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## PROTON PUMP INHIBITORS — EXPANDED COVERAGE

**Effective January 26, 2010**, PharmaCare is expanding coverage for proton pump inhibitors (PPIs).

PharmaCare's first-covered PPIs now include **rabeprazole** and **pantoprazole magnesium (Tecta™)**. One Special Authority approval provides coverage for both these options.

Patients with an existing Special Authority for rabeprazole are automatically covered for pantoprazole magnesium. No additional Special Authority request is required.

For more information about the Special Authority criteria for these products and PharmaCare coverage for other PPIs, see the information sheet for health care professionals attached to this newsletter. A patient information sheet is also included for your reference.

Information sheets for health care professionals and patients are also available on our website at www.health.gov.bc.ca/pharmacare/prescribe.html.

The revised Special Authority request form for Proton Pump Inhibitors (HLTH 5350) is available on the PharmaCare website at www.health.gov.bc.ca/pharmacare/sa/criteria/formsindex.html. Please note that this Special Authority request form can be used to request any of the Proton Pump Inhibitors.

# ABATACEPT/RITUXIMAB FOR RHEUMATOID ARTHRITIS — EXPANDED COVERAGE

Effective **January 26, 2010**, expanded criteria for coverage of **abatacept (Orencia®)** and **rituximab (Rituxan®)** for the treatment of rheumatoid arthritis are coming into effect. Criteria for coverage now include patients treated in combination with methotrexate who have failed to respond to an adequate trial of at least one anti-TNF agent (adalimumab, infliximab OR etanercept) OR have contraindications to these anti-TNF agents.

**Please note:**

- All requests for abatacept and rituximab must be submitted by a rheumatologist. Criteria and forms are available in the Special Authority section of our website at www.health.gov.bc.ca/pharmacare/.
- Special Authority coverage cannot be provided retroactively and actual coverage is subject to the patient's usual plan rules, including any deductible requirement.

## Abatacept

**Initial coverage – one year:**

- Weight / Dosage: < 60 kg / 500 mg, 60-100 kg / 750 mg, > 100 kg / 1000 mg — at 0, 2 and 4 weeks, then every 4 weeks. A minimum ACR20 response is required at 6 months for continued treatment.

**Renewal coverage – one year:**

- Weight / Dosage: < 60 kg / 500 mg, 60-100 kg / 750 mg, and > 100 kg / 1000 mg— every 4 weeks.

## Rituximab

**Initial coverage – two courses:**

- Each course is 1000 mg at 0 and 2 weeks, minimum 24 weeks between courses. A minimum ACR20 response is required after the initial course for retreatment

**Renewal coverage – two courses:**

- Each course is 1000 mg at 0 and 2 weeks, minimum 24 weeks between courses.

# NSAIDs — REFERENCE DRUG PROGRAM PRICE CHANGE

Effective **March 1, 2010**, PharmaCare will adjust the reference price for non-steroidal anti-inflammatory drugs (NSAIDs). The reference price will now be based on ibuprofen 2400 mg/day rather than naproxen 1000 mg/day.

This change reflects the lower risk of gastrointestinal toxicity and optimal cost effectiveness of using ibuprofen.

The reference drugs in the NSAID category (those that do not require Special Authority for full coverage) are enteric-coated ASA, ibuprofen or regular-release naproxen.

These reference drugs, including regular-release naproxen, are regular PharmaCare benefits and are reimbursed at actual acquisition cost within the guidelines of the Low Cost Alternative Drug Program, and subject to the Maximum Pricing Policy.

Non-reference drugs in the NSAID category are reimbursed at the lesser of the:

- actual daily acquisition cost, or
- new reference price of $0.1924/day (which represents ibuprofen 2400 mg/day).

## CHANGE TO LOW COST ALTERNATIVE CATEGORY FOR ALENDRONATE

Revisions to the alendronate Low Cost Alternative Program category announced in the November 18, 2009 PharmaCare Newsletter came into effect on **January 18, 2010**.

For more information about the Special Authority criteria and PharmaCare coverage for alendronate products for the treatment of osteoporosis, please see the information sheet for health care professionals attached to this newsletter. A patient information sheet is also included for your reference.

The information sheets for health care professionals and patients are available on our website at www.health.gov.bc.ca/pharmacare/prescribe.html.

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

For requests for alendronate plus cholecalciferol (Fosavance® 70mg/5600 IU), the General Special Authority Request form (HLTH 5328) is available at www.health.gov.bc.ca/pharmacare/sa/criteria/formsindex.html.

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And don't forget to make a quick call to the PharmaNet HelpDesk to let them know you won't need printed copies in the future.

## SPECIAL SERVICES FEES

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

| | | |
|---|---|---|
| Dec 2009 ..... 3,103 | Aug 2009 ..... 2,212 | Apr 2009..... 2,347 |
| Nov 2009..... 2,584 | Jul 2009 ..... 2,619 | Mar 2009..... 2,252 |
| Oct 2009 ..... 2,758 | Jun 2009..... 2,554 | Feb 2009 ..... 2,100 |
| Sep 2009 ..... 2,643 | May 2009 ..... 2,357 | Jan 2009 ..... 2,131 |

## QUICK FACT

Number of publically-funded vaccinations administered by British Columbia's community pharmacists between **October 30, 2009** and **January 5, 2010**:

**26,952**

That's over 400 per day!

