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NEW LIMITED COVERAGE BENEFITS AND CRITERIA CHANGES

Expanded Coverage of Biologics — For Plaque Psoriasis

Effective **November 30, 2009**, adalimumab (Humira®), etanercept (Enbrel®), infliximab (Remicade®) and ustekinumab (Stelara®) will be eligible for coverage as Limited Coverage Drugs through the Special Authority Program for the treatment of moderate to severe plaque psoriasis.

Coverage will be according to the criteria as detailed on the Special Authority forms that will be available at: www.health.gov.bc.ca/pharmacare/sa/criteria/formsindex.html, **November 30, 2009**.

Approvals are valid for the following time periods:

Adalimumab

- Initial coverage – 80 mg initial dose, then 40 mg at week 1 and 40 mg every 2 weeks for 16 weeks
- Renewal coverage – 40 mg every 2 weeks for 1 year

continued...

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.

Expanded Coverage of Biologics — For Plaque Psoriasis, continued

Etanercept

- Initial coverage – 50 mg twice weekly for 12 weeks
- Renewal coverage – 50 mg once or twice weekly for 1 year

Infliximab

- Initial coverage – 5 mg/kg at 0, 2 and 6 weeks (induction 3 doses)
- Renewal coverage – 5 mg/kg every 8 weeks for 1 year

Ustekinumab

- Initial coverage – Patient weight < 100 kg: 45 mg at week 0, week 4, and week 16
Patient weight > 100 kg: 90 mg at week 0, week 4, and week 16
- Renewal coverage – Patient weight < 100 kg: 45 mg every 12 weeks
Patient weight > 100 kg: 90 mg every 12 weeks for 1 year

All requests for biologics for the treatment of psoriasis must be submitted by a dermatologist. All criteria and forms will be available November 30, 2009, in the Special Authority section of the PharmaCare website at: www.health.gov.bc.ca/pharmacare/sa/saindex.html.

Please note that Special Authority coverage cannot be provided retroactively and that actual coverage is subject to the patient's usual plan rules, including any annual deductible requirement.

Expanded Coverage for Osteoporosis

The combination product alendronate plus cholecalciferol (Fosavance® 70 mg/5600 IU) is now available as a Limited Coverage Drug through the Special Authority Program.

Pharmaceutical Services Division is pleased to announce that, effective **November 18, 2009**, alendronate plus cholecalciferol (vitamin D3) 70 mg/5600 IU (DIN 2314940) is eligible for PharmaCare coverage through our Special Authority Program for the treatment of patients who have clinical or radiographically-documented fracture due to osteoporosis.

These criteria now also apply to alendronate 10 and 70 mg. A trial of etidronate is no longer required.

Patients who have a current Special Authority approval for alendronate will have automatic coverage of the combination product.

Criteria for coverage of these products are available at: www.health.gov.bc.ca/pharmacare/sa/criteria/restricted/alendronate.html.

Please note that Special Authority coverage cannot be provided retroactively and that actual coverage is subject to the patient's usual PharmaCare plan rules, including any annual deductible requirement.

H1N1 FLU VIRUS UPDATES

Antivirals

Clarification regarding letter to health care providers issued October 23, 2009

Unfortunately, this letter stated that oseltamivir was available at no charge to any patient with a prescription who meets the criteria for treatment. It should have communicated that the drug cost is fully covered, along with \$8.60 of the dispensing fee.

Pharmaceutical Services Division regrets this error and any misunderstanding it may have created for pharmacists and patients.

Coverage of antivirals for residential care

During the H1N1 pandemic, the provincial pandemic supply should be used for prophylaxis and treatment of patients in residential care facilities (in accordance with the established protocol of the relevant health authority).

Claims Procedures – Include DE Intervention Code

The provincial pandemic supply is intended for all patients regardless of residency or PharmaCare coverage. These unique circumstances present a challenge as PharmaNet is not designed to easily accommodate claims for medications that require an entry and payment on a medication profile bypassing normal adjudication and claims processing. We appreciate your patience in manually entering the drug cost, dispensing fee and intervention code.

To dispense the provincial pandemic supply:

- In the **Drug Cost** field, enter zero.
- In the **Dispensing Fee** field, your pharmacy's usual and customary fee **minus \$8.60**.
- In the **DIN/PIN** field, enter the appropriate PIN indicated below.

Note that these PINs are reserved for the provincial pandemic supply only.

- Enter the **Intervention Code DE – Adjudicate to zero**.

