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**PHARMANET ADJUDICATION CHANGE RE NEEDLES AND SYRINGES**



PharmaCare does not cover needles and syringes for residential care (Plan B) patients. However, a change to PharmaNet is required to prevent inadvertent coverage of such claims by PharmaCare.

**What is the coverage policy?** As stated in the Ministry of Health Services' Home and Community Care Policy Manual, residential care facilities are required to provide routine medical supplies, including reusable or disposable syringes, at no cost to the patient.

Funding for these items is already included in the global funding that the Ministry of Health Services provides to health authorities, so PharmaCare does not cover these items for residential care patients (Plan B).

**When is this happening?** The change to PharmaNet is being made on **April 16, 2010**. After that date, claims for needles and syringes for residential care patients will adjudicate to zero. Please use your normal process to invoice the residential care facility for these costs.

**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.**

## LONG-ACTING METHYLPHENIDATE — COVERAGE FOR THE TREATMENT OF PEDIATRIC ATTENTION DEFICIT HYPERACTIVITY DISORDER

Effective **April 13, 2010**, long-acting methylphenidate (Concerta®) will be available for PharmaCare coverage through our Special Authority Program according to the following Limited Coverage criteria:



- For patients 6 to 18 years of age diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) who require 12 hours of continuous coverage for significant and problematic disruptive behaviour or problems with inattention that interfere with learning **AND** have been previously tried on one of the following with unsatisfactory results: immediate- or sustained-release methylphenidate **OR** immediate- or sustained-release dextroamphetamine.
- Unsatisfactory results are defined as continuing symptoms of ADHD or functional impairment secondary to ADHD, while on a trial of immediate- or sustained-release ADHD medication of adequate dose and 4-week duration (specific details of dose and duration required, including justification if applicable). Coverage is not intended for “performance enhancement” in children or youth who do not have symptoms or functional impairment.

Specified physicians who enter into a Collaborative Prescribing Agreement — under which they agree to prescribe according to PharmaCare’s Special Authority criteria — will be exempt from completing Special Authority requests for long-acting methylphenidate, and are subject to the terms of such Agreement in order to have their exemption maintained.

Note: Concerta® is the only long-acting methylphenidate product that is covered.

**IMPORTANT:** Under the terms of the Collaborative Prescribing Agreement, physicians will write “Submit as zero cost to PharmaCare” on prescriptions for long-acting methylphenidate 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 at [www.health.gov.bc.ca/pharmacare/sa/criteria/restricted/methylphenidate.html](http://www.health.gov.bc.ca/pharmacare/sa/criteria/restricted/methylphenidate.html).



Drug Decision Summaries describe the rationale for many PharmaCare coverage decisions. For a complete list of the Drug Decision Summaries currently available, visit [www.health.gov.bc.ca/pharmacare/formulary/dds.html](http://www.health.gov.bc.ca/pharmacare/formulary/dds.html).

## NEW LOCAL FAX NUMBER FOR SPECIAL AUTHORITY REQUESTS

On **March 30, 2010**, PharmaCare began using a new computer application to process Special Authority requests. This resulted in the following changes to the management and processing of Special Authority requests:

- There is a **NEW Special Authority fax number for the Victoria area and for out-of-province users: 250-405-3605**. Please update any speed dial numbers you are currently using.
- **The toll-free fax number (1-800-609-4884) for other BC users remains the same.**
- Faxed requests are now directed to Health Insurance BC for sorting before being forwarded to PharmaCare for adjudication and response confirmation.
- There have been minor changes to the format of adjudication responses prescribers receive from PharmaCare.



We are appending this information to every Special Authority request response for the next several weeks to ensure everyone is notified of the changes.