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

## Citalopram Hydrobromide - CORRECTION

In the December 17, 2009 edition of the Pharmacare Newsletter, Pharmaceutical Services Division announced that, effective January 29, 2010, it would change the Low Cost Alternative (LCA) categories for citalopram hydrobromide 20 mg tablet and citalopram hydrobromide 40 mg tablet. **Those changes will not occur due to manufacturer price changes. The category will remain as shown in the table below until March 8, at which time NG-citalopram hydrobromide 20 mg and 40 mg tablets will become partial benefits, as noted on page 5.**

| NEW CATEGORY (CHEMICAL NAME) | DIN | BRAND NAME | LCA STATUS | PRICE |
|---|---|---|---|---|
| CITALOPRAM HYDROBROMIDE 20 mg tablet | 02246056 | APO-CITALOPRAM | P | $0.8757 |
| | 02239607 | CELEXA® | P | $0.8757 |
| | 02306239 | CITALOPRAM-ODAN | P | $0.8757 |
| | 02248050 | CO-CITALOPRAM | P | $0.8757 |
| | 02246594 | GEN-CITALOPRAM | P | $0.8757 |
| | 02313405 | JAMP CITALOPRAM | P | $0.8757 |
| | 02304686 | MINT CITALOPRAM | P | $0.8757 |
| | 02322781 | NG-CITALOPRAM | F | |
| | PharmaCare's maximum price for the above product is based on the price originally submitted by the manufacturer. This product may not be available at that price. | | | |
| | 02251558 | NOVO-CITALOPRAM | P | $0.8757 |
| | 02293218 | NOVO-CITALOPRAM | P | $0.8757 |
| | 02248944 | PHL-CITALOPRAM | P | $0.8757 |
| | 02248010 | PMS-CITALOPRAM | P | $0.8757 |
| | 02285622 | RAN-CITALO | P | $0.8757 |
| | 02268000 | RAN-CITALOPRAM | F | |
| | 02252112 | RATIO-CITALOPRAM | P | $0.8757 |
| | 02248170 | SANDOZ CITALOPRAM | P | $0.8757 |
| CITALOPRAM HYDROBROMIDE 40 mg tablet | 02246057 | APO-CITALOPRAM | P | $0.8759 |
| | 02239608 | CELEXA® | P | $0.8759 |
| | 02306247 | CITALOPRAM-ODAN | P | $0.8759 |
| | 02248051 | CO-CITALOPRAM | P | $0.8759 |
| | 02246595 | GEN-CITALOPRAM | P | $0.8759 |
| | 02313413 | JAMP CITALOPRAM | P | $0.8759 |
| | 02304694 | MINT CITALOPRAM | P | $0.8759 |
| | 02322803 | NG-CITALOPRAM | F | |
| | PharmaCare's maximum price for the above product is based on the price originally submitted by the manufacturer. This product may not be available at that price. | | | |
| | 02293226 | NOVO-CITALOPRAM | P | $0.8759 |
| | 02251566 | NOVO-CITALOPRAM | P | $0.8759 |
| | 02248945 | PHL-CITALOPRAM | P | $0.8759 |
| | 02248011 | PMS-CITALOPRAM | P | $0.8759 |
| | 02285630 | RAN-CITALO | P | $0.8759 |
| | 02268019 | RAN-CITALOPRAM | F | |
| | 02252120 | RATIO-CITALOPRAM | P | $0.8759 |

F – Fully covered P – Partially covered

## Citalopram Hydrobromide – Category Change

Effective **March 8, 2010**, the entries for NG-citalopram hydrobromide 20 mg and 40 mg tablets will be revised as follows:

| NEW CATEGORY (CHEMICAL NAME) | DIN | BRAND NAME | LCA STATUS | PRICE |
|---|---|---|---|---|
| CITALOPRAM HYDROBROMIDE 20 mg tablet | 02322781 | NG-CITALOPRAM | P | $0.8757 |
| CITALOPRAM HYDROBROMIDE 40 mg tablet | 02322803 | NG-CITALOPRAM | P | $0.8759 |

