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PROSTHETIC & ORTHOTIC PROGRAM — BREAST PROSTHESES AND SUPPLIES POLICY CLARIFICATION

Pharmaceutical Services Division reviewed PharmaCare coverage of mastectomy products. The review revealed that some aspects of the Prosthetic & Orthotic Program policy needed clarification to provide consistent coverage. As a result, written policy has been clarified.

PharmaCare's *Prosthetic and Orthotic Program's General Statement of Program Policy* is now more specific about post-lumpectomy coverage and coverage of gloves and gauntlets for mastectomy patients suffering from lymphedema.

PharmaCare coverage of mastectomy and lumpectomy protheses and supplies is as follows:

- **breast prostheses for mastectomy (full or simple):** one every two years or at the expiration of the manufacturer warranty. Maximum \$350 per prosthesis.
- **breast prosthesis for lumpectomy:** one every two years, or at the expiration of the manufacturer warranty. Maximum \$300 per prosthesis.

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.

- **post-mastectomy brassieres:** two per mastectomy or lumpectomy only if purchased within six months following surgery.
- **lymphedema arm sleeves:** two per mastectomy, per year.
- **gloves and/or gauntlets for use with lymphedema arm sleeves:** two per mastectomy, per year. Maximum coverage is \$150 each for off-the-shelf products and \$300 each for custom-fit products.

Please refer to the *Prosthetic and Orthotic Program's General Statement of Program Policy* for more information about breast prostheses and mastectomy supplies. This publication is available at www.health.gov.bc.ca/pharmacare/publications.html

Updated Product Information Numbers (PINs)

PharmaCare has introduced the following new PINs for claiming prostheses for lumpectomy and gloves and gauntlets for use with lymphedema arm sleeves.

Mastectomy Products	PIN	Limits
Breast Prosthesis (Lumpectomy) – Left	77123117	1 every 2 years; maximum \$300
Breast Prosthesis (Lumpectomy) – Right	77123118	1 every 2 years; maximum \$300
Unattached off-the-shelf glove/gauntlet	77123533	2 per year, per mastectomy; maximum \$150 each
Unattached custom-fit glove/gauntlet	77123534	2 per year, per mastectomy; maximum \$300 each

The updated list of PINs for the Prosthetic and Orthotic Program is available on the PharmaCare website at www.health.gov.bc.ca/pharmacare/pins/prospins.html.

APPLICATION FOR FINANCIAL ASSISTANCE FORMS (PROSTHETICS)

Guidance for Partial Foot Descriptions

When filling out an *Application for Financial Assistance* form for partial foot prostheses, please provide a complete description of the item so that PharmaCare can more accurately track what is being provided.

Here are some samples of complete descriptions:

- Shoe insert with longitudinal arch, toe filler
- Molded socket, ankle height, toe filler
- Molded socket, PTB height, toe filler
- Molded socket (plastic), ankle height, toe filler
- Molded socket (leather), ankle height, toe filler
- Molded socket (silicone), ankle height, toe filler

Additional information, such as the type of foot plate or any additional components being supplied, may also be listed.

Forms that are incomplete will not be processed and will be returned to the health care provider for more information and resubmission.

For more recommendations on completing *Application for Financial Assistance* forms, please see [PharmaCare Newsletter 09-005](#) (April 23, 2009).

FREQUENCY OF DISPENSING POLICY - NEW PRODUCT EXEMPTIONS

Exclusion of inhalers, nebulizers and nitroglycerin sprays

As of **October 15, 2009**, the following inhalers, nebulizers and nitroglycerin sprays were excluded from the Frequency of Dispensing policy. As new products of this type become available, the list may be expanded.

Enquiries about the potential inclusion of other products such as this (i.e., those that may create a quantity issue when the Frequency of Dispensing policy is applied) can be emailed to the Ministry of Health Services, Pharmaceutical Services Division at pharma@gov.bc.ca.

The following table is organized alphabetically by product name and numerically by DIN/PIN.

