



BC PharmaCare Newsletter

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METHADOSE™—REMINDERS

Methadose Only Policy Effective MARCH 1, 2014

As announced in the [PharmaCare Newsletter 14-001](#), effective **March 1, 2014**, PharmaCare will cover **only** Methadose 10mg/mL **for maintenance**.

Full information on the correct PINs/DINs is available at www.health.gov.bc.ca/pharmacare/pins/methpins.html.

The PharmaCare Policy Manual, [Section 8.8](#), has been revised to reflect the changes.



Submitting claims in PharmaNet

Please note that when submitting a claim for methadose, pharmacists are now required to enter the quantity in the SIG field in **both millilitres and milligrams**. The PharmaCare Policy Manual, [Section 8.8](#), has been updated to reflect this.

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.

REIMBURSEMENT CHANGES FOR LCA/RDP DRUGS IN 2014/15

On **April 1, 2014**, changes to the reimbursement limits for LCA/RDP drugs will take effect. These include changes to the maximum PharmaCare reimbursement for drugs in the:

- Low Cost Alternative (LCA) Program
- Reference Drug Program (RDP)
- Pan-Canadian Competitive Value Price Initiative for Generic Drugs
- Alzheimer's Drug Therapy Initiative

Information on all drugs affected by the price changes detailed below...

See www.health.gov.bc.ca/pharmacare/lca/lcabooklets.html.

All PharmaCare reimbursement changes are effective April 1, 2014.

Low Cost Alternative (LCA) Program

Under the LCA Program, PharmaCare targets a maximum amount it will reimburse for each drug in an LCA category. The LCA price is set at the maximum price that manufacturers can charge (the Maximum Accepted List Price or "MALP") plus 8%¹.

In 2010, PharmaCare began a phased decrease in the reimbursement for generic drugs. In this latest phase (**April 1, 2014**, to **March 31, 2015**), the target MALP that manufacturers can charge for generic LCA drugs will be lowered to:

- 20% of the equivalent brand product's list price for 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 **Generic Drugs Subject to Pan-Canadian Pricing** on page 4.)

PharmaCare coverage under the new price targets

Normally, PharmaCare covers only the generic drugs priced at or below the LCA Price stated in the **LCA Master spreadsheet**. The April 1 reimbursement limits for LCA drugs are published in the "Max Price" column of the **advance-notice LCA Master spreadsheet** available at www.health.gov.bc.ca/pharmacare/lca/lcabooklets.html.

Note: Government covers some generic drugs at a higher price on a 'provisional basis.' This means that BC PharmaCare may stop covering a higher-priced generic drug if a product becomes available at a better price.

Drugs becoming non-benefits

A list of the drugs that will no longer be covered as of April 1, 2014, is available in the **advance-notice Non-benefits worksheet** available at www.health.gov.bc.ca/pharmacare/lca/lcabooklets.html.

Note: For LCA/RDP drugs, manufacturers will reflect the new pricing at **start of day March 1, 2014** (31 days before the new pricing takes effect).

¹ 5% markup for LCA drugs subject to the [High Cost Drugs](#) policy.

Discontinued LCA Categories

PharmaCare reviewed categories for which no generic product met the new MALP. When determining whether to discontinue a category, careful consideration was given to whether other product strengths or therapeutic alternatives were available. As of April 1, 2014, some of these LCA categories will no longer be covered. Discontinuing these categories reduces PharmaCare costs and costs for patients who pay a portion of their own drug cost and opt for the lower cost product.

In some cases, a lower strength product can be substituted—for instance, two or more tablets/capsules—for a 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 some LCA Categories for which patient usage is low to nil. For categories with low utilization, other therapeutic alternatives exist.