P – Partially covered

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

| DIN/NPN | DRUG NAME | RDP | LCA STATUS | SPECIAL AUTHORITY ONLY |
|---|---|---|---|---|
| 02331004 | JAMP-FOSINOPRIL 10 mg tablet | Yes | P | |
| 02331012 | JAMP-FOSINOPRIL 20 mg tablet | Yes | P | |
| 02330954 | JAMP-PRAVASTATIN 10 mg tablet | | P | |
| 02330962 | JAMP-PRAVASTATIN 20 mg tablet | | P | |
| 02330970 | JAMP-PRAVASTATIN 40 mg tablet | | P | |
| 02331101 | JAMP-RAMIPRIL 1.25 mg capsule | | P | |
| 02331128 | JAMP-RAMIPRIL 2.5 mg capsule | | P | |
| 02331136 | JAMP-RAMIPRIL 5 mg capsule | | P | |
| 02331144 | JAMP-RAMIPRIL 10 mg capsule | | P | |
| 02280515 | NOVO-LANSOPRAZOLE 15 mg capsule | | P* | Yes |
| 02280523 | NOVO-LANSOPRAZOLE 30 mg capsule | | P* | Yes |
| 80008214 | ODAN K-8 SR 600 mg tablet | | F | |
| 80004415 | ODAN K-20 SR 1500 mg tablet | | P | |
| 02247182 | PHL-ATENOLOL 25 mg tablet | | F | |
| 02238316 | PHL-ATENOLOL 50 mg tablet | | P | |
| 02238318 | PHL-ATENOLOL 100 mg 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.

*continued…*

## New Drugs Categorized to LCA and/or RDP (Continued)

| DIN/NPN | DRUG NAME | RDP | LCA STATUS | SPECIAL AUTHORITY ONLY |
|---|---|---|---|---|
| 02278588 | PHL-AZITHROMYCIN 250 mg tablet | | P | |
| 02236963 | PHL-BACLOFEN 10 mg tablet | | P | |
| 02236964 | PHL-BACLOFEN 20 mg tablet | | P | |
| 02273543 | PHL-CITALOPRAM 10 mg tablet | | P | |
| 02145235 | PHL-CLONAZEPAM 1 mg tablet | | P | |
| 02145243 | PHL-CLONAZEPAM 2 mg tablet | | P | |
| 02236948 | PHL-CLONAZEPAM-R 0.5 mg tablet | | P | |
| 02249359 | PHL-CYCLOBENZAPRINE 10 mg tablet | | P | |
| 02223481 | PHL-FLUOXETINE 10 mg capsule | | P | |
| 02223503 | PHL-FLUOXETINE 20 mg capsule | | P | |
| 02281732 | PHL-MIRTAZAPINE 15 mg tablet | | P | |
| 02252279 | PHL-MIRTAZAPINE 30 mg tablet | | P | |
| 02278618 | PHL-ONDANSETRON 4 mg tablet | | P* | Yes |
| 02278626 | PHL-ONDANSETRON 8 mg tablet | | P* | Yes |
| 02248451 | PHL-PAROXETINE 20 mg tablet | | P | |
| 02248452 | PHL-PAROXETINE 30 mg tablet | | P | |
| 02249766 | PHL-PRAVASTATIN 10 mg tablet | | P | |
| 02249774 | PHL-PRAVASTATIN 20 mg tablet | | P | |
| 02249782 | PHL-PRAVASTATIN 40 mg tablet | | P | |
| 02245824 | PHL-SERTRALINE 25 mg capsule | | P | |
| 02245825 | PHL-SERTRALINE 50 mg capsule | | P | |
| 02245826 | PHL-SERTRALINE 100 mg capsule | | P | |
| 02281546 | PHL-SIMVASTATIN 5 mg tablet | | P | |
| 02281554 | PHL-SIMVASTATIN 10 mg tablet | | P | |
| 02281562 | PHL-SIMVASTATIN 20 mg tablet | | P | |
| 02281570 | PHL-SIMVASTATIN 40 mg tablet | | P | |
| 02281589 | PHL-SIMVASTATIN 80 mg 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.

*continued…*

**New Drugs Categorized to LCA and/or RDP (Continued)**

| DIN/NPN | DRUG NAME | RDP | LCA STATUS | SPECIAL AUTHORITY ONLY |
|---|---|---|---|---|
| 02271184 | PHL-TOPIRAMATE 25 mg tablet | | P | |
| 02271192 | PHL-TOPIRAMATE 100 mg tablet | | P | |
| 02271206 | PHL-TOPIRAMATE 200 mg tablet | | P | |
| 02294052 | PHL-ZOPICLONE 5 mg tablet | | P* | Yes |
| 02294060 | PHL-ZOPICLONE 7.5 mg tablet | | P* | Yes |
| 02328305 | RBX-RISPERIDONE 0.25 mg tablet | | P | |
| 02328313 | RBX-RISPERIDONE 0.5 mg tablet | | P | |
| 02328321 | RBX-RISPERIDONE 1 mg tablet | | P | |
| 02328348 | RBX-RISPERIDONE 2 mg tablet | | P | |
| 02328364 | RBX-RISPERIDONE 3 mg tablet | | P | |
| 02328372 | RBX-RISPERIDONE 4 mg 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.

