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**REMINDER—FLU CLINIC LOCATOR WEBSITE**

If your pharmacy is not offering flu clinics and patients ask where immunizations are being offered, please direct them to the government of British Columbia **B.C. Flu Clinic Locator** website.

Patients can visit [www.health.gov.bc.ca/flu/](http://www.health.gov.bc.ca/flu/), and search by City/Town or by postal code to find the Flu Clinic nearest to them.

**BC Flu Clinic Locator**

Thank you for visiting B.C.'s Influenza Vaccine Clinic Locator.

All BC residents can now get the H1N1 flu vaccine. If you cannot find a clinic close to you, it does not mean the H1N1 vaccine is not available in your region.

Call your local Health Unit, family doctor or pharmacist for more information on where you can get vaccinated.

If you are eligible for the seasonal flu shot, you can get this at the same time as your H1N1 vaccine.

Please see the [H1N1 Questions and Answers](#) for more information.

**MAP LEGEND**

- H1N1 Vaccine
- H1N1 & Seasonal Vaccines

**Hints:**

- Zoom in and out using the +/- slide on the left side of the map
- Pan by dragging your mouse across the map
- No results? Try expanding another search or the next town near you
- View location details by clicking on a marker
- Click on the community list below the search to see a text list of locations in your area

**BC Flu Clinic Search**

Please enter your postal code or city/town to find the flu clinics scheduled near you.

Postal Code:

Town/City:

**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.**

## VACCINATION UPDATE

Pharmacists are now participating in the largest vaccination campaign in Canadian history. As of December 1, 2009, pharmacists have performed more than 7800 Influenza A H1N1, seasonal flu and pneumococcal vaccinations.

Response to the October 21, 2009, regulatory changes that expanded pharmacists' scope of practice to include the administration of vaccinations has been encouraging. As of December 9<sup>th</sup>, 394 pharmacists have received their authorization to perform injections from the College of Pharmacists of British Columbia.

Pharmacists will play an important role in the remainder of the vaccination campaign. Health authority mass immunization clinics will begin winding down in the coming weeks. However, vaccinating British Columbians against the H1N1 virus remains a vital concern. Pharmacists, as the most accessible health care professionals, can improve vaccination coverage rates by vaccinating patients themselves or by encouraging their clients to get vaccinated.

### Reporting Adverse Events Following Immunization (AEFI)

Pharmacist immunizers are reminded that AEFI must be reported to the local health unit, not to MedEffect™ Canada. Only adverse reactions to **antivirals and other medications** should be reported through MedEffect.

#### Reporting adverse reactions

The form for reporting AEFI is available on the BC Centre for Disease Control (BCCDC) website at [www.bccdc.ca/dis-cond/CDSurveillanceForms/default.htm#heading8](http://www.bccdc.ca/dis-cond/CDSurveillanceForms/default.htm#heading8). The form is called **Adverse Events Following Immunization (HLTH 2319)**.

Use this form to provide information on the specific reaction, the vaccine(s) given, and the time between administration of the vaccine and the AEFI.

Criteria for reporting and management of AEFI are found in Section 9 of the immunization program manual at [www.bccdc.ca/dis-cond/comm-manual/CDManualChap2.htm](http://www.bccdc.ca/dis-cond/comm-manual/CDManualChap2.htm).

#### Reporting cases of anaphylaxis after H1N1 vaccination

Two specialized forms are provided on the BCCDC website at [www.bccdc.ca/dis-cond/CDSurveillanceForms/default.htm#heading8](http://www.bccdc.ca/dis-cond/CDSurveillanceForms/default.htm#heading8) for reporting cases of anaphylaxis after H1N1 vaccination:

- Anaphylaxis After H1N1 Vaccine Report Form—Use this form for every case of anaphylaxis following H1N1 vaccine (requiring emergency intervention).
- Anaphylaxis Report Form—Use this form when two or more cases of anaphylaxis occur in association with the same lot of vaccine(s) within a week.

#### Submitting the forms

1. Advise the client that the reaction will be reported to public health staff for follow-up and recommendations regarding future vaccination.
2. After filling and printing the form, submit it to your local health unit office or send/fax it to the [central office](#) in your jurisdiction.

#### Other Publicly-Funded Vaccines

*In January 2010, we will publish a full list of Product Identification Numbers for publicly-funded vaccines in the Pharmacist & Medical Supplier section of the PharmaCare website at [www.health.gov.bc.ca/pharmacare](http://www.health.gov.bc.ca/pharmacare) and in the PharmaCare Newsletter.*

## Reminder — Appropriate Charges to Patients for Vaccinations

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As stated in [PharmaCare Newsletter 09-015](#), pharmacist participation in providing vaccinations is part of Immunize BC, the Strategic Framework for Immunization in BC. The framework supports the principle of an immunization delivery system that includes health service providers from different disciplines who deliver programs in different settings.

