



BC PharmaCare Newsletter

March 21, 2017 Edition 17-004

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CHANGE TO PHARMANET PATIENT PROFILE CORRECTIONS

Effective April 1, 2017, the Ministry of Health will assume responsibility for all PharmaNet patient profile corrections.

When reporting an error or correction to a PharmaNet patient profile, contact either the HIBC Helpdesk or the **PharmaNet Data Quality Services Team**. These errors will no longer be reported to, or corrected by, the College of Pharmacists of B.C.

PharmaNet Data Quality Services Team

Email: pharmanet@gov.bc.ca

Toll-free: 1-844-660-3200

Fax: 250-953-0486

The above email and phone/fax numbers are for reporting patient profile errors only.

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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.

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Profile Errors—PharmaNet patient profile errors, including dispenses associated with the wrong PHN, should be reported immediately to the PharmaNet Data Quality Services Team.

Orphan Records—Orphan records in PharmaNet will now be handled and processed by the Data Quality Services Team. If your pharmacy is affected by the monthly roundup of orphan records identified by the Ministry, you will be contacted directly by the Data Quality Services team. You will no longer receive a letter from the College of Pharmacists.

Please ensure that any orphan records your pharmacy identifies are directed to the PharmaNet Help Desk.

Adverse Reaction/Clinical Condition Field—To inactivate specific text in the Adverse Reaction/Clinical Condition field on a PharmaNet patient profile, please complete the [Request to Inactivate Adverse Reaction/Clinical Condition on PharmaNet Profile](#) (HLTH 5550) form. Fax the completed form to the PharmaNet Data Quality Services Team.

UPDATE: REAL-TIME PHARMACARE SPECIAL AUTHORITY CONFIRMATION BEGINS FOR PACIFIC BLUE CROSS MEMBERS



On March 15, 2017, PharmaCare real-time Special Authority (SA) confirmation began for Pacific Blue Cross members. Pacific Blue Cross members who fill their prescription at a pharmacy that has software capable of processing “BCSA codes” will no longer need to mail or fax proof of PharmaCare SA approval to Pacific Blue Cross.

Although Pacific Blue Cross is the first insurance carrier to use the new technology that allows real-time SA confirmation, other insurers can also opt in by contacting their software vendor.

Ensuring your pharmacy software is BCSA Code capable

As explained in [PharmaCare Newsletter 16-011](#), your pharmacy software must use the PharmaNet field that indicates SA status for specific items/patients. This information (a “BCSA code”) is transmitted in real-time as part of the usual online claim to a private insurer. The code is also printed on a patient’s prescription receipt.

If your pharmacy software does not display SA information, contact your software vendor about information currently transmitted in field D.64.03, “Special Authorization number or code.”

Interpreting BCSA Codes

For information on interpreting the codes, please see the [BCSA Codes](#) information sheet.

REMINDER: LOW COST ALTERNATIVE/REFERENCE DRUG PROGRAM

As announced in [Newsletter 17-003](#), changes to reimbursement limits for Low Cost Alternative and Reference Drug Program drugs will take effect on April 1, 2017.

Changes include maximum PharmaCare reimbursement for drugs included in the:

- Low Cost Alternative Program
- Reference Drug Program
- Pan-Canadian Competitive Value Price Initiative for Generic Drugs

For information about eligible drugs and their prices as of April 1, 2017, please refer to the Upcoming LCA/RDP Data Files at www.gov.bc.ca/PharmaCareCostAlternativeProgram.

REMINDER: SMOKING CESSATION PROGRAM PRODUCT CHANGES

Effective April 1, 2017, the final changes to the list of products covered under the [PharmaCare Smoking Cessation Program](#) will come into effect. As of that date, only the following “Rx” products in the table below are eligible.

Brand Name	Product type	Strength	Pack Size	Natural Product Number (NPN)
Nicorette Rx	gum ²	2 mg	105	2091933
Nicorette Rx	gum ²	4 mg	105	2091941
Nicorette Rx	lozenge	2 mg	88	2247347
Nicorette Rx	lozenge	4 mg	88	2247348
Nicorette Rx	inhaler	10 mg ³	42	2241742
Nicoderm Step 1 Rx	patch	21 mg	7	2093146
Nicoderm Step 2 Rx	patch	14 mg	7	2093138
Nicoderm Step 3 Rx	patch	7 mg	7	2093111

1. Nicorette gum flavour: Ultra Fresh Mint only.
2. 4 mg delivered.

Pharmacies should note that if over-the-counter products are dispensed under the Smoking Cessation Program, the pharmacy will be reimbursed only up to the cost of the “Rx” products. Pharmacies should not sell “Rx” products outside the Smoking Cessation Program.

