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REMOVAL OR SIMPLIFICATION OF SPECIAL AUTHORITY REQUIREMENT FOR SELECTED DRUGS

Pharmaceutical Services Division is removing or simplifying PharmaCare Special Authority requirements for the five medications listed below. These changes reduce the administrative burden on physicians and simplify access to the medications for patients. Effective immediately:

- **Ranitidine** joins cimetidine as an H2 Blocker reference product under the Reference Drug Program. As a reference drug, ranitidine is now fully covered without prior Special Authority approval.
 - **Tazarotene gels and creams** are now regular PharmaCare benefits. Previously tazarotene gels and creams were classified as Limited Coverage medications requiring Special Authority approval.
 - **Dorzolamide preservative-free 2% drops** are now regular PharmaCare benefits. Previously this dorzolamide product was classified as a Limited Coverage medication requiring Special Authority approval. Note: Dorzolamide with preservative is already a regular benefit. The combination product dorzolamide/timolol still requires Special Authority.
 - **Pioglitazone and rosiglitazone** will continue to be classified as Limited Coverage drugs subject to Special Authority approval, however, initial approval will now be for an indefinite period (that is, renewal requests are no longer needed). Existing Special Authorities will be extended indefinitely.
- In addition, the information requirements for the initial approval have been reduced. These drugs remain Limited Coverage due to the documented potential serious adverse events and because PharmaCare covers more cost-effective alternatives as regular benefits.

The use of PharmaNet is not intended as a substitute for professional judgment.
 Information on PharmaNet is not exhaustive and cannot be relied upon as complete.
 The absence of a warning about a drug or drug combination is not an indication that the drug or drug combination is safe, appropriate or effective in any given patient.
 Health care professionals should confirm information obtained from PharmaNet, and ensure no additional relevant information exists, before making patient care decisions.

INTERIM AGREEMENT UPDATES

Frequency of Dispensing Transition Strategy

The Interim Agreement management committee, comprised of representatives from the BC Pharmacy Association and Ministry of Health Services, has recognized that some pharmacies may be having difficulty implementing PharmaCare's Frequency of Dispensing Policy prior to the introduction of the PharmaNet adjudication system, targeted for June 30, 2009.

To ease the burden on pharmacies and ensure equitable compliance to the policy until the PharmaNet solution is in place, the management committee has agreed to a transition strategy.

PharmaCare will calculate amounts owing for all fees reimbursed above the Frequency of Dispensing policy caps and make any necessary adjustments to reimbursements. Pharmacies no longer have to adjust fees above the cap to \$0.00 to comply with the frequent dispensing policy.

If a pharmacy has found an administrative solution that fits their workload, they may continue adjusting fees to \$0.00 as per the policy. PharmaCare will capture only fees that exceed the policy.

Please be aware that there has been no change to the Frequency of Dispensing Policy. The transition strategy provides an option for pharmacies to comply with the policy without further administrative burden during the transition period.

PharmaCare adjustments will be retroactive to February 1, 2009. The ministry is working with the BC Pharmacy Association to ensure the adjustments are calculated and administered in a fair and reasonable way.

Fee reductions for claims submitted in February 2009 will be reflected in the final payment in May. Fee reductions for subsequent months will be applied to future month-end payments in phases.

April Remittances to Pharmacies

Remittance Advices for April 27 will reflect the payment of Clinical Services Fees and deductions under the Multi-Source Generics Pricing Policy for the periods indicated below. If either of these adjustments applies to your payment, detailed information will be enclosed with your Remittance Advice.

	Adjustments for...
Payment for Clinical Services Fees	January, February, March
Deductions under the Interim Multiple-Source Generics Pricing Policy ¹	March

Clinical Services Fees—If your pharmacy submitted a valid *Clinical Services Associated With Prescription Adaptation Agreement* and claimed Clinical Services Fees between January 1 and March 31, 2009, one new line will appear on your Remittance Advice showing the amount credited/debited. A Summary Report is also provided.

