



# BC PharmaCare Newsletter

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## FAIR PHARMACARE PLAN – ANNUAL UPDATE

### Fair PharmaCare deductibles for 2011



On January 1, 2011, PharmaNet will be updated to reflect annual deductibles and family maximums for 2011 for all individuals and families registered in the plan. Deductible accumulations will be reset to zero.

Fair PharmaCare assistance levels for 2011 are based on family net income for 2009. Universal Child Care Benefits **and income from Registered Disability Savings Plans** are not included when determining assistance levels.

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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.

## Deductible information for patients for 2011

Fair PharmaCare registrants can access information about their deductible and their family maximum on our **website** or by **contacting Health Insurance BC**.

Through the PharmaCare website at [www.health.gov.bc.ca/pharmacare](http://www.health.gov.bc.ca/pharmacare), registrants can:

- use the Fair PharmaCare Calculator to estimate this information, or
- request that a Confirmation of Fair PharmaCare Assistance be mailed to them.

Registrants can also contact Health Insurance BC and provide appropriate identifying information:

- From the Lower Mainland, call **604-683-7151**.
- From the rest of B.C., call toll-free **1-800-663-7100**.

Customer Service Representatives are available Monday to Friday 8 a.m. – 8 p.m., and Saturday 8 a.m. – 4 p.m.

## Retroactive reimbursements

PharmaCare reimburses prescription expenses above a family's Fair PharmaCare deductible only if the expenses were incurred after the family registered for the plan. However, all eligible prescription costs count toward a family's Fair PharmaCare deductible.

However, if a family qualified for increased assistance during the year, their new, lower deductible and family maximum is applied to any eligible prescriptions purchased after January 1 of the current year or the date of the family's Fair PharmaCare registration<sup>1</sup>, whichever is later.

Families do not have to apply for retroactive reimbursement for 2010; it is calculated automatically after year-end. In the spring of 2011, a reimbursement cheque will be mailed to each qualifying individual or family.

## MONTHLY DEDUCTIBLE PAYMENT OPTION REMINDER

*Do you have patients who are worried about paying for their prescriptions before meeting their deductible? This option can ease the financial burden early in the year.*

PharmaCare is accepting enrolments in the Monthly Deductible Payment Option (MDPO) for 2011. Letters have been sent to those who enrolled for 2010 advising them that enrolment for 2011 is not automatic. If they wish to re-enrol, they must respond as directed in the letter.

The option is designed to assist individuals or families who:

- are registered for Fair PharmaCare,
- do not have private health insurance with a drug benefit plan,
- have a deductible greater than \$0, and
- expect their annual prescription costs to meet or exceed their Fair PharmaCare deductible.

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<sup>1</sup> The date of a family's registration is considered to be the later of the date the family first registered or the date that a spouse was last added or removed from their Fair PharmaCare record.

Families who enrol in the MDPO pay their Fair PharmaCare deductible in monthly instalments and receive assistance with their eligible prescription costs right away.

For more information, patients can visit the PharmaCare website at [www.health.gov.bc.ca/pharmacare](http://www.health.gov.bc.ca/pharmacare) or contact Health Insurance BC.

## NEW AND EXPANDED COVERAGE OF BIOLOGICS FOR RHEUMATOID ARTHRITIS, ANKLYOSING SPONDYLITIS AND PSORIATIC ARTHRITIS

Pharmaceutical Services Division (PSD) is pleased to announce new PharmaCare coverage, effective December 7, 2010, for golimumab (Simponi®), as one of the first-covered Limited Coverage benefits for the treatment of rheumatoid arthritis (RA), ankylosing spondylitis and psoriatic arthritis.

For the specific Limited Coverage criteria, please see the Special Authority request forms (see links below). The criteria are aligned to the criteria for the other tumour necrosis factor alpha inhibitors for the treatment of these rheumatic diseases.

In addition, PSD is pleased to announce expanded PharmaCare coverage for abatacept (Orencia®), as another first-covered Limited Coverage benefit for the treatment of RA only, similar to the other tumour necrosis factor alpha inhibitors for RA.

PharmaCare will cover patients who meet the Limited Coverage criteria providing that golimumab and/or abatacept have been prescribed by a rheumatologist and the rheumatologist has obtained Special Authority approval for the patient.

