



BC PharmaCare Newsletter

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PHARMACY SERVICES AGREEMENT – UPDATE #6

Full Payment Policy — Exempted Products

The following products are exempted from the Full Payment Policy announced in [PharmaCare Newsletter 10-012](#):

- Insulin
- Cystic Fibrosis nutritional supplements/vitamins
- Medical supplies and devices including:
 - prosthetics
 - orthotics
 - ostomy supplies
 - diabetic supplies (insulin pumps and supplies, needles and syringes, blood glucose test strips).

continued...

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.

Inducements for Prescription Transfers

The PharmaCare Enrolment Agreement disallows pharmacies from offering inducements to secure prescription orders, or in relation to the provision of a drug, medical supply, or service on the portion of the cost of that drug, supply or service paid for or reimbursed by the Province through PharmaCare.

Some pharmacies administer programs which offer loyalty points or similar rewards to patients who transfer prescriptions to their pharmacy. Under these programs, patients transfer prescriptions to the pharmacy and are rewarded incrementally as they fill each successive prescription.

PharmaCare has reviewed these prescription transfer programs and has determined that they are generally analogous to customer loyalty programs that award points for prescription purchases and that pharmacies are permitted to maintain until July 4, 2011. As such, PharmaCare will defer enforcement of the requirements set out in the PharmaCare Enrolment Agreement with respect to these programs until July 4, 2011. This deferral is intended to allow pharmacies time to decommission these programs. The deferral is limited strictly to loyalty programs that were in existence prior to October 15, 2010.

NEW! PATIENT INPUT TO BC PHARMACARE DRUG COVERAGE DECISIONS

We are pleased to announce that, through the “Your Voice” website, PharmaCare is now inviting British Columbians to give input into PharmaCare reviews of drugs being considered for PharmaCare coverage.

Through this website, British Columbians affected by the condition for which a drug will be used — as well as their caregivers and advocacy groups — will be able to learn more about the B.C. PharmaCare drug review process and how to submit their views for consideration. This input will be considered by the Drug Benefit Council as they formulate drug coverage recommendations.

Who can give input?

Input is being accepted from any British Columbian who can answer yes to any of the following questions about a specific drug PharmaCare is reviewing:

1. Do you have the medical condition for which the drug would be used?
2. Are you a caregiver to someone who has that medical condition?
3. Does your organization represent patients who have that medical condition?

With the establishment of this website, BC has become one of the few jurisdictions in Canada to implement a formal process for gathering patient perspectives as part of its drug review process.

Ministry of Health Services

BC PharmaCare wants to hear *Your Voice*.

Through this website, patients, caregivers, and patient advocacy groups can add their voice to the BC PharmaCare drug review process. It is part of our commitment to give British Columbians a chance to share their perspectives on drug decisions that affect them.

Please take a look at the list of drugs that are now under review by the Ministry of Health Services and notice the medical condition for which each drug is used. If you are eligible, you can provide input for consideration by the Drug Benefit Council using our [online questionnaire](#) or a [printed questionnaire](#).

Your responses will be separated from your identifying information and provided to the [Drug Benefit Council](#).

Who can give input?

If you are a BC resident and answer yes to any of the following three questions for a drug listed in the table below, you can give your input:

1. Do you have the medical condition for which the drug would be used?
2. Are you a caregiver to someone who has that medical condition?
3. Does your organization represent patients who have that medical condition?

Which drugs are being reviewed?

Drug Name		Drug used for	Input Accepted	
Generic name	Brand name		From	To
calcitriol	Silixis®	Treatment of mild to moderate plaque psoriasis	Oct 15, 2010	Nov 30, 2010
oxybutynin	Uromax®	Treatment of symptoms of overactive bladder including urge incontinence, urinary frequency, urgency, or any combination of these symptoms	Oct 15, 2010	Nov 30, 2010
prasugrel	Effient®	Lowering the risk of having another serious problem with one's heart or blood vessels (acute coronary syndrome), such as another heart attack, a stroke, blood clots in a stent, or death.	coming soon	

Notes: Each drug is being reviewed for its use in a specific medical condition or circumstance (known as an "indication"). If a decision is made to cover the drug, it will be for that condition or circumstance only.

We can send you an e-mail when other drugs are being reviewed. Just sign up for our [subscription SERVICE](#).

Ready to learn more? Select a button below.