Multi-Source Generics Pricing Policy—If your pharmacy dispensed generic quetiapine in March 2009, one new data line appears on your Remittance Advice showing the amount credited/debited. A Summary Report is also provided.

¹ Currently, only quetiapine is subject to deductions pursuant to the policy. For a list of the quetiapine DINs subject to the policy, please visit www.health.gov.bc.ca/pharme/suppliers/multigen.html.

UPDATE ON THE ALZHEIMER'S DRUG THERAPY INITIATIVE

Expanding Coverage



As described below, the Alzheimer's Drug Therapy Initiative (ADTI) has expanded coverage in three ways:

- The rivastigmine (Exelon®) transdermal patch has been added to the list of eligible medications.
- Coverage is now available to eligible residents of extended care hospitals in participating health authorities.
- A grace period has also been added to the approval period for all ADTI medications.

New ADTI Treatment Option — Rivastigmine Transdermal Patch (Exelon® Patch)

Effective February 6, 2009, the rivastigmine transdermal patch (DINs 2302845 and 2302853) became eligible for PharmaCare coverage through the ADTI. Please note that patients already approved for coverage of rivastigmine do not need any further approval to switch to the patch.

Updated Special Authority forms which include the rivastigmine patch can be found on the ADTI website at www.health.gov.bc.ca/pharme/sa/adi.html or by faxing 1-800-609-4884.

Coverage for Residents of Extended Care Hospitals

The ADTI has expanded coverage to include residents of extended care hospitals operated by participating regional Health Authorities. These individuals must meet the same eligibility criteria as those living independently in the community, including a diagnosis of mild to moderate Alzheimer's disease as documented by their physician.

Please contact your local health authority to find out if it is participating.

Four-Week Grace Period Introduced to Assist Physicians and Patients in Scheduling 6-Month Reassessment Appointments

To help ensure patients do not lose coverage because they were not reassessed within the 6-month timeframe, it is recommended that reassessment appointments be made no less than 2 weeks before their coverage expires. To assist patients who are unable to manage this timeframe, PharmaCare has initiated a 4-week grace period.

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PROSTHETICS AND ORTHOTICS—IMPORTANT UPDATES

New Prosthetic and Orthotic Product Identification Numbers

Effective May 1, 2009

On May 1, 2009, PharmaCare will implement changes to prosthetic and orthotic Product Information Numbers (PINs) to provide more effective monitoring of the Prosthetic and Orthotic program.

The number of PINs has been expanded and some of the current PINs will be terminated. The expanded list of PINs and a list of terminated PINs are available on the PharmaCare website at www.health.gov.bc.ca/pharme/pins/pinsindex.html

Reminder: PharmaCare requires health care providers to apply for pre-approvals for their patients for benefits valued at \$400 or more. **PharmaCare will not cover any item at or above that value unless pre-approval was granted.** Pre-approval is valid for 6 months from the date on the approval letter/form returned to the health care provider.

Application for Financial Assistance Forms

The Expert Advisory Committee on Prosthetics and Orthotics met towards the end of 2008 regarding *Application for Financial Assistance Forms* and made some recommendations to improve the success of the Financial Assistance program.

By following these recommendations, prosthetists and orthotists will contribute to faster processing and fewer returned applications. These improvements will ultimately benefit patients and their families.

Recommendations for completing *Application for Financial Assistance Forms*:

1. All forms should be fully completed and include a full description of the need for the device.
 - For example, the rationale should include a full description of why you are requesting a new or replacement prosthesis for the patient, or why you feel that the patient requires an articulated ankle-foot orthosis rather than just a regular one.
 - You should document the information you have received from all sources to justify your decision, including information regarding the patient's current needs and abilities, gait analysis, ability to use the device, occupational requirements, functional ability, whether this is their dominant hand, etc.
2. "Worn Out" is not a valid reason for replacement.
 - Please describe what is worn out and whether or not some parts can be replaced without replacing the full device. For example, can the straps be replaced without making a new ankle-foot orthosis? Does it have a hole in it? If so, where? What caused it? Has the plastic fractured? If so, is there something that can be changed for the next one to make it last longer?