### Forms changes:

The following Special Authority forms reflect the addition of golimumab and expanded coverage of abatacept:

Indication	Form Number	Form Title
Rheumatoid Arthritis	5345	<a href="#">Abatacept/Adalimumab/ Etanercept/Golimumab/Infliximab – Initial/Switch</a>
	5354	<a href="#">Abatacept/Adalimumab/ Etanercept/Golimumab/Infliximab – Renewal</a>
	5373	<a href="#">Rituximab – Initial/Renewal</a>
Ankylosing Spondylitis	5365	<a href="#">Adalimumab/Etanercept/Golimumab/Infliximab – Initial/Switch</a>
	5366	<a href="#">Adalimumab/Etanercept/Golimumab/Infliximab – Renewal</a>
	5364	<a href="#">BASDAI Bath Ankylosing Spondylitis-Disease Activity Index</a>
Psoriatic Arthritis	5360	<a href="#">Adalimumab/Etanercept/Golimumab/Infliximab – Initial/Switch</a>
	5361	<a href="#">Adalimumab/Etanercept/Golimumab/Infliximab – Renewal</a>
	5383	<a href="#">Health Assessment Questionnaire (HAQ)</a>

Please visit the Special Authority section of our website for the forms and full criteria for coverage: [www.health.gov.bc.ca/pharmacare/sa/criteria/formsindex.html](http://www.health.gov.bc.ca/pharmacare/sa/criteria/formsindex.html).

## PROSTHETICS UPDATE - NEW PROSTHETIC LINER POLICY

Effective immediately, PharmaCare will be implementing the following guideline for any prosthetic requests that include liners, and will allow grandfathering of current patients onto this guideline. All exceptional cases must be supported by sufficient justification and documentation in the rationale section of the Applications for Financial Assistance (application).

### Liner guideline

Applications submitted for pre-approval should be based on PharmaCare policy, and component choices within the application should reflect the Basic Functionality and Lowest Cost Device policies, with any exceptional requests supported by sufficient justification and documentation to explain the need for a more costly component.

Basic functionality liners include:

- pelite liners;
- thermoplastic elastomer liners (e.g., Alps, Silipos, or Alpha); and
- co-polymer liners (e.g., Otto Bock - TPE or Balance TPE).

Liners that exceed the basic functionality guidelines include:

- silicone liners (e.g., Iceross Comfort or Otto Bock Silicone Gel);
- urethane liners (e.g., Otto Bock's Simplicity);
- custom made liners (e.g., TEC); and
- seal-in liners (e.g., Iceross Derma or Stabilo).

Liners that are requested that exceed the basic functionality guideline will require appropriate justification. Justification can include, but is not limited to:

- information supplied by the prescribing prosthetist;
- documentation from a physiatrist, physician, dermatologist, plastic surgeon or wound care specialist (i.e. medical reports and prescriptions); or
- medical documents that corroborate the need for a change in the liner (i.e. cite the liner as the cause of the condition).

The guideline will be grandfathered for existing patients. This will allow special consideration to patients who **currently** have a liner which is not one of the basic functionality liners listed above. Appropriate documentation must accompany each application to show why it is important to keep the patient in their current type of liner, and why the exception was made.

Note: Although silicone liners are not considered to be basic functionality there are some silicone liners that are priced comparable to basic functionality liners and the liner of choice for some prosthetists. So, on an ongoing exceptional basis PharmaCare will approve applications including any liner that is priced comparable to a basic functionality liner (i.e. same price or lower) without additional clinical justification being required.

### Fee adjustments

PharmaCare has adjusted certain fees reimbursed under the Prosthetic and Orthotic Program, effective immediately. To review the Maximum Reimbursement Amounts please refer to the Detailed Policy and Procedures Requirements manual on the PharmaCare website.

## EXPANDED PHARMACARE COVERAGE FOR OSELTAMIVIR (TAMIFLU®) AND ZANAMIVIR (RELENZA®) FOR THE 2010/11 INFLUENZA SEASON

### Oseltamivir (Tamiflu®)

Effective **December 14, 2010**, PharmaCare is covering oseltamivir 75 mg, 45 mg and 30 mg capsules and 12 mg/mL oral suspension **according to the following Limited Coverage criteria:**

1. **Treatment and prophylaxis** of influenza A and B during an outbreak situation, among permanent residents of licensed long-term care facilities (i.e., PharmaCare Plan B) upon direction of the Provincial Health Officer or designate;
2. **Treatment** of patients at high risk\* (*see page 6*) of complications from influenza, who have either:
  - a. Laboratory-confirmed influenza A or B sensitive to oseltamivir;

**OR**

- b. Signs and symptoms of influenza A or B **ONLY WHEN** influenza is confirmed to be circulating in the local community and sensitive to oseltamivir, as per the British Columbia Centre for Disease Control influenza bulletin at [www.bccdc.ca/dis-cond/DiseaseStatsReports/influSurveillanceReports.htm](http://www.bccdc.ca/dis-cond/DiseaseStatsReports/influSurveillanceReports.htm)

**AND**

Initiation of treatment should be **within 48 hours of symptom onset**, as this optimizes the benefit of oseltamivir.