DIN / PIN	Drug Name	DIN / PIN	Drug Name
02240835	ADVAIR® 100 DISKUS®	02210479	NOVO-IPRAMIDE 250 mcg/mL
02245126	ADVAIR® 125	02238577	NU-BECLOMETHASONE 50mcg/metered nasal spray
02245127	ADVAIR® 250	02231785	NU-IPRATROPIUM plastic ampules 250 mcg/mL
02240836	ADVAIR® 250 DISKUS®	02231783	NU-SALBUTAMOL PLASTIC AMPULES 1mg/mL
02240837	ADVAIR® 500 DISKUS®	02231784	NU-SALBUTAMOL PLASTIC AMPULES 2mg/mL
02232570	AIROMIR™ 100mcg/dose	02236934	PHL- IPRATROPIUM
02238796	APO-BECLOMETHASONE NASAL SPRAY	02237134	PHL- IPRATROPIUM - 1mL polyneb
02294745	APO-FLUTICASONE	02237135	PHL- IPRATROPIUM - 2mL polyneb
02126222	APO-IPRAVENT SOLUTION - INH 250mcg/mL	02231135	PMS- IPRATROPIUM
02231494	APO-IPRAVENT STERULES	02239627	PMS- IPRATROPIUM
02243827	APO-IPRAVENT STERULES	02231244	PMS- IPRATROPIUM (1mL unit dose)
02245669	APO-SALVENT CFC FREE 100mcg/dose	02231245	PMS- IPRATROPIUM (2mL unit dose)
02243828	APO-SALVENT STERULES 0.5mg/mL	02208245	PMS-SALBUTAMOL 0.5mg/mL
02266393	APO-SALVENT-IPRAVENT sterules	02208229	PMS-SALBUTAMOL 1mg/mL
02247686	ATROVENT® HFA 250mcg/mL	02208237	PMS-SALBUTAMOL 2mg/mL
02298589	AVAMYS®	02069571	PMS-SALBUTAMOL 5mg/mL
00786616	BRICANYL TURBUHALER® 0.5mg/AEM	02239365	RATIO-SALBUTAMOL 0.5mg/mL UDV
02231675	COMBIVENT® UDV	01986864	RATIO-SALBUTAMOL 1mg/mL UDV
02148633	DUOVENT® UDV	02239366	RATIO-SALBUTAMOL 2mg/mL UDV
02237244	FLOVENT® DISKUS®	00860808	RATIO-SALBUTAMOL 5mg/mL
02237245	FLOVENT® DISKUS®	02244914	RATIO-SALBUTAMOL HFA 100mcg/dose
02237246	FLOVENT® DISKUS®	00872318	RATIO- BECLOMETHASONE AQ

DIN / PIN	Drug Name
02237247	FLOVENT® DISKUS®
02244291	FLOVENT® HFA
02244292	FLOVENT® HFA
02244293	FLOVENT® HFA
02272695	MYLAN-COMBO sterinebs
02172712	MYLAN-BECLO AQ
02239131	MYLAN-IPRATROPIUM SOLUTION 250mcg/mL
02216221	MYLAN-IPRATROPIUM STERINEBS
02243588	MYLAN-NITRO sublingual spray
01926934	MYLAN-SALBUTAMOL STERINEBS 1mg/mL
02173360	MYLAN -SALBUTAMOL STERINEBS 2mg/mL
01913328	NASACORT®
02213834	NASACORT® AQ
02231441	NITROLINGUAL® PUMPSPRAY

DIN / PIN	Drug Name
02296071	RATIO-FLUTICASONE
02243789	RATIO-IPRA SAL UDV
02097168	RATIO- IPRATROPIUM UDV
02097176	RATIO- IPRATROPIUM UDV
02238998	RHO®-NITRO PUMPSPRAY
02228300	RIVANASE AQ. NASAL SPRAY 50mcg/metered dose
02154412	SANDOZ-SALBUTAMOL 5mg/mL solution
02213419	VENTOLIN NEBULES® 2.5mg/2.5mL
02213427	VENTOLIN NEBULES® 5mg/2.5mL
02213486	VENTOLIN® RESPIRATOR SOLUTION 5mg/mL
66124098	*SPECIAL AUTHORITY REQUIRED*
66124099	*SPECIAL AUTHORITY REQUIRED*
66124336	*SPECIAL AUTHORITY REQUIRED*
66124347	*SPECIAL AUTHORITY REQUIRED*

