



BC PharmaCare Newsletter

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MIFEGYMISO® DISTRIBUTION

Effective January 15, 2018, the Ministry of Health's PharmaCare program will provide Mifegymiso® (mifepristone and misoprostol) to B.C. residents at no charge, through B.C.'s community pharmacies.

For product supply and coverage reasons, the BC Centre for Disease Control (BCCDC) will now manage and distribute Mifegymiso for British Columbia. The BCCDC will provide Mifegymiso at no cost to pharmacies. Pharmacies must then dispense Mifegymiso at no charge to any B.C. resident with a valid prescription. This supply arrangement will be in place until a PharmaCare-based, no-cost coverage mechanism is developed.

On-demand requests for Mifegymiso can be made routinely to BCCDC, using the [Requisition Form for Mifegymiso](#), when pharmacies are presented with a valid prescription. To ensure timely access, pre-stocked inventories will be prioritized in rural, remote, or high-volume pharmacies. Pharmacies meeting the rural and remote criteria will receive further communication from the Ministry and the BCCDC detailing the process for ordering a pre-stock supply.

With the change to centralized provincial distribution, Mifegymiso will no longer be a benefit under any PharmaCare plan, following a 30-day period for pharmacies to use existing inventory (see table on next page).

Supply from the BCCDC will be shipped shortly after your order form is received. Please do not order Mifegymiso from the manufacturer or other distributors.

Dispensing Mifegymiso

Recent changes in Health Canada recommendations allow pharmacists to dispense Mifegymiso directly to patients, for use either at home or at a health facility. Pharmacists are no longer required to complete an education program before dispensing Mifegymiso; however, they are still encouraged to do so.

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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.

www.gov.bc.ca/pharmacarepharmacists | www.gov.bc.ca/pharmacareprescribers | www.gov.bc.ca/pharmacaredeviceproviders



Ministry of Health

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Use of a PIN (see table below) to adjudicate Mifegymiso in PharmaNet allows PharmaCare to pay pharmacies a \$10 dispensing fee. This fee will be paid to pharmacies with monthly payments for all clinical services, including medication reviews and publicly funded vaccine administration. As specified in the [PharmaCare Policy Manual, Section 8.9](#), the maximum PharmaCare will pay per patient, per day for all clinical services charged by one pharmacy is \$70.

Prior to dispensing Mifegymiso, please ensure the patient's PharmaNet profile has been evaluated for potential contraindications and to rule out any drug interactions. The PIN will not prompt the usual drug utilization checks against the dispensing history of the patient.

If you currently have stock on hand, until February 16, 2018, dispense Mifegymiso using the DIN to adjudicate through PharmaNet **if the patient is covered under a 100% paid PharmaCare plan**. (See table below.) For Plan I (Fair PharmaCare) beneficiaries who have not yet met their annual deductible or family maximum, use stock from BCCDC and adjudicate through PharmaNet using the PIN. **Please do not charge patients receiving Mifegymiso for product or dispensing fees.**

PIN	PRODUCT	EFFECTIVE DATE
66128174	mifepristone-misoprostol (Mifegymiso®)	January 15, 2018

De-listing Schedule for Mifegymiso

DIN	PRODUCT	Benefit Under Plans	DELISTING DATE
02444038	mifepristone-misoprostol (Mifegymiso®)	B, C, F, W	February 16, 2018
02444038	mifepristone-misoprostol (Mifegymiso®)	I	January 15, 2018

BENEFITS

High-Cost Drugs

The following product will be added to the list of designated high-cost drugs. For details on the High-Cost Drug policy, see [Section 5.8](#) of the PharmaCare Policy Manual. The [complete list of high-cost drugs](#) is available online.

DIN	DRUG NAME	EFFECTIVE DATE
02465574	Cimzia® (certolizumab pegol) 200 mg/mL auto-injector pre-filled pen	February 1, 2018

Low Cost Alternative (LCA) Program Coverage Changes

Since April 1, 2014, under the [Low-Cost Alternative \(LCA\) Program](#), PharmaCare has provisionally listed higher-priced generic versions of **candesartan cilexetil** and **candesartan cilexetil/hydrochlorothiazide**. This was because no existing products met the Maximum Accepted List Price (MALP) of 20% of the brand name oral solid drug price, as established in the [Drug Price Regulation](#).

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On April 1, 2017, PharmaCare revised the Drug Price Regulation, introducing the opportunity to list only one generic drug submitted at or below the MALP in an LCA category for a period of up to 12 months, if certain conditions (including supply requirements) are met. Once one product in an LCA category meets the MALP and conditions, other higher-priced products are delisted, following a 30-day inventory adjustment period.

The new products listed below will be covered under the LCA Program effective **January 4, 2018**, and previously provisionally covered products will no longer be eligible for PharmaCare coverage effective **February 3, 2018**.

Please see the tables below for specific coverage information for these products.

Updated [LCA/RDP Excel files](#) will reflect these changes as they come into effect.