# 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, and, if indicated below, Plan G and/or Plan P. For the Special Authority criteria, please visit the Special Authority Information page on the PharmaCare website at www.health.gov.bc.ca/pharmacare.

| DIN | DRUG NAME | PLAN G | PLAN P |
|---|---|---|---|
| 02332922 | ATACAND® PLUS (CANDESARTAN-HYDROCHLOROTHIAZIDE) 32 mg – 12.5 mg tablet | N | N |
| 02332957 | ATACAND® PLUS (CANDESARTAN-HYDROCHLOROTHIAZIDE) 32 mg – 25 mg tablet | N | N |
| 02318709 | MICARDIS® PLUS (TELMISARTAN-HYDROCHLOROTHIAZIDE) 80 mg – 25 mg tablet | N | N |
| 02248752 | PHL-CARVEDILOL 3.125 mg tablet | N | ✦ |
| 02248753 | PHL-CARVEDILOL 6.25 mg tablet | N | ✦ |
| 02248754 | PHL-CARVEDILOL 12.5 mg tablet | N | ✦ |
| 02248755 | PHL-CARVEDILOL 25 mg tablet | N | ✦ |
| 02309866 | PHL-PANTOPRAZOLE 40 mg tablet | N | Y |

✦ See Palliative Care Drug Plan table below.

## 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 |
|---|---|---|
| 02284529 | PMS-ASA EC 325 mg tablet | P |

P – Partially covered

## Palliative Care Drug Plan (Plan P)

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

| DIN | DRUG NAME | LCA STATUS |
|---|---|---|
| 02248752 | PHL-CARVEDILOL 3.125 mg tablet | P |
| 02248753 | PHL-CARVEDILOL 6.25 mg tablet | P |
| 02248754 | PHL-CARVEDILOL 12.5 mg tablet | P |
| 02248755 | PHL-CARVEDILOL 25 mg tablet | P |
| 02309866 | PHL-PANTOPRAZOLE 40 mg tablet | P |

P* – Partially covered.

## Olanzapine ODT (Oral Disintegrating Tablet)

The following generic **olanzapine ODT** products are:

- subject to the Multiple-Source Generics Pricing Policy as of **January 15, 2010**, and
- included in the existing LCA Categories effective **January 15, 2010**.

| NEW CATEGORY (CHEMICAL NAME) | DIN | DRUG NAME | LCA STATUS | LCA PRICE | RDP | COST REDUCTION FACTOR |
|---|---|---|---|---|---|---|
| OLANZAPINE 5 mg ODT | 02327562 | CO OLANZAPINE ODT | P* | 1.8550 | No | 1.14% |
| | 02303191 | PMS-OLANZAPINE ODT | F* | | No | 1.16% |
| OLANZAPINE 10 mg ODT | 02327570 | CO OLANZAPINE ODT | P* | 3.7070 | No | 1.12% |
| | 02303205 | PMS-OLANZAPINE ODT | F* | | No | 1.13% |
| OLANZAPINE 15mg ODT | 02327589 | CO OLANZAPINE ODT | P* | 5.5587 | No | 1.11% |
| | 02303213 | PMS-OLANZAPINE ODT | F* | | No | 1.11% |

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 **January 15, 2010**, and
- included in the existing LCA Categories and the Reference Drug Program effective **January 15, 2010**.

| NEW CATEGORY (CHEMICAL NAME) | DIN | DRUG NAME | LCA STATUS | LCA PRICE | RDP | COST REDUCTION FACTOR |
|---|---|---|---|---|---|---|
| AMLODIPINE BESYLATE 5 mg tablet | 02331934 | AMLODIPINE TABLETS | P | | YES | 4.00% |
| AMLODIPINE BESYLATE 10 mg tablet | 02331942 | AMLODIPINE TABLETS | P | | YES | 4.00% |

P – Partially covered

## Ropinirole Hydrochloride

The following generic **ropinirole hydrochloride** products are:

- subject to the Multiple-Source Generics Pricing Policy as of **January 15, 2010**, and
- included in the existing LCA Categories effective **January 15, 2010**.

| NEW CATEGORY (CHEMICAL NAME) | DIN | DRUG NAME | LCA STATUS | LCA PRICE | COST REDUCTION FACTOR |
|---|---|---|---|---|---|
| ROPINIROLE HYDROCHLORIDE 0.25 mg tablet | 02337746 | APO-ROPINIROLE | P* | 0.1473 | 1.41% |
| | 02332361 | ROPINIROLE TABLETS | P* | 0.1473 | 1.41% |
| ROPINIROLE HYDROCHLORIDE 1 mg tablet | 02337762 | APO-ROPINIROLE | P* | 0.5891 | 1.39% |
| | 02332426 | ROPINIROLE TABLETS | P* | 0.5891 | 1.39% |
| ROPINIROLE HYDROCHLORIDE 2 mg tablet | 02337770 | APO-ROPINIROLE | P* | 0.6481 | 1.41% |
| | 02332434 | ROPINIROLE TABLETS | P* | 0.6481 | 1.41% |
| ROPINIROLE HYDROCHLORIDE 5 mg tablet | 02337800 | APO-ROPINIROLE | P* | 1.7844 | 0.00% |
| | 02332442 | ROPINIROLE TABLETS | P* | 1.7844 | 0.00% |

