



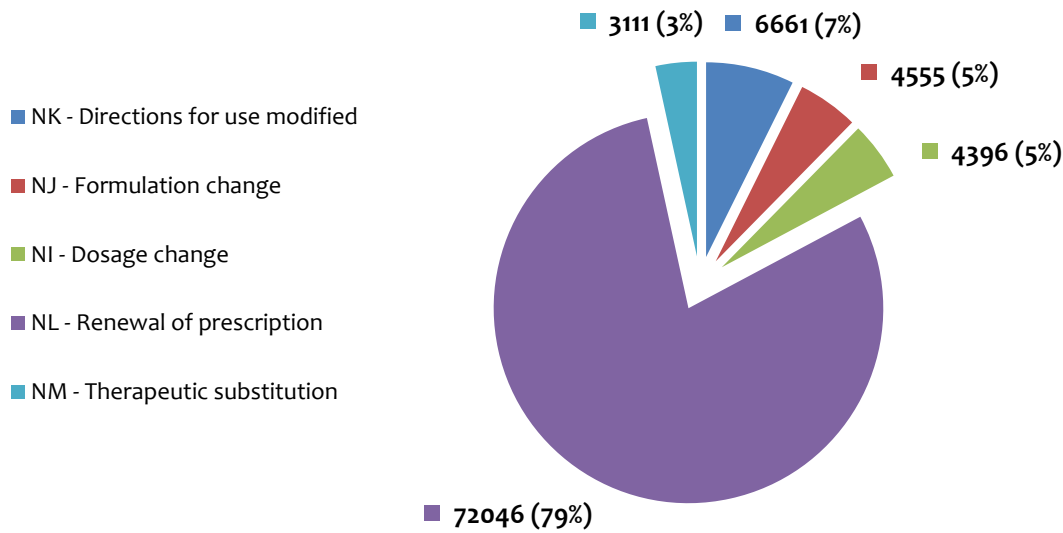
Published by the Pharmaceutical Services Division to provide information for British Columbia's health care providers

QuickLinks

Clinical Services Fees Paid in 20091
 Clopidogrel — Expanded Coverage for Acute Coronary Syndrome..... 2
 Aprepitant — Coverage for the Prevention of Nausea and Vomiting Due to Highly-Emetogenic Cancer Chemotherapy 2
 Special Services Fees..... 3
 Correct Quantities for Claims..... 3
 Benefits 4

CLINICAL SERVICES FEES PAID IN 2009

Total Clinical Services Fees Paid January 1 - December 31, 2009:
90,769



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.

CLOPIDOGREL — EXPANDED COVERAGE FOR ACUTE CORONARY SYNDROME

Pharmaceutical Services Division is pleased to announce further expanded coverage of clopidogrel (Plavix®). Effective **March 16, 2010**, high-risk, medically-treated patients with Acute Coronary Syndrome will also be eligible for PharmaCare coverage of clopidogrel for **up to twelve months** (previously 30 days) through our Special Authority Program, provided that they meet the following Limited Coverage criteria:

- **For high-risk, medically-treated patients following hospital-diagnosed Acute Coronary Syndrome in combination with ASA.** High-risk patients are those who have: a history of arterial disease; **OR** a recurrent vascular event while on ASA alone or within the initial 30 days of combination clopidogrel plus ASA; **OR** a contraindication to, or a pattern of, coronary artery disease not amenable to mechanical revascularization.

Approval period: Up to twelve months.

Notes:

- Acute Coronary Syndrome (ACS) is defined as unstable angina or non-ST elevation myocardial infarction.
- A history of arterial disease is defined as previous transient ischemic attack (TIA), stroke, or symptomatic peripheral artery disease.
- Clinical judgment is warranted to assess the increased bleeding risk of combining clopidogrel with ASA and/or oral anticoagulants.

The criteria for Special Authority coverage of clopidogrel, including criteria for other indications, are available at www.health.gov.bc.ca/pharmacare/sa/criteria/restricted/clopidogrel.html.

A Drug Decision Summary describing the rationale for this change in coverage is available at www.health.gov.bc.ca/pharmacare/formulary/dds.html.

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

APREPITANT — COVERAGE FOR THE PREVENTION OF NAUSEA AND VOMITING DUE TO HIGHLY-EMETOGENIC CANCER CHEMOTHERAPY

Effective **March 16, 2010**, aprepitant (Emend®) will be available for PharmaCare coverage for the prevention of nausea and vomiting due to highly-emetogenic cancer chemotherapy through our Special Authority Program, according to the following Limited Coverage criteria:

- For the prevention of acute and delayed nausea and vomiting due to highly-emetogenic cancer chemotherapy in combination with a 5-HT₃ antagonist and dexamethasone, for up to a maximum number of standard, planned treatment cycles of highly-emetogenic cancer chemotherapy (usually 6 or fewer treatment cycles), as specified in the relevant BC Cancer Agency chemotherapy protocol.

