

# Quarterly Report on Completed Drug Submission Reviews

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Last updated Jan 3, 2019

## Overview

The *Quarterly Report on Completed Drug Submission Reviews* report is divided into three reports for each year<sup>1</sup>:

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 2012-2018

<b>2018 Reports</b> .....	<b>3</b>
Type, Timelines, and Number of Completed Drug Submission Reviews, by Quarter .....	3
Drug Review Decisions Summary .....	4
Patient and Caregiver Input Summary .....	9
<b>2017 Reports</b> .....	<b>12</b>
Type, Timelines, and Number of Completed Drug Submission Reviews, by Quarter .....	12
Drug Review Decisions Summary .....	13
Patient and Caregiver Input Summary .....	17
Idiopathic Pulmonary Fibrosis.....	18
<b>2016 Reports</b> .....	<b>19</b>
Type, Timelines, and Number of Completed Drug Submission Reviews, by Quarter .....	19
Drug Review Decisions Summary .....	20
Patient and Caregiver Input Summary .....	23
<b>2015 Reports</b> .....	<b>25</b>
Type, Timelines, and Number of Completed Drug Submission Reviews, by Quarter .....	25
Drug Review Decisions Summary .....	26
Patient and Caregiver Input Summary .....	29
<b>2014 Reports</b> .....	<b>31</b>

<sup>1</sup> Note that there is no *Patient and Caregiver Input Summary* report for 2012.

Type, Timelines, and Number of Completed Drug Submission Reviews, by Quarter .....	31
Drug Review Decisions Summary .....	32
Patient and Caregiver Input Summary .....	35
<b>2013 Reports .....</b>	<b>37</b>
Type, Timelines, and Number of Completed Drug Submission Reviews, by Quarter .....	37
Drug Review Decisions Summary .....	38
Patient and Caregiver Input Summary .....	41
<b>2012 Reports .....</b>	<b>43</b>
Type, Timelines, and Number of Completed Drug Submission Reviews, by Quarter .....	43
Drug Review Decisions Summary .....	44

## 2018 Reports

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

Reporting Period	Review Type <sup>2</sup>	Target Timeline (months)	Reviews Completed <sup>3</sup>	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 <sup>4</sup>	N/A	4	23.82	16.39	33.71	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	20.44	20.06	21.19	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	21.38	2.87	35.8	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	21.41	2.87	35.8	N/A
	Submissions with Timelines <sup>5</sup>	6-12	25	12.12	1.68	37.60	76%

<sup>2</sup> Review types are defined in "[The Drug Review Process in B.C. – Detailed](#)" on the PharmaCare website.

<sup>3</sup> A submission review is complete on the date of the formulary decision or the coverage effective date.

<sup>4</sup> The 'Other' category covers submissions not subject to target timelines.

<sup>5</sup> Does not include drugs counted in the 'Other' category.

## Drug Review Decisions Summary

Generic Name	Trade Name	Indication	Submission Type <sup>6</sup>	Decision Date	Decision <sup>7</sup>
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 (IPF)	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

<sup>6</sup> 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).

<sup>7</sup> 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](http://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	OAB	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	NYHA class II to IV Heart failure	NS	30-Oct-18	Limited Coverage-Special Authority required
obeticholic acid	OCALIVA	Primary biliary cholangitis (PBC)	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
dexamethasone	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™	NYHA class II to IV Heart failure	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 (IPF)	1	0	1
nitisinone	Orfadin®	Type 1 Hypertyrosinemia	0	0	0
obeticholic acid	Ocaliva®	Primary biliary cholangitis (PBC)	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
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## 2017 Reports

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

Reporting Period	Review Type <sup>8</sup>	Target Timeline (months)	Reviews Completed <sup>9</sup>	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 <sup>10</sup>	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 <sup>11</sup>	6-12	33	9.21	2.0	37.0	80

<sup>8</sup> Review types are defined in "[The Drug Review Process in B.C. – Detailed](#)" on the PharmaCare website.