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

## NON-BENEFITS

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

| DIN | DRUG NAME |
|---|---|
| 02273217 | ENABLEX® (DARIFENACIN) 7.5 mg tablet |
| 02273225 | ENABLEX® (DARIFENACIN) 15 mg tablet |
| 02277263 | VESICARE® (SOLIFENACIN) 5 mg tablet |
| 02277271 | VESICARE® (SOLIFENACIN) 10 mg tablet |

# Expanded PharmaCare Coverage for Proton Pump Inhibitors
## *Effective January 26, 2010*

Dear Health Care Professional,

**Effective January 26, 2010**, PharmaCare is pleased to **expand coverage** for the proton pump inhibitors (PPIs). With the recent availability of the sixth PPI, pantoprazole magnesium (Mg) (Tecta™), an additional option has been added as a first-covered PPI. This applies to patients eligible for Special Authority approval (i.e., those who have documented failure or intolerance to adequate doses of ranitidine, cimetidine or other histamine-2 [H2] blocker).

**PharmaCare's first-covered PPIs now include rabeprazole (Pariet® and generics) and pantoprazole Mg (Tecta™). One Special Authority approval** provides coverage for **both these options.** The criteria for rabeprazole and pantoprazole Mg are as follows:

1. For gastroesophageal reflux disease (GERD), reflux esophagitis, duodenal ulcer, or gastric ulcer **after** documented failure **or** intolerance to adequate doses of ranitidine or cimetidine or other H2 blocker.
2. For Barrett's esophagus, Zollinger-Ellison syndrome, connective tissue disease, e.g., lupus, scleroderma, CREST*.
3. For eradication of *Helicobacter pylori,* as part of triple therapy (maximum 14-day approval).

**CREST is an acronym for the five main features of the limited form of scleroderma: Calcinosis, Raynaud's disease, Esophageal dysmotility, Sclerodactyly, and Telangiectasia.*

Patients with an existing Special Authority for rabeprazole are automatically covered for pantoprazole Mg. No additional Special Authority request is required. Additional requests for Special Authority approval (completion of the specialized PPI Special Authority form) are still required for the other PPIs: lansoprazole (Prevacid® and generics), omeprazole (Losec® and generics), pantoprazole sodium (Pantoloc® and generics), and esomeprazole (Nexium®). Documented failure or intolerance to rabeprazole AND pantoprazole Mg is required (i.e., 8-week trial of the first option at adequate doses, followed by a 4-week trial of the second option at adequate doses), prior to Special Authority approval for the other PPIs. Exceptions are considered for certain patient populations (pediatrics, pregnant or lactating women, or those with uncommon gastrointestinal conditions). The specialized PPI Special Authority form is available at www.health.gov.bc.ca/pharmacare/sa/criteria/formsindex.html.

Similar to before, PPIs prescribed by gastroenterologists are exempt from the Special Authority process, with the exception of esomeprazole.

Pantoprazole Mg contains the same active ingredient as pantoprazole sodium (Pantoloc® or generics), but in a different salt form. Due to the availability of two different salt formulations of pantoprazole, prescribers must clearly indicate the desired pantoprazole product on their prescriptions. Please note that PPIs are eligible for therapeutic class adaptations by pharmacists, if this is deemed to optimize drug therapy and lead to improved patient health outcomes.

The 2007 report by the Canadian Optimal Medication Prescribing and Utilization Service (COMPUS) concluded that all PPIs are equally efficacious in the initial treatment of gastroesophageal reflux disease (GERD), dyspepsia, and other common gastrointestinal conditions. There is no clinical evidence to indicate that one PPI is superior to any other.[1]

