



BC PharmaCare Newsletter



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HEPATITIS C COVERAGE EXPANSION

Effective March 13, 2018, PharmaCare is expanding the clinical eligibility criteria to provide coverage to more patients living with hepatitis C, regardless of the type or severity of their disease. PharmaCare now covers treatment-naïve or treatment-experienced adults with chronic hepatitis C (CHC) genotype 1, 2, 3, 4, 5, 6 or mixed genotype, who have liver fibrosis stage F0 or greater (Metavir scale or equivalent), including decompensated cirrhosis.

To see the full clinical criteria for coverage, or access education documents or Special Authority forms, click on the drug names below.

Also effective March 13, 2018, PharmaCare covers the following new direct-acting antivirals (DAAs):

- [sofosbuvir-velpatasvir-voxilaprevir](#) (Vosevi™) for the treatment of DAA-experienced patients including:
 - NS5A Inhibitor treatment-experienced adult patients with CHC genotype 1, 2, 3, 4, 5 or 6 infection, or
 - Non-NS5A Inhibitor, sofosbuvir-containing regimen treatment-experienced adult patients with CHC genotype 1, 2, 3, or 4 infection.
- See Limited Coverage listings under [Benefits](#), on the next page

In addition to the new DAAs, PharmaCare continues to cover the following DAAs:

- [elbasvir-grazoprevir](#) (Zepatier™) with or without ribavirin (RBV) for genotype 1 or 4
- [ledipasvir-sofosbuvir](#) (Harvoni®) with or without RBV for genotype 1
- [sofosbuvir-velpatasvir](#) (Epclusa™) with or without RBV for genotype 1, 2, 3, 4, 5, 6 or mixed genotype
- [daclatasvir](#) (Daklinza™) plus [sofosbuvir](#) (Sovaldi®) with or without RBV—for genotype 3

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

BENEFITS

Limited Coverage Drugs

The following drugs have been added as Limited Coverage Drugs under Fair PharmaCare and Plans B, C, F, W, and, if indicated, G and P.

COVERAGE EFFECTIVE	March 6, 2018		
DRUG NAME	ixekizumab (Taltz™)		
INDICATION	plaque psoriasis		
DIN	02455102	STRENGTH/FORM	80 mg/1.0 mL pre-filled autoinjector
DIN	02455110	STRENGTH/FORM	80 mg/1.0 mL pre-filled syringe
PLAN G BENEFIT?	No		
PLAN P BENEFIT?	No		

COVERAGE EFFECTIVE	March 6, 2018		
DRUG NAME	adalimumab (Humira®)		
INDICATION	hidradentis suppurativa (HS)		
DIN	02258595	STRENGTH/FORM	40 mg/0.8 mL syringe
PLAN G BENEFIT?	No		
PLAN P BENEFIT?	No		

COVERAGE EFFECTIVE	March 6, 2018		
DRUG NAME	sacubitril-valsartan (Entresto®)		
INDICATION	heart failure (with reduced ejection fraction)		
DIN	02446928	STRENGTH/FORM	24 mg/26 mg
DIN	02446936	STRENGTH/FORM	49 mg/51 mg
DIN	02446944	STRENGTH/FORM	97 mg/103 mg
PLAN G BENEFIT?	No		
PLAN P BENEFIT?	No		

COVERAGE EFFECTIVE	March 13, 2018		
DRUG NAME	sofosbuvir-velpatasvir-voxilaprevir (Vosevi™)		
INDICATION	Hepatitis C		
DIN	02467542	STRENGTH/FORM	400 mg/100 mg/100 mg tablet
PLAN G BENEFIT?	No		
PLAN P BENEFIT?	No		

High-Cost Drugs

The following products 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	Markup	Effective Date
02455102	ixekizumab 80 mg/ml autoinjector (Taltz™)	5%	March 6, 2018
02455110	ixekizumab 80 mg/ml pre-filled syringe (Taltz™)	5%	March 6, 2018
02453304	glycerol phenylbutyrate (Ravicti™)	5%	April 12, 2018
02436663	sodium phenylbutyrate (Pheburane®)	5%	April 12, 2018
02418320	alemtuzumab (Lemtrada®)	5%	April 12, 2018
02443066	nintedanib 100 mg tablet (Ofev®)	5%	April 12, 2018
02443074	nintedanib 150 mg tablet (Ofev®)	5%	April 12, 2018
02393751	pirfenidone 267 mg capsule (Esbriet®)	5%	April 12, 2018
02464500	pirfenidone 801 mg tablet (Esbriet®)	5%	April 12, 2018
02464489	pirfenidone 267mg tablet (Esbriet®)	5%	April 12, 2018