Visit the Your Voice website at
www.health.gov.bc.ca/pharmacare/yourvoice

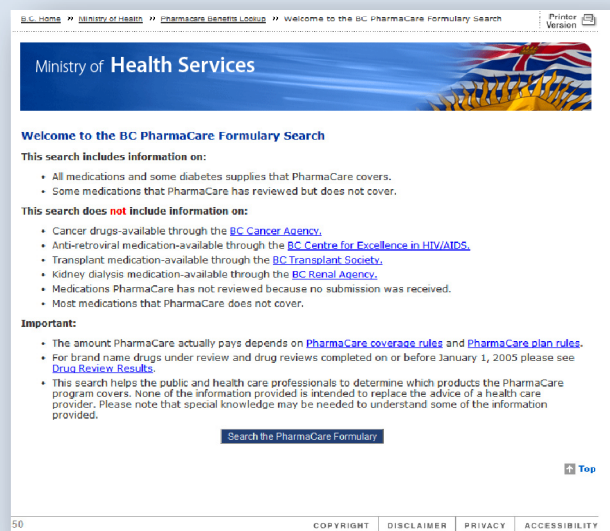
Help us to get the word out...

In the next few days, all B.C. community pharmacies will receive a **poster** and **information slips** about patient input to PharmaCare drug reviews.

We ask that you share the information with your patients.

NEW! BC PHARMACARE FORMULARY SEARCH

The new BC PharmaCare Formulary Search offers the public and health care professionals comprehensive information on the medications PharmaCare covers.



Ministry of Health Services

Welcome to the BC PharmaCare Formulary Search

This search includes information on:

- All medications and some diabetes supplies that PharmaCare covers.
- Some medications that PharmaCare has reviewed but does not cover.

This search does **not** include information on:

- Cancer drugs-available through the [BC Cancer Agency](#).
- Antiretroviral medication-available through the [BC Centre for Excellence in HIV/AIDS](#).
- Transplant medication-available through the [BC Transplant Society](#).
- Kidney dialysis medication-available through the [BC Renal Agency](#).
- Medications PharmaCare has not reviewed because no submission was received.
- Most medications that PharmaCare does not cover.

Important:

- The amount PharmaCare actually pays depends on [PharmaCare coverage rules](#) and [PharmaCare plan rules](#).
- For brand name drugs under review and drug reviews completed on or before January 1, 2005 please see [Drug Review Results](#).
- This search helps the public and health care professionals to determine which products the PharmaCare program covers. None of the information provided is intended to replace the advice of a health care provider. Please note that special knowledge may be needed to understand some of the information provided.

[Search the PharmaCare Formulary](#)

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The search provides coverage information on every medication in the PharmaCare formulary. The detailed information for each drug includes:


- a list of PharmaCare plans which cover the drug
- the maximum price
- the allowable days' supply per prescription fill.

Drugs that require Special Authority approval also offer a direct link to the Special Authority criteria and forms.

Access the Formulary Search at www.health.gov.bc.ca/pharmacare/benefitslookup.

A link is also provided on the **Pharmacists and Medical Suppliers** page at www.health.gov.bc.ca/pharmacare/suppliers.html.

INTERESTED IN LEARNING MORE ABOUT PHARMACARE DRUG COVERAGE AND COVERAGE DECISIONS?



Ministry of Health Services

BC PharmaCare Drug Coverage Decisions

This section of our website gives you information about:

- how drug coverage decisions are made
- how you can provide input into those decisions
- why and when a coverage decision was made
- whether PharmaCare covers a specific drug
- how manufacturers can request that a drug be considered for PharmaCare coverage

Select a link below for more information.

How drug coverage decisions are made	Drug Review Process - Overview Drug Review Process - Detailed	About the Drug Benefit Council
Making your voice heard	NEW! Input to Drug Reviews for Patients, Caregivers and Patient Advocacy Groups	
Finding out what decision was made and why	Results of PharmaCare Drug Reviews	Drug Decision Summaries
Is your drug covered by PharmaCare?	NEW! PharmaCare Drug Benefit Search	
Requesting that a drug be considered for PharmaCare coverage (for drug manufacturers)	Drug Submission Requirements - Patented Drugs	

New "hub" page for online information

With the addition of the **Formulary Search** and **Your Voice website**, we decided to devote a special page to information regarding drug coverage and drug coverage decisions.

The new "hub" page offers quick access to information about:

- how drug coverage decisions are made
- how the public can provide input into those decisions
- why and when a coverage decision was made
- PharmaCare coverage of specific drugs
- how manufacturers can request that a drug be considered for PharmaCare coverage.

Access the page at www.health.gov.bc.ca/pharmacare/decision.html or from the link provided on the **Pharmacists and Medical Supplier** page at www.health.gov.bc.ca/pharmacare/suppliers.html.

PHARMACARE COVERAGE OF BUPRENORPHINE PLUS NALOXONE (SUBOXONE®) FOR THE SUBSTITUTION TREATMENT OF OPIOID DEPENDENCE

Effective **November 16, 2010**, buprenorphine plus naloxone (Suboxone®) is available for PharmaCare coverage according to the following Limited Coverage criteria:

- treatment of opioid dependence where methadone is contraindicated (e.g., for patients at high risk of, or with, QTc prolongation or those with a hypersensitivity to methadone) **OR**
- where there is an inadequate response or intolerance to methadone.