The following categories will be discontinued on April 1, 2014:

DIN	DRUG NAME
ASA/CAFFEINE/BUTALBITAL CAP 330MG	
226327	FIORINAL CAP
608238	RATIO-TECNAL
CIMETIDINE TAB 200MG	
546232	PEPTOL TAB 200MG
563560	TAGAMET 200 TAB
1916793	TAGAMET 200 TAB
584215	APO CIMETIDINE TAB 200MG
CIMETIDINE TAB 800MG	
618616	PEPTOL TAB 800MG
653411	TAGAMET TAB 800MG
1916769	TAGAMET 800MG TABLET
749494	APO-CIMETIDINE TAB 800MG
2227479	MYLAN-CIMETIDINE
MAPROTILINE TAB 25MG	
360481	LUDIOMIL TAB 25MG
2158612	TEVA-MAPROTILINE
MAPROTILINE TAB 50MG	
360503	LUDIOMIL TAB 50MG
2158620	TEVA-MAPROTILINE
MAPROTILINE TAB 75MG	
360511	LUDIOMIL TAB 75MG
2158639	TEVA-MAPROTILINE
NAPROXEN TAB 125MG	
522678	APO NAPROXEN TAB 125MG

Reference Drug Program (RDP)

The RDP is a PharmaCare policy to encourage cost-effective first-line prescribing for common medical conditions. Under the RDP, PharmaCare coverage is based on the cost of the reference drug or drugs in a therapeutic category. This is the drug(s) considered to be equally efficacious and the most cost effective in that category.

If an RDP drug is also an LCA drug, the reimbursement limit for drugs in that RDP category is the lower of the RDP or LCA Price.

The list of RDP drugs and RDP prices is provided in the **RDP Master spreadsheet** available at www.health.gov.bc.ca/pharmacare/lca/lcabooklets.html.

Generic drugs subject to Pan-Canadian pricing

In January 2013, under the Pan-Canadian Competitive Value Price Initiative for Generic Drugs, the Council of the Federation announced that, to achieve better value for generic drugs, its member provinces and territories would establish price points for the most common generic drugs.

In 2013, the price for the following generic drugs was set at 18% of the equivalent brand product list price:

- **Atorvastatin**—used to treat high cholesterol
- **Ramipril**—used to treat heart and blood vessel conditions such as high blood pressure
- **Venlafaxine**—used to treat mental health conditions such as depression
- **Amlodipine**—used to treat high blood pressure and chest pain
- **Omeprazole**—used to treat stomach/digestive problems
- **Rabeprazole**—used to treat stomach/digestive problems

Effective **April 1, 2014**, the following four generic drugs will also be priced at 18% of brand:

- **Rosuvastatin** —used to treat high cholesterol
- **Citalopram**—used to treat depression
- **Simvastatin**—used to treat high cholesterol
- **Pantoprazole**—used to treat a variety of gastrointestinal conditions

The Pan-Canadian prices are included in the April 1, 2014, advance notice **LCA Master spreadsheet** available at www.health.gov.bc.ca/pharmacare/lca/lcabooklets.html. Drugs subject to Pan-Canadian pricing are flagged with a **Y** in the **Pan-Canadian** column.

Please see next page for a summary of the changes that will occur in Pan-Canadian pricing leading up to April 1, 2014.

Continued...

Pan-Canadian Generic Drug	Manufacturer price changes and PharmaCare coverage effective as of	
	March 1, 2014	April 1, 2014
Atorvastatin, ramipril, venlafaxine, amlodipine, omeprazole and rabeprazole	PharmaCare continues to reimburse up to 18% of the equivalent brand name drug plus an 8% markup.	
Rosuvastatin, simvastatin and pantoprazole	Manufacturers do not reduce pricing on March 1. PharmaCare continues to reimburse at the current manufacturer list price plus an 8% markup until March 31, 2014.	Manufacturers reduce pricing to Pan-Canadian levels. PharmaCare reimburses up to 18% of brand plus an 8% markup
	Exception: rosuvastatin 5mg— Manufacturers reduce pricing to the limits indicated in the LCA Master spreadsheet starting March 1.	n/a
Citalopram	Manufacturers reduce pricing from 25% to 20% of the equivalent brand name drug. PharmaCare continues to reimburse up to 25% of brand plus an 8% markup.	Manufacturers further reduce the price from 20% to Pan-Canadian levels. PharmaCare reimbursement drops to the Pan-Canadian price plus an 8% markup.

Reimbursement for Generic Cholinesterase Inhibitor Drugs for Alzheimer's Disease

When cholinesterase inhibitors were first reviewed by PharmaCare in 2007, there was not enough information on their effectiveness, safety and cost-effectiveness for PharmaCare to make an informed coverage decision. The Ministry created the [Alzheimer's Drug Therapy Initiative](#) (ADTI) to gather clinical evidence about the effectiveness, safety, and cost-effectiveness of these drugs. A PharmaCare coverage decision is expected in late 2014 or early 2015.