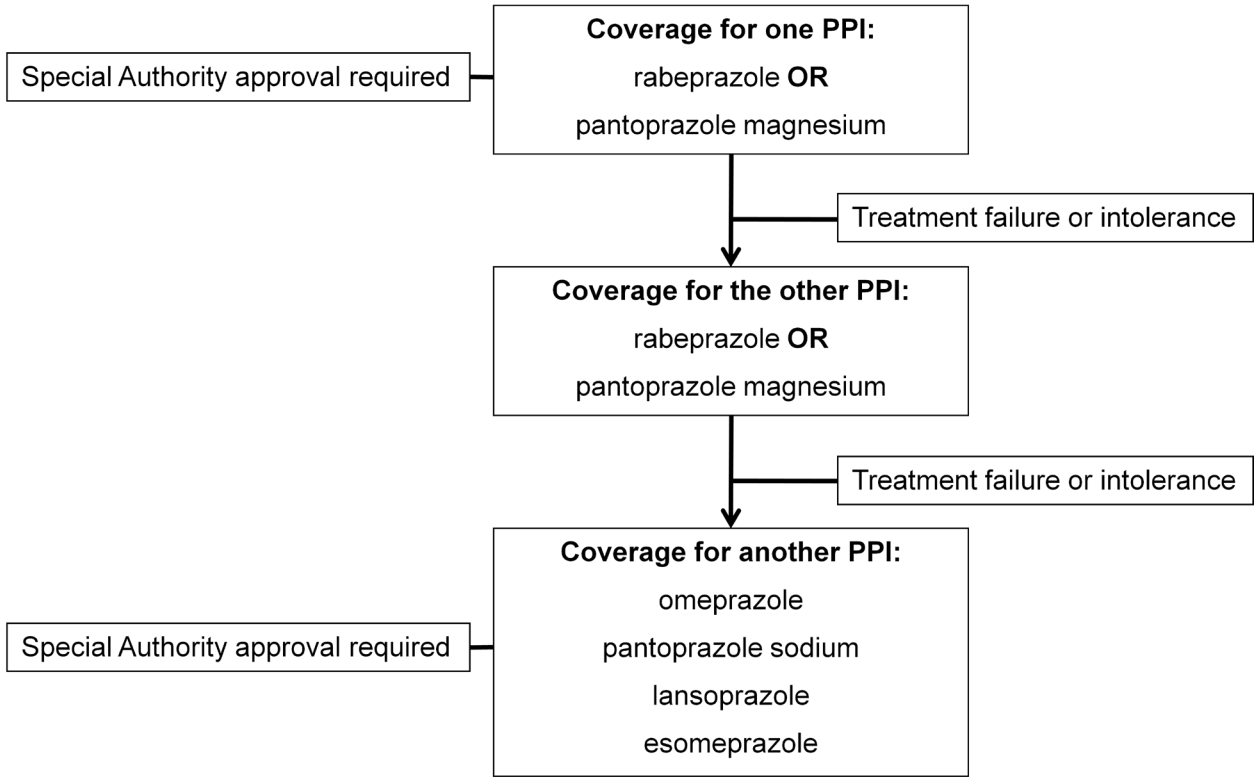
The Pharmaceutical Services Division continues to seek ways to provide coverage for medications that are cost-effective, while providing fair and equitable access to important new drug therapies. Cost is a consideration so that PharmaCare can use savings to cover more drugs for more people that need them. Our vision is pharmaceutical excellence for better health and our mission is to improve the health of British Columbians by advancing optimal drug therapy.

[1] Canadian Optimal Medication Prescribing and Utilization Service. Proton pump inhibitor therapy. Available at: www.cadth.ca/index.php/en/compus/current-topics/ppis. Accessed on November 26, 2009.

## Summary of PharmaCare Coverage for Proton Pump Inhibitors

- New proton pump inhibitor (PPI): **pantoprazole magnesium** (Mg) = Tecta™
- Pantoprazole Mg is **different** from pantoprazole **sodium** (Na) = Pantoloc®, but has the same active ingredient.
- Prescriptions for pantoprazole must be written to include their salt form: pantoprazole **Mg** or pantoprazole **Na** (pharmacists may adapt, if needed).
- **Patients now have TWO options before they require another Special Authority: rabeprazole AND pantoprazole Mg.**
- **Rationale:** All PPIs are equally efficacious; pantoprazole Mg is similar in cost to rabeprazole and less expensive than other PPIs.
- **New Special Authority process for PPIs:**
  - **first 2 options:** rabeprazole and pantoprazole Mg
  - **next covered:** all other PPIs (new Special Authority required)
- Patients who already have Special Authority coverage for a PPI other than rabeprazole do **NOT** have to try pantoprazole Mg to renew their coverage.
- Gastroenterologists are **exempt** from the Special Authority process for most PPIs (except esomeprazole).

**PharmaCare Coverage for Proton Pump Inhibitors Flow Diagram: Effective January 26, 2010**



# Expanded PharmaCare Coverage for Proton Pump Inhibitors

## *Effective January 26, 2010*

A new proton pump inhibitor (PPI) called **pantoprazole magnesium (Mg)** (Tecta™) is now available. Studies show that all PPIs work equally well for the treatment of common stomach conditions. PharmaCare's first-covered PPI for patients eligible for Special Authority approval was previously **rabeprazole (Pariet® and generics)**.

**On January 26, 2010**, PharmaCare coverage was expanded for the PPIs, and pantoprazole Mg was added as another first-covered PPI for patients eligible for Special Authority approval. These patients now have **two PPI options** - rabeprazole and pantoprazole Mg – with **one Special Authority approval**.

**What makes a patient eligible for Special Authority approval?**
Patients become eligible after first trying ranitidine (Zantac® and generics), cimetidine (Tagamet® and generics), or a similar drug.

**What are proton pump inhibitors (PPIs)?**
PPIs are prescription drugs used to treat stomach conditions, including severe heartburn (gastroesophageal reflux disease or GERD), ulcers or other related conditions. PPIs work by reducing the amount of acid in the stomach.

**What are examples of PPIs?**
PharmaCare's first-covered PPIs are rabeprazole and pantoprazole Mg. Other PPIs are lansoprazole (Prevacid® and generics), omeprazole (Losec® and generics), pantoprazole sodium (Pantoloc® and generics), and esomeprazole (Nexium®).

**How is pantoprazole Mg different from pantoprazole sodium?**
Pantoprazole Mg and pantoprazole sodium have the same active ingredient: pantoprazole. Pantoprazole Mg is a different salt form—it contains magnesium instead of sodium. They both work the same way in the body.