<sup>9</sup> A submission review is complete on the date of the formulary decision or the coverage effective date.

<sup>10</sup> The 'Other' category covers submissions not subject to target timelines.

<sup>11</sup> Does not include drugs counted in the 'Other' category.

## Drug Review Decisions Summary

Generic Name	Trade Name	Indication	Submission Type <sup>12</sup>	Decision Date	Decision <sup>13</sup>
canakinumab	Ilaris	active systemic Juvenile Idiopathic Arthritis (sJIA) 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	CREON	Pancreatic enzymes	LE	14-Feb-	Regular Benefit

<sup>12</sup> 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).

<sup>13</sup> 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](http://www.gov.bc.ca/pharmacarespecialauthority).

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

protease				17	
tinzaparin sodium	Innohep	VTE 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	Eplusa	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 (ADHD)	TR	18-Apr-17	Limited Coverage
methotrexate sodium	METOJECT Single pre-use pre-filled syringes	Disease Modifying Antirheumatic (DMARD)	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 (SBS)	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	symptomatic 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 (RA), psoriatic arthritis (PsA), and ankylosing spondylitis (AS)	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 (sJIA) 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 <sup>14</sup>	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 (SBS)	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

<sup>14</sup> 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 <sup>15</sup>	Target Timeline (months)	Reviews Completed <sup>16</sup>	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 <sup>17</sup>	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 <sup>18</sup>	6-12	27	7.9	0.2	12.0	100

<sup>15</sup> Review types are defined in [“The Drug Review Process in B.C. – Detailed”](#) on the PharmaCare website.

<sup>16</sup> A submission review is complete on the date of the formulary decision or the coverage effective date.

<sup>17</sup> The ‘Other’ category covers submissions not subject to target timelines.

<sup>18</sup> Does not include drugs counted in the ‘Other’ category.

## Drug Review Decisions Summary

Generic Name	Trade Name	Indication	Submission Type <sup>19</sup>	Decision Date	Decision <sup>20</sup>
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 (COPD)	NS	15-Mar-16	Limited Coverage
donepezil galantamine rivastigmine	Aricept Reminyl Exelon	Alzheimers Drug Therapy Initiative (ADTI)	TR	1-Apr-16	Limited Coverage
aclidinium bromide- formoterol fumarate dihydrate	Duaklir Genuair	Chronic Obstructive Pulmonary Disease (COPD)	NS	5-Apr-16	Limited Coverage
apixaban	Eliquis	Treatment and prevention of recurrence of venous thromboembolic events (VTE)	NI	5-Apr-16	Limited Coverage

<sup>19</sup> 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).

<sup>20</sup> 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](http://www.gov.bc.ca/pharmacarespecialauthority).

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

mometasone furoate drug powder inhaler 100 mcg/metered inhalation	Asmanex Twisthaler	Pediatric asthma	LE	5-Apr-16	Non-Benefit
ribavirin	Ibavyr (200 mg tablets)	Chronic Hepatitis C	LE	5-Apr-16	Limited Coverage
tiotropium bromide	Spiriva Respimat	COPD	NS	5-Apr-16	Limited Coverage
tiotropium-olodaterol	Inspolto Respimat	COPD	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 (sJIA)	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 (CIU)	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
acridinium bromide-formoterol fumarate dihydrate	Duaklir Genuair	Chronic Obstructive Pulmonary Disease (COPD)	0	0	1
apixaban	Eliquis	Treatment and prevention of recurrence of venous thromboembolic events (VTE)	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 (CIU)	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 (MS)	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 (COPD)	0	0	1
apixaban	Eliquis	Treatment and prevention of recurrence of venous thromboembolic events (VTE)	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 <sup>21</sup>	Target Timeline (months)	Reviews Completed <sup>22</sup>	Actual Review Times (months)			Reviews Meeting Target Timeline (%)
				Avg.	Min.	Max.	
<b>Q1</b> (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 <sup>23</sup>	N/A	2	N/A	N/A	N/A	N/A
<b>Q2</b> (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
<b>Q3</b> (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
<b>Q4</b> (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
<b>2015 Total</b>	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 <sup>24</sup>	6-12	38	5.5	0.2	11.8	100

<sup>21</sup> Review types are defined in [“The Drug Review Process in B.C. – Detailed”](#) on the PharmaCare website.