Generic versions of the cholinesterase inhibitor drugs are now available on the Canadian market. To expand access to lower-priced drugs for British Columbia, PharmaCare will cover generic versions of the cholinesterase inhibitor drugs **donepezil**, **galantamine**, and **rivastigmine** (oral) through the ADTI. As there is no generic version of the rivastigmine patch, coverage of the brand version will continue. Coverage of these generics will start on April 1, 2014. Ongoing coverage will be subject to the future decision on PharmaCare coverage.

The criteria for coverage remains the same as has been outlined through the ADTI (i.e., prior Special Authority approval must be granted).

Effective **April 1, 2014**, generic cholinesterase inhibitor drugs covered through the ADTI will be flagged with a **Y** in the **ADTI column** of the **LCA Master spreadsheet** available at www.health.gov.bc.ca/pharmacare/lca/lcabooklets.html.

REMINDER—MEDICATION REVIEW SERVICES POLICY CHANGES

Medication Review Services Policy Effective April 1, 2014

As announced in PharmaCare Newsletter, [PharmaCare Newsletter 14-001](#), a revised Medication Review Services Policy comes into effect on April 1, 2014.

A copy of the upcoming policy changes and associated forms can be found at www.health.gov.bc.ca/pharmacare/mrs-update.html.

PROSTHETICS AND ORTHOTICS

Change in plagiocephaly helmet pre-approval requirements

Depending on the circumstances, patients may no longer need to obtain pre-approval for a plagiocephaly helmet before PharmaCare will cover it. As of February 25, 2014, PharmaCare will not require pre-approval when patients meet the following clinical criteria:

Patient has	Patient must
plagiocephaly	<ul style="list-style-type: none"> • be between the ages of 5 months and one year at the start of helmet treatment, and • have a written referral for the helmet from a recognized plagiocephaly clinic, and • have a cranial vault asymmetry index (CVAI) equal to or greater than 6.25%.
brachycephaly	<ul style="list-style-type: none"> • be between the ages of 5 months and one year at the start of helmet treatment, and • have a written referral for the helmet from a recognized plagiocephaly clinic, and • have a cranial index (CI) equal to or greater than 95%.
plagiocephaly with brachycephaly	<ul style="list-style-type: none"> • be between the ages of 5 months and one year at the start of helmet treatment, and • have a written referral for the helmet from a recognized plagiocephaly clinic, and • have a cranial vault asymmetry index (CVAI) equal to or greater than 6.25% and a cranial index (CI) equal to or greater than 90%.
craniosynostosis	<ul style="list-style-type: none"> • be between the ages of 4 months and one year at the start of helmet treatment, and • have had surgery for the condition, and • have a written referral or prescription for the helmet from a pediatric neurosurgeon, and • have had a post-operative helmet cast or scan.

Documentation Requirements

The orthotist must measure and record the necessary cranial index (CI) and/or cranial vault asymmetry index (CVAI) measurements on the **PharmaCare Orthotic Benefit—Plagiocephaly Helmet form (HLTH 5450)** at <https://www.health.gov.bc.ca/exforms/pharmacare/5450fil.pdf>.

The certified orthotist and the patient's agent (e.g., parent, guardian, etc.) must complete, sign, and date the PharmaCare Orthotic Benefit—Plagiocephaly Helmet form (HLTH 5450) before the helmet is dispensed.

The completed form, along with all required supporting documentation (e.g., referral from a plagiocephaly clinic, prescription from a pediatric neurosurgeon), must be kept in the patient's file as proof that the patient was eligible for plagiocephaly helmet coverage.

Claims submission requirements

Claims for plagiocephaly helmets should be documented on the PharmaCare Orthotics Benefit Invoice form (HLTH 5401) at <https://www.health.gov.bc.ca/exforms/pharmacare/5401fil.pdf>.

- When pre-approval for the helmet is not required, use **the Plagiocephaly Orthosis (Use only if pre-approval is not required)—PIN 77123535**.
- When pre-approval is required, use the **Plagiocephaly Orthosis – Child's Helmet—PIN 77123499**.

Continued...

Patient information

A Plagiocephaly Helmet Benefit patient information sheet is available at www.health.gov.bc.ca/pharmacare/pdf/plagio-infosheet.pdf.