Notes:

1. Highly-emetogenic chemotherapy is defined by greater than 90% of patients experiencing emesis if not treated. Emetogenicity of chemotherapy is determined in accordance with the BC Cancer Agency Cancer Drug Manual for single agent chemotherapy and with the BC Cancer Agency chemotherapy protocols for combination chemotherapy (see individual protocols for assessment of emetogenicity and SCNAUSEA supportive care protocol rating). The SCNAUSEA supportive care protocol is available at: www.bccancer.bc.ca/HPI/ChemotherapyProtocols/SupportiveCare/default.htm.
 2. Coverage is not intended for the prevention of nausea and vomiting with cancer chemotherapy of high-moderate, low-moderate, low or rare emetogenicity. However, exceptional case coverage requests may be submitted to PharmaCare. Exceptional case submissions are required for all patients who do not meet the above Limited Coverage criteria, from all physicians (including those with specialist exemption).
-

APREPITANT, CONTINUED

Specified physicians who enter into a Collaborative Prescribing Agreement will be exempt from completing Special Authority requests for aprepitant, and are subject to the terms of such Agreement in order to have their exemption maintained.

IMPORTANT: Under the terms of the Collaborative Prescribing Agreement, physicians will write “Submit as zero cost to PharmaCare” on prescriptions for aprepitant that do not qualify for PharmaCare coverage (i.e., if the patient does not meet the Limited Coverage criteria). When you receive prescriptions with this note, submit the claim with the intervention code **DE Adjudicate to \$0.00 as requested**. This ensures appropriate PharmaCare coverage and accurate prescribing feedback to physicians.

The criteria, Special Authority request forms and Collaborative Prescribing Agreement are available in the Special Authority section of our website at www.health.gov.bc.ca/pharmacare/sa/saindex.html.

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

SPECIAL SERVICES FEES

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

Jan 2010.....1,832	Sep 2009..... 2,643	May 2009 2,357
Dec 20093,103	Aug 2009 2,212	Apr 2009..... 2,347
Nov 2009.....2,584	Jul 2009 2,619	Mar 2009..... 2,252
Oct 20092,758	Jun 2009 2,554	Feb 2009..... 2,100

CORRECT QUANTITIES FOR CLAIMS

Visit the PharmaCare website for a detailed list of the correct quantities to use when submitting claims to PharmaCare.

You'll find the **Correct Quantities** document on the **Pharmacies and Medical Suppliers** web page at www.health.gov.bc.ca/pharmacare/suppliers.html under **Benefit Information – Drugs and Medical Supplies**.

Would you like to request the addition of a specific product to this online list? Please send an e-mail to pharma@gov.bc.ca.

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
02325926	NIMOTOP® (NIMODIPINE) 30 mg tablet	No	No

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. Products are eligible for partial coverage subject to maximum allowable cost which is currently set at \$2.6177/mL.

DIN	DRUG NAME	PLAN G	PLAN P
02279479	APIDRA® (INSULIN GLULISINE) 100 U/mL, 3 mL cartridge	No	Yes

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/pharmacare.

DIN	DRUG NAME	PLAN G	PLAN P
02298791	EMEND® (APREPITANT) 80 mg capsule	No	No
02298805	EMEND® (APREPITANT) 125 mg capsule	No	No
02298813	EMEND® TRIPACK (APREPITANT) one capsule of 125 mg and two capsules of 80 mg	No	No
02318253	REBIF® (INTERFERON BETA-1A) 66 µg/ 1.5 mL pre-filled multidose cartridges	No	No
02318261	REBIF® (INTERFERON BETA-1A) 132 µg/ 1.5 mL pre-filled multidose cartridges	No	No

Amlodipine Besylate

The following generic **amlodipine besylate** products are:

- subject to the [Multiple-Source Generics Pricing Policy](#) as of **March 16, 2010**, and
- included in the existing LCA Categories and the Reference Drug Program effective **March 16, 2010**.

NEW CATEGORY (CHEMICAL NAME)	DIN	DRUG NAME	LCA STATUS	LCA PRICE	RDP	COST REDUCTION FACTOR
AMLODIPINE BESYLATE 2.5 mg tablet	02297477	CO AMLODIPINE	P	\$0.3454	YES	4.00%

P – Partially covered