BC PharmaCare Newsletter

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QuickLinks

DRUG PRICING CHANGES

In the next few weeks, changes to pricing for multi-source drugs will take effect. Please read the sections below for more information.

Low Cost Alternative/Reference Drug Program (LCA/RDP) Changes—Effective April 1, 2013

In 2010, PharmaCare began a phased decrease in reimbursement for drugs subject to the Low Cost Alternative (LCA) and Reference Drug (RDP) programs. In this latest phase (April 1, 2013 to March 31, 2014), the maximum allowable list price (MALP) that manufacturers can charge for generic LCA products will be reduced to:

- 25% of the equivalent brand product's list price for drugs available as oral solids,
- 35% of the equivalent brand product's list price for drugs available in other forms,
- 18% of the equivalent brand product's list price for drugs subject to Pan-Canadian pricing (see article Introduction of Pan-Canadian Pricing on Specific Generic Drugs below).

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Low Cost Alternative/Reference Drug Program (LCA/RDP) Changes, continued

Most LCA drugs are reimbursed up to the MALP, plus 8% (the "LCA price"). Drugs subject to the Reference Drug Program (RDP) will still be subject to limitations on maximum reimbursement cost.

The revised prices for LCA/RDP products take effect on April 1, 2013.

The LCA/RDP drugs that PharmaCare will cover as of April 1, 2013—along with their LCA prices—is available in an Excel file at www.health.gov.bc.ca/pharmacare/lca/lcabooklets.html.

Note: For LCA/RDP drugs, manufacturers will reflect the new pricing in their list prices by start of day March 1, 2013, (31 days before the new pricing takes effect).

Generic LCA/RDP products that do not meet the MALP will no longer be covered by PharmaCare as of April 1, 2013. A list of these products is available in the "Non-benefits" worksheet of the LCA/RDP Excel files at www.health.gov.bc.ca/pharmacare/lca/lcabooklets.html

Discontinuation of Certain Low Cost Alternative (LCA) Categories

After receiving manufacturer price submissions for the drug pricing period of April 1, 2013, to March 31, 2014, PharmaCare reviewed categories for which no generic product met the MALP. As of April 1, 2013, some of these LCA categories will no longer be covered. Removing coverage for these categories reduces costs both for the PharmaCare program and for patients paying a portion of their own drug cost who choose to switch to the lower cost product.

In 16 of the affected LCA categories (see the Discontinued LCA Categories table below), a lower strength product can be used (e.g., two or more tablets/capsules) in place of the higher strength that is no longer covered. In accordance with the College of Pharmacists of BC's Professional Practice Policy 58, pharmacists may substitute a lower strength for the higher strength product.

PharmaCare is also discontinuing coverage of some LCA Categories for which patient usage is low to nil. For categories with low utilization, other therapeutic alternatives exist.

Discontinued LCA Categories

DIN	DRUG NAME
ASA/CAFFEINE/BUTALBITAL TAB 330MG	
275328	FIORINAL 330 mg tablet
608211	RATIO-TECNAL 330 mg tablet
CLONAZEPAM TAB 1MG	
2270668	CO CLONAZEPAM 1 mg tablet
2145235	PHL-CLONAZEPAM 1 mg tablet
2048728	PMS-CLONAZEPAM 1 mg tablet
2233982	SANDOZ CLONAZEPAM 1 mg tablet
2303329	ZYM-CLONAZEPAM 1 mg tablet
DOXEPIN CAP 150MG	
1913476	NOVO-DOXEPIN USP 150 mg capsule
584274	SINEQUAN 150 mg capsule
629316	TRIADAPIN 150 mg capsule
842818	TRIADAPIN 150 mg capsule

