BC PharmaCare Newsletter

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In this edition

BIOSIMILARS INITIATIVE: CHANGES TO RITUXIMAB COVERAGE

Effective August 20, 2020, the Biosimilars Initiative is changing coverage of rituximab for all PharmaCare patients taking Rituxan®. These patients will be switched to an approved rituximab biosimilar (Truxima™, Riximyo™ or Ruxience™) for conditions including those listed in the table below. More rituximab biosimilars may be approved or conditions added as work continues. Visit www.gov.bc.ca/biosimilars/pharmacy for an up-to-date list of approved biosimilars and conditions.

Biosimilars Initiative – rituximab: August 20, 2020 – February 18, 2021			
Drug	**Originator**	**Biosimilar**	**Conditions Include:**
rituximab	Rituxan®	Truxima™ Riximyo™* Ruxience™	granulomatosis with polyangiitis (GPA) microscopic polyangiitis (MPA) relapsing-remitting multiple sclerosis rheumatoid arthritis

*Note: At this time, Riximyo is not yet indicated for GPA or MPA.

The PharmaCare Newsletter is published by the Pharmaceutical Services Division to provide information to British Columbia's health care providers.

As in Phase One (PDF, 512 KB) and Phase Two (PDF, 230 KB) of the Biosimilars Initiative, the rituximab switch period will last six months (August 20, 2020 – February 18, 2021). All rituximab brands (originator and biosimilar) will be covered during this period to provide time for patients to learn of the switch and contact their prescriber for a new prescription if needed. As of February 19, 2021, Rituxan will no longer be covered without an exceptional request.

For Pharmacists

As always, pharmacists play a key role in the ongoing Biosimilars Initiative work. It is thanks in part to the support of pharmacists that Phases One and Two were so successful.

To recognize their invaluable support, a Biosimilar Patient Support Fee is again offered to pharmacists who help identify and notify patients affected by rituximab switching. The fee is a $15 per-patient payment and is submitted under **PIN 66128196** in PharmaNet, to be paid monthly in accordance with the usual payment schedule.

Only one patient support fee can be claimed for a PHN. Fees will be paid for claims submitted during the switch period for eligible patients. Patients are eligible if they have an active Special Authority for rituximab and are using the originator (Rituxan) at the start of the switch period. Eligibility for individual patients has been determined by PharmaCare.

In the next few weeks, pharmacies (with a history of dispensing rituximab) and prescribers will receive a Biosimilars Initiative information package regarding the changes to PharmaCare coverage of rituximab. More information and resources are available online at www.gov.bc.ca/biosimilars/pharmacy. For questions and comments, please email biosimilars.initiative@gov.bc.ca or call 1 844 915-5005, Monday to Friday, 8:30am–4:30pm.

Please note: Health Canada recommends that biosimilar switching be initiated by a prescriber, in consultation with a patient. This means that pharmacists may not adapt a prescription for a biologic drug to its biosimilar.

DAILY DISPENSING EXTENDED TO 100 DAYS

Effective August 21, 2020, Section 8.3 of the PharmaCare Policy Manual, Frequency of Dispensing, is updated to extend the authorization limit for daily dispensing from 60 days to 100 days. This means that subject to the rest of the Frequency of Dispensing policy, PharmaCare now covers a dispensing fee for daily dispensed medications only up to no more than 100 days from the original prescription date.

The extension will better align with standard prescription lengths (three months) and PharmaCare's Maximum Days' Supply policy. It is also expected to reduce the frequency in which pharmacists need to request re-authorization of daily dispensing from physicians.

LIMITED COVERAGE BENEFITS

The following products have been added as limited coverage benefits for the indications below:

DATE EFFECTIVE	August 20, 2020		
DRUG NAME	rituximab (Truxima™)		
INDICATION	rheumatoid arthritis, relapsing-remitting multiple sclerosis, microscopic polyangiitis, granulomatosis with polyangiitis		
DIN	02478382	**STRENGTH AND FORM**	10 mg/mL solution for intravenous use (10 mL vial)
	02478390		10 mg/mL solution for intravenous use (50 mL vial)

DATE EFFECTIVE	August 20, 2020		
DRUG NAME	rituximab (Riximyo™)		
INDICATION	rheumatoid arthritis, relapsing-remitting multiple sclerosis		
DIN	02498316	**STRENGTH AND FORM**	10 mg/mL solution for intravenous use (10 mL and 50 mL vial)

DATE EFFECTIVE	August 20, 2020		
DRUG NAME	rituximab (Ruxience™)		
INDICATION	rheumatoid arthritis, relapsing-remitting multiple sclerosis, microscopic polyangiitis, granulomatosis with polyangiitis		
DIN	02495724	**STRENGTH AND FORM**	10 mg/mL solution for intravenous use (10 mL and 50 mL vial)

The following is a limited coverage benefit and designated as a high-cost drug:

DATE EFFECTIVE	August 20, 2020		
DRUG NAME	ocrelizumab (Ocrevus®)		
INDICATION	primary progressive multiple sclerosis (PPMS)		
DIN	02467224	**STRENGTH AND FORM**	30 mg/mL solution for intravenous use (10 mL vial)
Allowable Markup	5%		

The following product has been added as a Limited Coverage benefit under Fair PharmaCare and PharmaCare Plans B, C and W:

DATE COVERAGE EFFECTIVE	August 19, 2020		
DRUG NAME	edaravone (Radicava™)		
INDICATION	amyotrophic lateral sclerosis (ALS)		
DIN	02475472	**STRENGTH AND FORM**	30 mg/100 mL solution for intravenous infusion
PLAN G BENEFIT	No	**PLAN P BENEFIT**	No

NON-BENEFITS

The following products have been reviewed and will not be listed as a PharmaCare benefit for the indications below:

DATE EFFECTIVE	August 20, 2020
DRUG NAME	ocrelizumab (Ocrevus®)
INDICATION	relapsing-remitting multiple sclerosis (RRMS)
DIN	02467224

DATE EFFECTIVE	August 18, 2020
DRUG NAME	sodium zirconium cyclosilicate (Lokelma™)
INDICATION	hyperkalemia in adults
STRENGTH/FORM	5g and 10g sachets, powder for oral suspension

YOUR VOICE: PATIENT INPUT NEEDED FOR DRUG DECISIONS

The feedback and experiences of patients, caregivers, and patient groups is integral to B.C.'s drug review process.

The Ministry depends on pharmacies and practitioners to help connect patients and their caregivers with opportunities to provide input. If you have a patient who is currently taking one of the drugs under review or who has the condition the new drug treats, please encourage them to visit http://www.gov.bc.ca/BCyourvoice.

DRUG	eculizumab (Soliris®)
INDICATION	generalized Myasthenia Gravis (gMG)
INPUT WINDOW	July 29–August 26, 2020

DRUG	flash glucose monitors and continuous glucose monitors (multiple devices)
INDICATION	diabetes mellitus
INPUT WINDOW	July 29–September 11, 2020

DRUG	dapagliflozin (Forxiga®)
INDICATION	heart failure with reduced ejection fraction
INPUT WINDOW	August 19–September 16, 2020