Exchange Rate for Prosthetic Purchases Outside Canada

New U.S. Exchange Rate \$1.0948*

***Based on the [Bank of Canada](#) rate at the close of business on January 14, 2014.**

United States (U.S.) exchange rates are reviewed regularly and adjusted as needed, based on the posted close-of-business rate published by the Bank of Canada.

Rates are adjusted whenever the rate changes by more than five cents and remains at a variance of five cents or more for at least five working days.

VACCINE AVAILABILITY UPDATE

In response to the late-season demands for publicly funded influenza vaccine, the BCCDC has obtained additional supplies of FluLaval™ and Xanaflu®.

Note: FluLaval™ is the international trade name for Fluviral™. Xanaflu® is the European trade name for Influvac®. Despite their international labeling, both vaccines meet all regulatory requirements for use in Canada.

PharmaCare will reimburse pharmacies when these vaccines are administered to eligible B.C. residents by authorized pharmacists in accordance with [Section 8.10](#) of the PharmaCare Policy Manual.

Pharmacies should use the following PINs when making claims for these vaccines:

Vaccine product group	Vaccine Product	PIN
Influenza	FLULAVAL™	66128005
	XANAFLU®	66128006

Please refer to the [BCCDC January 22nd, 2014, Update](#) to the Communicable Disease Control Manual, Chapter 2- Immunization Program Admin Circular and specific product monographs in Section VII of the [BCCDC Immunization Manual](#) for more information.

See [Seasonal Influenza Vaccine – 2013/14: Provincial Influenza Campaign, 2013/14 Provincial Influenza Campaign—Vaccine Comparison Chart](#) and [Product Identification Numbers \(PINs\) for Publicly Funded Vaccine Administration](#) for further information on publicly funded influenza vaccines.

BENEFITS

Special Authority Coverage of Adalimumab (Humira®)

Effective February 25, 2014, PharmaCare covers adalimumab as a Limited Coverage Drug through its Special Authority program for the treatment of moderate to severe active polyarticular Juvenile Idiopathic Arthritis (pJIA) for patients four years of age and older.

Detailed criteria are available on the PharmaCare website at www.health.gov.bc.ca/pharmacare/sa/criteria/restricted/adalimumab-pjia.html.

Coverage for this drug is subject to the rules of a patient's PharmaCare plan, including any annual deductible requirement. Retroactive coverage cannot be provided for prescriptions filled before Special Authority approval is in place.

Limited Coverage Drug Program Benefits

New Listings

The following products are now eligible benefits—by Special Authority only—for Fair PharmaCare and Plans B, C, and F and, if indicated below, Plan G and/or Plan P.

DIN	DRUG NAME	INDICATION/CRITERIA PAGE	PLAN G	PLAN P
02387174	Dificid® (fidaxomicin) 200 mg film-coated tablet	Clostridium Difficile Infection— www.health.gov.bc.ca/pharmacare/sa/criteria/restricted/fidaxomicin.html	N	N

New Indications

The following product is now an eligible benefit—by Special Authority only—for the indications noted below. Coverage is available under Fair PharmaCare and Plans B, C, and F and, if indicated below, Plan G and/or Plan P.

DIN	DRUG NAME	INDICATION/CRITERIA PAGE	PLAN G	PLAN P
02258595	Humira® (adalimumab) 40 mg in 0.8 mL sterile solution / 50 mg/mL subcutaneous injection	Polyarticular Juvenile Idiopathic Arthritis www.health.gov.bc.ca/pharmacare/sa/criteria/restricted/adalimumab-pjia.html	N	N

Criteria Modifications

The Special Authority criteria for the following products have been modified.

DIN	DRUG NAME	MODIFIED CRITERIA	PLAN G	PLAN P
02377470	vancomycin hydrochloride capsules USP, 125 mg	Clostridium Difficile Infection— www.health.gov.bc.ca/pharmacare/sa/criteria/restricted/vancomycin.html	N	Y
00800430	Vancocin® (vancomycin) 125 mg capsule			

Non-Benefits

The following product has been reviewed and will not be added as benefits under PharmaCare.

DIN	DRUG NAME
02375885	Aprilon® (doxycycline) 40 mg modified-release capsule