



# BC PharmaCare Newsletter

*February 22, 2011 Edition 11-002*

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

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## NEW COVERAGE OF BIOLOGICS FOR RHEUMATOID ARTHRITIS – CERTOLIZUMAB (CIMZIA®)

Effective **February 22, 2011**, PharmaCare will cover certolizumab (Cimzia®) as one of the first-covered benefits for the treatment of **rheumatoid arthritis**.

Certolizumab is a Limited Coverage benefit through the Special Authority Program. PharmaCare will cover patients who meet criteria when certolizumab has been prescribed by a rheumatologist and Special Authority approval has been obtained for the patient.

For more details about the coverage criteria and Special Authority forms, please visit our website at [www.health.gov.bc.ca/pharmacare/sa/criteria/restricted/certolizumab.html](http://www.health.gov.bc.ca/pharmacare/sa/criteria/restricted/certolizumab.html).

Please note that Special Authority approval cannot be provided retroactively and that actual coverage is subject to the patient’s usual PharmaCare plan rules, including the Low Cost Alternative program and any annual deductible requirement.

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.

## SPECIAL SERVICES FEES

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

Jan 2011 ..... 1,283	Sep 2010 .... 2,211	May 2010.... 2,097
Dec 2010 .... 2,322	Aug 2010 .... 2,170	Apr 2010..... 2,108
Nov 2010 .... 2,134	Jul 2010 ..... 1,999	Mar 2010 .... 2,109
Oct 2010 .... 1,978	Jun 2010..... 2,233	Feb 2010..... 1,832

## BENEFITS

### New Drugs Categorized to Existing 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.

DIN	Drug Name	Full / Partial LCA Benefit	RDP	Special Authority Only	Max Price
02352966	Alendronate 70 mg tablets	F		Y	\$4.7790
02331292	Amlodipine 10 mg tablets	P*	RDP		\$0.8604
02357720	Septa-Amlodipine 10 mg tablets	P*	RDP		\$0.8604
02357704	Septa-Amlodipine 2.5 mg tablets	P*	RDP		\$0.2899
02331284	Amlodipine 5 mg tablets	P*	RDP		\$0.5796
02357712	Septa-Amlodipine 5 mg tablets	P*	RDP		\$0.5796
02352710	Amoxicillin 250 mg capsules	F			\$0.1890
02352729	Amoxicillin 500 mg capsules	F			\$0.3690
02352745	Amoxicillin 125 mg / 5 mL granules for suspension	F			\$0.0381
02352761	Amoxicillin 125 mg / 5 mL granules for suspension	F			\$0.0381
02352753	Amoxicillin 250 mg / 5 mL granules for suspension	F			\$0.0583
02352788	Amoxicillin 250 mg / 5 mL granules for suspension	F			\$0.0583
02352737	Amoxicillin 250 mg tablets	F			\$0.6629
02352435	Asatab EC 650 mg tablets	F	REF		\$0.0594
02353318	Ciprofloxacin 250 mg tablets	F			\$1.3361
02353326	Ciprofloxacin 500 mg tablets	F			\$1.5074
02353334	Ciprofloxacin 750 mg tablets	F			\$2.7604

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## New Drugs Categorized to Existing LCA and/or RDP (Continued)

02353660	Citalopram 20 mg tablets	F			\$0.7191
02355272	Septa-Citalopram 20 mg tablets	F			\$0.7191
02353679	Citalopram 40 mg tablets	F			\$0.7191
02355280	Septa-Citalopram 40 mg tablets	F			\$0.7191
02352400	Diclofenac SR 75 mg tablets	P*	RDP		\$0.6162
02352397	Diclofenac EC 50 mg tablets	P*	RDP		\$0.4252
02355752	Pms-Diltiazem CD 120 mg capsules	F			\$0.7622
02355760	Pms-Diltiazem CD 180 mg capsules	F			\$1.0116
02355779	Pms-Diltiazem CD 240 mg capsules	F			\$1.3419
02355787	Pms-Diltiazem CD 300 mg capsules	F			\$1.6773
02351234	Doxycycline 100 mg capsules	F			\$0.6329
02351242	Doxycycline 100 mg tablets	F			\$0.6329
02352931	Apo-Enalapril/HCTZ 10 mg - 25 mg tablets	P*	RDP		\$0.8330
02352923	Apo-Enalapril/HCTZ 5 mg - 12.5 mg tablets	P*	RDP		\$0.6930
02353210	Etidrocal 400 mg - 1250 mg tablets	F			\$0.2519
02351102	Famotidine 20 mg tablets	P*	RDP		\$0.5741
02351110	Famotidine 40 mg tablets	P*	RDP		\$1.0441
02354462	CO Finasteride 5 mg tablets	F		Y	\$0.8406
02355043	Finasteride 5 mg tablets	F		Y	\$0.8406
02356058	Mylan-Finasteride 5 mg tablets	F		Y	\$0.8406
02286068	Fluoxetine 10 mg capsules	F			\$0.9925
02286076	Fluoxetine 20 mg capsules	F			\$0.9933
02351420	Furosemide 20 mg tablets	F			\$0.0403
02351439	Furosemide 40 mg tablets	F			\$0.0603
02351447	Furosemide 80 mg tablets	F			\$0.1318
02353245	Gabapentin 100 mg capsules	F			\$0.2246
02353253	Gabapentin 300 mg capsules	F			\$0.5464
02353261	Gabapentin 400 mg capsules	F			\$0.6511
02350459	Glyburide 2.5 mg tablets	F			\$0.0424
02350467	Glyburide 5 mg tablets	F			\$0.0738

