



BC PharmaCare Newsletter



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GENERIC DRUGS SUBJECT TO PAN-CANADIAN PRICING

On January 29, 2018, the pan-Canadian Pharmaceutical Alliance (pCPA) and the Canadian Generic Pharmaceutical Association (CGPA) announced a new 5-year initiative that will reduce prices of most common generic drugs.

Effective April 1, 2018, most of the following generic drugs will be reimbursed at approximately 18% of the equivalent brand name product, plus an 8% markup. Items marked with an asterisk (*) are non-benefits, and not reimbursed by PharmaCare.

- | | | |
|---------------------|-------------------|--------------------|
| • alendronate | • domperidone | • paroxetine |
| • almotriptan | • dutasteride | • pramipexole |
| • amiodarone | • eletriptan* | • pravastatin |
| • anastrozole* | • escitalopram | • pregabalin |
| • atenolol | • famciclovir | • risedronate |
| • atomoxetine | • finasteride | • risperidone |
| • azithromycin | • fluoxetine | • sertraline |
| • bicalutamide* | • imatinib* | • solifenacin |
| • bisoprolol | • irbesartan | • sumatriptan DF |
| • candesartan° | • irbesartan HCTZ | • telmisartan |
| • candesartan HCTZ° | • lamotrigine | • telmisartan HCTZ |
| • carvedilol | • levetiracetam | • terbinafine |
| • celecoxib | • memantine* | • topiramate |
| • ciprofloxacin | • minocycline | • valacyclovir |
| • clonazepam | • montelukast* | • valsartan |
| • cyclobenzaprine | • mycophenolate* | • valsartan hctz |

°Exclusivity listing of candesartan and candesartan HCTZ will be maintained

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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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Effective April 1, 2018, most of the following generic drugs will be reimbursed at approximately 10% of the equivalent brand name product, plus an 8% markup. Items marked with an asterisk (*) are non-benefits, and not reimbursed by PharmaCare.

- amlodipine
- atorvastatin
- citalopram
- clopidogrel
- donepezil
- ezetimibe*
- gabapentin
- metformin
- olanzapine
- olanzapine ODT
- omeprazole
- pantoprazole
- quetiapine
- rabeprazole EC
- ramipril
- ranitidine
- rosuvastatin
- simvastatin
- venlafaxine XR
- zopiclone

Suppliers will not reduce pricing for these drugs until April 1, 2018.

For more complete pricing details, please refer to the [list of molecules subject to pan-Canadian generic pricing](#), with their established price points.

Note: The monthly [LCA updates](#) will continue to list new generic drugs and price decreases for listed generic drugs as they are processed throughout the year.

PLAN W UPDATE

Expiring Special Authorities

The following groups of drugs are temporarily covered for Plan W beneficiaries via transitional Special Authorities (SAs). These SAs will be expiring April 1, 2018. Please ensure that Plan W beneficiaries with SAs expiring April 1, 2018, have discussed their treatments with their prescribers.

Exceptional coverage drugs

These drugs have been covered on a temporary, exceptional basis for some Plan W beneficiaries, for continuity of care purposes. Due to the exceptional nature of the coverage, Special Authority may require additional documentation to renew these SAs, including information on patient diagnosis, benefit seen to date, and rationale to continue.

- duloxetine
- ezetimibe
- mycophenolate
- pregabalin
- montelukast/zafirlukast
- octreotide
- desvenlafaxine
- Restasis®
- diazepam injectable
- Cipralex Meltz®
- levocarnitine
- liraglutide
- macitentan
- omalizumab
- pilocarpine
- quinine sulfate
- sirolimus/tacrolimus
- teriparatide
- dessicated thyroid
- acarbose
- quinagolide
- mirabegron
- guanfacine

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Limited Coverage drugs

Some Plan W beneficiaries have temporary coverage for Limited Coverage drugs. For the following drugs, prescribers should submit an SA request for continued coverage, if appropriate:

- tocilizumab
- tofacitinib
- abatacept
- adalimumab
- certolizumab
- etanercept (Enbrel®/Brenzys®)
- golimumab
- infliximab (Remicade®/Inflectra®)
- rituximab
- ustekinumab
- goserelin
- chloroquine
- naltrexone
- fingolimod
- Botox®/Xeomin®
- pramipexole
- donepezil
- galantamine
- ondansetron
- granisetron
- aprepitant
- benzydamine
- leuprolide
- PAH medications
(sildenafil, tadalafil, epoprostenol)
- filgrastim
- atomoxetine
- Adderall®
- Vyvanse®
- methylphenidate ER (Concerta-type generics)

Non-Drug OTC Benefits - Reminder

Most non-drug OTC benefits previously available to Plan W beneficiaries through the federal Non-Insured Health Benefits Program (NIHB) are now available through Plan W. These benefits include alcohol wipes, needles and syringes, ketone strips, lancets, spacers for inhalers, and copper IUDs. Please use the [appropriate PharmaCare PIN](#) for these claims.

NIHB (Non-Insured Health Benefits) Residual Items

Some items remain covered through NIHB. The [complete residual NIHB formulary for Plan W beneficiaries](#) is available on the FNHA website. This formulary includes certain:

- antihistamines
- contraceptives and hormones
- EENT-antiallergenic agents
- EENT-antibacterials
- EENT-antimuscarinics/antispasmodics
- EENT-corticosteroids
- mouthwashes and gargles
- nutritional and viscosupplementation
- anxiolytics/sedatives
- smoking cessation aids
- naloxone
- topical antibiotics
- antifungals
- vitamin D

Claims for these items should adjudicate to NIHB for Plan W beneficiaries. If you encounter difficulties with any items on the NIHB residual formulary, please contact FNHA at 1-855-550-5454.

PHARMANET UPGRADE COMPLETION AND EXTENDED OUTAGE

The upgrading of retired PharmaNet infrastructure will be completed during an extended PharmaNet change window, from 10 p.m. Wednesday, March 14 to 8:00 a.m. Thursday, March 15, 2018. During this time, PharmaNet and related applications will be unavailable.

PharmaNet users experiencing any technical issues following the upgrade should contact the PharmaNet Help Desk.

Pharmacies:

- Vancouver/Lower Mainland: 604-682-7120
- B.C. (toll-free): 1-800-554-0225

Other PharmaNet users:

- Vancouver/Lower Mainland: 604-683-7151
- B.C. (toll-free): 1-800-663-7100

KADIAN® SHORTAGE RESOLVED

The shortage of Kadian® (slow-release oral morphine) 100 mg and 50 mg capsules has now been resolved, and pharmacies can order these strengths from the distributor. These strengths are primarily used for opioid agonist treatment (OAT). Prescribers are now transitioning OAT patients back to Kadian from substitute medications, such as buprenorphine-naloxone and M-ESLON® 12-hour slow-release oral morphine.

As a reminder, prescriptions for Kadian (slow-release oral morphine) for OAT must include the notation “for OAT” or “for opioid agonist treatment”. This notation is required in addition to dispensing instructions, such as daily dispensing and witnessed ingestion.

Claims for Kadian for OAT must be entered using the PIN, not the DIN. The claim entered in PharmaNet must match the prescription written by the prescriber. If you inadvertently enter a claim for Kadian using the DIN when the prescription is marked “for OAT”, reverse the claim using the procedure in the PharmaCare Policy Manual, [Section 3.16](#). After reversing the claim, re-enter it using the [appropriate PIN](#).

For more information on dispensing Kadian, see the BC Centre on Substance Use guest post, “[Slow-Release Oral Morphine \(Kadian®\) for Opioid Agonist Treatment: New Provincial Recommendation and Practical Guidance](#)” on the College of Pharmacists of BC website.