<sup>22</sup> A submission review is complete on the date of the formulary decision or the coverage effective date.

<sup>23</sup> The ‘Other’ category covers submissions not subject to target timelines.

<sup>24</sup> Does not include drugs counted in the ‘Other’ category.

## Drug Review Decisions Summary

Generic Name	Trade Name	Indication	Submission Type <sup>25</sup>	Decision Date	Decision <sup>26</sup>
guanfacine hydrochloride	Intuniv XR	Attention deficit hyperactivity disorder (ADHD)	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 (COPD)	LE	17-Feb-15	Regular Benefit
tinzaparin sodium	Innohep	Deep vein thrombosis (DVT) 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 <sup>27</sup> ; 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	NI	14-Apr-15	Non-

<sup>25</sup> 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).

<sup>26</sup> 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/>.

<sup>27</sup> Ivacaftor (Kalydeco) is a Non-Benefit, but is also covered on an exceptional case by case basis.

		Disorder (MDD)			Benefit
ticagrelor	Brilinta	Prevention of thrombotic events in Acute Coronary Syndromes (ACS)	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 (UCAD)	LE	5-May-15	Non-Benefit
fluticasone furoate-vilanterol	Breo Ellipta	COPD	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	COPD	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)	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	COPD	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 <sup>28</sup>	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 (MDD)	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 (COPD)	2	0	0
fosfomycin tromethamine	Monurol	Uncomplicated Urinary Tract Infections	1	0	0
guanfacine hydrochloride	Intuniv XR	Attention deficit hyperactivity disorder (ADHD)	0	0	0
indacaterol - glycopyrronium	Ultibro Breezhaler	COPD	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

<sup>28</sup> 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	COPD	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 <sup>29</sup>	Target Timeline (months)	Reviews Completed <sup>30</sup>	Actual Review Times (months)			Reviews Meeting Target Timeline (%)
				Avg.	Min.	Max.	
<b>Q1</b> (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 <sup>31</sup>	N/A	0	N/A	N/A	N/A	N/A
<b>Q2</b> (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
<b>Q3</b> (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
<b>Q4</b> (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
<b>2014 Total</b>	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 <sup>32</sup>	6-12	42	8.6	1.5	21.8	76.2

<sup>29</sup> Review types are defined in "[The Drug Review Process in B.C. – Detailed](#)" on the PharmaCare website.

<sup>30</sup> A submission review is complete on the date of the formulary decision or the coverage effective date.

<sup>31</sup> The 'Other' category covers submissions not subject to target timelines.

<sup>32</sup> Does not include drugs counted in the 'Other' category.

## Drug Review Decisions Summary

Generic Name	Trade Name	Indication	Submission Type <sup>33</sup>	Decision Date	Decision <sup>34</sup>
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	Apprilon	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 (pJIA)	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)	BGTS	17-Jun-14	Non-Benefit
dimethyl fumarate	Tecfidera	Relapsing-remitting Multiple Sclerosis (MS)	NS	24-Jun-14	Limited Coverage
dimethyl fumarate 240 mg delayed-release capsule	Tecfidera	Relapsing-remitting MS	LE	24-Jun-14	Limited Coverage
zolpidem tartrate	Sublinox	Insomnia	NS	24-Jun-14	Non-Benefit

<sup>33</sup> 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).

