BC PharmaCare Newsletter

January 30, 2017 Edition 17-002

Published by the Medical Beneficiary and Pharmaceutical Services Division to provide information for British Columbia's health care providers

QuickLinks

DECREASED MAXIMUM MARKUP FOR HEPATITIS C DRUGS

Under the BC Pharmaceutical Services Act -Drug Price Regulation, the maximum markup on designated high-cost drugs is 5%. Effective Mar. 1, 2017, the maximum markup on certain Hepatitis C drugs covered by PharmaCare will be reduced to 2%. This change affects Harvoni®, Sovaldi®, Holkira™ Pak, and Galexos™.

The following products are affected:

DIN / PIN	Chemical Description	Product Name	Allowable Markup
02432226	Ledipasvir-Sofosbuvir 90 mg– 400 mg tablet	Harvoni®	2%
02436027	Ombitasvir-Paritaprevir-Ritonavir and Dasabuvir 12.5 mg/75 mg/50 mg and 250 mg tablet	HOLKIRA™ PAK	2%
02416441	Simeprevir 150 mg capsule	Galexos™	2%
02418355	Sofosbuvir 400 mg tablet	Sovaldi®	2%

For details on PharmaCare coverage of high-cost drugs, please see Section 5.8 of the PharmaCare Policy Manual.

See also the complete list of designated high-cost drugs.

BRITISH COLUMBIA | Ministry of Health

To subscribe or unsubscribe from our newsletter notification list, or to find out more about our programs, visit PharmaCare on the Web: www.gov.bc.ca/pharmacare

CHANGES TO ORPHAN RECORDS PROCESS

As of Mar. 1, 2017, the Ministry of Health will assume responsibility for orphan records notification and reconciliation. Currently, the B.C. College of Pharmacists identifies orphan records and communicates with pharmacists to reconcile them.

Please monitor your orphan record notifications closely, to ensure you return your responses to the correct address.

The Ministry of Health will be assuming other PharmaNet records management responsibilities as part of ongoing process changes. Any changes to record corrections processes will be communicated in future PharmaCare Newsletters.

BENEFITS

Limited Coverage Drug Program – filgrastim (Grastofil™)

Effective **Jan. 31, 2017,** PharmaCare covers filgrastim (Grastofil™) as a Limited Coverage Drug through the Special Authority program for new patients requiring filgrastim for:

- secondary prophylaxis of febrile neutropenia when receiving potentially curative myelosuppressive chemotherapy for cancer
- the rescue of prolonged febrile neutropenia following chemotherapy
- peripheral blood progenitor cell (PBPC) collection and therapy
- stimulation of bone marrow engraftment (start greater than or equal to d+1) post-Bone Marrow Transplant
- rescue of failure to engraft (start greater than or equal to d+14) post-Bone Marrow Transplant
- the following benign disorders:
  - Chronic benign cyclical neutropenia; OR
  - Myelodysplastic disorders or aplastic anemia who are awaiting bone marrow transplantation.

About Grastofil

On December 7, 2015, Health Canada issued a Notice of Compliance to Apotex Inc. for the drug product Grastofil:

Grastofil is a biosimilar product that is a recombinant methionyl human granulocyte colony stimulating factor (r-metHuG-CSF) produced by recombinant deoxyribonucleic acid (DNA) technology. Grastofil is comparable to the Canadian authorized drug product Neupogen (active ingredient filgrastim, marketed by Amgen Canada Inc.). Grastofil was filed as a biosimilar to Neupogen. Similarity between Grastofil and Neupogen was established in accordance with the Guidance for Sponsors: Information and Submission Requirements for Subsequent Entry Biologics (SEBs), for the indications stated above. For further details, please visit Health Canada's Summary Basis of Decision page for Grastofil.

PharmaCare will continue covering Neupogen® until the patient's Special Authority coverage expiry date in those patients who were granted coverage before Jan. 31, 2017. PharmaCare will also cover the Grastofil brand for these patients should they choose to switch (a new Special Authority form is not required). PharmaCare will no longer provide initial coverage for Neupogen.

See the detailed Special Authority criteria.

Continued on pg. 3…

…continued from page 2

Coverage 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.

Important: Grastofil brand should be dispensed when the prescriber has indicated "Grastofil" on the prescription.

COVERAGE EFFECTIVE	Jan. 31, 2017	
DRUG NAME	Grastofil™ (filgrastim)	
INDICATION	Prevention/treatment of neutropenia in various indications	
DIN	02441489	300 µg/0.5 ml pre-filled syringe
DIN	02454548	480 µg/0.8 ml pre-filled syringe
PLAN G BENEFIT?	No	
PLAN P BENEFIT?	No	

Limited Coverage Drug Program – tofacitinib (Xeljanz™)

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

For information on all Special Authority drugs, visit our Special Authority page.

For criteria and forms for a specific drug, click on the drug name below.

COVERAGE EFFECTIVE	Jan. 31, 2017	
DRUG NAME	Xeljanz™ (tofacitinib)	
INDICATION	rheumatoid arthritis	
DIN	02423898	5 mg tablet
PLAN G BENEFIT?	No	
PLAN P BENEFIT?	No	

Palliative Care Program (Plan P)

The following product has been added to the Palliative Care (Plan P) Formulary.

DIN	DRUG NAME
02368153	Xgeva® (denosumab) 120 mg vial

Non-Benefits

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

DIN	DRUG NAME
02344939	Ilaris® (canakinumab) 150 mg powder for solution for subcutaneous injection
02438712	Egrifta® (tesamorelin) 1 mg vial
02420104	Neupogen® (filgrastim) 300 µg/0.5 ml pre-filled syringe
02420112	Neupogen® (filgrastim) 480 µg/0.8 ml pre-filled syringe