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## New Drugs Categorized to Existing LCA and/or RDP (Continued)

02351668	Leflunomide 10 mg tablets	F		Y	\$5.7094
02351676	Leflunomide 20 mg tablets	F		Y	\$5.7094
02353342	Levetiracetam 250 mg tablets	F		Y	\$0.8640
02353350	Levetiracetam 500 mg tablets	F		Y	\$1.0530
02353369	Levetiracetam 750 mg tablets	F		Y	\$1.4580
02353229	Lovastatin 20 mg tablets	F			\$1.0624
02353237	Lovastatin 40 mg tablets	F			\$1.9408
02353377	Metformin 500 mg tablets	F			\$0.1313
02353385	Metformin 850 mg tablets	F			\$0.1830
02350408	Metoprolol 100 mg tablets	F			\$0.2401
02350394	Metoprolol 50 mg tablets	F			\$0.1323
02350785	Naproxen EC 250 mg tablets	P*	RDP		\$0.2213
02350793	Naproxen EC 375 mg tablets	P*	RDP		\$0.2901
02350807	Naproxen EC 500 mg tablets	P*	RDP		\$0.5240
02350750	Naproxen 250 mg tablets	F	REF		\$0.1153
02350769	Naproxen 375 mg tablets	F	REF		\$0.1575
02350777	Naproxen 500 mg tablets	F	REF		\$0.2279
02333015	Apo-Olanzapine 20 mg tablets	F		Y	\$7.7638
02350238	Oxybutynin 5 mg tablets	F			\$0.2326
02339587	Pioglitazone hydrochloride 30 mg tablets	F		Y	\$1.7579
02339595	Pioglitazone hydrochloride 45 mg tablets	F		Y	\$2.6432
02353172	Quetiapine 100 mg tablets	F			\$0.5979
02353199	Quetiapine 200 mg tablets	F			\$1.2006
02353164	Quetiapine 25 mg tablets	F			\$0.2241
02353202	Quetiapine 300 mg tablets	F			\$1.7521
02343932	Pms-Ramipril 15 mg capsules	F	REF		\$0.6323
02336480	Ran-Ranitidine 150 mg tablets	F	REF		\$0.1944
02353016	Ranitidine 150 mg tablets	F	REF		\$0.1944
02336502	Ran-Ranitidine 300 mg tablets	F	REF		\$0.3888
02353024	Ranitidine 300 mg tablets	F	REF		\$0.3888

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## New Drugs Categorized to Existing LCA and/or RDP (Continued)

02353040	Ropinirole 0.25 mg tablets	F		Y	\$0.1287
02353059	Ropinirole 1 mg tablets	F		Y	\$0.5149
02353067	Ropinirole 2 mg tablets	F		Y	\$0.5665
02353075	Ropinirole 5 mg tablets	F		Y	\$1.5596
02353547	Sertraline 100 mg capsules	F			\$0.9072
02353520	Sertraline 25 mg capsules	F			\$0.4329
02353539	Sertraline 50 mg capsules	F			\$0.8657
02316307	Sandoz dorzolamide 2% eye drops	F			\$1.7010
02344351	Sandoz dorzolamide/timolol 2% - 0.5% eye drops	F			\$2.5773
02353121	Terbinafine 250 mg tablets	F		Y	\$2.2973
02356864	Topiramate 100 mg tablets	F			\$1.2806
02356872	Topiramate 200 mg tablets	F			\$1.9124
02356856	Topiramate 25 mg tablets	F			\$0.6756
02354748	Venlafaxine XR 150 mg capsules	F			\$1.0353
02354713	Venlafaxine XR 37.5 mg capsules	F			\$0.4903
02354721	Venlafaxine XR 75 mg capsules	F			\$0.9806

F – Fully covered under LCA Program

P\* – Full benefit if a Reference Drug Program Special Authority is in place when the prescription is filled.