**IMPORTANT CLARIFICATION:** Under the framework, the Province pays authorized pharmacists \$10 for each **publicly-funded** vaccination they provide. As this is a public health initiative, **pharmacies cannot, therefore, charge any additional amount to patients.**

However, for private-pay vaccinations—that is, vaccinations patients choose to receive that are **not** publicly-funded—pricing remains at the discretion of the providing pharmacy.

## FAIR PHARMACARE PLAN – ANNUAL UPDATE

### Fair PharmaCare deductibles for 2010

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On January 1, 2010, PharmaNet will be updated to reflect annual deductibles and family maximums for 2010 for all individuals and families registered in the plan. Deductible accumulations will be reset to zero.

Fair PharmaCare assistance levels for 2010 are based on family net income for 2008. Universal Child Care Benefits are not included when determining assistance levels.

### Deductible information for patients for 2010

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Fair PharmaCare registrants can access information about their deductible and their family maximum on our [website](#) or by **contacting Health Insurance BC**.

Through the PharmaCare website at [www.health.gov.bc.ca/pharmacare](http://www.health.gov.bc.ca/pharmacare), registrants can:

- use the Fair PharmaCare Calculator to estimate this information, or
- request that a Confirmation of Fair PharmaCare Assistance be mailed to them.

Registrants can also contact Health Insurance BC and provide appropriate identifying information:

- From the Lower Mainland, call **604-683-7151**.
- From the rest of B.C., call toll-free **1-800-663-7100**.

Customer Service Representatives are available Monday to Friday 8 a.m. – 8 p.m., and Saturday 8 a.m. – 4 p.m.

### Retroactive reimbursements

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PharmaCare reimburses prescription expenses above a family's Fair PharmaCare deductible only if the expenses were incurred after the family registered for the plan. However, all eligible prescription costs count toward a family's Fair PharmaCare deductible.

However, if a family qualified for increased assistance during the year, their new, lower deductible and family maximum is applied to any eligible prescriptions purchased after January 1 of the current year or the date of the family's Fair PharmaCare registration<sup>1</sup>, whichever is later.

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<sup>1</sup> The date of a family's registration is considered to be the later of the date the family first registered or the date that a spouse was last added or removed from their Fair PharmaCare record.

Families do not have to apply for retroactive reimbursement for 2009; it is calculated automatically after year-end. In the spring of 2010, a reimbursement cheque will be mailed to each qualifying individual or family.

### **Monthly Deductible Payment Option reminder**

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*Do you have patients who are worried about paying for their prescriptions before meeting their deductible? This option can ease the financial burden early in the year.*

PharmaCare is accepting enrolments in the Monthly Deductible Payment Option (MDPO) for 2010. Letters have been sent to those who enrolled for 2009 advising them that enrolment for 2010 is not automatic. If they wish to re-enrol, they must respond as directed in the letter.

The option is designed to assist individuals or families who:

- are registered for Fair PharmaCare,
- do not have private health insurance with a drug benefit plan,
- have a deductible greater than \$0, and
- expect their annual prescription costs to meet or exceed their Fair PharmaCare deductible.

Families who enrol in the MDPO pay their Fair PharmaCare deductible in monthly instalments and receive assistance with their eligible prescription costs right away.

For more information, patients can visit the PharmaCare website at [www.health.gov.bc.ca/pharmacare](http://www.health.gov.bc.ca/pharmacare) or contact Health Insurance BC.

## NEW DRUGS CATEGORIZED TO LOW COST ALTERNATIVE (LCA) AND/OR REFERENCE DRUG PROGRAM (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](http://www.health.gov.bc.ca/pharmacare).)

DIN	DRUG NAME	RDP	LCA STATUS	SPECIAL AUTHORITY ONLY
02327856	APO-HYDRO 12.5 mg tablet		P	
02331683	APO-VENLAFAXINE XR 37.5 mg tablet		P	
02331691	APO-VENLAFAXINE XR 75 mg tablet		P	
02331705	APO-VENLAFAXINE XR 150 mg tablet		P	
02298570	GEN-TAMSULOSIN SR 0.4 mg capsule		P	
02329425	GEN-OMEPRAZOLE 10 mg capsule		F*	Yes
02329433	GEN-OMEPRAZOLE 20 mg capsule		P*	Yes
02317338	IBUPROFEN 400 mg tablet		F	
00557412	JAMP NIACIN 500 mg tablet		P	
02331020	JAMP SIMVASTATIN 5 mg tablet		P	
02331039	JAMP SIMVASTATIN 10 mg tablet		P	
02331047	JAMP SIMVASTATIN 20 mg tablet		P	
02331055	JAMP SIMVASTATIN 40 mg tablet		P	
02331063	JAMP SIMVASTATIN 80 mg tablet		P	
02317427	MINT CIPROFLOXACIN 250 mg tablet		P	
02317435	MINT CIPROFLOXACIN 500 mg tablet		P	
02317443	MINT CIPROFLOXACIN 750 mg tablet		P	
02317397	MINT LISINOPRIL 5 mg tablet	Yes	P	