DIN	DRUG NAME
GEMFIBROZIL TAB 600MG	
1979582	APO-GEMFIBROZIL 600 mg tablet
659606	LOPID 600 mg tablet
2230476	MYLAN-GEMFIBROZIL 600 mg tablet
2142074	NOVO-GEMFIBROZIL 600 mg tablet
2230183	PMS-GEMFIBROZIL 600 mg tablet
2058464	NU-GEMFIBROZIL 600 mg tablet
HYDROCHLOROTHIAZIDE TAB 100MG	
644552	APO HYDRO 100 mg tablet
354317	HYDRODIURIL 100 mg tablet
405620	UROZIDE 100 mg tablet
IBUPROFEN TAB 300MG	
441651	APO IBUPROFEN 300 mg tablet
2242632	EXTRA STRENGTH MOTRIN IB 300 mg tablet
327794	MOTRIN 300 mg tablet
PROPRANOLOL TAB 120MG	
504335	APO PROPRANOLOL 120 mg tablet
511595	DETENSOL 120 mg tablet
456578	INDERAL 120 mg tablet
2042223	INDERAL-120 120 mg tablet
VALPROIC ACID CAP 500MG	
507989	DEPAKENE 500 mg capsule
2231486	DEPROIC EC 500 mg capsule
2218321	NOVO-VALPROIC - ECC 500 mg capsule
2229628	PMS-VALPROIC ACID E.C. 500 mg capsule
ALPRAZOLAM TAB 1MG	
2243611	APO-ALPRAZ 1 mg tablet
2229813	MYLAN-ALPRAZOLAM 1 mg tablet
723770	XANAX 1 mg tablet
ALPRAZOLAM TAB 2MG	
2243612	APO-ALPRAZ TS 2 mg tablet
2229814	MYLAN-ALPRAZOLAM 2 mg tablet
813958	XANAX TS 2 mg tablet
FLUOXETINE CAP 40MG	
2245283	FXT 40 40 mg capsule

DIN	DRUG NAME
PRAMIPEXOLE TAB .5MG	
2292386	APO-PRAMIPEXOLE 0.5 mg tablet
2297310	CO PRAMIPEXOLE 0.5 mg tablet
2241594	MIRAPEX 0.5 mg tablet
2376369	MYLAN-PRAMIPEXOLE 0.5 mg tablet
2290138	PMS-PRAMIPEXOLE 0.5 mg tablet
2367610	PRAMIPEXOLE 0.5 mg tablet
2315270	SANDOZ PRAMIPEXOLE 0.5 mg tablet
2269317	TEVA-PRAMIPEXOLE 0.5 mg tablet
CLARITHROMYCIN TAB 500MG	
2274752	APO-CLARITHROMYCIN 500 mg tablet
2126710	BIAXIN BID 500 mg tablet
2245066	CLARICID 500 mg tablet
2248857	MYLAN-CLARITHROMYCIN 500 mg tablet
2247574	PMS-CLARITHROMYCIN 500 mg tablet
2361434	RAN-CLARITHROMYCIN 500 mg tablet
2247819	RATIO-CLARITHROMYCIN 500 mg tablet
2266547	SANDOZ CLARITHROMYCIN 500 mg tablet
2248805	TEVA-CLARITHROMYCIN 500 mg tablet
PAROXETINE TAB 40MG	
2293749	PMS-PAROXETINE 40 mg tablet
OMEPRAZOLE TAB/CAP 10MG	
2230737	LOSEC 10 mg tablet
2119579	LOSEC 10 mg capsule
2329425	MYLAN-OMEPRAZOLE 10 mg capsule
2358050	OMEPRAZOLE DR 10 mg tablet
2260859	RATIO-OMEPRAZOLE 10 mg tablet
2296438	SANDOZ OMEPRAZOLE 10 mg capsule
2331764	SANDOZ OMEPRAZOLE DR 10 mg tablet
2295407	TEVA-OMEPRAZOLE 10 mg tablet
RAMIPRIL CAP 15MG	
2281112	ALTACE 15 mg capsule
2325381	APO-RAMIPRIL 15 mg capsule
QUETIAPINE FUMARATE TAB 50MG	
2361892	PMS-QUETIAPINE 50 mg tablet
CANDESARTAN CILEXETIL/HCTZ TAB 32/25MG	
2332957	ATACAND PLUS 32/25 mg tablet
2395134	CANDESARTAN/HCTZ 32-25 mg tablet
2395576	TEVA-CANDESARTAN/HCTZ 32/25 mg tablet