Applications for Financial Assistance that are incomplete, or that have "Worn Out" as the rationale for replacement, will not be processed and will be returned to the health care provider for more information and resubmission.

Please note that if the "Weight", "Referring Physician" and "Other Agencies Involved" boxes are not completed, the application will be considered incomplete.

The Prosthetic and Orthotic Association of British Columbia forwarded these recommendations to prosthetists and orthotists on December 22, 2008.

Fair PharmaCare and Your Patients

To be eligible for the Prosthetic & Orthotic Program, your patients must be covered under Fair PharmaCare or PharmaCare Plan B, C or F.

If your patients have not registered for Fair PharmaCare, they should register as soon as possible. PharmaCare coverage must be in place before they purchase a prosthetic or orthotic device. Your patients can register online at www.health.gov.bc.ca/pharme or by calling Health Insurance BC (HIBC) at one of the numbers listed below.

Please note: if your patients are covered under Fair PharmaCare, the actual coverage they receive depends on whether or not they have met their deductible or annual family maximum.

PharmaCare Information Online

For more information about Fair PharmaCare and other PharmaCare plans and programs, please visit our website at:

www.health.gov.bc.ca/pharme

Ordering Brochures

To order BC PharmaCare Program and Fair PharmaCare Plan brochures for your patients, please call HIBC at one of the following numbers:

From Vancouver & Lower Mainland: 604-683-7151

From the rest of BC: 1-800-663-7100

SPECIAL SERVICES FEES

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

Mar 2009	2,252	Sep 2008.....	2,972
Feb 2009	2,100	Aug 2008.....	2,373
Jan 2009.....	2,131	Jul 2008	2,905
Dec 2008	3,526	Jun 2008	2,689
Nov 2008	3,079	May 2008	2,696
Oct 2008	3,309	Apr 2008	2,656

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

New Drugs Categorized to LCA and/or RDP

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

DIN	DRUG NAME	RDP	LCA STATUS	SPECIAL AUTHORITY ONLY
2292874	CEFTRIAXONE for injection 1 gm vial USP		P	
2292882	CEFTRIAXONE for injection 2 gm vial USP		P	
2305704	CO-FAMCICLOVIR 500 mg tablet		P	

P – Partially covered

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DIN	DRUG NAME	RDP	LCA STATUS	SPECIAL AUTHORITY ONLY
2023768	DIOPRED 1%		P	
2319225	GEN-LEFLUNOMIDE 10 mg tablet		P*	Yes
2319233	GEN-LEFLUNOMIDE 20 mg tablet		P*	Yes
2313405	JAMP CITALOPRAM 20 mg tablet		P	
2313413	JAMP CITALOPRAM 40 mg tablet		P	
794244	JAMP ENTERIC COATED ASA 650 mg tablet		P	
31097	JAMP FERROUS GLUCONATE 300 mg tablet		P	
80008309	JAMP FERROUS SULPHATE 75 mg/ml liquid		P	
80008295	JAMP FERROUS SULPHATE 150 mg/5 ml liquid		P	
31100	JAMP FERROUS SULPHATE 300 mg tablet		P	
2272849	JAMP IBUPROFEN 200 mg tablet		P	
2313685	JAMP ONDANSETRON 4 mg tablet		P*	Yes
2313693	JAMP ONDANSETRON 8 mg tablet		P*	Yes
2315645	MINT TOPIRAMATE 25 mg tablet		P	
2315653	MINT TOPIRAMATE 100 mg tablet		P	
2315661	MINT TOPIRAMATE 200 mg tablet		P	
2302764	NOVO MORPHINE SR 15 mg tablet		P	
2302772	NOVO MORPHINE SR 30 mg tablet		P	
2249669	PAMIDRONATE DISODIUM OMEGA 3 mg/ml vial		F*	Yes
2249685	PAMIDRONATE DISODIUM OMEGA 9 mg/ml vial		P*	Yes
839264	PMS-IBUPROFEN 600 mg tablet		P	
2245287	PMS-MORPHINE SULFATE SR 100 mg tablet		P	
2245288	PMS-MORPHINE SULFATE SR 200 mg tablet		F	
2319977	PMS-OXYCODONE IR 5 mg tablet		F	
2319985	PMS-OXYCODONE IR 10 mg tablet		F	
2319993	PMS-OXYCODONE IR 20 mg tablet		F	
2319055	RAN-GABAPENTIN 100 mg capsule		P	
2319063	RAN-GABAPENTIN 300 mg capsule		P	
2319071	RAN-GABAPENTIN 400 mg capsule		P	
2312247	RAN-ONDANSETRON 4 mg tablet		P*	Yes
2312255	RAN-ONDANSETRON 8 mg tablet		P*	Yes
2261928	SANDOZ DICLOFENAC 50 mg suppositories		P	
2261936	SANDOZ DICLOFENAC 100 mg suppositories		P	
2193221	THIAMIJECT 100 mg/ml injection		P	