## SPECIAL SERVICES FEES

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

Mar 2010 .....2,109	Nov 2009 ..... 2,584	Jul 2009..... 2,619
Feb 2010 .....1,832	Oct 2009 ..... 2,758	Jun 2009 ..... 2,554
Jan 2010.....1,731	Sep 2009..... 2,643	May 2009..... 2,357
Dec 2009 .....3,103	Aug 2009 ..... 2,212	Apr 2009 ..... 2,347

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

### 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.](http://www.health.gov.bc.ca/pharmacare/))

DIN	DRUG NAME	RDP	LCA STATUS	SPECIAL AUTHORITY ONLY
02332132	CIPROFLOXACIN TABLETS 250 mg tablet		P	
02332140	CIPROFLOXACIN TABLETS 500 mg tablet		P	
02332159	CIPROFLOXACIN TABLETS 750 mg tablet		P	
02332167	LISINOPRIL TABLETS 5 mg tablet	Yes	P	
02332175	LISINOPRIL TABLETS 10 mg tablet	Yes	P	
02332183	LISINOPRIL TABLETS 20 mg tablet	Yes	P	
02332191	PRAVASTATIN TABLETS 10 mg tablet		P	
02332205	PRAVASTATIN TABLETS 20 mg tablet		P	
02332213	PRAVASTATIN TABLETS 40 mg tablet		P	
02332299	RAMIPRIL CAPSULES 1.25 mg capsule		P	
02332302	RAMIPRIL CAPSULES 2.5 mg capsule		P	
02332310	RAMIPRIL CAPSULES 5 mg capsule		P	
02332329	RAMIPRIL CAPSULES 10 mg capsule		P	
02294524	RAN-FOSINOPRIL 10 mg tablet	Yes	P	
02294532	RAN-FOSINOPRIL 20 mg tablet	Yes	P	
02332051	RISPERIDONE TABLETS 0.25 mg tablet		P	
02332078	RISPERIDONE TABLETS 0.5 mg tablet		P	
02332086	RISPERIDONE TABLETS 1 mg tablet		P	
02332094	RISPERIDONE TABLETS 2 mg tablet		P	
02332108	RISPERIDONE TABLETS 3 mg tablet		P	
02332116	RISPERIDONE TABLETS 4 mg tablet		P	

P – Partially covered

## New Drugs Categorized to LCA and/or RDP, continued

DIN	DRUG NAME	RDP	LCA STATUS	SPECIAL AUTHORITY ONLY
02331969	SIMVASTATIN TABLETS 5 mg tablet		P	
02331985	SIMVASTATIN TABLETS 10 mg tablet		P	
02331993	SIMVASTATIN TABLETS 20 mg tablet		P	
02332000	SIMVASTATIN TABLETS 40 mg tablet		P	
02332019	SIMVASTATIN TABLETS 80 mg tablet		P	
02331780	TAMSULOSIN CAPSULES 0.4 mg capsule		P	

P – Partially covered

## New LCA Categories

The following drugs (including both existing and new PharmaCare benefits) will be included as a new LCA category on PharmaNet, effective **May 17, 2010**.

NEW CATEGORY (CHEMICAL NAME)	DIN	BRAND NAME	LCA STATUS	PRICE
RISEDRONATE SODIUM 5 mg tablet	02298376	NOVO-RISEDRONATE	F*	
	02242518	ACTONEL®	P*	1.3234
RISEDRONATE SODIUM 30 mg tablet	02298384	NOVO-RISEDRONATE	F*	
	02239146	ACTONEL®	P*	8.5731
RISEDRONATE SODIUM 35 mg tablet	02298392	NOVO-RISEDRONATE	F*	
	02246896	ACTONEL®	P*	7.0577

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.

## Changes to Existing LCA Categories

Effective **May 17, 2010**, the following LCA Categories (including both existing and new PharmaCare benefits) will be revised.

The following products are eligible PharmaCare benefits for Plan P. This product is also eligible under the Limited Coverage Program—by Special Authority only—for Fair PharmaCare and Plans B, C and F.