**How do PPIs compare? Why does PharmaCare cover these two PPIs first?**
All PPIs have the same effect and they all work equally well for common stomach conditions. Cost is considered, so that PharmaCare is able to cover more drugs for more people that need them.

**What if pantoprazole Mg isn't effective for me?**
If you have given pantoprazole Mg a fair try and it is not effective, or you have serious side effects, your doctor can switch you to rabeprazole. If you have tried both pantoprazole Mg and rabeprazole, and neither is effective for you, or you have serious side effects from both, your doctor can ask PharmaCare for Special Authority coverage for another PPI.

**What if I already have a Special Authority for rabeprazole, or another PPI?**
If you already have a Special Authority for rabeprazole, your coverage will include pantoprazole Mg without any more approvals. If you already have a Special Authority for another PPI, you will **NOT** need to try pantoprazole Mg. Your coverage for the other PPIs will not change.

**How can I find more information about Special Authority and PharmaCare?**
For PharmaCare information, please visit our website at www.health.gov.bc.ca/pharmacare or call PharmaCare at 604-683-7151 in the Lower Mainland or 1-800-663-7100 elsewhere in BC.

# Expanded PharmaCare Coverage for Alendronate

## *Effective November 18, 2010*

Dear Health Care Professional,

Alendronate belongs to the bisphosphonate class of drugs and is indicated for the prevention and treatment of osteoporosis in women (who are postmenopausal) and men. Alendronate (Fosamax®) has been on the Canadian market since 1995 and generic versions are now available. In addition, a new combination product (Fosavance®) has been introduced. Fosavance® 70/5,600 is a combination of alendronate (70 mg) plus cholecalciferol (5,600 IU), or vitamin $D_3$, and is taken once a week.

**As of November 18, 2009, alendronate and alendronate 70 mg plus cholecalciferol 5,600 IU became eligible for PharmaCare coverage through the Special Authority Program** for patients with a clinically- or radiographically-documented fracture due to osteoporosis. A trial of etidronate is no longer required. Formerly, coverage for alendronate required a radiographically-documented fracture due to osteoporosis and failure of a trial of etidronate.

This new coverage policy is only for alendronate and alendronate 70 mg plus cholecalciferol 5,600 IU. The existing coverage policy for risedronate and raloxifene remains unchanged.

**As of January 18, 2010, alendronate and alendronate plus cholecalciferol became part of the Low Cost Alternative (LCA) Program.**

When multiple drug products are available that contain the same active ingredient, the LCA Program covers the drug with the lowest average cost claimed by pharmacies. Alendronate 70 mg plus cholecalciferol 5,600 IU (Fosavance® 70/5600) became the full benefit medication, as it has the lowest average cost claimed by pharmacies. All other 10 mg and 70 mg alendronate products covered by PharmaCare are partial benefits. The price for alendronate 10 mg tablets is set at the price of the combination tablet (alendronate 70 mg plus cholecalciferol 5,600 IU) divided by seven.

Only alendronate 70 mg plus cholecalciferol 5,600 IU is a full benefit. Alendronate as a single agent is a partial benefit. **Patients who have current Special Authority approval for single-agent alendronate now have automatic coverage for the combination product of alendronate 70 mg plus cholecalciferol 5,600 IU instead.** The Special Authority for single-agent alendronate is still valid; however, the maximum PharmaCare covers is the LCA price (see table on page 2 for more information).

As the single-agent alendronate products are partial benefits, patients who remain on this product form will have to pay the difference between the product's cost and that of the full benefit product, alendronate plus cholecalciferol.

Physicians and pharmacists are encouraged to discuss with their patient these changes and the potential of switching to the full benefit medication, if deemed therapeutically beneficial and appropriate. When switching from single-agent alendronate to the combination alendronate 70 mg plus cholecalciferol 5,600 IU, a new prescription is required and patients will need information about the change in packaging, tablet appearance, dosing schedule and vitamin D requirements. Because the recommended weekly intake of this vitamin is included as part of the combined alendronate plus cholecalciferol tablet, patients currently supplementing with vitamin D will no longer need to do this, thus prescriptions for cholecalciferol (vitamin $D_3$) and over-the-counter vitamin D products should be discontinued.

Patients still have the option to use single agent alendronate, but it will be only partially covered up to the cost of the full benefit LCA drug so they will have to pay the difference. Full coverage for single agent alendronate will be considered if a new Special Authority application is made.

The Pharmaceutical Services Division continues to seek ways to provide coverage for medications that are cost-effective while providing fair and equitable access to important drug therapies. Our vision is pharmaceutical excellence for better health and our mission is to improve the health of British Columbians by advancing optimal drug therapy.