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

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

The following products are now eligible PharmaCare benefits for Plan P. This product is also eligible under the Limited Coverage Program—by Special Authority only—for Fair PharmaCare and Plans B, C and F.

DIN	DRUG NAME	LCA STATUS
1939122	JAMP ACETAMINOPHEN 500 mg tablet	P
2295881	JAMP LACTULOSE 667 mg/ml solution	P
2313421	PMS-BUPROPION SR 150 mg tablet	P

P – Partially covered

New LCA Categories

The following drugs (including both existing and new PharmaCare benefits) will be included as new LCA Categories on PharmaNet, effective **May 25, 2009**.

NEW CATEGORY (CHEMICAL NAME)	DIN	BRAND NAME	LCA STATUS	PRICE
CEFTRIAXONE SODIUM VIAL 250MG	2292866	CEFTRIAXONE for injection USP	F	
	657387	ROCEPHIN PWS INJ	P	7.8100
CEFTRIAXONE SODIUM VIAL 10GM	2292904	CEFTRIAXONE for injection USP	F	
	851957	ROCEPHIN PWS INJ	P	22.2318
CITALOPRAM TAB 10MG	2312336	NOVO-CITALOPRAM	P	0.4633
	2270609	PMS-CITALOPRAM	F	
IBUPROFEN TAB 400MG	506052	APO-IBUPROFEN	F	
	629340	NOVO-PROFEN	F	
	2020718	NU-IBUPROFEN	F	
	836133	PMS-IBUPROFEN	F	
PHENOBARBITAL SODIUM INJECTION 30MG/ML	497487	PHENOBARBITAL SODIUM	F	
	2304082	PHENOBARBITAL SODIUM INJ USP	P	1.4115
PHENOBARBITAL SODIUM INJECTION 120MG/ML	497495	PHENOBARBITAL SODIUM	F	
	2304090	PHENOBARBITAL SODIUM INJ USP	P	1.4842

BENEFITS

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

DIN	DRUG NAME	PLAN G	PLAN P
2308932	CEFAZOLIN 500 mg vial for injection USP	No	No
2308959	CEFAZOLIN 1 g vial for injection USP	No	No
2308967	CEFAZOLIN 10 g vial for injection USP	No	No
2312085	PMS-TOPIRAMATE 50 mg tablet	No	No
2318008	TRAVATAN® Z (TRAVOPROST) ophthalmic solution 0.004% w/v	No	No

Benefits — Permanent Residents of Residential Care Facilities (Plan B) Only

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

DIN	DRUG NAME	LCA STATUS
2010526	JAMP ENTERIC COATED ASA 325 mg tablet	P

P – Partially covered

Benefits — Palliative Care Drug Plan (Plan P) Only

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

DIN	DRUG NAME	LCA STATUS
2305682	CO-FAMCICLOVIR 125 mg tablet	P
2305690	CO-FAMCICLOVIR 250 mg tablet	P
1938088	JAMP ACETAMINOPHEN 325 mg tablet	P
2237105	JAMP SENNOSIDES 8.6 mg tablet	P