Introduction of Pan-Canadian Pricing on Specific Generic Drugs

On January 28, 2013, the Council of the Federation announced that progress is being made on achieving better value for generic drugs. Participating provinces and territories agreed to establish a price point for six of the most common generic drugs at 18% of the equivalent brand name drug.

For more details on this coordinated approach to pharmaceutical management in Canada, please visit www.councilofthefederation.ca/pdfs/NR-CoF-Generic%20drugs%20%28Final%29-Jan%2018.pdf.

The six generic drugs to be priced at 18% of brand are:

- **Atorvastatin 10, 20, 40 and 80 mg tablets**—used to treat high cholesterol
- **Ramipril 1.25, 2.5, 5, and 10 mg capsules**—used to treat blood pressure and other cardiovascular conditions
- **Venlafaxine 37.5, 75, 150 mg extended release capsules**—used to treat depression and other mental health conditions
- **Amlodipine 2.5, 5, and 10 mg tablets**—used to treat high blood pressure and angina
- **Omeprazole 20 mg delayed/sustained release tablets and capsules**—used to treat a variety of gastrointestinal conditions
- **Rabeprazole 10 and 20 mg tablets**—used to treat a variety of gastrointestinal conditions

Pan-Canadian prices that will come into effect on April 1, 2013, are included in the LCA/RDP Excel file at www.health.gov.bc.ca/pharmacare/lca/lcabooklets.html

On March 1, 2013—Manufacturers will reduce their pricing on these drugs from 35% to 25%. PharmaCare will continue to reimburse up to 35% until April 1, 2013.

On April 1, 2013—Manufacturers will further reduce pricing on these drugs to 18%. PharmaCare reimbursement will change to the price limits specified in the LCA/RDP Excel file. PharmaCare will no longer cover generic products that do not meet the maximum reimbursement limits.

Example: The manufacturer will reduce the price of atorvastatin 10 mg from 35% to 25% of the equivalent brand name drug on March 1, 2013. PharmaCare will continue to reimburse up to 35%. On April 1, 2013, the manufacturer will further reduce the price of atorvastatin 10 mg from 25% to 18% and PharmaCare reimbursement will drop from 35% to 18%.

COMPOUNDED PRESCRIPTIONS POLICY

Clarifications to Policy

The following clarifications to the Compounded Prescriptions Policy have been added to the PharmaCare Policy Manual:

- If a pharmacy contracts another pharmacy to provide a compound, the pharmacy must ask the compounding pharmacy for a cost breakdown and must retain that cost breakdown on file in keeping with the record keeping requirements detailed in Section 5.13 of the PharmaCare Policy Manual.
- If a change in costs occurs for a refill of a compound, pharmacies must complete and retain a new compound costing document, including all the information outlined in Section 5.13 of the PharmaCare Policy Manual.

Reminder—"Old" Compounded Prescription PINs removed

- As indicated in the PharmaCare Newsletter 13-001 (January 24, 2013), the old compound PINs were discontinued on January 28, 2013. The new, more specific PINs are available at www.health.gov.bc.ca/pharmacare/pins/pharmpins.html
- For the convenience of software vendors, a downloadable file of PINs-by-maximum-fee and a column descriptions file is also available on the "pharmpins" Web page.

REMINDER—REDUCED MARK-UP FOR HIGH COST DRUGS

For current information on the drugs subject to this policy, please see the Reduced Mark-Up for High Cost Drug Policy—List of Affected Products on our website at www.health.gov.bc.ca/pharmacare/pdf/hi-cost-mrkup.pdf.

