A	N/A	N/A
	Standard	9	5	6.2	4.5	8.7	100.0
	Priority Complex	9	0	N/A	N/A	N/A	N/A
	Complex	12	5	7.5	1.4	13.1	80.0
	Other	N/A	2	N/A	N/A	N/A	N/A
2012 Total	Priority	6	3	4.3	3.4	4.7	100.0
	Standard	9	23	7.0	1.4	9.0	100.0
	Priority Complex	9	1	8.9	8.9	8.9	100.0
	Complex	12	11	7.0	0.3	13.1	90.0
	Other	N/A	19	N/A	N/A	N/A	N/A

⁶⁰ Review types are defined in "[The Drug Review Process in B.C. – Detailed](#)" on the PharmaCare website.

⁶¹ A submission review is complete on the date of the formulary decision or the coverage effective date.

⁶² The 'Other' category covers submissions not subject to target timelines.

Reporting Period	Review Type ⁴⁹	Target Timeline (months)	Reviews Completed ⁵⁰	Actual Review Times (months)			Reviews Meeting Target Timeline (%)
				Avg.	Min.	Max.	
Q1 (Mar/12)	Priority	6	1	4.7	4.7	4.7	100.0
	Standard	9	6	8.0	6.0	9.0	100.0
	Priority Complex	9	0	N/A	N/A	N/A	N/A
	Complex	12	3	5.6	0.3	11.5	100.0
	Other	N/A	9	N/A	N/A	N/A	N/A
	Submissions with Timelines ⁶³	6-12	37	7.0	1.4	13.5	97.3

Drug Review Decisions Summary

Generic Name	Trade Name	Indication	Submission Type ⁶⁴	Decision Date	Decision ⁶⁵
febuxostat	Uloric	Gout	NS	5-Jan-12	Limited Coverage
tenofovir	Viread	Hepatitis B	MC	9-Jan-12	Limited Coverage
tenofovir	Viread	Treatment of lamivudine-resistant chronic hepatitis B	MI	19-Jan-12	Limited Coverage
acarbose	Glucobay	Type 2 diabetes	MC	20-Jan-12	Non-Benefit
lacosamide	Vimpat	Epilepsy	NS	25-Jan-12	Limited Coverage
paliperidone palmitate	Invega Sustenna	Schizophrenia	NS	25-Jan-12	Limited Coverage
oxycodone hydrochloride	OxyNEO	Pain	LE	25-Feb-12	Non-Benefit
Blood Glucose Test Strips	OneTouch Verio	Diabetes	BGTS	6-Mar-12	Regular Benefit
Blood Glucose Test Strips	Rightest GS100	Diabetes	BGTS	6-Mar-12	Regular Benefit

⁶³ Does not include drugs counted in the 'Other' category.

⁶⁴ Submission type key: Blood Glucose Test Strips (BGTS), Clinician Submissions (CS), Line Extensions (LE), Modification of Coverage/criteria (MC), Ministry Initiated (MI), New Indications (NI), New Submissions (NS), Resubmissions (R), and Therapeutic Review of Drug Class (TR).

⁶⁵ Before PharmaCare will cover a Limited Coverage drug, the patient's prescriber has to obtain approval from the PharmaCare Special Authority Unit.

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Generic Name	Trade Name	Indication	Submission Type	Decision Date	Decision
Blood Glucose Test Strips	BGStar	Diabetes	BGTS	6-Mar-12	Regular Benefit
cyclosporine	Restasis	Moderate to severe dry eye	NS	13-Mar-12	Non-Benefit
boceprevir	Victrelis	Hepatitis C	NS	15-Mar-12	Limited Coverage
Blood Glucose Test Strips	Rapid Response	Diabetes	BGTS	30-Mar-12	Regular Benefit
Creon 6	Creon 6	Pancreatic enzyme replacement therapy where digestion is not adequate due to pancreatic exocrine insufficiency	LE	30-Mar-12	Regular Benefit
hydromorphone hydrochloride	Jurnista	Chronic pain	R	30-Mar-12	Limited Coverage
liraglutide	Victoza	Type 2 diabetes mellitus	NS	30-Mar-12	Non-Benefit
roflumilast	Daxas	Chronic obstructive pulmonary disease	NS	30-Mar-12	Non-Benefit
buprenorphine	BuTrans	Persistent pain	R	15-May-12	Non-Benefit
tapentadol	Nucynta	Moderate to moderately severe pain	NS	15-May-12	Non-Benefit
dabigatran	Pradax	Prevention of stroke and systemic embolism in patients with atrial fibrillation	NI	23-May-12	Limited Coverage
eltrombopag	Revolade	Adult immune idiopathic thrombocytopenic	NS	30-May-12	Non-Benefit
mometasone furoate / formoterol fumarate	Zenhale	Asthma	NS	28-Jun-12	Limited Coverage
mometasone furoate	Asmanex	Prophylactic management of steroid-response bronchial asthma	NS	28-Jun-12	Regular Benefit
risedronate sodium	Actonel DR	Osteoporosis	LE	28-Jun-12	Non-Benefit