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

DIN	DRUG NAME	FULL / PARTIAL LCA BENEFIT
02353148	Meloxicam 7.5 mg tablets	F
02353156	Meloxicam 15 mg tablets	F

F – Fully covered under LCA Program

The following product is now an eligible PharmaCare benefit for Plan P only.

DIN	DRUG NAME	FULL / PARTIAL LCA BENEFIT
02273411	Bisacodyl-Odan 5 mg tablets	F

F – Fully covered under LCA Program

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
02297809	Metrogel 1% metronidazole topical gel	No	Yes

### LCA Booklet – Miscellaneous

The following products are already covered as PharmaCare benefits but have not been listed in the Acrobat PDF version of the LCA Booklet:

DIN	BRAND NAME	LCA NUMBER	LCA DESCRIPTION
00600806	Apo-Naproxen 375 mg tablet	391	NAPROXEN TAB 375 MG
00865656	Nu-Naprox 375 mg tablet	391	NAPROXEN TAB 375 MG
00627097	Teva-Naproxen 375 mg tablet	391	NAPROXEN TAB 375 MG

### Limited Coverage Drug Program

The products listed in the table below are eligible benefits under the Limited Coverage Program—by Special Authority only. For the Special Authority criteria, please visit the [Limited Coverage Drug Program Index](http://www.health.gov.bc.ca/pharmacare/sa/criteria/restricted/restrictedtable.html#P) on the PharmaCare website at [www.health.gov.bc.ca/pharmacare/sa/criteria/restricted/restrictedtable.html#P](http://www.health.gov.bc.ca/pharmacare/sa/criteria/restricted/restrictedtable.html#P).

DIN	DRUG NAME	PLAN G	PLAN P
02337827	Stalevo <sup>®</sup> (carbidopa/levodopa/entacapone) 75 mg/18.5 mg/200 mg tablets	No	No
02337835	Stalevo <sup>®</sup> (carbidopa/levodopa/entacapone) 125 mg/31.25 mg/200 mg tablets	No	No
02325063	Omnitrope <sup>™</sup> (somatropin), solution for injection 5 mg/1.5 ML	No	No
02325071	Omnitrope <sup>™</sup> (somatropin), solution for injection 10 mg/1.5 mL	No	No

### Limited Coverage Drug Program – No Change to Criteria

The products listed in the table below had submission requests to modify their Special Authority criteria (See [www.health.gov.bc.ca/pharmacare/formulary/](http://www.health.gov.bc.ca/pharmacare/formulary/)). The submissions have been reviewed and their Special Authority criteria will not be changed. For the Special Authority criteria, please visit the [Limited Coverage Drug Program Index](http://www.health.gov.bc.ca/pharmacare/sa/criteria/restricted/restrictedtable.html#P) on the PharmaCare website at [www.health.gov.bc.ca/pharmacare/sa/criteria/restricted/restrictedtable.html#P](http://www.health.gov.bc.ca/pharmacare/sa/criteria/restricted/restrictedtable.html#P).

DIN	DRUG NAME
00745626	Humatrope <sup>®</sup> (somatropin) 5 mg vial
02243077	Humatrope <sup>®</sup> (somatropin) reconstitution kit 6 mg
02243078	Humatrope <sup>®</sup> (somatropin) reconstitution kit 12 mg

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**Limited Coverage Drug Program – No Change to Criteria (Continued)**

02243079	Humatrope <sup>®</sup> (somatropin) reconstitution kit 24 mg
02237770	Avonex <sup>®</sup> (interferon beta-1a) 30 mcg IM injectable,
02246793	Spiriva <sup>®</sup> (tiotropium bromide) capsule for inhalation 18 mcg
02237319	Rebif <sup>®</sup> (interferon beta-1a) 22 mcg/0.5 mL solution for injection
02237320	Rebif <sup>®</sup> (interferon beta-1a) 44 mcg/0.5 mL solution for injection
01981501	Botox <sup>®</sup> (botulinum toxin type A) 100 IU vial
02253410	Pegasys <sup>®</sup> RBV™ (peginterferon alfa-2a plus ribavirin) 180 mcg/mL pre-filled syringe plus 200 mg tablet
02253429	Pegasys <sup>®</sup> RBV™ (peginterferon alfa-2a plus ribavirin) 180 mcg/0.5 mL pre-filled syringe plus 200 mg tablet

**Limited Coverage Drug Program – Criteria Change**

The products listed in the table below have been reviewed and their Special Authority coverage criteria have been changed.