SPECIAL SERVICES FEES

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

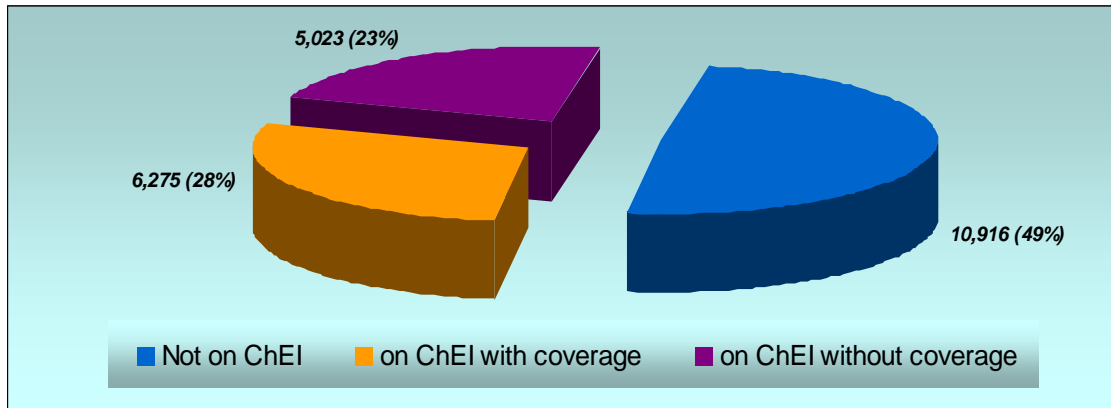
Sep 2009	2,643	May 2009	2,357	Jan 2009	2,131
Aug 2009	2,212	Apr 2009	2,347	Dec 2008	3,526
Jul 2009	2,619	Mar 2009	2,252	Nov 2008	3,079
Jun 2009	2,554	Feb 2009	2,100	Oct 2008	3,309

CHOLINESTERASE INHIBITOR COVERAGE

Do your clients have access to the benefits they are entitled to?

PharmaCare is committed to providing coverage for cholinesterase inhibitors (ChEIs) until March 2012; at that time, PharmaCare will make a listing decision.

- In August 2009, an estimated 22,000 individuals were in the mild to moderate stages of Alzheimer's disease; while over 11,000 were prescribed a ChEI, only 55% (6,300) had coverage through PharmaCare (see figure below).



- Of those individuals with PharmaCare coverage, over half do not renew coverage at the end of the 6-month eligibility period. Over 30% of those not renewing continue treatment at their own expense.
- The financial burden of these medications is significant and can add unnecessary stress to the patient and their family.

How can you help?

- By noting the end dates on your clients' prescriptions for ChEIs and suggesting they see their doctor when it's time to renew.
- By letting your clients know that PharmaCare coverage is currently available, with Special Authority approval, until March 2012 and suggesting they see their doctor for more information.

The research

Do these medications make a difference in the lives of your clients and their families? If so, it is important that they share this information with the Centre on Aging at the University of Victoria by participating in the Seniors' Medication Study and Caregiver Study.

What PharmaCare learns about these drugs over the course of the Alzheimer's Drug Therapy Initiative will affect PharmaCare's decision on whether to include ChEIs in its formulary.

Please encourage your clients to talk with their doctor about the research program or suggest they contact the Centre on Aging directly at 1-866-511-2594 or e-mail sms@uvic.ca.

NOTE: While generic rivastigmine capsules are now available, PharmaCare does not cover the generic formulation and it is not available through Special Authority.

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/pharmacare) page on the PharmaCare website at www.health.gov.bc.ca/pharmacare.)