Coverage of Additional Generic Products—Effective January 4, 2018

DIN	DRUG NAME	PRODUCT NAME
2463768	CANDESARTAN CILEXETIL TAB 8MG	Accel Candesartan
2463776	CANDESARTAN CILEXETIL TAB 16MG	Accel Candesartan
2463784	CANDESARTAN CILEXETIL TAB 32MG	Accel Candesartan
2463865	CANDESARTAN CILEXETIL/HCTZ TAB 16/12.5MG	Accel Candesartan HCTZ
2463849	CANDESARTAN CILEXETIL/HCTZ TAB 32/12.5MG	Accel Candesartan HCTZ
2463857	CANDESARTAN CILEXETIL/HCTZ TAB 32/25MG	Accel Candesartan HCTZ

Discontinued Products - Effective February 3, 2018

DIN	DRUG NAME	PRODUCT NAME
2326965	CANDESARTAN CILEXETIL TAB 8MG	SANDOZ CANDESARTAN
2365359	CANDESARTAN CILEXETIL TAB 8MG	APO-CANDESARTAN
2366312	CANDESARTAN CILEXETIL TAB 8MG	TEVA-CANDESARTAN
2376539	CANDESARTAN CILEXETIL TAB 8MG	ACT CANDESARTAN
2379139	CANDESARTAN CILEXETIL TAB 8MG	MYLAN-CANDESARTAN
2379279	CANDESARTAN CILEXETIL TAB 8MG	ACH-CANDESARTAN
2380692	CANDESARTAN CILEXETIL TAB 8MG	RAN-CANDESARTAN
2386518	CANDESARTAN CILEXETIL TAB 8MG	JAMP-CANDESARTAN
2388707	CANDESARTAN CILEXETIL TAB 8MG	CANDESARTAN
2388928	CANDESARTAN CILEXETIL TAB 8MG	CANDESARTAN
2391198	CANDESARTAN CILEXETIL TAB 8MG	PMS-CANDESARTAN
2445794	CANDESARTAN CILEXETIL TAB 8MG	AURO-CANDESARTAN
2326973	CANDESARTAN CILEXETIL TAB 16MG	SANDOZ CANDESARTAN
2365367	CANDESARTAN CILEXETIL TAB 16MG	APO-CANDESARTAN
2366320	CANDESARTAN CILEXETIL TAB 16MG	TEVA-CANDESARTAN
2376547	CANDESARTAN CILEXETIL TAB 16MG	ACT CANDESARTAN
2379147	CANDESARTAN CILEXETIL TAB 16MG	MYLAN-CANDESARTAN
2379287	CANDESARTAN CILEXETIL TAB 16MG	ACH-CANDESARTAN

DIN	DRUG NAME	PRODUCT NAME
2380706	CANDESARTAN CILEXETIL TAB 16MG	RAN-CANDESARTAN
2386526	CANDESARTAN CILEXETIL TAB 16MG	JAMP-CANDESARTAN
2388715	CANDESARTAN CILEXETIL TAB 16MG	CANDESARTAN
2388936	CANDESARTAN CILEXETIL TAB 16MG	CANDESARTAN
2391201	CANDESARTAN CILEXETIL TAB 16MG	PMS-CANDESARTAN
2445808	CANDESARTAN CILEXETIL TAB 16MG	AURO-CANDESARTAN
2366339	CANDESARTAN CILEXETIL TAB 32MG	TEVA-CANDESARTAN
2376555	CANDESARTAN CILEXETIL TAB 32MG	ACT CANDESARTAN
2379155	CANDESARTAN CILEXETIL TAB 32MG	MYLAN-CANDESARTAN
2379295	CANDESARTAN CILEXETIL TAB 32MG	ACH-CANDESARTAN
2380714	CANDESARTAN CILEXETIL TAB 32MG	RAN-CANDESARTAN
2386534	CANDESARTAN CILEXETIL TAB 32MG	JAMP-CANDESARTAN
2391228	CANDESARTAN CILEXETIL TAB 32MG	PMS-CANDESARTAN
2399105	CANDESARTAN CILEXETIL TAB 32MG	APO-CANDESARTAN
2417340	CANDESARTAN CILEXETIL TAB 32MG	SANDOZ CANDESARTAN
2435845	CANDESARTAN CILEXETIL TAB 32MG	CANDESARTAN
2445816	CANDESARTAN CILEXETIL TAB 32MG	AURO-CANDESARTAN
2327902	CANDESARTAN CILEXETIL/HCTZ TAB 16/12.5MG	SANDOZ CANDESARTAN PLUS
2367866	CANDESARTAN CILEXETIL/HCTZ TAB 16/12.5MG	APO-CANDESARTAN/HCTZ
2388650	CANDESARTAN CILEXETIL/HCTZ TAB 16/12.5MG	ACT CANDESARTAN/HCT
2391295	CANDESARTAN CILEXETIL/HCTZ TAB 16/12.5MG	PMS-CANDESARTAN HCTZ
2394804	CANDESARTAN CILEXETIL/HCTZ TAB 16/12.5MG	CANDESARTAN/HCTZ
2394812	CANDESARTAN CILEXETIL/HCTZ TAB 16/12.5MG	CANDESARTAN HCT
2395541	CANDESARTAN CILEXETIL/HCTZ TAB 16/12.5MG	TEVA-CANDESARTAN/HCTZ
2421038	CANDESARTAN CILEXETIL/HCTZ TAB 16/12.5MG	AURO-CANDESARTAN HCT
2395126	CANDESARTAN CILEXETIL/HCTZ TAB 32/12.5MG	APO-CANDESARTAN/HCTZ
2395568	CANDESARTAN CILEXETIL/HCTZ TAB 32/12.5MG	TEVA-CANDESARTAN/HCTZ
2420732	CANDESARTAN CILEXETIL/HCTZ TAB 32/12.5MG	SANDOZ CANDESARTAN PLUS
2421046	CANDESARTAN CILEXETIL/HCTZ TAB 32/12.5MG	AURO-CANDESARTAN HCT
2395134	CANDESARTAN CILEXETIL/HCTZ TAB 32/25MG	APO-CANDESARTAN/HCTZ
2395576	CANDESARTAN CILEXETIL/HCTZ TAB 32/25MG	CANDESARTAN/HCTZ 32-25 MG TAB
2420740	CANDESARTAN CILEXETIL/HCTZ TAB 32/25MG	SANDOZ CANDESARTAN PLUS
2421054	CANDESARTAN CILEXETIL/HCTZ TAB 32/25MG	AURO-CANDESARTAN HCT