**Be sure to include
the DE intervention
code !**

Product Identification Numbers – Provincial Pandemic Supply

PIN	DRUG NAME	SUPPLY TYPE
66124720	oseltamivir 30 mg capsule	Provincial pandemic
66124721	oseltamivir 45 mg capsule	Provincial pandemic
66124722	oseltamivir 75 mg capsule	Provincial pandemic
66124723	zanamavir 5 mg disk with device — Not being released at this time.	Provincial pandemic
22123059	oseltamivir 15 mg/ml – 30 ml - compounded suspension	Provincial pandemic
22123060	oseltamivir 15 mg/ml – 40 ml - compounded suspension	Provincial pandemic
22123061	oseltamivir 15 mg/ml – 50 ml - compounded suspension	Provincial pandemic
22123067	oseltamivir 15 mg/ml – 60 ml compounded suspension	Provincial pandemic

H1N1 Flu Virus Vaccine – Update



Availability

Availability of the H1N1 flu vaccine may vary by location. To order vaccine, contact the Biological Products Monitor at your Local Health Unit. Please be aware that, initially, you may receive only a partial shipment of the amount you order.

Identifying the certified pharmacist on a claim for vaccinations

When entering a claim on PharmaNet for a pharmacist-administered vaccine:

- In the **PRACT ID Ref** field, enter *P1* for the College of Pharmacists of BC (CPBC).
- In the **PRACT ID** field, enter the *CPBC ID* for the certified pharmacist who gave the injection.

Need more information about vaccinations?

For vaccination information including:

- » vaccine ordering procedures
- » maintaining cold chain
- » injection supplies required
- » informed consent
- » vaccine eligibility criteria
- » vaccine information for patients and pharmacists including co-administration of vaccines
- » adverse reaction reporting
- » Frequently-Asked Questions

See the B.C. government's **H1N1 Flu Virus Information** website at www.gov.bc.ca/h1n1/healthcareproviders.
(See the **Vaccination Information** section on the **Information for Pharmacists** page)

OR

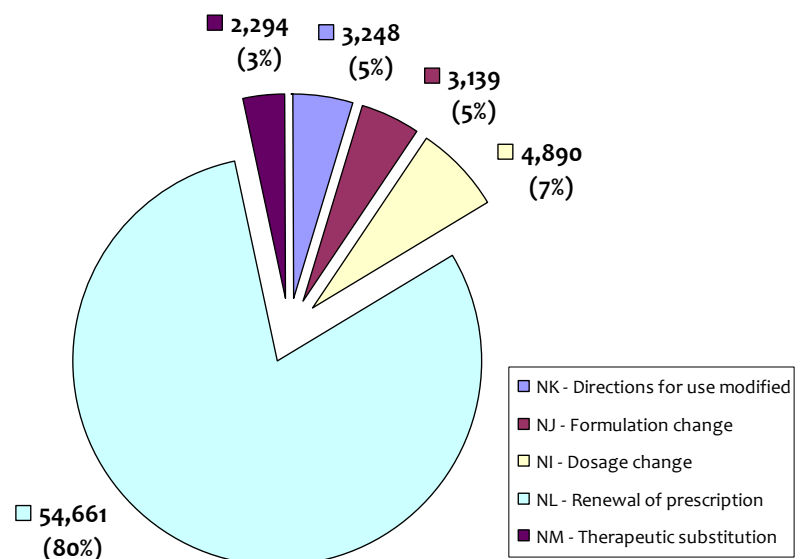
The PharmaCare website **Pharmacists and Suppliers** section at www.health.gov.bc.ca/pharmacare/suppliers.html

CLINICAL SERVICES — UPDATE

The chart to the right shows the number of clinical services fees paid during the last quarter.

January 1 - September 30, 2009

Total: 68,232



SPECIAL SERVICES FEES

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

Oct 2009 2,758	Jun 2009 2,554	Feb 2009 2,100
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

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

Effective **January 18, 2010**, the following LCA categories (including both existing and new PharmaCare benefits) will be revised.