F – Fully covered

P – Partially covered

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.

*continued...*

## New Drugs Categorized to Low Cost Alternative (LCA) and/or Reference Drug Program (RDP) — Continued

DIN	DRUG NAME	RDP	LCA STATUS	SPECIAL AUTHORITY ONLY
02317419	MINT LISINOPRIL 20 mg tablet	Yes	P	
02326477	MINT PIOGLITAZONE 15 mg tablet		P*	Yes
02326485	MINT PIOGLITAZONE 30 mg tablet		P*	Yes
02326493	MINT PIOGLITAZONE 45 mg tablet		P*	Yes
02317451	MINT PRAVASTATIN 10 mg tablet		P	
02317478	MINT PRAVASTATIN 20 mg tablet		P	
02317486	MINT PRAVASTATIN 40 mg tablet		P	
02322781	NG-CITALOPRAM 20 mg tablet		F	
02322803	NG-CITALOPRAM 40 mg tablet		F	
02310422	NOVO-BENZYLAMINE 1.5 mg/ml solution		P*	Yes
02273543	PHL-CITALOPRAM 10 mg tablet		P	
02248944	PHL-CITALOPRAM 20 mg tablet		P	
02248945	PHL-CITALOPRAM 40 mg tablet		P	
02246314	PHL-GABAPENTIN 100 mg capsule		P	
02246315	PHL-GABAPENTIN 300 mg capsule		P	
02246316	PHL-GABAPENTIN 400 mg capsule		P	
02307669	PHL-PIOGLITAZONE 15 mg tablet		P*	Yes
02307677	PHL-PIOGLITAZONE 30 mg tablet		P*	Yes
02307723	PHL-PIOGLITAZONE 45 mg tablet		P*	Yes
02294273	PMS-TERBINAFLINE 250 mg tablet		F*	Yes
02329131	RAN-SIMVASTATIN 5 mg tablet		P	
02329158	RAN-SIMVASTATIN 10 mg tablet		P	
02329166	RAN-SIMVASTATIN 20 mg tablet		P	
02329174	RAN-SIMVASTATIN 40 mg tablet		P	
02329182	RAN-SIMVASTATIN 80 mg tablet		P	
02332388	SANDOZ AZITHROMYCIN 100 mg/5mL suspension		P	
02332396	SANDOZ AZITHROMYCIN 200 mg/5mL suspension		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.



## NEW DRUGS CATEGORIZED TO LCA AND/OR RDP — PLAN P (PALLIATIVE CARE)

The following products are now an eligible PharmaCare benefits for Plan P. These products are 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
02323419	CO-FLUCONAZOLE 150 mg capsule	P*
02330105	RAN-FENTANYL MATRIX 12 mcg/h patch	P*
02330113	RAN-FENTANYL MATRIX 25 mcg/h patch	P*
02330121	RAN-FENTANYL MATRIX 50 mcg/h patch	P*
02330148	RAN-FENTANYL MATRIX 75 mcg/h patch	P*
02330156	RAN-FENTANYL MATRIX 100 mcg/h patch	P*
02327112	SANDOZ FENTANYL MTX 12 mcg/h patch	P*
02327120	SANDOZ FENTANYL MTX 25 mcg/h patch	P*
02327139	SANDOZ FENTANYL MTX 37 mcg/h patch	F*
02327147	SANDOZ FENTANYL MTX 50 mcg/h patch	P*
02327155	SANDOZ FENTANYL MTX 75 mcg/h patch	P*
02327163	SANDOZ FENTANYL MTX 100 mcg/h patch	P*

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.

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

Effective **January 29, 2010**, the following LCA categories (including both existing and new PharmaCare benefits) will be revised.