To be considered for buprenorphine plus naloxone, patients must be at low risk for drug diversion.

PharmaCare coverage is provided only for a patient who meets the Limited Coverage criteria and whose prescription is written by a methadone maintenance prescriber who has entered into a Collaborative Prescribing Agreement.

Notes:

1. The College of Physicians and Surgeons of British Columbia limits the prescribing of buprenorphine plus naloxone to physicians with a registered license who have completed the necessary training course, and are authorized to prescribe methadone for the treatment of opioid dependence.
2. Buprenorphine plus naloxone should not be used in combination with methadone.
3. Treatment with buprenorphine plus naloxone should only be continued for patients who demonstrate continued clinical benefit (e.g., opiate-free on random urine screening, positive lifestyle changes).
4. BC PharmaCare pays an interaction fee to pharmacists for witnessing the ingestion of methadone but does not pay a fee for buprenorphine plus naloxone. This is based on the reduced risk of drug diversion and the formulation of the product. Buprenorphine plus naloxone is supplied as sublingual tablets that require up to 10 minutes for dissolution.
5. While buprenorphine plus naloxone carries a lower risk of diversion than methadone, there is still a potential for diversion that warrants case-by-case consideration.

Methadone maintenance prescribers who enter into a Collaborative Prescribing Agreement are subject to the terms of such Agreement in order to have their exemption maintained.

IMPORTANT: For patients taking buprenorphine plus naloxone who do not qualify for PharmaCare coverage (i.e., the patient does not meet the Limited Coverage criteria), under the terms of the Collaborative Prescribing Agreement, physicians will write "Submit as zero cost to PharmaCare" on prescriptions. When submitting a claim for a prescription with this note, use the intervention code **DE Adjudicate to \$0.00 as requested**. This ensures appropriate PharmaCare coverage and accurate prescribing feedback to physicians.

Actual coverage depends on the rules of a patient's PharmaCare plan, including any annual deductible requirement.

Pharmacists who dispense methadone can find more information on appropriate use of buprenorphine plus naloxone on Page 5. Prescribing criteria and a link to the Collaborative Prescribing Agreement are available at www.health.gov.bc.ca/pharmacare/sa/criteria/restricted/buprenorphineplusnaloxone.html.

SPECIAL SERVICES FEES

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

Oct 2010 1,978	Jun 20102,233	Feb 2010 1,832
Sep 2010 2,211	May 20102,097	Jan 2010 1,731
Aug 2010.... 2,170	Apr 20102,108	Dec 2009 3,103
Jul 2010..... 1,999	Mar 20102,109	Nov 2009 2,584

New PharmaCare Coverage for Buprenorphine Plus Naloxone (Suboxone®)

Effective November 16, 2010

Buprenorphine plus naloxone (Suboxone®) is a partial opiate agonist plus opiate antagonist indicated for substitution treatment of opioid drug dependence in adults.

The prescribing of buprenorphine plus naloxone is limited by the College of Physicians and Surgeons of British Columbia to methadone maintenance prescribers (i.e., physicians with a registered license who are authorized to prescribe methadone for the treatment of opioid dependence and have completed the necessary training course for buprenorphine plus naloxone).

A review of the evidence showed that buprenorphine plus naloxone is more efficacious than placebo for treatment of opioid dependence. However, it is not more efficacious than methadone, as it was either similar or inferior to methadone at retaining patients on treatment and decreasing the incidence of morphine-positive urine samples. Further, buprenorphine plus naloxone has no significant differences in adverse effects when compared to methadone, and is less cost-effective. Consequently, the use of buprenorphine plus naloxone should be limited to patients for whom methadone is not an option.

Buprenorphine plus naloxone should not be used in combination with methadone. Clinically significant respiratory depression may occur. Patients should be cautioned to avoid the use of other CNS depressants such as alcohol, benzodiazepines, and other opioids.

The naloxone component of the formulation is intended to deter intravenous abuse of the buprenorphine component. Naloxone is an opiate antagonist with low oral bioavailability. Administered orally or sublingually, naloxone has no detectable pharmacological activity. Administered intravenously, it produces withdrawal symptoms in opiate dependent persons.

An interaction fee will not be provided to pharmacists for witnessed ingestion of buprenorphine plus naloxone, unlike methadone. This is based on the reduced risk of drug diversion as well as the product formulation. Buprenorphine plus naloxone is supplied as sublingual tablets that require up to 10 minutes for dissolution.

Buprenorphine plus naloxone carries a lower risk of diversion than methadone, but there is still a potential for diversion.

Select and monitor patients carefully. Patients being considered for buprenorphine plus naloxone must exhibit characteristics that indicate they are at low risk for drug diversion. Patients should also demonstrate continued clinical benefit (e.g., opiate-free on random urine screening, positive lifestyle changes).

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.