CATEGORY (CHEMICAL NAME)	DIN	BRAND NAME	LCA STATUS	PRICE
ALENDRONATE SODIUM TAB 70MG	2314940	FOSAVANCE® 70/5600	F*	
	2248730	APO-ALENDRONATE	P*	4.5927
	2258110	CO ALENDRONATE	P*	4.5927
	2245329	FOSAMAX®	P*	4.5927
	2286335	MYLAN-ALENDRONATE	P*	4.5927
	2261715	NOVO-ALENDRONATE	P*	4.5927
	2273179	PMS-ALENDRONATE	P*	4.5927
	2284006	PMS-ALENDRONATE-FC	P*	4.5927
	2275279	RATIO ALENDRONATE	P*	4.5927
	2288109	SANDOZ ALENDRONATE	P*	4.5927
ALENDRONATE SODIUM TAB 10MG (The LCA price for this category is set at the LCA price for the LCA category for ALENDRONATE SODIUM TAB 70MG divided by 7.)	2248728	APO-ALENDRONATE	P*	0.6561
	2201011	FOSAMAX®	P*	0.6561
	2270129	MYLAN-ALENDRONATE	P*	0.6561
	2247373	NOVO-ALENDRONATE	P*	0.6561
	2288087	SANDOZ ALENDRONATE	P*	0.6561

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

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

NEW LOW COST ALTERNATIVE (LCA) CATEGORIES

The following drugs (including both existing and new PharmaCare benefits) will be included as a new LCA category on PharmaNet, effective **December 21, 2009**.

NEW CATEGORY (CHEMICAL NAME)	DIN	BRAND NAME	LCA STATUS	PRICE
OLANZAPINE 20mg tablets	2325713	CO OLANZAPINE	F*	
	2238851	ZYPREXA®	P*	7.7039

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

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

NEW 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 for drugs currently covered, please visit the [Special Authority Information](#) page on the PharmaCare website at www.health.gov.bc.ca/pharmacare.

For drugs effective **November 30, 2009** visit the Special Authority section of the PharmaCare website on or after November 30, 2009.

DIN	DRUG NAME	PLAN G	PLAN P	EFFECTIVE DATE
2308908	DIOVAN-HCT® (VALSARTAN-HYDROCHLOROTHIAZIDE) 320/12.5 mg tablet	No	No	Nov 6, 2009
2308916	DIOVAN-HCT® (VALSARTAN-HYDROCHLOROTHIAZIDE) 320/25 mg tablet	No	No	Nov 6, 2009
2318660	OLMETEC® (OLMESARTAN) 20 mg tablet	No	No	Nov 6, 2009
2318679	OLMETEC® (OLMESARTAN) 40 mg tablet	No	No	Nov 6, 2009
2319616	OLMETEC PLUS® (OLMESARTAN-HYDROCHLOROTHIAZIDE) 20/12.5 mg tablet	No	No	Nov 6, 2009
2319624	OLMETEC PLUS® (OLMESARTAN-HYDROCHLOROTHIAZIDE) 40/12.5 mg tablet	No	No	Nov 6, 2009
2319632	OLMETEC PLUS® (OLMESARTAN-HYDROCHLOROTHIAZIDE) 40/25 mg tablet	No	No	Nov 6, 2009
2247128	VIREAD® (TENOFVIR) 300 mg tablet for the treatment of chronic hepatitis B	No	No	Nov 12, 2009
2314940	FOSAVANCE® (ALENDRONATE SODIUM-CHOLECALCIFEROL) 70 mg/5600 IU tablet	No	No	Nov 18, 2009
2287420	EXJADE® (DEFERASIROX) 125 mg tablet	No	No	Nov 30, 2009
2287439	EXJADE® (DEFERASIROX) 250 mg tablet	No	No	Nov 30, 2009
2287447	EXJADE® (DEFERASIROX) 500 mg tablet	No	No	Nov 30, 2009

DIN	DRUG NAME	PLAN G	PLAN P	EFFECTIVE DATE
2242903	ENBREL® (ETANERCEPT) 25 mg vial for the treatment of plaque psoriasis	No	No	Nov 30, 2009
2274728	ENBREL® (ETANERCEPT) 50 mg/mL prefilled syringe for the treatment of plaque psoriasis	No	No	Nov 30, 2009
2258595	HUMIRA® (ADALIMUMAB) 40 mg/0.8 mL kit for the treatment of plaque psoriasis	No	No	Nov 30, 2009
2244016	REMICADE® (INFLIXIMAB) 100 mg vial for the treatment of plaque psoriasis	No	No	Nov 30, 2009
2320673	STELARA® (USTEKINUMAB) 45 mg/0.5 mL solution for the treatment of plaque psoriasis	No	No	Nov 30, 2009

Olanzapine ODT (Oral Disintegrating Tablet)

The following generic olanzapine ODT products are:

- subject to the [Multiple-Source Generics Pricing Policy](#) as of **November 6, 2009**, and
- included in the existing LCA Categories effective **December 21, 2009**.