### Zanamivir (Relenza®)

Also effective **December 14, 2010**, PharmaCare is covering zanamivir 5 mg rotadisk for oral inhalation **according to the following Limited Coverage criteria:**

1. **Treatment and prophylaxis** of influenza A or B during an outbreak situation, among permanent residents of licensed long-term care facilities (i.e., PharmaCare Plan B), upon direction from the Provincial Health Officer or designate;
2. **Treatment** of patients who are at high risk\* (*see page 6*) of complications from influenza, who have either:
  - a. Laboratory-confirmed influenza A or B sensitive to zanamivir;

**OR**

- b. Signs and symptoms of influenza A or B **ONLY WHEN** influenza is confirmed to be circulating in the local community and sensitive to zanamivir, as per the British Columbia Centre for Disease Control influenza bulletin at [www.bccdc.ca/dis-cond/DiseaseStatsReports/influSurveillanceReports.htm](http://www.bccdc.ca/dis-cond/DiseaseStatsReports/influSurveillanceReports.htm)

**AND**

Initiation of treatment should be **within 48 hours of symptom onset**, as this optimizes the benefit of zanamivir.

**No Special Authority request form is required for coverage of oseltamivir and zanamivir.  
Actual coverage depends on the rules of a patient's PharmaCare plan, including any annual deductible requirement.**

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**\*Patients at high risk of complications from influenza are defined as follows:**

- Adults  $\geq$  65 years of age, with or without chronic health conditions;
- Adults (including pregnant women) less than 65 years of age, and children and adolescents 6 months to 18 years with the following chronic health conditions:
  - Cardiac or pulmonary disorders (e.g., chronic obstructive pulmonary disease, bronchopulmonary dysplasia, cystic fibrosis, asthma);
  - Diabetes and other metabolic diseases;
  - Cancer, immunodeficiency (including human immunodeficiency virus [HIV] infection), immunosuppression due to underlying disease or therapy (e.g., severe rheumatoid arthritis requiring immunosuppressive therapies, transplant);
  - Chronic kidney disease;
  - Chronic liver disease, including hepatitis C;
  - Anemia and hemoglobinopathy;
  - Conditions that compromise the management of respiratory secretions and are associated with an increased risk of aspiration (e.g., cognitive dysfunction, spinal cord injury, seizure disorder, and neuromuscular disorders);
- Children and adolescents 6 months to 18 years with conditions treated for long periods with acetylsalicylic acid;
- Adults who are morbidly obese (BMI  $\geq$  40);
- Healthy children age 6 to 23 months;
- Pregnant women;
- Aboriginal peoples (on and off reserve). (See [Message from Health Canada's Non-Insured Health Benefits \(NIHB\)](#) below for coverage details.)

**Special Notes:**

1. PharmaCare coverage is intended for antiviral treatment that is initiated **within 48 hours of influenza symptom onset** in the community setting, as evidence suggests that early initiation results in optimal outcomes (Treanor JJ et al. *JAMA* 2000;283:1016-1024 and Nicholson KG et al. *Lancet* 2000;355:1845-1850).
2. Due to the risk of inappropriate utilization leading to antiviral resistance, clinicians are advised to be selective and judicious in their assessment of patients. Clinicians are advised to check the British Columbia Centre for Disease Control influenza bulletin (updated regularly) at [www.bccdc.ca/dis-cond/DiseaseStatsReports/influSurveillanceReports.htm](http://www.bccdc.ca/dis-cond/DiseaseStatsReports/influSurveillanceReports.htm) for the most recent information on circulating influenza strains and resistance patterns.
3. PharmaCare coverage is **not** intended for patients who do not have symptoms of Influenza A or B, nor for post-exposure prophylaxis.
4. Influenza immunization is one of the most effective methods for preventing influenza infection and its complications, and should be promoted to the entire population whenever possible. Patients at high risk for complications from influenza should be immunized annually.
5. Zanamivir is indicated for patients 7 years of age or older and those capable of using the inhalation device.

## Patients without influenza – note to physicians and pharmacists

PharmaCare coverage for oseltamivir/zanamivir is not intended for patients who do not have symptoms of influenza A or B. Patients requesting a “pre-fill” prescription for oseltamivir or zanamivir will not have the prescription covered under the PharmaCare program and are responsible for the cost.