<sup>34</sup> 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](http://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 (TSC)	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

		(COPD)			
rivaroxaban	Xarelto	Venous thromboembolic events (VTE), 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	BGTS	BGTS	18-Nov-14	Regular Benefit
SURETEST Blood Glucose Test Strips	SURETEST Blood Glucose Test Strips	BGTS	BGTS	18-Nov-14	Regular Benefit
Bravo Blood Glucose Test Strips	Bravo Blood Glucose Test Strips	BGTS	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 MS	NS	9-Dec-14	Limited Coverage
tocilizumab	Actemra	Pediatric juvenile idiopathic arthritis (pJIA)	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
aclidinium bromide	Tudorza Genuair	Chronic Obstructive Pulmonary Disease (COPD)	0	0	1
adalimumab	Humira	Juvenile idiopathic arthritis	11	2	2
alemtuzumab <sup>35</sup>	Lemtrada	Relapsing-remitting Multiple Sclerosis (MS)	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 MS	6	0	1
doxycycline monohydrate	Aprilon	Rosacea	2	1	0
eculizumab	Soliris	Atypical Hemolytic Uremic syndrome	1	1	1
epplerenone	Inspra	NYHA class II heart failure	1	0	0
everolimus	Afinitor	Renal angiomyolipoma associated with tuberous sclerosis complex (TSC)	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

<sup>35</sup> 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 (VTE), 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 MS	12	1	1
tocilizumab	Actemra	pJIA	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 <sup>36</sup>	Target Timeline (months)	Reviews Completed <sup>37</sup>	Actual Review Times (months)			Reviews Meeting Target Timeline (%)
				Avg.	Min.	Max.	
<b>Q1 (Mar/13)</b>	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 <sup>38</sup>	N/A	0	N/A	N/A	N/A	NA
<b>Q2 (Jun/13)</b>	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
<b>Q3 (Sep/13)</b>	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
<b>Q4 (Dec/13)</b>	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
<b>2013 Total</b>	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
	Submissions with Timelines <sup>39</sup>	6-12	34	7.2	2.1	18.0	88.2

<sup>36</sup> Review types are defined in "[The Drug Review Process in B.C. – Detailed](#)" on the PharmaCare website.

<sup>37</sup> A submission review is complete on the date of the formulary decision or the coverage effective date.

<sup>38</sup> The 'Other' category covers submissions not subject to target timelines.

## Drug Review Decisions Summary

Generic Name	Trade Name	Indication	Submission Type <sup>40</sup>	Decision Date	Decision <sup>41</sup>
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	Cipralext Meltz	Antidepressant	LE	11-Apr-13	Non-Benefit
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

<sup>39</sup> Does not include drugs counted in the 'Other' category.

<sup>40</sup> 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).

<sup>41</sup> 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 drug submission, visit <https://fmdb.hlth.gov.bc.ca/>.

Generic Name	Trade Name	Indication	Submission Type <sup>40</sup>	Decision Date	Decision <sup>41</sup>
fingolimod	Gilenya	Multiple Sclerosis (MS)	NS	16-May-13	Limited Coverage
rituximab	Rituxan	Granulomatosis with Polyangiitis (GPA)/Microscopic Polyangiitis (MPA)	NI	16-May-13	Limited Coverage
rivaroxaban	Xarelto	Deep vein thrombosis (DVT)	NI	16-May-13	Limited Coverage
indacaterol	Onbrez	Chronic Obstructive Pulmonary Disease (COPD)	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	MS, 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	MS	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 (MSVMS) associated with menopause	NS	22-Aug-13	Limited Coverage
apixaban	Eliquis	Prevention of stroke and systemic embolism in patients with atrial fibrillation	NI	19-Sep-13	Limited Coverage
glycopyrronium bromide	Seebri	COPD, 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

Generic Name	Trade Name	Indication	Submission Type <sup>40</sup>	Decision Date	Decision <sup>41</sup>
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 (VTE)	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 (VTE)	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 (MS), improve walking disability	16	2	1
fingolimod	Gilenya	MS	97	11	2
glycopyrronium bromide	Seebri	Chronic Obstructive Pulmonary Disease (COPD), maintenance bronchodilator treatment	1	0	1
grass pollen allergen extract	Oralair	Allergic rhinitis (grass pollen)	0	0	0
indacaterol	Onbrez	COPD	6	0	2
lurasidone	Latuda	Schizophrenia	0	0	1
mirabegron <sup>42</sup>	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 (GPA)/Microscopic Polyangiitis (MPA)	0	0	2
rivaroxaban	Xarelto	Deep vein thrombosis (DVT)	1	2	0
tocilizumab	Actemra	Juvenile idiopathic arthritis	2	2	2