NEW CATEGORY (CHEMICAL NAME)	DIN	BRAND NAME	LCA STATUS	LCA PRICE	RDP	COST REDUCTION FACTOR
OLANZAPINE 5mg ODT	2327562	CO OLANZAPINE ODT	F*		No	1.14%
	2303191	PMS-OLANZAPINE ODT	F*		No	1.16%
	2327775	SANDOZ OLANZAPINE ODT	F*		No	1.16%
	2243086	ZYPREXA ZYDIS®	P*	1.8547	No	
OLANZAPINE 10mg ODT	2327570	CO OLANZAPINE ODT	F*		No	1.12%
	2303205	PMS-OLANZAPINE ODT	F*		No	1.13%
	2327783	SANDOZ OLANZAPINE ODT	F*		No	1.12%
	2243087	ZYPREXA ZYDIS®	P*	3.7067	No	
OLANZAPINE 15mg ODT	2327589	CO OLANZAPINE ODT	F*		No	1.11%
	2303213	PMS-OLANZAPINE ODT	F*		No	1.11%
	2327791	SANDOZ OLANZAPINE ODT	F*		No	1.11%
	2243088	ZYPREXA ZYDIS®	P*	5.5583	No	
OLANZAPINE 20mg ODT	2327597	CO OLANZAPINE ODT	F*		No	7.61%
	2327805	SANDOZ OLANZAPINE ODT	F*		No	7.61%
	2243089	ZYPREXA ZYDIS®	P*	7.8856	No	

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

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

Amlodipine Besylate

The following generic amlodipine besylate products are:

- subject to the [Multiple-Source Generics Pricing Policy](#) as of **October 28, 2009**, and
- included in the existing LCA Categories and the Reference Drug Program effective **October 28, 2009**.

NEW CATEGORY (CHEMICAL NAME)	DIN	BRAND NAME	LCA STATUS	LCA PRICE	RDP	COST REDUCTION FACTOR
AMLODIPINE BESYLATE 2.5mg tablet	2295148	PMS-AMLODIPINE	P**		Yes	4.00%
	2330474	SANDOZ AMLODIPINE	P**		Yes	4.00%

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

Quetiapine Fumarate

The following generic quetiapine products are:

- subject to the [Multiple-Source Generics Pricing Policy](#) as of **October 28, 2009**, and
- included in the existing LCA Categories effective **October 28, 2009**.

NEW CATEGORY (CHEMICAL NAME)	DIN	BRAND NAME	LCA STATUS	LCA PRICE	RDP	COST REDUCTION FACTOR
QUETIAPINE FUMERATE 25mg tablet	2330415	JAMP-QUETIAPINE	F		No	28.05%
QUETIAPINE FUMERATE 100mg tablet	2330423	JAMP-QUETIAPINE	F		No	28.06%
QUETIAPINE FUMERATE 200mg tablet	2330458	JAMP-QUETIAPINE	F		No	28.06%
QUETIAPINE FUMERATE 300mg tablet	2330466	JAMP-QUETIAPINE	F		No	28.06%

F – Fully covered

NON-BENEFITS

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

DIN	DRUG NAME
2284707	APO-LEVOFLOXACIN 250 mg tablet
2284715	APO-LEVOFLOXACIN 500 mg tablet
2325942	APO-LEVOFLOXACIN 750 mg tablet
2325985	BICALUTAMIDE (ACCORD) 50 mg tablet
2319020	CEFEPIME FOR INJECTION 1 g/vial
2319039	CEFEPIME FOR INJECTION 2 g/vial

DIN	DRUG NAME
2315424	CO-LEVOFLOXACIN 250 mg tablet
2315432	CO-LEVOFLOXACIN 500 mg tablet
2315440	CO-LEVOFLOXACIN 750 mg tablet
2269139	JAMP ASA 80 mg tablet
2248262	NOVO-LEVOFLOXACIN 250 mg tablet
2248263	NOVO-LEVOFLOXACIN 500 mg tablet
2285649	NOVO-LEVOFLOXACIN 750 mg tablet
2303671	OMNARIS® (CICLESONIDE) 50 µg/spray nasal spray
2308215	RELISTOR® (METHYLNALTREXONE) 12 mg/0.6 ml vial
2298635	SANDOZ LEVOFLOXACIN 250 mg tablet
2298643	SANDOZ LEVOFLOXACIN 500 mg tablet
2298651	SANDOZ LEVOFLOXACIN 750 mg tablet