



# BC PharmaCare Newsletter

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## SPECIAL AUTHORITY COVERAGE UPDATES

### Simeprevir (Galexos™) in combination with peginterferon /ribavirin (PegIFN/RBV) for chronic hepatitis C genotype 1

**Effective October 28, 2014**, PharmaCare will cover simeprevir (Galexos™) as a Limited Coverage benefit through its Special Authority program. Simeprevir, in combination with peginterferon /ribavirin (PegIFN/RBV), is covered for the treatment of chronic hepatitis C genotype 1.

Detailed criteria are available on the PharmaCare website at [www.health.gov.bc.ca/pharmacare/sa/criteria/restricted/simeprevir.html](http://www.health.gov.bc.ca/pharmacare/sa/criteria/restricted/simeprevir.html).

Coverage of simeprevir for chronic hepatitis C genotype 1 is subject to the rules of a patient's PharmaCare plan, including any deductible requirement. Retroactive coverage cannot be provided for prescriptions filled before SA approval is in place.

The use of PharmaNet is not intended as a substitute for professional judgement.  
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 for any given patient.  
Health care professionals should confirm information obtained from PharmaNet, and ensure no additional relevant information exists, before making patient care decisions.

## Epoprostenol (Caripul®) for WHO/NYHA functional class IV pulmonary arterial hypertension (PAH)

**Effective October 21, 2014**, PharmaCare will cover epoprostenol (Caripul®) as a Limited Coverage benefit through its Special Authority (SA) program. The diluent (sterile water for injection), DIN 00402257, manufactured by Omega Laboratories Inc., will also be covered.

Epoprostenol is covered as monotherapy, for the treatment of World Health Organization (WHO)/New York Heart Association (NYHA) functional class IV pulmonary arterial hypertension (PAH) in patients who have had an inadequate response and/or a contraindication to the non-prostanoid therapies. Coverage of epoprostenol and for the water for injection diluent is available for up to one year per approval.

Patients who meet the coverage criteria for epoprostenol automatically receive coverage for either product of epoprostenol (Caripul® or Flolan®).

Detailed criteria are available on the PharmaCare website at [www.health.gov.bc.ca/pharmacare/sa/criteria/restricted/epoprostenol.html](http://www.health.gov.bc.ca/pharmacare/sa/criteria/restricted/epoprostenol.html).

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

## BENEFITS

### Limited Coverage Drug Program

The following products are eligible benefits under the Limited Coverage Program—by Special Authority only—for Fair PharmaCare and Plans B, C, and F. For the Special Authority criteria, please visit the Special Authority Information page on the PharmaCare website at [www.health.gov.bc.ca/pharmacare/sa/saindex.html](http://www.health.gov.bc.ca/pharmacare/sa/saindex.html).

DIN	DRUG NAME	PLAN G	PLAN P
02416441	simeprevir (Galexos®) 150 mg capsule	N	N
02397447	epoprostenol (Caripul®) 0.5 mg powder for solution	N	N
02397455	epoprostenol (Caripul®) 1.5 mg powder for solution	N	N
00402257	sterile water for injection (diluent for Caripul®)	N	N

### Needles and syringes for insulin use

The following diabetic needles are now eligible PharmaCare benefits for insulin use.

DIN	PRODUCT NAME
999725	NovoFine® Plus 32G 4mm needle