Generic Name	Trade Name	Indication	Submission Type	Decision Date	Decision
zoledronic acid	Zometa	Prevention of skeletal-related events in patients with castrate-resistant prostate cancer	MI	28-Jun-12	Status Quo – Benefit
telaprevir	Incivek	Hepatitis C	NS	5-Jul-12	Limited Coverage
alitretinoin	Toctino	Eczema	NS	17-Jul-12	Limited Coverage
Low Molecular Weight Heparin		Prophylaxis in patients undergoing abdominal surgery due to cancer	CS	17-Jul-12	Limited Coverage
zoledronic acid	Aclasta	Osteoporosis	MC	17-Jul-12	Limited Coverage
fentanyl citrate	Abstral	Pain from cancer	NS	31-Jul-12	Non-Benefit
fentanyl citrate	Onsolis	Pain from cancer	NS	31-Jul-12	Non-Benefit
sapropterin	Kuvan	Phenylketonuria	NS	31-Jul-12	Non-Benefit
rivaroxaban	Xarelto	Stroke prevention in patients with atrial fibrillation	NI	2-Aug-12	Limited Coverage
rufinamide	Banzel	Lennox-Gastaut Syndrome	NS	14-Aug-12	Limited Coverage
Blood Glucose Test Strips	FreeStyle Precision	Diabetes	BGTS	15-Aug-12	Regular Benefit
Blood Glucose Test Strips	Bayer Contour NEXT	Diabetes	BGTS	15-Aug-12	Regular Benefit
Blood Glucose Test Strips	Medisure Diabetic Test Strips	Diabetes	BGTS	15-Aug-12	Regular Benefit
linagliptin	Trajenta	Type 2 diabetes mellitus	NS	30-Aug-12	Limited Coverage
telmisartan-amlodipine	Twynsta	Hypertension	NS	30-Aug-12	Limited Coverage
aztreonam	Cayston	Cystic fibrosis with chronic pulmonary pseudomonas aeruginosa infections	NS	13-Sep-12	Limited Coverage
ticagrelor	Brilinta	Thrombosis in acute coronary syndromes	R	13-Sep-12	Limited Coverage
tobramycin	TOBI	Cystic fibrosis	MI	13-Sep-12	Limited Coverage

Generic Name	Trade Name	Indication	Submission Type	Decision Date	Decision
dienogest	Visanne	Pelvic pain associated with endometriosis	NS	2-Oct-12	Limited Coverage
silodosin	Rapaflo	Treatment of benign prostatic hyperplasia	NS	2-Oct-12	Non-Benefit
oxycodone HCl / naloxone HCl	Targin	Pain and relief of opioid-induced constipation	R	16-Oct-12	Non-Benefit
prasugrel	Effient	Acute Coronary Syndrome	R	30-Oct-12	Limited Coverage
7% hypertonic sodium chloride solution	HyperSal 7%	Cystic fibrosis	NS	1-Dec-12	Regular Benefit
hypertonic sodium chloride solution for Inhalation	Nebusal 7%	Cystic fibrosis	NS	1-Dec-12	Regular Benefit
methylprednisolone sodium succinate for injection USP	SOLUMEDROL® ACT-O-VIALS	Corticosteroid-responsive conditions	LE	1-Dec-12	Regular Benefit
celecoxib	Celebrex	Osteoarthritis, adult rheumatoid arthritis, ankylosing spondylitis, short term management of moderate to severe acute pain in adults	MC	18-Dec-12	Limited Coverage
denosumab	Xgeva	Prevention of skeletal-related events due to bone metastases from solid tumours	NS	18-Dec-12	Non-Benefit
dexlansoprazole	Dexilant	Healing of erosive esophagitis; Maintaining healing of erosive esophagitis; gastroesophageal reflux disease	NS	18-Dec-12	Non-Benefit
oxybutynin chloride gel	Gelnique	Overactive bladder	NS	18-Dec-12	Non-Benefit
somatropin	Nutropin AQ NuSpin	Growth hormone deficiency, growth failure associated with chronic renal insufficiency and Turner syndrome	LE	18-Dec-12	Limited Coverage