CATEGORY (CHEMICAL NAME)	DIN	BRAND NAME	LCA STATUS	PRICE
PAMIDRONATE DISODIUM 6 mg/mL injection	02244551	PAMIDRONATE DISODIUM	P*	18.3397
	02249677	PAMIDRONATE DISODIUM OMEGA	F*	
	02264978	SANDOZ-PAMIDRONATE	F*	

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.

## Changes to Existing LCA Categories, continued

Effective immediately, due to manufacturer shortage of amitriptyline 10 mg tablets, the following PIN has been created and added to the existing LCA category as an eligible benefit under Fair PharmaCare and Plans B, C, F, G, and Palliative Care. Coverage of this product will be provided until manufactured amitriptyline 10 mg tablets become available on the market.

DIN / PIN	DRUG NAME	LCA STATUS
22123083	AMITRIPTYLINE 10 mg capsule COMPOUNDED	F

F – Fully covered

## Multi-Source Generics Pricing Policy

### Olanzapine ODT (Orally Disintegrating Tablets)

The following generic **olanzapine** products are:

- subject to the [Multiple-Source Generics Pricing Policy](#) as of **April 1, 2010**, and
- included in the existing LCA Categories effective **April 1, 2010**.

NEW CATEGORY (CHEMICAL NAME)	DIN	DRUG NAME	LCA STATUS	LCA PRICE	RDP	COST REDUCTION FACTOR
OLANZAPINE 5 mg ODT	02321343	NOVO-OLANZAPINE OD	P*	\$1.8550	No	1.14%
	02327775	SANDOZ OLANZAPINE ODT	P*	\$1.8550	No	1.16%
OLANZAPINE 10 mg ODT	02321351	NOVO-OLANZAPINE OD	P*	\$3.7070	No	1.12%
	02327783	SANDOZ OLANZAPINE ODT	P*	\$3.7070	No	1.12%
OLANZAPINE 15 mg ODT	02321378	NOVO-OLANZAPINE OD	P*	\$5.5587	No	1.11%
	02327791	SANDOZ OLANZAPINE ODT	P*	\$5.5587	No	1.11%
OLANZAPINE 20 mg ODT	02321386	NOVO-OLANZAPINE OD	P*	\$7.8857	No	7.24%
	02327805	SANDOZ OLANZAPINE ODT	P*	\$7.8857	No	7.25%
	02327597	CO OLANZAPINE ODT	F*		No	7.25%

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

### Blood Glucose Test Strips

The following blood glucose monitoring strips are now eligible PharmaCare benefits under Fair PharmaCare, Plan C or Plan F for patients who have a valid Certificate of Training in blood glucose monitoring.

PIN	PRODUCT NAME
44123045	TRUEtest Blood Glucose Test Strips

## NON-BENEFITS

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

DIN/NPN	DRUG NAME
02337614	APO-SIBUTRAMINE 10 mg capsule
02337622	APO-SIBUTRAMINE 15 mg capsule
02277166	BIPHENTIN (METHYLPHENIDATE HYDROCHLORIDE) 10 mg controlled release capsule
02277131	BIPHENTIN (METHYLPHENIDATE HYDROCHLORIDE) 15 mg controlled release capsule
02277158	BIPHENTIN (METHYLPHENIDATE HYDROCHLORIDE) 20 mg controlled release capsule
02277174	BIPHENTIN (METHYLPHENIDATE HYDROCHLORIDE) 30 mg controlled release capsule
02277182	BIPHENTIN (METHYLPHENIDATE HYDROCHLORIDE) 40 mg controlled release capsule
02277190	BIPHENTIN (METHYLPHENIDATE HYDROCHLORIDE) 50 mg controlled release capsule
02277204	BIPHENTIN (METHYLPHENIDATE HYDROCHLORIDE) 60 mg controlled release capsule
02277212	BIPHENTIN (METHYLPHENIDATE HYDROCHLORIDE) 80 mg controlled release capsule
80002122	JAMP-CALCIUM + VITAMIN D 500 mg-400 IU tablet