BENEFITS

Limited Coverage Drug Program—Expanded Coverage for Chronic Hepatitis C

New Direct-acting Antivirals

Effective March 21, 2017, PharmaCare covers new direct-acting antivirals (DAAs) for Chronic Hepatitis C (HCV) under the Limited Coverage Drug Program. The complete list of DAAs and their criteria follows:

Drug (Trade Name)	Criteria – for genotype
sofosbuvir-velpatasvir (Epclusa™) with or without ribavirin (RBV)	1, 2, 3, 4, 5 or 6
elbasvir-grazoprevir (Zepatier™) with or without RBV	1 or 4
daclatasvir (Daklinza™) plus sofosbuvir (Sovaldi®) with or without RBV	3
asunaprevir (Sunvepra™) plus daclatasvir (Daklinza™)	1b
sofosbuvir (Sovaldi®) with RBV*	2 or 3
ledipasvir-sofosbuvir (Harvoni®)*	1

*previously covered under the PharmaCare Limited Coverage Drug Program

Effective March 23, 2017, PharmaCare will no longer approve new requests for coverage of ombitasvir/paritaprevir/ritonavir and dasabuvir (Holkira® PAK). For patients whose coverage of this drug was approved before March 23, 2017, PharmaCare will continue coverage until their current Special Authority expires.

A letter and detailed prescriber information regarding coverage of drugs for HCV infections have been mailed to practicing infectious disease specialists, gastroenterologists, and general practitioners who have previously prescribed drugs to treat chronic hepatitis C.

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Expanded Coverage for Adults with Chronic Hepatitis C

As of March 21, 2017, PharmaCare covers treatment-naïve or treatment-experienced adults with chronic hepatitis C (CHC) genotype 1, 2, 3, 4, 5 or 6 who have liver fibrosis stage:

- F2 or greater (Metavir scale or equivalent) including decompensated cirrhosis, or
- lower than F2 AND meet one or more of the following criteria:
 - Co-infection with HIV or hepatitis B virus
 - Post-organ transplant (liver and/or non-liver organ transplant)
 - Extra-hepatic manifestations
 - Chronic kidney disease Stage 3, 4 or 5 as defined by National Kidney Foundation Kidney Disease Outcomes Quality Initiative
 - Co-existent liver disease with diagnosis evidence for fatty liver disease (e.g., non-alcoholic steatohepatitis)
 - Diabetes for which patient is receiving anti-diabetic drugs
 - Women who are planning to become pregnant within the next 12 months

To access detailed criteria, Special Authority Request forms, and educational document, visit www.gov.bc.ca/pharmacarespecialauthority. From the list of drugs, select the drug name.

Coverage of these drugs 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

The special authority criteria has been updated for the following products.

DRUG NAME	ledipasvir-sofosbuvir	
INDICATION	Chronic Hepatitis C	
DIN	02432226	Harvoni® 90 mg/400 mg tablet
PLAN G BENEFIT?	No	
PLAN P BENEFIT?	No	

DRUG NAME	sofosbuvir	
INDICATION	Chronic Hepatitis C	
DIN	02418355	Sovaldi® 400 mg tablet
PLAN G BENEFIT?	No	
PLAN P BENEFIT?	No	

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DRUG NAME	ribavirin	
INDICATION	Chronic Hepatitis C	
DIN	02425890	Ibavyr™ 400 mg tablet
DIN	02425904	Ibavyr™ 600 mg tablet
DIN	02439212	Ibavyr™ ribavirin 200 mg tablet
PLAN G BENEFIT?	No	
PLAN P BENEFIT?	No	

The following products have been added as eligible benefits under the Limited Coverage Program—by Special Authority only—for Fair PharmaCare and Plans B, C, and F.

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	March 21, 2017	
DRUG NAME	Epclusa™ (sofosbuvir-velpatasvir)	
INDICATION	Chronic Hepatitis C	
DIN	02456370	400 mg/100 mg tablet
PLAN G BENEFIT?	No	
PLAN P BENEFIT?	No	

COVERAGE EFFECTIVE	March 21, 2017	
DRUG NAME	Zepatier® (elbasvir-grazoprevir)	
INDICATION	Chronic Hepatitis C	
DIN	02451131	50 mg/100 mg tablet
PLAN G BENEFIT?	No	
PLAN P BENEFIT?	No	

COVERAGE EFFECTIVE	March 21, 2017	
DRUG NAME	Daklinza™ (daclatasvir)	
INDICATION	Chronic Hepatitis C	
DIN	02444747	30 mg tablet
DIN	02444755	60 mg tablet
PLAN G BENEFIT?	No	
PLAN P BENEFIT?	No	

COVERAGE EFFECTIVE	March 21, 2017	
DRUG NAME	Sunvepra™ (asunaprevir)	
INDICATION	Chronic Hepatitis C	
DIN	02452294	100 mg capsule
PLAN G BENEFIT?	No	
PLAN P BENEFIT?	No	

Discontinued Benefits

As of March 23, 2017, the following drugs will no longer be eligible for new Special Authority approvals.

DIN	DRUG NAME
02436027	Holkira® PAK (ombitasvir/paritaprevir/ritonavir and dasabuvir) 12.5 mg/75 mg/50 mg/250 mg tablets
02436396	Moderiba™ (ribavirin) 200 mg tablet
02436418	Moderiba™ (ribavirin) 400 mg tablet
02436426	Moderiba™ (ribavirin) 600 mg tablet

Non-Benefits

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

DIN	DRUG NAME
02447711	Technivie™ (ombitasvir/paritaprevir/ritonavir) 12.5 mg/75 mg/50 mg film-coated tablets
02451379	Orkambi™ (lumacaftor/ivacaftor) 200 mg/125 mg tablet