Patient and Caregiver Input Summary

Drug Details			Patient Responses to calls for input		
Generic Name	Trade Name	Indication	Patient	Caregiver	Patient Group
alitretinoin	Toctino	Eczema	1	0	1
aztreonam	Cayston	Cystic fibrosis with chronic pulmonary pseudomonas aeruginosa infections	2	6	2
boceprevir	Victrelis	Hepatitis C	71	13	6
buprenorphine	BuTrans	Persistent pain	10	0	0
celecoxib	Celebrex	Osteoarthritis, adult rheumatoid arthritis, ankylosing spondylitis, short term management of moderate to severe acute pain in adults	21	9	3
cyclosporine	Restasis	Dry eye	18	0	4
dabigatran	Pradax	Prevention of stroke and systemic embolism in patients with atrial fibrillation	12	3	0
denosumab ⁶⁶	Xgeva	Prevention of skeletal-related events due to bone metastases from solid tumours	5	2	1
dexlansoprazole	Dexilant	Healing of erosive esophagitis; Maintaining healing of erosive esophagitis; gastroesophageal reflux disease	3	0	1
dienogest	Visanne	Pelvic pain associated with endometriosis	1	1	0
eltrombopag	Revolade	Adult immune idiopathic thrombocytopenic	0	0	0
febuxostat	Uloric	Gout	2	0	1
fentanyl citrate	Abstral	Pain from cancer	0	2	0
fentanyl citrate	Onsolis	Pain from cancer	0	0	0
hydromorphone hydrochloride	Jurnista	Chronic pain	8	0	0
lacosamide	Vimpat	Epilepsy	6	9	3
linagliptin	Trajenta	Type 2 diabetes mellitus	2	1	0
liraglutide	Victoza	Type 2 diabetes mellitus	23	7	0

⁶⁶ A combined call for input was issued for denosumab (Xgeva) and zoledronic acid (Xgeva). Responses should only be counted once as respondents were commenting on both drugs.

Drug Details			Patient Responses to calls for input		
Generic Name	Trade Name	Indication	Patient	Caregiver	Patient Group
mometasone furoate / formoterol fumarate	Zenhale	Asthma	1	1	3
oxybutynin chloride gel	Gelnique	Overactive bladder	3	0	1
oxycodone HCl / naloxone HCl	Targin	Moderate to severe pain and relief of opioid-induced constipation	5	1	1
paliperidone palmitate	Invega Sustenna	Schizophrenia	0	7	3
prasugrel	Effient	Acute coronary syndromes	0	0	0
rivaroxaban	Xarelto	Stroke prevention in patients with atrial fibrillation	4	0	1
roflumilast	Daxas	Chronic obstructive pulmonary Disease	0	0	2
rufinamide	Banzel	Lennox-Gastaut Syndrome	0	0	1
sapropterin	Kuvan	Phenylketonuria	6	21	1
saxagliptin	Onglyza	Type 2 diabetes mellitus	1	0	1
silodosin	Rapaflo	Treatment of benign prostatic hyperplasia	0	0	0
tapentadol	Nucynta	Pain	3	0	1
telaprevir	Incivek	Hepatitis C	0	0	5
telmisartan-amlodipine	Twynsta	Hypertension	3	0	0
tenofovir	Viread	Hepatitis B	7	1	1
tenofovir	Viread	Treatment of lamivudine-resistant chronic hepatitis B			
ticagrelor	Brilinta	Thrombosis in acute coronary syndrome	1	2	4
tobramycin	TOBI	Cystic fibrosis	13	17	1
zoledronic acid ⁶⁷	Zometa	Prevention of skeletal-related events in patients with castrate-resistant prostate cancer	5	2	1
zoledronic acid	Aclasta	Osteoporosis	40	0	3

⁶⁷ A combined call for input was issued for denosumab (Xgeva) and zoledronic acid (Xgeva). Responses should only be counted once as respondents were commenting on both drugs.