When writing a prescription for patients who do not have Influenza A or B, **physicians** will write “Submit as zero cost to PharmaCare” on prescriptions. When submitting a claim for a prescription with this note, **pharmacists** will use the intervention code **DE Adjudicate to \$0.00** as requested. This ensures appropriate PharmaCare coverage.

Please refer to the table below to compare symptoms of Influenza A or B with those of a cold.

### Influenza or Cold?

<b>Symptoms</b>	<b>Cold</b>	<b>Influenza</b>
<b>Fever</b>	Rare	Usual, sudden onset 39° to 40°, lasts 3 to 4 days
<b>Headache</b>	Rare	Usual, can be severe
<b>Aches and pains</b>	Sometimes mild	Usual, often severe
<b>Fatigue and weakness</b>	Sometimes mild	Usual, may last 2 to 3 weeks or more
<b>Extreme fatigue</b>	Unusual	Usual, early onset, can be severe
<b>Runny, stuffy nose</b>	Common	Sometimes
<b>Sneezing</b>	Common	Sometimes
<b>Sore throat</b>	Common	Sometimes
<b>Chest discomfort, coughing</b>	Sometimes mild to moderate	Usual, can be severe
<b>Complications</b>	Can lead to sinus congestion or earache	Can lead to pneumonia and respiratory failure, and more complications in persons with chronic diseases
<b>Prevention</b>	Frequent hand-washing	Yearly influenza vaccine and frequent hand washing
<b>Treatment</b>	No specific treatment is available; symptom relief only	Antiviral drugs (for example, oseltamivir or zanamivir) by prescription, which can reduce symptoms

Excerpted from [www.healthlinkbc.ca/healthfiles/hfile12b.stm](http://www.healthlinkbc.ca/healthfiles/hfile12b.stm) with the permission of HealthLink BC.

## PANDEMIC STOCKPILE - IMPORTANT NOTE TO PHARMACISTS:

We would like to thank all pharmacies who dispensed oseltamivir to patients with pandemic H1N1 influenza during the 2009/10 influenza season.

**Still have last year's provincial pandemic stockpile?** The BC Centre for Disease Control requests that pharmacists continue to **quarantine** the remaining oseltamivir distributed to pharmacies from the pandemic stockpile.

**Has the remaining stock from the pandemic stockpile expired?** If your stock has reached its expiry date, please destroy it.

**Dispensing new prescriptions?** Any new prescriptions of oseltamivir and zanamivir for the 2010/11 influenza season should be dispensed from commercial supply until further notice.

## MESSAGE FROM HEALTH CANADA'S NON-INSURED HEALTH BENEFITS (NIHB)

NIHB has advised BC PharmaCare of the following:

First Nations people are included in the groups at high risk for complications as identified in the PharmaCare coverage criteria for antivirals for the 2010-2011 influenza season (see [Patients at high risk of complications](#) table on page 6 for details).

This means that all on or off reserve Status Indians requiring antivirals who self identify as First Nations to their physician are approved for coverage. Payment will be made through Health Canada's Non-Insured Health Benefits (NIHB) program.

Non-status Indians who have registered with BC Fair PharmaCare or who are eligible for coverage under another PharmaCare Plan will be covered subject to the applicable plan's usual rules.



## BENEFIT TABLES

### Non-Benefits

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

DIN	DRUG NAME
02268418	LYRICA® (PREGABALIN) 25 mg tablets
02268426	LYRICA® (PREGABALIN) 50 mg tablets
02268434	LYRICA® (PREGABALIN) 75 mg tablets
02268450	LYRICA® (PREGABALIN) 150 mg tablets
02268485	LYRICA® (PREGABALIN) 300 mg tablets
02322854	NPLATE® (ROMIPLOSTIM) 250 mcg vial
02322862	NPLATE® (ROMIPLOSTIM) 500 mcg vial
02321092	PRISTIQ®(DESVENLAFAXINE) 50 mg tablets
02321106	PRISTIQ®(DESVENLAFAXINE) 100 mg tablets
02301482	CYMBALTA® (DULOXETINE) 30 mg capsules
02301490	CYMBALTA® (DULOXETINE) 60 mg capsules
02272415	PRAVASA®(ACETYLSALICYLIC ACID- PRAVASTATIN) 81 mg/10 mg tablets
02272423	PRAVASA®(ACETYLSALICYLIC ACID- PRAVASTATIN) 81 mg/20 mg tablets
02272431	PRAVASA®(ACETYLSALICYLIC ACID- PRAVASTATIN) 81 mg/40 mg tablets