DIN	DRUG NAME	RDP	LCA STATUS	SPECIAL AUTHORITY ONLY
2324628	APO-OXYCODONE / ACET 5 / 325mg tablet		P	
2296349	CO-ONDANSETRON 4mg tablet		P*	Yes
2296357	CO-ONDANSETRON 8mg tablet		P*	Yes
2315157	NOVO-AZITHROMYCIN 100mg/5mL suspension		P	
2315165	NOVO-AZITHROMYCIN 200mg/5mL suspension		F	
2324199	NOVO-ETIDRONATECAL 400/500mg tablet		P	
2320312	SANDOZ METHYLPHENIDATE SR 20mg tablet		P	

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

The following product is now an eligible PharmaCare benefit for Plan P. This product is also eligible under the Limited Coverage Program drug—by Special Authority only—for Fair PharmaCare and Plans B, C, F, and, if applicable, Plan G.

DIN	DRUG NAME	LCA STATUS
2256452	LOPERAMIDE 2mg caplet	P*

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

NEW LCA CATEGORIES

The following drugs (including both existing and new PharmaCare benefits) will be included as new LCA categories on PharmaNet, effective **December 3, 2009**.

NEW CATEGORY (CHEMICAL NAME)	DIN	BRAND NAME	LCA STATUS	PRICE
CEFAZOLIN SODIUM VIAL 1g	2297205	CEFAZOLIN FOR INJECTION	F	
	2308959	CEFAZOLIN FOR INJECTION	F	
	2108127	CEFAZOLIN FOR INJECTION	F	
CEFAZOLIN SODIUM VIAL 10g	2297213	CEFAZOLIN FOR INJECTION	F	
	2308967	CEFAZOLIN FOR INJECTION	F	
	2108135	CEFAZOLIN FOR INJECTION	F	

continued...

NEW LCA CATEGORIES, CONTINUED

NEW CATEGORY (CHEMICAL NAME)	DIN	BRAND NAME	LCA STATUS	PRICE
MEDROXYPROGESTERONE ACETATE INJECTION 150mg/mL suspension	585092	DEPO-PROVERA®	P	20.2391
	2322250	MEDROXYPROGESTERONE ACETATE INJECTABLE SUSPENSION	F	
RAMIPRIL 15mg capsule	2281112	ALTACE®	P	0.8440
	2325381	APO-RAMIPRIL	F	
	2311194	RATIO-RAMIPRIL	F	

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

BENEFITS – DRUGS

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 (CHEMICAL NAME)	PLAN G	PLAN P
2297558	MEZAVANT® (MESALAMINE) 1.2g tablet	N	N
2321513	SEROQUEL XR® (QUETIAPINE FUMERATE) 150mg tablet	Y	N

BENEFITS – INSULIN PUMPS

The following insulin pump became a limited coverage benefit requiring Special Authority pre-approval effective **October 1, 2009**. For information on the Special Authority criteria for insulin pumps, visit www.health.gov.bc.ca/pharmacare/sa/criteria/restricted/ip.html#.

PRODUCT DESCRIPTION	PIN
ANIMAS ONETOUCH® PING™ GLUCOSE MANAGEMENT SYSTEM	45230006

Product is a full benefit if Special Authority is in place when the product is purchased.

LIMITED COVERAGE PROGRAM

The following products are eligible benefits under the Limited Coverage Program—by Special Authority only—for Fair PharmaCare and Plans B, C, F and, if indicated below, Plan G and/or Plan P.

For the Special Authority criteria, please visit the [Limited Coverage Drug Program](http://www.health.gov.bc.ca/pharmacare/sa/criteria/restricted/restrictedtable.html) page on the PharmaCare website at www.health.gov.bc.ca/pharmacare/sa/criteria/restricted/restrictedtable.html.

DIN	DRUG NAME (CHEMICAL NAME)
2285010	DDAVP® MELT (DESMOPRESSIN ACETATE) 240mcg oral disintegrating tablet