NEW CATEGORY (CHEMICAL NAME)	DIN	BRAND NAME	LCA STATUS	PRICE
CITALOPRAM HYDROBROMIDE TAB 20MG  (continued on next page)	02246056	APO-CITALOPRAM	P	\$0.6487
	02239607	CELEXA®	P	\$0.6487
	02306239	CITALOPRAM-ODAN	P	\$0.6487
	02248050	CO-CITALOPRAM	P	\$0.6487
	02246594	GEN-CITALOPRAM	P	\$0.6487
	02313405	JAMP CITALOPRAM	P	\$0.6487
	02304686	MINT CITALOPRAM	P	\$0.6487
	02322781	NG-CITALOPRAM	F	
	02251558	NOVO-CITALOPRAM	P	\$0.6487
	02293218	NOVO-CITALOPRAM	P	\$0.6487

F – Fully covered

P – Partially covered

continued...

## Low Cost Alternative (LCA) / Reference Drug Program (RDP) Booklet—Changes (Continued)

NEW CATEGORY (CHEMICAL NAME)	DIN	BRAND NAME	LCA STATUS	PRICE
CITALOPRAM HYDROBROMIDE TAB 20MG  (continued from previous page)	02248010	PMS-CITALOPRAM	P	\$0.6487
	02285622	RAN-CITALO	P	\$0.6487
	02268000	RAN-CITALOPRAM	P	\$0.6487
	02252112	RATIO-CITALOPRAM	P	\$0.6487
	02248170	SANDOZ CITALOPRAM	P	\$0.6487
CITALOPRAM HYDROBROMIDE TAB 40MG	02246057	APO-CITALOPRAM	P	\$0.6487
	02239608	CELEXA®	P	\$0.6487
	02306247	CITALOPRAM-ODAN	P	\$0.6487
	02248051	CO-CITALOPRAM	P	\$0.6487
	02246595	GEN-CITALOPRAM	P	\$0.6487
	02313413	JAMP CITALOPRAM	P	\$0.6487
	02304694	MINT CITALOPRAM	P	\$0.6487
	02322803	NG-CITALOPRAM	F	
	02293226	NOVO-CITALOPRAM	P	\$0.6487
	02251566	NOVO-CITALOPRAM	P	\$0.6487
	02248945	PHL-CITALOPRAM	P	\$0.6487
	02248011	PMS-CITALOPRAM	P	\$0.6487
	02285630	RAN-CITALO	P	\$0.6487
	02268019	RAN-CITALOPRAM	P	\$0.6487
	02252120	RATIO-CITALOPRAM	P	\$0.6487
02248171	SANDOZ CITALOPRAM	P	\$0.6487	
MEDROXYPROGESTERONE ACETATE INJECTION SUSP 150MG/ML	00585092	DEPO-PROVERA AQUEOUS®	P	\$22.8338
	02322250	MEDROXYPROGESTERONE ACETATE	F	
SALBUTAMOL AER INH 100MCG	02232570	AIROMIR®	P	\$0.0337
	02245669	APO-SALVENT CHF FREE	F	
	02244914	RATIO-SALBUTAMOL HFA	F	
	02241497	VENTOLIN HFA®	F	

F – Fully covered

P – Partially covered



## BENEFITS

### Amlodipine Besylate

The following generic amlodipine besylate products are:

- subject to the [Multiple-Source Generics Pricing Policy](#) as of **December 1, 2009**, and
- included in the existing LCA Categories and the Reference Drug Program effective **December 1, 2009**.

NEW CATEGORY (CHEMICAL NAME)	DIN	BRAND NAME	LCA STATUS	LCA PRICE	RDP	COST REDUCTION FACTOR
AMLODIPINE BESYLATE 2.5 mg tablet	02326760	PHL-AMLODIPINE	p**		Yes	4.00%
AMLODIPINE BESYLATE 5 mg tablet	02331071	JAMP-AMLODIPINE	p**		Yes	4.00%
AMLODIPINE BESYLATE 10 mg tablet	02331098	JAMP-AMLODIPINE	p**		Yes	4.00%

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

### 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
80009182	JAMP SENNOSIDES 8.6 mg tablet	P
80009183	JAMP SENNOSIDES 12 mg tablet	P

P – Partially covered

## NON-BENEFITS

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

DIN	DRUG NAME
00266086	ASCORBIC ACID 500 mg tablet (PHARMETICS)
02244861	CALCIUM and MAGNESIUM with VITAMIN D 333 mg - 167 mg - 200 IU tablet (PHARMETICS)
00730599	CALCIUM CARBONATE and VITAMIN D 500 mg-125 IU tablet (PHARMETICS)
02243893	VITAMIN C 500 mg chewable tablet (PHARMETICS)
02240858	VITAMIN D <sub>3</sub> 400 IU tablet (PHARMETICS)
02245842	VITAMIN D <sub>3</sub> 1000 IU tablet (PHARMETICS)