## Summary of PharmaCare Coverage for Alendronate

- **Alendronate**, a bisphosphonate medication used for the prevention and treatment of osteoporosis, is available in **two formulations**:
  - **Single agent drugs** (Fosamax® or generics) are taken once a day (10 mg) or once a week (70 mg).
  - **Combination** product with alendronate plus cholecalciferol/vitamin $D_3$ (Fosavance® 70/5,600) is taken once a week
- **Effective November 18, 2009**, daily alendronate 10 mg and weekly alendronate 70 mg plus cholecalciferol 5600 IU (Fosavance® 70/5600) became eligible for coverage through the Special Authority Program for patients who have a clinically or radiographically-documented fracture due to osteoporosis. A trial of etidronate is no longer required.
- **Effective January 18, 2010**, alendronate and alendronate plus cholecalciferol became part of the Low Cost Alternative (LCA) Program. Patients still require Special Authority approval for coverage.
- **Effective January 18, 2010**, **alendronate 70 mg plus cholecalciferol 5,600 IU** (Fosavance® 70/5600) became the **full benefit drug** for the LCA Program. **All other alendronate products listed by PharmaCare are partial benefits.**
- **Patients should be informed** of the change in packaging, tablet appearance, dosing schedule and vitamin D requirements when **switching** from daily single-agent alendronate to the weekly combination product. The recommended weekly intake of vitamin $D_3$ is included in the combination tablet so **vitamin D supplements should be discontinued**.

## Summary of Low Cost Alternative Program for Alendronate

| Strength | DIN | Brand Name | LCA Status[1] | LCA Price[2] ($) |
|---|---|---|---|---|
| 70 mg | 2314940 | Fosavance® 70/5600 | Full benefit | Full benefit |
| | 2248730 | Apo®-Alendronate | Partial benefit | 4.5937 |
| | 2258110 | *CO* Alendronate | Partial benefit | 4.5937 |
| | 2245329 | Fosamax® | Partial benefit | 4.5937 |
| | 2286335 | Mylan-Alendronate | Partial benefit | 4.5937 |
| | 2261715 | Novo-Alendronate | Partial benefit | 4.5937 |
| | 2273179 | PMS-Alendronate | Partial benefit | 4.5937 |
| | 2284006 | PMS-Alendronate FC | Partial benefit | 4.5937 |
| | 2275279 | ratio-Alendronate | Partial benefit | 4.5937 |
| | 2288109 | Sandoz® Alendronate | Partial benefit | 4.5937 |
| 10 mg | 2248728 | Apo®-Alendronate | Partial benefit | 0.6561 |
| | 2201011 | Fosamax® | Partial benefit | 0.6561 |
| | 2270129 | Mylan-Alendronate | Partial benefit | 0.6561 |
| | 2247373 | Novo-Alendronate | Partial benefit | 0.6561 |
| | 2288087 | Sandoz® Alendronate | Partial benefit | 0.6561 |

[1] The drug is either a full benefit or partial benefit if Special Authority approval is in place when the prescription is filled. In all cases, coverage is subject to drug price limits set by PharmaCare and to the patient's PharmaCare plan rules and deductibles.

[2] Price is based on average cost per tablet. The LCA (low cost alternative) price for alendronate 10 mg tablets is based on the price of the 70 mg combination tablet (alendronate 70 mg plus cholecalciferol 5,600 IU) divided by seven.

# PharmaCare Coverage for Alendronate

## *Effective January 18, 2010*

A new drug product was introduced to the Canadian market for the treatment of osteoporosis in women (after menopause) and men. It contains two medications, alendronate plus vitamin D (also known as vitamin $D_3$ or cholecalciferol), and has the brand name Fosavance®. Alendronate and alendronate plus vitamin D are currently covered through the PharmaCare Special Authority Program.

**Effective January 18, 2010**, alendronate and the combination product alendronate plus vitamin D became part of the PharmaCare Low Cost Alternative (LCA) Program. The combination product, alendronate 70 mg plus vitamin D 5,600 IU (Fosavance® 70/5600), is now a full benefit under the LCA Program. All other products that contain alendronate (Fosamax® or generics) 10 mg or 70 mg are partial benefits.

**What is alendronate?**
Alendronate is part of the class of drugs called bisphosphonates, which are used to treat osteoporosis in women (after menopause) and men, and other related conditions.

**What are examples of bisphosphonates?**
Drugs in the bisphosphonate drug class that are taken by mouth include alendronate (Fosamax®, Fosavance® or generics), etidronate (Didrocal® or Didronel® or generics) and risedronate (Actonel®). While other bisphosphonates exist, they are not usually used for osteoporosis.

**Why is alendronate plus vitamin D the full benefit drug?**
Alendronate plus vitamin D is the least costly of all the medications that contain alendronate. Therefore, it is the full benefit drug under the LCA Program. All other products with alendronate 10 mg or 70 mg per tablet are partial benefits.

**What if I already have Special Authority approval for alendronate?**
If you already have Special Authority approval for alendronate, you are now taking a partial benefit drug. You have automatic full benefit coverage for the combination product alendronate plus vitamin D, which is taken once a week. If you would like to switch to the full benefit combination product, please discuss with your doctor or pharmacist.

**What if I am taking vitamin D supplements?**
If you are taking vitamin D supplements, and you have switched to the full benefit combination product, then you can stop taking your other vitamin D supplements, as vitamin D is included in the tablet. If you have any questions, please discuss with your doctor or pharmacist.

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