MEDICATION REVIEW SERVICES—PHARMACARE AUDIT

As announced in the PharmaCare Newsletter 12-013 (December 20, 2012), Ministry inspectors are reviewing medication review service documentation records at some pharmacies.

Preliminary findings are that some documentation does not meet the requirements described in detail in the PharmaCare Policy Manual, Section 8.9.

The three (3) most frequently noted types of documentation deficiencies are:

- Some documentation templates being used do not include all the stated requirements. Examples of templates that do meet all the requirements are available in Section 8.9 - Tools and Resources.
- Some documentation templates include space to record all the stated requirements but the forms are incomplete.
- Some hand-written documentation is illegible.

Specific data fields that have been noted as missing from some documentation include:

- Patient, pharmacist and pharmacy identification included on each page of documentation
- Clinical need
- Confirmation of patient consent
- Standard wording on the BPMH "Attention Health Care Professionals: A detailed version of this Medication History with Professional Notes is available upon request from the pharmacy named at the top of this page."
- Why the patient takes the drug
- Inclusion of non-prescription and/or natural health products in the medication list (or confirmation that the patient is not taking any at that time)
- Verification that the details about a drug listed on a medication profile (local system or PharmaNet) are accurate
- Type of prescriber who prescribed a drug

When documenting medication review services, pharmacists are also strongly encouraged to keep in mind that the purpose of the documentation is two-fold:

- To create a record that a quality service episode occurred
- To provide patients, caregivers and other health care professionals with accurate, complete and current information about a patient's medications

BENEFITS

Changes to Coverage for Controlled-release Oxycodone (OxyContin® and OxyNEO®)

As noted in PharmaCare Newsletter 13-001 (January 24, 2013), and effective **February 28, 2013,** PharmaCare is discontinuing Special Authority transitional coverage for controlled-release oxycodone (OxyContin® and OxyNEO®) used to treat moderate to severe pain.

Transitional one-year coverage has been provided since February 2012 for patients with pre-existing indefinite coverage through Special Authority. PharmaCare encourages physicians to work with their patients to reassess the appropriateness of pain management.

For more information on these changes, please refer to PharmaCare Newsletter 12-004 (February 29, 2012), where these changes were first announced.

Regular Benefits

The following new products are now eligible PharmaCare benefits for Fair PharmaCare and Plans B, C, and F.

DIN	DRUG NAME
02382059	epinephrine (Allerject™) 0.15 mg/0.15 ml auto-injector
02382067	epinephrine (Allerject™) 0.3 mg/0.3 ml auto-injector

Insulin Pumps and Supplies

The following new product is now an eligible PharmaCare benefit for Fair PharmaCare and Plans C and F.

PIN	PRODUCT NAME	PRODUCT DESCRIPTION
46340025	OmniPod - Pod	Disposable integrated insulin infusion inserter and reservoir ("the Pod")

The following new products are now eligible PharmaCare benefits for eligible children 18 years of age or younger who have Type 1 diabetes or another form of diabetes requiring insulin and who are covered under Fair PharmaCare, Plan C or Plan F.

PIN	PRODUCT NAME	PRODUCT DESCRIPTION
45230009	OmniPod - Personal Diabetes Manager	Personal Diabetes Manager (PDM) Starter Kit (English) (Note: Starter Kit Includes: Batteries, User Guide, Soft Black Case, Gel Skin (device protector), Software on a USB stick, USB cable and Welcome Brochure)
45230010	OmniPod - Personal Diabetes Manager (French)	Personal Diabetes Manager (PDM) Starter Kit (French) (Note: Starter Kit Includes: Batteries, User Guide, Soft Black Case, Gel Skin (device protector), Software on a USB stick, USB cable and Welcome Brochure)

Non-Benefits

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

DIN	DRUG NAME
2370050	belimumab (Benlysta™) 120 mg/5 ml vial powder for intravenous infusion
2370069	belimumab (Benlysta™) 400 mg/20 ml vial powder for intravenous infusion