



BC PharmaCare Newsletter

July 22, 2010 Edition 10-008

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

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PHARMACY SERVICES AGREEMENT IMPLEMENTATION

Dispensing Fees and Multiple-Source Generics



As described in [PharmaCare Newsletter 10-007](#), the Ministry of Health Services, the BC Pharmacy Association and the Canadian Association of Chain Drugstores announced the Pharmacy Services Agreement on July 9, 2010.

Under the agreement, a number of changes to PharmaCare policies will occur in the coming months. The initial two changes come into effect on July 28, 2010. The first is an increase in the maximum dispensing fee PharmaCare will reimburse; the second is a change to the cost reduction factor for drugs included in the New Multiple-Source Generics Pricing Policy. See page 2 for details.

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.

Increase to the maximum dispensing fee that PharmaCare will reimburse

Effective **July 28, 2010**, PharmaCare will cover up to **\$9.10** of a pharmacy's usual and customary dispensing fee. Actual reimbursement will depend on the rules of the patient's PharmaCare plan, including any annual deductible requirement.

NOTES

- **Special Services Fees** will continue to be reimbursed at twice the PharmaCare maximum dispensing fee, that is, $\$9.10 \times 2 = \18.20 .
- Payment for **Clinical Services Fees** continues unchanged, i.e., the ministry pays a maximum of two clinical services fees per drug, per person during a six month period. The clinical services fees paid are:
 - Renewing, changing the dose, formulation or regimen of a prescription \$ 8.60
 - Therapeutic substitution \$17.20

Note: "Therapeutic substitution" is defined in the College of Pharmacists of BC [Amendment to the Professional Practice Policy #58, Orientation Guide](#).

Clinical Services Fees are paid in addition to the dispensing fee. Special Services Fees are not paid for a prescription for which a clinical service fee is paid.

Change to the Cost Reduction Factor under the New Multiple-Source Generics Pricing Policy

From **July 28 to October 14, 2010**, the cost reduction factor for generic drugs subject to the New Multiple-Source Generics Pricing Policy will be the difference between:

- The manufacturer list price for the drug; and,
- 42% of the manufacturer list price for the equivalent brand drug.

This change will apply to generic drugs included in the New Multiple-Source Generics Pricing Policy which came into effect January 1, 2009. The new cost reduction factors for specific products will be posted on the PharmaCare website at www.health.gov.bc.ca/pharmacare/suppliers/multigen.html on July 28, 2010.

PHARMACARE COVERAGE FOR RIVAROXABAN (XARELTO®)

PharmaCare now covers rivaroxaban (Xarelto®) for prophylaxis of venous thromboembolism after elective total hip replacement or elective total knee replacement. Dabigatran (Pradax®) is not covered by PharmaCare.

The Ministry has worked with the British Columbia Health Authorities on rivaroxaban. Implementation at the Health Authority level will follow the Ministry announcement, and the exact timing will be dependent on each Health Authority's implementation timelines. Clinicians are asked to cooperate with their Health Authority's due processes in this regard.

Effective July 6, 2010, rivaroxaban became a Limited Coverage drug. Coverage is provided only when the drug is prescribed by an orthopedic surgeon who has signed a Collaborative Prescribing Agreement (CPA) and the drug has been prescribed according to the following criteria:

- Prophylaxis of venous thromboembolism following elective total hip replacement surgery or elective total knee replacement surgery, where the initial post-operative doses are administered in an acute care (hospital) setting.
- Approval period is to complete the balance of a total duration of therapy following elective surgery as follows:
 - Up to a **35-day** total following elective total hip replacement.
 - Up to a **14-day** total following elective total knee replacement.

Continued...

PHARMACARE COVERAGE FOR RIVAROXABAN (XARELTO®), CONTINUED

Criteria Notes:

1. The total duration of therapy includes the period during which doses are administered post-operatively in an acute care (hospital) setting and the approval period is for the balance of the total duration after discharge.
2. The first dose is typically administered 6 to 8 hours after surgery, assuming adequate hemostasis has been achieved.
3. The RECORD clinical trial program did not evaluate the efficacy or safety of sequential use of a low molecular weight heparin followed by rivaroxaban. Due to the current lack of evidence for sequential use, PharmaCare coverage is not intended for this practice.
4. Clinical judgment is warranted to assess the increased risk for venous thromboembolism and/or adverse effects in patients with a history of previous venous thromboembolism, myocardial infarction, transient ischemic attack or ischemic stroke; a history of intraocular or intracerebral bleeding; a history of gastrointestinal disease with gastrointestinal bleeding; moderate or severe renal insufficiency; severe liver disease; concurrent use of other anticoagulants; or age greater than 75 years.

See our website at www.health.gov.bc.ca/pharmacare/sa/criteria/restricted/rivaroxaban.html for the criteria and CPA. Please note that retroactive coverage cannot be provided and that actual coverage is subject to the patient's PharmaCare plan rules, including any annual deductible requirement.

Important: Federal drug regulatory bodies have continued specific post-marketing safety analyses for rivaroxaban. Report suspected and actual adverse reactions to the **Canada Vigilance Adverse Reaction Monitoring Program** by telephone at 1 866-234-2345 or online at www.hc-sc.gc.ca/dhp-mps/medeff/report-declaration/ar-ei_form-eng.php.

EXTENDED DURATION OF COVERAGE FOR LOW MOLECULAR WEIGHT HEPARIN

Dalteparin (Fragmin®), Enoxaparin (Lovenox®), Nadroparin (Fraxiparine®) and Tinzaparin (Innohep®)

In addition to the new PharmaCare coverage of rivaroxaban following elective hip or knee surgery, the duration of coverage for the four low molecular weight heparin drugs for the same indication has been extended.

Effective July 6, 2010, the Limited Coverage criteria coverage for dalteparin (Fragmin®), enoxaparin (Lovenox®), nadroparin (Fraxiparine®), and tinzaparin (Innohep®) has been modified as follows:

- Prophylaxis of venous thromboembolism following elective total hip replacement surgery or elective total knee replacement surgery.
- Approval period is to complete the balance of a total duration of therapy following elective surgery as follows:
 - Up to a **35**-day total following elective total hip replacement.
 - Up to a **14**-day total following elective total knee replacement.

SUBSCRIPTION SERVICE — BC CENTRE FOR DISEASE CONTROL

Communicable Disease Control Manual

An e-mail subscription service for the BC Centre for Disease Control’s Communicable Disease Control Manual (known as the “CD Manual”) is now available. Simply by providing your e-mail address, you can automatically receive an e-mail whenever the Admin Circulars page on the BCCDC website at www.bccdc.ca is updated.

The immunization chapter is subject to the most frequent updates, so immunizers in B.C. will find this service particularly useful. Subscribers will, of course, receive notifications about updates to any of the manual’s five chapters.



BC Centre for Disease Control
An agency of the Provincial Health Services Authority

The subscription service is in addition to the BCCDC’s current practice of e-mailing Admin Circulars and revised manual pages directly.

To subscribe, just look for the “Get Email Updates” box on the right-hand side of the Admin Circulars page at www.bccdc.ca/dis-cond/comm-manual/AdminCircs/default.htm.

SPECIAL SERVICES FEES

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

Jun 2010 2,233	Feb 20101,832	Oct 2009..... 2,758
May 2010.... 2,097	Jan 2010.....1,731	Sep 2009 2,643
Apr 2010..... 2,108	Dec 20093,103	Aug 2009 2,212
Mar 2010 2,109	Nov 2009.....2,584	Jul 2009..... 2,619