P – Partially covered

Benefits — Blood Glucose Test Strips

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

DIN / PIN	DRUG NAME
44123043	NOVA MAX Blood Glucose Test Strips
44123042	ON-CALL PLUS Blood Glucose Test Strips
44123044	EZ Health ORACLE Talking Blood Glucose Test Strips

Benefits — Limited Coverage Drug Program

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

DIN	DRUG NAME	PLAN G	PLAN P
2252716	CIPRODEX [®] (CIPROFLOXACIN HYDROCHLORIDE AND DEXAMETHASONE 0.3% /0.1% otic suspension	No	No

Benefits — Clarification for Etanercept (Enbrel[®]) Coverage

B.C. PharmaCare has provided children living with juvenile arthritis with access to etanercept (Enbrel[®]) coverage since April 2002. Etanercept continues to be eligible for full benefit PharmaCare coverage for the treatment of rheumatoid arthritis in pediatric patients who have failed standard therapies when the medication is prescribed by a pediatric rheumatologist.

NON-BENEFITS

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

DIN	DRUG NAME
2315866	APO-ALFUZOSIN 10 mg tablet
2308444	PIPERACILLIN and TAZOBACTAM for injection 2 g/0.25 g vial
2308452	PIPERACILLIN and TAZOBACTAM for injection 3 g/0.375 g vial
2308460	PIPERACILLIN and TAZOBACTAM for injection 4 g/0.5 g vial
2299194	RALIVIA® (TRAMADOL) extended release 100 mg tablet
2299208	RALIVIA® (TRAMADOL) extended release 200 mg tablet
2299216	RALIVIA® (TRAMADOL) extended release 300 mg tablet
2293404	SPRIAFIL® (POSACONAZOLE) 40 mg/mL oral suspension
2296381	TRIDURAL® (TRAMADOL) extended release 100 mg tablet
2296403	TRIDURAL® (TRAMADOL) extended release 200 mg tablet
2296411	TRIDURAL® (TRAMADOL) extended release 300 mg tablet

CHANGES TO PHARMACARE BENEFIT STATUS

Effective immediately the following are regular PharmaCare benefits, for Fair PharmaCare and Plans B, C, F and, if indicated below, Plan G and for Plan P.

DIN	DRUG NAME	PLAN G	PLAN P
2230784	TAZORAC® (TAZAROTENE) 0.05% gel	No	No
2230785	TAZORAC® (TAZAROTENE) 0.1% gel	No	No
2243894	TAZORAC® (TAZAROTENE) 0.05% cream	No	No
2243895	TAZORAC® (TAZAROTENE) 0.1% cream	No	No
2269090	TRUSOPT® (DORZOLAMIDE) preservative – free 2% drops	No	No

Effective immediately the following are reference products in the H2 Antagonist Reference Drug Program category.

DIN	DRUG NAME	LCA STATUS
2243229	SANDOZ-RANITIDINE 150 mg tablet	P
865737	NU-RANIT 150 mg tablet	P
2212331	ZANTAC® 150 mg tablet	F
733059	APO-RANITIDINE 150 mg tablet	P
828564	NOVO-RANIDINE 150 mg tablet	P
2248570	CO RANITIDINE 150 mg tablet	P
2242453	PMS-RANITIDINE 150 mg tablet	P
828823	RATIO-RANITIDINE 150 mg tablet	P
2207761	GEN-RANITIDINE 150 mg tablet	P

P – Partially covered F – Fully covered

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DIN	DRUG NAME	LCA STATUS
2248571	CO RANITIDINE 300 mg tablet	P
2207788	GEN-RANITIDINE 300 mg tablet	P
2212358	ZANTAC® 300 mg tablet	F
2243230	SANDOZ-RANITIDINE 300 mg tablet	P
865745	NU-RANIT 300 mg tablet	P
828688	RATIO-RANITIDINE 300 mg tablet	P
733067	APO-RANITIDINE 300 mg tablet	P
828556	NOVO-RANITIDINE 300 mg tablet	P
2242454	PMS-RANITIDINE 300 mg tablet	P

P – Partially covered F – Fully covered