For more details, please see the insulin glargine Special Authority criteria page on the PharmaCare website at [www.health.gov.bc.ca/pharmacare/sa/criteria/restricted/insulinglargine.html](http://www.health.gov.bc.ca/pharmacare/sa/criteria/restricted/insulinglargine.html).

DIN	DRUG NAME
02245689	Lantus <sup>®</sup> (insulin glargine) vial
02251930	Lantus <sup>®</sup> (insulin glargine) cartridge
02294338	Lantus <sup>®</sup> Solostar <sup>®</sup> (insulin glargine)

**Non-Benefits**

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

DIN/NPN	DRUG NAME
02246354	Aranesp <sup>®</sup> (darbepoetin alfa) 25 mcg/mL
02246355	Aranesp <sup>®</sup> (darbepoetin alfa) 40 mcg/mL
02246357	Aranesp <sup>®</sup> (darbepoetin alfa) 100 mcg/mL
02246358	Aranesp <sup>®</sup> (darbepoetin alfa) 200 mcg/mL
02246360	Aranesp <sup>®</sup> (darbepoetin alfa) 500 mcg/mL
02273233	Caduet <sup>®</sup> (amlodipine besylate plus atorvastatin calcium) 5 mg/10 mg tablets
02273241	Caduet <sup>®</sup> (amlodipine besylate plus atorvastatin calcium) 5 mg/20 mg tablets
02273268	Caduet <sup>®</sup> (amlodipine besylate plus atorvastatin calcium) 5 mg/40 mg tablets
02273276	Caduet <sup>®</sup> (amlodipine besylate plus atorvastatin calcium) 5 mg/80 mg tablets

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**Non-Benefits (Continued)**

02273284	Caduet <sup>®</sup> (amlodipine besylate plus atorvastatin calcium) 10 mg/10 mg tablets
02273292	Caduet <sup>®</sup> (amlodipine besylate plus atorvastatin calcium) 10 mg/20 mg tablets
02273306	Caduet <sup>®</sup> (amlodipine besylate plus atorvastatin calcium) 10 mg/40 mg tablets
02273314	Caduet <sup>®</sup> (amlodipine besylate plus atorvastatin calcium) 10 mg/80 mg tablets
02231583	Eprex <sup>®</sup> (epoetin alfa) prefilled syringe 1000 IU/ 0.5 mL
02231584	Eprex <sup>®</sup> (epoetin alfa) prefilled syringe 2000 IU/ 0.5 mL
02231585	Eprex <sup>®</sup> (epoetin alfa) prefilled syringe 3000 IU/ 0.3 mL
02231586	Eprex <sup>®</sup> (epoetin alfa) prefilled syringe 4000 IU/ 0.4 mL
02243400	Eprex <sup>®</sup> (epoetin alfa) prefilled syringe 5000 IU/ 0.5 mL
02243401	Eprex <sup>®</sup> (epoetin alfa) prefilled syringe 6000 IU/ 0.6 mL
02243403	Eprex <sup>®</sup> (epoetin alfa) prefilled syringe 8000 IU/ 0.8 mL
02231587	Eprex <sup>®</sup> (epoetin alfa) prefilled syringe 10,000 IU/ mL
02206072	Eprex <sup>®</sup> (epoetin alfa) 20,000 IU/ mL multi-use vial
02243239	Eprex <sup>®</sup> (epoetin alfa) prefilled syringe 20,000 IU/ 0.5 mL
02288680	Eprex <sup>®</sup> (epoetin alfa) prefilled syringe 30,000 IU/0.75 mL
02240722	Eprex <sup>®</sup> (epoetin alfa) prefilled syringe 40,000 IU/ mL
02243602	Singulair <sup>®</sup> (montelukast sodium) 4 mg chewable tablets
02238216	Singulair <sup>®</sup> (montelukast sodium) 5 mg chewable tablets
02238217	Singulair <sup>®</sup> (montelukast sodium) 10 mg tablets
02247997	Singulair <sup>®</sup> (montelukast sodium) 4 mg granules
02306514	Clindesse™ (clindamycin) 2% vaginal cream
02254689	Forteo <sup>®</sup> (teriparatide) 250 µg/ml solution for injection
02284642	Azilect <sup>®</sup> (rasagiline mesylate) 0.5 mg tablets
02284650	Azilect <sup>®</sup> (rasagiline mesylate) 1 mg tablets
80019745	Zap <sup>®</sup> Illicium verum 15% (Star anise oil) spray lotion
N/A	CoaguChek <sup>®</sup> S and CoaguChek <sup>®</sup> XS Anticoagulation Monitoring Test Strips