<sup>42</sup> 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 <sup>43</sup>	Target Timeline (months)	Reviews Completed <sup>44</sup>	Actual Review Times (months)			Reviews Meeting Target Timeline (%)
				Avg.	Min.	Max.	
<b>Q1 (Mar/12)</b>	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 <sup>45</sup>	N/A	9	N/A	N/A	N/A	N/A
<b>Q2 (Jun/12)</b>	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
<b>Q3 (Sep/12)</b>	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
<b>Q4 (Dec/12)</b>	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
<b>2012 Total</b>	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
	Submissions with Timelines <sup>46</sup>	6-12	37	7.0	1.4	13.5	97.3

<sup>43</sup> Review types are defined in "[The Drug Review Process in B.C. – Detailed](#)" on the PharmaCare website.

<sup>44</sup> A submission review is complete on the date of the formulary decision or the coverage effective date.

<sup>45</sup> The 'Other' category covers submissions not subject to target timelines.

## Drug Review Decisions Summary

Generic Name	Trade Name	Indication	Submission Type <sup>47</sup>	Decision Date	Decision <sup>48</sup>
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
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

<sup>46</sup> Does not include drugs counted in the 'Other' category.

<sup>47</sup> 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).

<sup>48</sup> 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 drug submission, visit <https://fmdb.hlth.gov.bc.ca/>.

Generic Name	Trade Name	Indication	Submission Type <sup>47</sup>	Decision Date	Decision <sup>48</sup>
Creon 6	Creon 6	Pancreatic enzyme replacement therapy where digestion is not adequate due to pancreatic exocrine insufficiency (PEI)	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 (COPD)	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
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

Generic Name	Trade Name	Indication	Submission Type <sup>47</sup>	Decision Date	Decision <sup>48</sup>
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 (PKU)	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 (ACS)	R	13-Sep-12	Limited Coverage
tobramycin	TOBI	Cystic Fibrosis	MI	13-Sep-12	Limited Coverage
dienogest	Visanne	Pelvic pain associated with endometriosis	NS	2-Oct-12	Limited Coverage
silodosin	Rapaflo	Treatment of benign prostatic hyperplasia (BPH)	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	ACS	R	30-Oct-12	Limited Coverage
7% hypertonic sodium chloride solution	HyperSal 7%	Cystic Fibrosis	NS	1-Dec-12	Regular Benefit

Generic Name	Trade Name	Indication	Submission Type <sup>47</sup>	Decision Date	Decision <sup>48</sup>
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; GERD	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 <sup>49</sup>	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; GERD	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

<sup>49</sup> 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 (ACS)	0	0	0
rivaroxaban	Xarelto	Stroke prevention in patients with atrial fibrillation	4	0	1
roflumilast	Daxas	Chronic Obstructive Pulmonary Disease (COPD)	0	0	2
rufinamide	Banzel	Lennox-Gastaut Syndrome	0	0	1
sapropterin	Kuvan	Phenylketonuria (PKU)	6	21	1
saxagliptin	Onglyza	Type 2 diabetes mellitus	1	0	1
silodosin	Rapaflo	Treatment of benign prostatic hyperplasia (BPH)	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 ACS	1	2	4
tobramycin	TOBI	Cystic Fibrosis	13	17	1
zoledronic acid <sup>50</sup>	Zometa	Prevention of skeletal-related events in patients with castrate-resistant prostate cancer	5	2	1
zoledronic acid	Aclasta	Osteoporosis	40	0	3

<sup>50</sup> 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.